



22<sup>nd</sup> WONCA  
Europe Conference  
June 28 – July 1, 2017  
Prague, Czech Republic

Book  
of Abstracts

# 22<sup>nd</sup> WONCA Europe Conference

June 28 – July 1, 2017 | Prague, Czech Republic

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## Plenary lectures

### MUSIC THERAPY – ADD-ON-INTERVENTION OR KEY TREATMENT?

Wolfgang Mastnak

*President of the Austrian Heart Association, Austria*

Music therapy dates back to Ancient Greece and has widespread cultural roots such as in traditional Chinese and ancient Turkish medicine. The vigorous revival of music therapy in the middle of the 20th century went hand in hand with striking phenomenological experiences with music in paediatrics, e.g. in autism spectrum disorders, and in psychiatry. Contemporary music therapy combines artistic approaches, evidence based clinical results, cross-cultural medical theories, and neuropsychological and neurophysiological studies on the multifaceted underlying mechanisms. In this context, interfaces between the auditory pathway, neuro-cognitive music processing, and neuro-endocrine circuitries play an important role in the music-based modulation of psycho-physiological processes. In addition to that music enhances the neuroplasticity and influences the self-regenerative capacity of the brain. Creative processes and aesthetic experiences interact with the artistic self of patients and involve key structures such as the hippocampus, the insular cortex, the cingulate gyrus, the nucleus accumbens and the medial geniculate body. These mechanisms allow us to apply music therapy as an operative constituent of complex therapeutic concepts such as in patients with arterial hypertension, in various psychiatric disorders such as depression and schizophrenia, in neurodegenerative diseases such as in Alzheimer's disease and Parkinsonism, and in perinatal medicine as well as for the support of the neural growth of the foetus. Given the complexity of musical processes, application of music therapy requires interdisciplinary considerations that allow for possible interactions with other therapeutic means and assess eventual contra-indications. Only the estimation of the whole context allows us to speak of an add-on-therapy or a key treatment.

### PRIMARY CARE FOR THE ELDERLY; THE ESSENTIALS OF GENERAL PRACTICE

Niek de Wit

*Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, Netherlands*

The population is rapidly ageing, and in 2040 on estimate 25% of the European population will be older than 65 years. Although many elderly will age in good health, physiological limitations, chronic diseases and psychosocial problems may challenge their autonomy with increasing age. Most elderly consider being independent as the core of their quality of life. Therefore preservation of daily functioning is more important than being free of disease. Elderly want to “add life to years, not years to life”. Personal, longitudinal guidance with an integral approach is essential to address the health issues of elderly patients. Evidence based medicine often fails to bring the right answer for the individual elderly patient, as most guidelines focus on younger patients with single diseases. In addition, life perspective changes

when people get older, the potential benefit of medical interventions alters and the context of medical decisions changes accordingly. Decisions to abstain from referral or stop medication become as relevant as starting them. For personalised medicine and shared decision making elderly patients need support from a trusted medical professional. Although general practitioners are optimally equipped to fulfill these tasks, future will demand a more proactive role of GPs in elderly care. Early identification of medical and psychosocial problems is required to prevent escalation and functional decline, and elderly will need personal guidance in complex health decisions. In this lecture the key health challenges of elderly will be discussed in the context of ageing, as well as the approach for general practitioners to adequately address them.

## PLACEBO SCAM OR A USEFUL TOOL?

Cyril Höschl

*National Institute of Mental Health, Klecany, Czech Republic*

Placebo is a medicament containing no pharmacologically effective substance. Its efficacy is reflected in the brain activity mapped using fMRI. Use of placebo in clinical research is discussed from methodological, ethical and technical perspectives. First, without placebo-controlled studies the proof of efficacy of a new drug is almost impossible. A direct comparison with placebo is often necessary. Second, the Helsinki declaration says that benefits, risks, burdens and effectiveness of a new intervention must be tested against already proven intervention. This condition is not met with placebo. This paradox is solved by diminution of the respective wording: The use of placebo, or no treatment, is acceptable in studies where no proven intervention exists or where for methodological reasons its use is necessary. Third, it is sometimes difficult to ensure blinding the placebo. Major problem of clinical pharmacology is a significant increase of the placebo effect in recent decades and a fading of a verum - placebo signal. Design of a study, type of institution, patient's characteristics, rating factors, outcome measure, type of a symptom or a disease, type of medication and dosing schedule, sample size, randomization, cultural context, and qualification of raters may contribute to the observed decrease of the signal.

## EMBRACING DIVERSITY IN THE DIGITAL TRANSFORMATION OF PRIMARY HEALTHCARES

Harris Lygidakis

*Research Unit INSIDE, University of Luxembourg, Luxembourg*

The use of information and communication technologies for health constitutes a strategic ally to the sustainable development goals and attaining universal health coverage through enabling equitable access to high quality and affordable health care services. The omnipresence of mobile devices and sensors, the increasing availability of data and computational power, and the breakthroughs in imaging and genomics, are creating a perfect storm that is bound to transform health care profoundly. At the population level, the coordination of disease control and prevention programmes is facilitated, cost-effective interventions are implemented, and ultimately the quality of life of our communities is

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enhanced. EHealth also plays a significant role in the delivery of people-centred and integrated health services, empowers individuals to make informed decisions and self-manage their health needs. For the first time in history, the individual is placed at the centre, has timely and affordable access to data, knowledge and tools, and health care is tailored for his/her diverse background, context and needs. A second perspective to the digital revolution is how our own discipline is transformed. As technology is a catalyst for sustainable, large scale social change, health care has the opportunity to invest in inter-professional collaboration, and leverage a diverse range of expertise, stakeholders and resources to expand its horizons and tackle old and future challenges.

## 'STAND AS ONE' - WHERE DO FAMILY DOCTORS NEED TO SHARE AN IDENTITY AND A VOICE?

Amanda Howe

*Honorary Secretary of Council, Royal College of General Practitioners, London, United Kingdom*

Separatist forces operating across our world today are a source of anxiety, threat and conflict. Concepts of tribe and nation can be a source of pride but also division. Similarly, professional groups such as WONCA face the challenge of trying to find shared values and means of improving our professional standing and impact, while respecting the diverse settings and backgrounds of our members and patients. This talk will examine the ways in which WONCA develops its shared mission and priorities, while continuing to celebrate our diversity and autonomy.

## PARADIGM SHIFT - FROM DOCTOR PATIENT TO PAYER PATIENT RELATIONSHIP

Anthony Heymann

*The Department of Family Medicine, The Sackler School of Medicine, University of Tel Aviv, Tel Aviv, Israel*

Quality indicators are now driving medical care in the community at the expense of individually tailored medical care. In the name of healthcare quality the payers, who might be HMOs or Health Ministries use a "one suit fits all" solution based on epidemiological data. The danger is that the physician may be pressured to work for the quality indicator and not the patient's needs resulting in erosion in the physician-patient relationship. The authorities have succeeded in changing physician behavior as can be seen across different health systems. This has been achieved with means as simple as feedback and peer pressure, to the use of financial incentives. The clinical medical record has been the main tool for collecting data but these statistics has been confused with knowledge. The payers think they have the big picture but the critical information is often missing and that is what the patients want. This knowledge is with the family physician who often feels torn between the needs of the patient and the health system. Each clinic population has its own nuances; each patient has his or her own very specific needs which must be answered. This lecture will illustrate these problems and suggest new strategies to restore the physician patient relationship.

## Workshops

### 1. Global issues

#### 1.01. Hygiene/epidemiology

##### WHAT DATA DO WE NEED TO IMPROVE PATIENT CARE

Kees van Boven<sup>1)</sup>, Thomas Kühlein<sup>2)</sup>

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<sup>2)</sup>*Institute of General Practice, University of Erlangen-Nuremberg, Erlangen, Germany*

**Background:** The primary purpose of health records is to provide a documented report of health care that supports present and future care by the same or other clinicians. More and more data also have “secondary” uses for instance for education, research, public and population health, policy development or health statistics. The main use-case of data should be informing physicians themselves about the quality of care they deliver.

To meet these goals, standardization of documentation is essential. Therefore we need well-constructed classifications and clinical terminologies at the right level of detail.

The International Classification in Primary Care (ICPC) describes the domain of family practice. It reflects the way GPs work and solve problems.

But what is missing and therefore should be included in a new version of ICPC?

**Aims of the workshop:** To identify gaps in ICPC in capturing and classifying common complaints, health problems, and other important information in primary care.

**Methods:** By using a nominal group technique to generate, write down, clarify and prioritize ideas, content for the new classification can be generated.

**Results and conclusions:** To understand and learn about the needs of the workshop participants in order to adapt the content of a new version of ICPC.

No financial support from a third party was received. There are no prior publications.

##### WONCA SESSION: DIVERSITY IN EUROPE - AN ASSET AND A CHALLENGE

Claire Marie Thomas<sup>1)</sup>, Bohumil Seifert<sup>2)</sup>, Raluca Zoitanu<sup>3)</sup>, Piet Vanden Bussche<sup>4)</sup>, Jose Bueno Ortiz<sup>5)</sup>, Adam Windak<sup>6)</sup>, Berit Hansen<sup>7)</sup>, Radost Assenova<sup>3)</sup>, Anna Stavdal<sup>7)</sup>

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There are significant differences in the way that health care systems are organised and family medicine is practiced throughout Europe. The diversities are also in cultural background, religiosity, climate, life expectancy, people consultation behaviour and spectrum of diseases.

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The theme of the conference suggests to grow as a discipline in European diversity by learning from each other and exchanging experience and knowledge.

The aim of this session is to identify diversities across Europe in general practice/family medicine when using European Definition of General Practice/Family Medicine as a reference. To discuss the opportunity to follow some of the best practices across Europe. GPs from North, South, East and West of Europe have been invited to present situation in their regions and participate at the discussion panel.

**Panelists:** Anna Stavdal (NO), Radost Asenova (BG), Claire Marie Thomas (FR), Adam Windak (PL), Piet van den Busche (BE), Jose Bueno (ES) and Evangelos Fragkoulis (GR), Berit Hansen (DK). Session will be moderated by Raluca Zoitanu (RO) and Bohumil Seifert (CR).

## 1.02. Public health

### GLOBAL HEALTH ON YOUR DOORSTEP – THE ROLE OF PRIMARY CARE

Hannah Fox, Deepa Shah, Rakesh Modi

*RCGP Junior International Committee, London, United Kingdom*

**Background:** With our increasingly mobile and interconnected populations, Global Health is on our doorstep whether we like it or not. Whether it is conception advice for Zika exposure or a raised eosinophil count in returning travellers, or social determinants of health for transient migrant populations or the impact of culture on health and wellbeing of long-term settlers: we are in a unique position as General Practitioners to treat the person not just the disease. We know that physicians with a working knowledge of Global Health issues are more culturally sensitive, more judicious with resources, and more likely to work with marginalized populations. We propose an interactive workshop encapsulating the sentiments of Global Health as applied to our European population.

**Method:** Small group case-based discussions with facilitators on topics such as female genital mutilation, cultural variations of stigma of mental health, and other emerging Global Health issues. Focus on role of GP on detecting and managing social and cultural factors on health during a clinic at their own practice.

**Results and conclusion:** Discussion about key emerging Global Health issues in the context of European primary care. Best practice and/or relevant guidelines with questions will be presented. Participants will be able to compare issues surrounding the impact of culture and migration on health and wellbeing with suggestions to solutions on how to reach out to minority populations in a sensitive manner.

### INDIGENOUS POPULATIONS HEALTH CHALLENGES

Oleg V. Kravtchenko

*EURIPA, BODOE, Norway*

**Background:** Recently indigenous populations of the world are getting recognized and are on their way go receive more equal treatment politically and culturally. However, there are still challenges on this way and first of all it's equality in access to medical diagnosis and treatment. As one of WONCA's rural networks EURIPA have experience and resources to

address health challenges of European indigenous populations and find suitable solutions for these.

**Aim:** To map and discuss indigenous populations health challenges and to define optimal tailored solutions to these.

**Methods:** Short country based presentations (Norway, Ireland, Czech Republic, Spain), followed by interactive group work and conclusions.

**Results and Conclusions:** Creation of optimally tailored algorithmic approach to indigenous populations health challenges as some of often underprivileged social groups in Europe.

Combining of different interest groups' efforts in improving the current health of indigenous populations of Europe.

## 1.03. Sexually transmitted diseases

### WHO AND HOW TO TEST FOR HIV, BBV AND STIS IN PRIMARY CARE?

Rebecca Hall

*Royal College of General Practitioners, London, United Kingdom*

**Background:** HIV, BBV and STIs are within every clinicians remit and with high patient volume in primary care, there is a greater need for GPs to provide this essential service within primary care. All primary care staff see patients who may have undiagnosed HIV, BBV and STIs however they or their clinicians may not perceive themselves at risk especially as the clinicians are unable to offer a risk assessment or confidential offer testing.

**Aim of the Workshop:** This session aims to provide clinicians with the skillset appropriate to primary care to risk assess for HIV, BBV and STIs as well as providing GPs with the clinicians to discuss and offer the testing.

**Methods:** To ensure the best change in clinical practice, an interactive workshop is planned with the following:

- Introduction and context of importance within primary care
- Interactive session on how to “bring it up”
- Presentation on risk assessment and how to offer testing
- Participants practice within tables of risk assessment and how to offer testing
- Conclusion and discussion of how to implement within primary care.

**Result and Conclusion:** Key learning outcomes of the session include:

- Awareness of the importance of the HIV, BBV and STI testing within primary care.
- Practical skills to risk assess for HIV, BBV and STI.
- Ability to confidently discuss and offer testing to those who do not perceive themselves at risk.
- How this can be wider implemented within primary care.

## 1.04. Tobacco, alcohol and drugs

### HOW TO TALK WITH PATIENTS ABOUT ALCOHOL?

Marta Velgan<sup>1)</sup>, Maike Eppens<sup>2)</sup>

<sup>1)</sup>Tartu University Hospital, Tartu, Estonia

<sup>2)</sup>Leiden University, Leiden, Netherlands

According to WHO alcohol is one of the three most important risk factors of early disease and death in Europe. Excessive alcohol consumption can lead to different health related, psychological and socioeconomic problems and as family physician we see those consequences upclose. Prevention is an important part of family medicine and primary care physicians are in a position to address heavy drinking and alcohol use disorders with patients, and can do so quickly and effectively. Evidence shows that family doctors don't ask their patients about alcohol as often as they should. In a study conducted in 2015 in Estonia only 6% of responders said that a doctor or a nurse asked them about alcohol consumption, at the same time 66% of them were asked about tobacco use. But how we can help our patients if we even don't ask about alcohol in general?

The main aim of this workshop is to give family doctors knowledge and specific tools on how to start a conversation with a patient about alcohol and how to screen for alcohol use disorders. In the workshop we will explore what kind of difficulties are we facing in starting the conversation and what can we do about it. We will also discuss when and how to start the conversation and at the end introduce different screening tools.

### LGBT HEALTH IN PRIMARY CARE?

Özden Gökdemir<sup>1)</sup>, Ülkü Bulut<sup>2)</sup>, Gamze Akyol<sup>3)</sup>, Mari Bjørkman<sup>4)</sup>, Ceren Akkol<sup>3)</sup>, Dilek Güldal<sup>3)</sup>

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<sup>3)</sup>Dokuz Eylul University-Department of Family Medicine, Izmir, Turkey

<sup>4)</sup>Rosenhoff Legegruppe, Oslo, Norway

**Background:** The perception that non-heterosexual sexual orientations may be an illness or a deviation from normal is a paradox that has damaged the health of LGBTI individuals. This probably may result in a gap between the health needs of these people and the health care services they receive. Another consequence is that since LGBT individuals choose to not disclose their sexual orientation because it is forbidden in a large part of the society. The negative attitude of health care workers, the careless and disrespectful treatment methods, the prejudiced approach concerning the reasons behind the ailments, reluctance to treat, and the fact that LGBT individuals are generally unaware of their existing health requirements all are parts of a wide network of difficulties. There is a tendency to consider a non-heterosexual orientation to be an act of indecency and therefore, many LGBT individuals suffer discrimination socially, economically and in many other aspects.

**Aim of this workshop:** is to focus on health care services, for LGBT patients, illustrate barriers to quality care, and explore how LGBT individuals may prefer to be met.

**Methods:** The conductor will ask 2 or more specific questions to get some information about the group then presentation of group works will be discussed. A questionnaire will be used and the cases will be discussed.

**Results and conclusions:** This workshop, will stimulate the participants to reflect upon their knowledge of and skills to deal with LGBT patients. Simple tools to enhance consultations with LGBT patients will be presented and discussed.

## PROFESSIONAL RESILIENCE OF FEMALE FAMILY DOCTORS AROUND THE WORLD DURING TRANSITIONAL LIFE EVENTS

Jessica Watson<sup>1)</sup>, Alice Shiner<sup>2)</sup>, Noemi Doohan<sup>3)</sup>, Amanda Howe<sup>2)</sup>

<sup>1)</sup>University of Bristol, Bristol, United Kingdom

<sup>2)</sup>University of East Anglia, Norwich, United Kingdom

<sup>3)</sup>Ukiah Valley Medical Center, Ukiah, United States

**Background:** Evidence from around the world suggests that female family doctors are more likely to suffer emotional exhaustion and 'burnout' than men, are more likely to drop out of the workforce for a period, and are underrepresented in leadership and academic positions. To help understand reasons for these gender differences, we are exploring factors influencing professional resilience during life-cycle transition events such as marriage, pregnancy, motherhood, caring for other dependants and divorce.

**Aim of the workshop:** The aim of the workshop is to test and explore the findings of our qualitative research project, and feedback to the broader WONCA community, in order to help develop and maintain professional resilience amongst female family doctors. This workshop will be of interest and relevance to doctors, looking at promoting their own resilience, and also to employers and policy makers, looking at recruitment and retention of female family doctors.

**Methods:** In collaboration with the WONCA Working Party on Women and Family Medicine, we have undertaken multiple workshops and are undertaking in-depth semi-structured interviews with female family doctors from all seven WONCA regions. Interviews will be transcribed and analysed using applied framework analysis. In this workshop we will test and explore emergent concepts and theories from our qualitative research. This will include individual, organisational and systemic factors which can enhance or undermine resilience of female family doctors.

**Results and Conclusions:** We aim to utilise the findings to develop recommendations for individuals and workplaces to help develop and maintain professional resilience amongst female family doctors.

## GROWING "UP" WITH DIVERSITIES: WHERE, WHEN, HOW AND WHY TO SOLVE ADOLESCENT SEXUAL HEALTH PROBLEMS?

Gamze Akyol<sup>1)</sup>, Özden Gökdemir<sup>2)</sup>, Ülkü Bulut<sup>3)</sup>, Ceren Akkol<sup>1)</sup>, Sabire İlke Ekim Yardım<sup>1)</sup>, Gürcan Balık<sup>1)</sup>, Zehra Dağlı<sup>4)</sup>, Vera Pires da Silva<sup>5)</sup>, Azize Dilek Güldal<sup>1)</sup>

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**Background:** People's view of sexuality is important while delivering sexual health care (SHC). Countries' cultural and social dynamics may effect SHC services' type and/or quality level. This may also result in differences between SHC practices at different times in the same country. For instance, in Turkey, even though adolescent SHC have been improving a little, the rise of conservatism has started to affect SHC services recently.

Also, studies report that Turkish adolescent patients' (APs)- knowledge level on sexual health (SH) is quite low and their sexual behaviour (SB) needs to be improved. Considering this with "childhood marriage" problem and lack of sexual education -especially in developing areas like Turkey-, need for educating APs arises. The question is how to educate APs appropriately while taking barriers (like conservativeness) into account.

**Aim of the workshop:** Sharing experiences about APs' SH needs, brainstorming about education methods, setting goals with colleagues from other countries.

**Method:** A 75-minute workshop will be conducted.

1. Presenting workshop's aim and program (1 minute)
2. Meeting and greeting (9-10 minutes)
  - Questions about group members and sexual education/SHC in their country
  - Mini-questionnaires regarding these
3. Group work: (30 minutes)
  - What are the educational needs of APs in your country?
  - What barriers may hinder responding to these needs?
  - How can we overcome these barriers? (One barrier may be discussed in

detail)

4. Presenting group works and discussion (20 minutes)

5. "Take home messages" (5-10 minutes)

**Results and conclusions:** "Take home messages" about APs' SH will be determined.

## 2. Discipline and profession

### 2.01. Primary care policy

#### CULTIVATE EQUITY-AND-PLANETARY-HEALTH MINDSETS: 1. HOW CAN ADVOCATES CLOSE THE RHETORIC-ACTION GAP?

Rick Botelho<sup>1)</sup>, JP Sturmberg<sup>2)</sup>

<sup>1)</sup>Family Physician, Charlotte, NC, United States

<sup>2)</sup>Complexity SIG, Melbourne, Australia

**Introduction:** The Declaration of Alma Ata (1978) for primary care advocated for attaining the highest levels of possible health for all, along with the health, social and economic sectors. This advocacy did not achieve its promise because it under-estimated the ethical and political complexities of developing policies to reduce inequities. We still face huge gaps between our advocacy rhetoric and our policy actions in addressing the social determinants of health. This declaration did not take into account that personal and planetary health are intimately intertwined complex adaptive systems, without any simple or reductionist solutions. This calls on health equity communities to work collaboratively with the planetary health

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movement. The WHO has launched a major on-going initiative to address how climate change will affect health.

Equity and planetary health are interdependent civic values for achieving the sustainable development goals. These values call for putting the common good above self-interests and aligning self-interests to serve the common good. Our greatest barriers to policy change are our closed mindsets.

**Objectives** as questions

How can we:

- Cultivate equity and planetary health mindsets?
- Address the ethical and political complexities of developing policies to reduce inequities?
- Develop simple rules to synergize and amplify calls-to-actions at all levels?

**Methods:** Participants will discuss the meaning and implications of the above questions in small groups. These discussions will evoke high-level strategic thinking about advocacy research: how to take action in addressing these questions.

**Outcomes:** Participants are invited to join an ongoing learning collaborative for those interested in becoming facilitators and evaluators for a new course about how to:

- Cultivate Equity-and-Planetary-Health mindsets
- Address the ethical and political determinants of health
- Develop calls-to-action for educational, clinical, research, innovation, advocacy, policy and political purposes

Watch Podcast: <https://goo.gl/szGjd2>

## **CULTIVATE EQUITY-AND-PLANETARY-HEALTH MINDSETS: 2. HOW CAN LEADERS GENERATE NETWORKED POWER TO MAKE POLICY CHANGE?**

Rick Botelho

*Family Physician, Charlotte, NC, United States*

**Introduction:** The demise of planetary health and the world's growing population make the challenge of striving for health equity much more difficult. Without further attention, the impact of these issues will first afflict the personal health of the poor and vulnerable populations. The concurrent pursuit of equity and planetary health calls on leaders to generate networked power to make policy changes.

To manage these complex issues effectively, we must advocate for developing Equity-and-Planetary-Health-in-all-Policies. To advocate effectively, leaders must provide a rationale to the "why bother" question.

**Leadership Rationale:**

- Of all the forms of injustices, inequities are the most damaging to our health, well-being and flourishing.
- Planetary health is the sustainable state of our environment upon which the health of people depends.
- Equity and planetary health are interdependent civic values for achieving the sustainable development goals

This vision calls for putting the common good above self-interests and aligning self-interests to serve the common good. This calls for generating the network power to:

- Open closed mindsets
- Create, synergize and galvanize calls-to-actions at all levels

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## **Objectives** as questions

How can we

- Create the leadership buy-in and urgency to advocate for equity and planetary health?
- Generate networked power to develop Equity-and-Planetary-Health-in-all-Policies?
- Use a framework of simple rules to manage the complexity of policy change?

**Methods:** Participants will discuss the meaning and implications of the above questions in small groups. These discussions will evoke high-level strategic thinking about network research: how to take action in addressing these questions.

**Outcomes:** Participants will have the opportunity to join an ongoing learning collaborative for those interested in becoming facilitators for a new course about how to:

- Implement Equity-and-Planetary-Health-in-all-Policies
- Develop innovation hubs to design health programs for exponential impact
- Activate communities to improve health.

Watch Podcast: <https://goo.gl/szGjd2>

## **ORGANIZATION OF THE HEALTHCARE SYSTEM IN EUROPE: WHAT FACILITATES & WHAT IMPEDES THE DELIVERY OF EFFECTIVE PRIMARY CARE MULTI-NATIONAL SYMPOSIUM**

Mehmet Ungan<sup>1)</sup>, Christos Lionis<sup>2)</sup>

<sup>1)</sup>EGPRN -Wonca Europe & Working Party On Research (WWPR)-WONCA World, Ankara & Maastricht, Turkey

<sup>2)</sup>EGPRN Wonca Europe & WWPR Wonca World, NAPCRG, Global, Turkey

Symposium is based on a Project by WONCA World Working Party on Research. EGRPN is in coordination. The project is supported and endorsed by WONCA, WONCA Europe & EGPRN and NAPCRG. Professors Ungan & Lionis will co-chair. Format is designed to address a knowledge gap in terms of how primary care (PC) is organized around the world, and to create dialogue between colleagues and colleges about how the fundamental values of PC can be addressed, preserved within the constraints of different healthcare systems, sometimes operating within the same country. The representatives from 7 countries will present the facilitators, barriers that the organization of the healthcare system in their nation impacts on providing effective PC. Each will have 7 minutes and not more than 11 slides to answer to questions in the template. A facilitated discussion will be in the last 20 minutes. The presentations will be published in web sites together with the presentations of last symposium held in the 2014-2015 WONCA Europe Conferences. The presentation template is as follows:

**1. Introduction:** Population, Distribution (urban / rural / remote), Socioeconomic breakdown, Ethnic groups, religions

**2. Health system design:** Funding – state, public, Secondary care, Health insurance available? Who would get? offers choice of specialist & hospital care, Primary care, Medicines & investigations, How primary care is delivered in - model(s) of care, Access to primary health care in, Benefits and drawbacks of health care system, Impact of system on care, Growing health care burden in, Lessons for other countries, Summary of what works well and does not work well in PHC in this country.

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## EUROPEAN FORUM FOR PRIMARY CARE (EFPC) WORKSHOP: STRENGTHENING PRIMARY HEALTH CARE NURSING

Sally Kendall<sup>1)</sup>, Rosamund Bryar<sup>2)</sup>, Diederik Aarendonk<sup>3)</sup>

<sup>1)</sup>*Centre for Health Services Studies, University of Kent, Canterbury, United Kingdom*

<sup>2)</sup>*City University London, London, United Kingdom*

<sup>3)</sup>*European Forum for Primary Care, Utrecht, Netherlands*

**Objective:** The triple impact of nursing: better health, greater gender equality and stronger economies.

Nurses are by far the largest part of the professional health workforce and achieving universal health coverage globally will depend on them being able to use their knowledge and skills to the full. Yet they are too often undervalued and their contribution underestimated. There is enormous innovation and creativity in nursing with, for example, “nurseowned” clinics in Africa, village ‘wise women’ in Central Asia and nurse specialists in the UK and the potential for much more. These sorts of development are needed if countries throughout the world are to ensure that all their citizens have access to health care. Increasing the number of nurses, and developing nursing so that nurses can achieve their potential, will also have the wider triple impact of improving health, promoting gender equality and supporting economic growth.

### **Specific objectives of the session:**

- Conveying the message of the triple impact
- Involving GP’s in the discussion on how to use the full potential of nurses
- Increase the awareness about the essential competences of nurses
- Collect and disseminate evidence of the impact of nursing on access, quality and costs, and ensure it is incorporated in policy and acted upon

**Format:** After the introduction by the ICCHNR representatives, several round table discussions on the specific objectives will be conducted, introduced in an interactive style.

**Keywords:** Primary Care, nursing care, triple impact, Interprofessional Collaboration

## WHAT ARE YOU DOING ABOUT CLIMATE CHANGE/PLANETARY HEALTH IN YOUR PRACTICE/REGION?

Alan Abelsohn<sup>1)</sup>, Paola Dellepiane<sup>2)</sup>, Andy Haines<sup>3)</sup>, Ralph Guggenheim<sup>4)</sup>, Enrique Barros<sup>5)</sup>

<sup>1)</sup>*Family Physician in Toronto, University of Toronto, Toronto, Canada*

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<sup>4)</sup>*Israel*

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**Introduction:** It is impossible to consider Human health as independent of natural systems which underpin a range of essential services such as the provision of clean air and water, nutritious food and clean energy for development. Planetary health is defined as the achievement of the highest attainable standard of health, wellbeing, and equity worldwide through judicious attention to the human systems—political, economic, and social—that shape the future of humanity and the Earth’s natural systems that define the safe

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environmental limits within which humanity can flourish. Put simply, planetary health is the health of human civilisation and the state of the natural systems on which it depends. The Earth's natural systems are the foundation of the Sustainable Development Goals and we have no hope of achieving good health and wellbeing without addressing climate change and other dangers to our planet's health and wellbeing.

**Objective:** To stimulate "crossfertilization" (exchange of ideas) between family doctors interested in Environmental Health.

**Method:** Brief Introduction to the full group and presentation of the WONCA Call to Action on Planetary Health (awaiting official approval). Then we separate participants into small groups for discussion and development of strategies for action.

**Conclusion:** A similar Workshop was successfully presented in the WONCA Conference in Rio de Janeiro, resulting in many new ideas and members for our Working Party on The Environment.

## PERSON CENTERED CARE - POLICY MEETS PRACTICE IN PRAGUE. WONCA EUROPE OPEN MEETING

Hans Kluge<sup>1)</sup>, Anna Stavdal<sup>2)</sup>, Job Metsemakers<sup>3)</sup>

<sup>1)</sup>*Dept of Health Systems and Public Health WHO Europe, Copenhagen, Denmark*

<sup>2)</sup>*WONCA Europe President, Ass. professor University of Oslo, Dept for Family Medicine, Oslo, Norway*

<sup>3)</sup>*WONCA Europe Immediate Past President, Maastricht University, Maastricht, Netherlands*

Director Hans Kluge, Dept of Health Systems and Public Health WHO Europe, and WONCA Europe President Anna Stavdal invite you to an interactive session June Thursday 29th, chaired by WONCA Europe Immediate Past President Job Metsemakers. In order to achieve our ambition taking the front seat when the development of family medicine is on the table in our region, WONCA Europe must exert influence where policies are made. WHO Europe is an important trendsetter when states in the region plan and tailor their health care.

WONCA Europe has established close and fruitful collaboration with WHO Europe.

Person centered care is the bedrock of family medicine. The concept is fully adopted by the WHO when member states are advised on health policies and plans.

The outcome of health policies should be measured and monitored on how it is experienced by individuals and by the population. We would argue that GPs, with their ears to the ground, and through continuity of care are worth listening to before policies are set, plans are made and action is taken.

How can policymakers and practitioners find common ground, share experience and make sure that state of the art family medicine is given ample attention and taken into due account before policies are operationalized? This, no less, is what this session aims to explore.

## THE RISING TIDE OF MULTIMORBIDITY – HOW GENERAL PRACTICE CAN LEAD THE CHALLENGES OF “MEETING THE NEED OF THE PATIENT” AND “THE NEEDS OF SOCIETY”

JP Sturmberg<sup>1)</sup>, Rick Botelho<sup>2)</sup>, Carmel Martin<sup>3)</sup>, Bruno Kissling<sup>4)</sup>

<sup>1)</sup>*Complexity SIG, Melbourne, Australia*

<sup>2)</sup>*Complexity SIG, Charlotte, NC, United Kingdom*

<sup>3)</sup>*Complexity SIG, Dublin, Ireland*

<sup>4)</sup>*Complexity SIG, Bern, Switzerland*

**Objectives:** This workshop aims to untangle some of the complexities behind the apparent “rising tide of multimorbidity”. Specifically we aim to develop

- a common understanding about the nature of multimorbidity
- an approach to explore the multifaceted *needs of our patients*
- an approach to deliver *person-centered* and *equitable care*
- ways to respond to the *needs of our society* confronted with the rising burden of multimorbidity in a resource-limited environment
- a learning community focused on *integrated multimorbidity care*

**Background:** Multimorbidity increases with aging and poor lifestyle choices in younger people – it has become an “all of society” problem. Its consequences are most acutely seen in general practice. What are our obligations – as health professionals – to tackle the societal problems of multimorbidity (as Rudolf Virchow did at the time of industrialisation), and how do we best respond to the challenges?

### **Session outline – an Interactive Workshop**

- Setting the scene – multimorbidity in a young adult, elderly person, and a person from a disadvantaged community.
- Small group work I
  - appreciating health – a person and a health professional perspective
  - managing multimorbidity in light of the person’s health experience/expectations
  - managing the effects of multimorbidity on families/relationships/communities
- Small group work II
  - adapting to the uncertainties of managing a person with multimorbidity
- Small group work III
  - creating a movement to achieve an integrated approach to multimorbidity management
  - becoming an effective policy change agent - supporting person-centered equitable health systems

## 2.02. Primary care financing

### FINANCE FOR DOCTORS: A PRACTICAL APPROACH

Josep Vilaseca, Carl Steylaerts, Jose-Miguel Bueno-Ortiz, Valerie Wass  
*WONCA Europe, Ljubljana, Slovenia*

**Background:** Family doctors must manage finance in their day-to-day decisions. In this workshop we underpin the previous knowledge of the audience through a structured approach after a debate

**Aim of the Workshop:** To introduce the audience to the essentials of finance: basic accountancy rules, the financial statements, budgeting, indicators of financial performance, decision-making and strategical planning

**Methods:** A set of possible topics to be chosen by the audience (3 out of 5), as follows:

- 1- What is money?
- 2- Did you ever think about your pension?
- 3- Should I buy a new practice?
- 4- Can I prevent a bankruptcy?
- 5- Time is money?

**Results and Conclusions:** A summary of the topics will be handed out to the audience. After a discussion, the results will be grouped and conclusions will be structured by the authors. Note that the authors will also explain their own proposed conclusions (previously prepared).

## 2.03. Family medicine

### POINT OF CARE TESTING: OPPORTUNITIES, BARRIERS AND FACILITATORS TO THEIR IMPLEMENTATION ACROSS EUROPE

Ferdinando Petrazzuoli<sup>1,2)</sup>, Thomas Frese<sup>1,3)</sup>

<sup>1)</sup>*EURIPA, Paris, France*

<sup>2)</sup>*Department of Clinical Sciences in Malmö, Centre for Primary Health Care Research, Lund University, Malmö, Sweden*

<sup>3)</sup>*Department of General Practice, Medical Faculty, Martin-Luther-University Halle-Wittenberg, Halle, Germany*

**Background:** The diagnostic process in general practice usually does take time and may be difficult especially for laboratory testing. The main reason are logistic problems including timely limited access to laboratory determinations. Especially to rule out potential harmful causes it is necessary to get results more or less quickly. Point of care testing (POCT) and the use of diagnostic rapid tests can shorten the diagnostic process and may contribute to a fast exclusion of potential harmful causes as well as enabling a decision towards a properly and evidence based treatment of health problems. Despite their undoubted usefulness and their growing diffusion, there are still concerns about some issues: cost of device, lack of training support, perception that point-of-care can't match laboratory quality, lack of reimbursement or Government subsidy.

**Aim of the workshop:** 1) To present current research on this topic; 2) To identify barriers and facilitators to the implementation of POCT across Europe via the launch of a Euripa collaborative study.

**Methods:** Three presentations by the course leaders (about) 30 minutes in total followed by group-based work and interactive discussions.

**Results and Conclusions:** Identifying the barriers and facilitators to the implementation of POCT can help us to promote their usage in more effective way and can improve the level of care in rural and isolated areas.

## OPTION GRIDS STRONGLY RELATED TO CLINICAL PRACTICE GUIDELINES; OPTIMIZING THEIR FURTHER DEVELOPMENT AND USE IN MEDICAL PRACTICE

Gerda van der Weele, Ton Drenthen

*Dutch College of General Practitioners, Utrecht, Netherlands*

**Background:** Clinical practice guidelines (CPGs) provide evidence about positive and negative effects of preventive, diagnostical and therapeutical options, resulting in recommendations for medical practice. However, one best option for every patient is rarely the case, because balancing the pros & cons of different options is often preference-sensitive. In those cases coming to 'right' decisions requires shared decision making (SDM) between doctor and patient: 1) making aware a choice must be made, 2) discussing pros & cons of all options, 3) exploring patient's treatment goals, values and preferences, eventually resulting in a shared decision.

To discuss pros & cons of all options, CPGs ideally include all medical and patient-relevant information, preferably presented in a complete but concise summary for easy reference and comparison: description of treatment options, expected benefits and possible drawbacks, quantified wherever relevant and possible.

**Aim of the workshop:** Creating awareness about development of SDM-tools alongside CPGs and directions for discussing further development to improve their usability for both patients and medical professionals.

**Methods:** Short introduction: background + CPG-based-SDM-tools (several examples)

Interactive part:

- individual voting on propositions (e.g: CPGs are primarily meant for medical professionals; CPG-based option grids too ó CPG-based option grids are only useful if doctors and patients can understand them)
- each voting round followed by discussion in small groups
- plenary summarizing highlights of group-discussions

**Results and conclusions:** The discussions will shed light on needs for further development of CPG-based-tools to support SDM and how to optimize their usability and use in medical consultations.

## HOW TO DEPRISCRIBE IN FAMILY PRACTICE?

Oliver Senn, Stefan Neuner-Jehle, Thomas Rosemann

*Institute of Primary Care, University Hospital and University of Zurich, Zürich, Switzerland*

**Background:** General practitioners often care for patients with several concurrent chronic medical conditions (multimorbidity). Adherence to clinical practice guidelines for a patient

suffering from multimorbidity inevitably results in the prescription of multiple medications (polypharmacy) contributing to a potential harm that outweighs the benefit. Therefore managing patients with polypharmacy is an increasing and challenging issue in primary care. Guidelines for deprescribing are emerging but still lack practicability and strategies are needed to support the implementation of deprescribing in family practice.

**Aim of the Workshop:**

- To update participants in potentially inappropriate medications in older patients
- To present algorithms supporting a critical medication review allowing to recognize a problematic polypharmacy
- To present barriers and enablers of deprescribing in family medicine
- To increase awareness of polypharmacy related underuse of medications

**Methods:** Input presentations of the current evidence related to polypharmacy and deprescribing interventions in multimorbid older patients including own data of an ongoing cluster-randomized trial evaluating effectiveness and safety of deprescribing (Hasler et al. *Trials* 2015,16:380). Interactive case discussions in small groups followed by group presentations in the plenary

**Results:** Comorbidities receive little attention in chronic disease trials thus treatment evidence often remains unclear in multimorbid patients. On the other hand studies provide evidence that patient-specific deprescribing interventions are related with better health outcomes.

**Conclusions:** The workshop will provide tools that can make medication sound in older patients and supports the general practitioner in deprescribing.

## HOW TO CONCILIATE THE GENERAL PRACTITIONERS ATTITUDE TOWARDS THE DIVERSITY OF RARE DISEASES

Patrick Tabouring

*University of Luxembourg, Luxembourg, Luxembourg*

**Background:** The great variety of the approximate 8000 actually identified Rare Diseases (RD) amounts to the same prevalence of RD as diabetes or COPD ! This fact explains the urgent necessary commitment of general practitioners to RD. Only the international co-operation of the general practitioners will make possible to find common efficient ways to optimize the diagnosis and the looking-after of the patients

**Aim of the workshop:** We want to work out common characteristics of the diversity of the RD clinical presentations. The international co-operation makes possible to unite different models of view.

**Methods:** The workshop is divided into several working groups. Each group will describe one or several experiences with RD and will try to discuss the difficulties with diagnosis and looking-after. During the connected exchange, we will search for common identifications and criteria of looking-after

**Results:** We expect that the preparation of common criteria will improve the diagnosis and the looking-after by the general practitioner, in order to make easier the general practitioners handling with RD and to favour the relationship to the patient

**Conclusion:** In view of the necessity of the general practitioners interest in RD as well as the diversity of the different diseases, the international general practitioners co-operation is imperative in this field.

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## DEVELOPING INTERNATIONAL PARTNERSHIPS

Emily Clark<sup>1)</sup>, Rakesh Modi<sup>1)</sup>, Camille Gajria<sup>2)</sup>

<sup>1)</sup>*RCGP Junior International Committee, London, United Kingdom*

<sup>2)</sup>*Bwindi Community Hospital, Bwindi, Uganda*

**Background:** *Twinning* is the concept of creating personal and professional links between Primary health care facilities in different countries. It aims to harness the interests and competencies between partners and form a lasting relationship to encourage sustainable mutual benefits.

*Speed dating* is a formalized matchmaking process of dating system whose purpose is to encourage people to meet a large number of new people. Its origins are credited to Rabbi Yaacov Deyo, originally as a way to help Jewish singles meet and marry.

**Aim of the Workshop:** In this dynamic and interactive workshop we aim to bring together family doctors and primary healthcare workers from around the world who are interested in developing international partnerships and potential twinning projects.

**Methods:** We will demonstrate with example 'dates' how three highly successful partnerships (including the Royal College of GPs link with the Japan Primary Care Association) have developed and grown into relationships which offer mutual learning and a shared problem solving approach to the challenges faced by family doctors across the globe. We will use the speed dating model to allow participants to meet and exchange ideas for new partnerships.

**Results and Conclusions:** Participants will learn about the model of twinning, and existing projects. The workshop will provide a forum for new partnerships to develop.

## THE CHALLENGES OF MOTIVATION AND PATIENT AUTONOMY IN THE AREA OF PERSONALIZED HEALTHCARE

Siggy Rausch, Nico Haas, Patrick Tabouring, Monique Aubart

*University of Luxemburg,, Luxemburg, Luxembourg*

**Background:** Motivational techniques and ethical concern about patients Autonomy are part of GP's formation and approach in everyday practice.

Personalized Healthcare may jeopardize these issues especially when proposing strong prediction about individual genetically determined risks for health. The personalized healthcare approach doesn't take into account the individual desires, competences, reasons for change or needs. It is more about an best possible approach of an individuals health problems from a technical point of vue, taking mainly into account the genetic and physical aspects of an individual, determined by complicated testing.

Psychologic and personal subjective preferences and aversions are not necessarily included in these care plans.

**Aim of the workshop:** After an introduction of the subject, completed by individual health stories of patients, we want to form several smaller groups to discuss in detail the different aspects of the theme.

We will discuss the benefits of personalized healthcare approaches

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We will discuss the difficult aspect of this approach, especially the impact of strong negative predictions. And the more difficult issues, how to motivate a patient for eventual changes of behavior.

We will discuss the ethical issue of Respect for Autonomy.

And discuss the issues of negative reactions to these prognostic informations, especially sadness, anxiety, depression, fear and other strong psychological reactions.

**Methods:** Smaller discussion groups will put together the main points of these groups, and realise a draft of conclusions

The Conclusions will be summarized and transmitted to the participants, in order to continue, eventually, the discussions about this important topic.

## WORK RELATED PROBLEMS: WHAT CAN GENERAL PRACTITIONERS DO?

Jacintha van Balen<sup>1)</sup>, Marjolein Bastiaanssen<sup>2)</sup>, Lisette Verlee<sup>1)</sup>, Carel Hulshof<sup>2)</sup>

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

<sup>2)</sup>*Netherlands Society of Occupational Medicine (NVAB), Utrecht, Netherlands*

**Background:** Having a job is a health promoting factor, but when a job is not fulfilling or unsafe it can lead to discomfort and symptoms. The GP has a signaling role in identifying (potential) work-related health problems. However, in practice, GPs pay limited attention to 'occupation' as a factor to promote health and wellbeing.

In 2014, the WONCA and the International Commission on Occupational Health (ICOH) pledged to work with partners to address the gaps in services, research, and policies for the health and safety of workers and to better integrate occupational health in the primary care setting, to the benefit of all workers and their families.

**Aim:** This workshop provides participants the opportunity to extend their knowledge and strengthen their skills in work relating health problems.

**Methods:** First GPs will be informed about work related health problems and how to identify them (plenary presentation). Then they will discuss in groups on the basis of case histories about work related problems with special attention for differences between countries. The groups will be asked to formulate their findings for the other participants. At the end of the meeting everyone will be asked to make 'take home messages'.

**Results and conclusions:** At the end of the workshop the participants will be able to:

- Identify and diagnose work related health problems
- Realize the consequences of chronic diseases of adolescents for their career choice
- Know in which cases to collaborate with occupational physicians in case of work related health problems

## ACKNOWLEDGING ADVOCACY – OUR ROLE, OUR PATIENTS AND STRIVING FOR SOCIAL JUSTICE

Patrick O'Donnell<sup>1)</sup>, Maria van den Muijsenbergh<sup>2)</sup>, Ula Chetty<sup>3)</sup>, Rosanna O'Keefe<sup>4)</sup>, Melissa O'Neill<sup>5)</sup>, Fiona O'Reilly<sup>4)</sup>, Liam Glynn<sup>6)</sup>

<sup>1)</sup>*University of Limerick Graduate Entry Medical School, Limerick, Ireland*

<sup>2)</sup>*Radboud University Medical Centre, Nijmegen, Netherlands*

<sup>3)</sup>*General Practice and Primary Care University of Glasgow, Glasgow, United Kingdom*

<sup>4)</sup>*North Dublin City General Practice Training Scheme, Dublin, Ireland*

<sup>5)</sup>*Cork GP Training Scheme, Cork, Ireland*

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<sup>6</sup>*Department of General Practice National University of Ireland, Galway, Ireland*

**Background:** Advocacy on behalf of patients is an important skill and competency for General Practitioners (GPs). As GPs we are well placed to advocate on behalf of patients as we are the gatekeepers of the health service. We often bear witness to the damaging effects of austerity and health system deficiencies on our patients. The importance of advocacy is highlighted in national and international guidelines across Europe. Indeed, it is considered a “key role” for the profession in the WONCA definition of General Practice. International evidence has revealed that GPs and trainees believe advocacy is a significant part of their role, but do not feel adequately trained to carry this out effectively.

**Aim:** This interactive workshop will explore advocacy in relation to the medical profession, and GPs in particular. Participants will gain an understanding of how GPs can better advocate on behalf of patients and become aware of different tools to facilitate this work, while also learning to acknowledge their own limitations.

**Methods:** We will use PowerPoint to set out the background of advocacy. We will explain different forms of advocacy using examples from the presenting team. We will include brainstorming, small group discussions and other active group work for participants.

**Conclusions:** Participants will have a better understanding of advocacy, the levels of advocacy and basic skills required to advocate effectively on behalf of patients in general practice. They will also gain insight into their own attitude and skills regarding advocacy.

## FUNCTIONING IN PRIMARY CARE: CONCEPTUAL WORKSHOP ON HOW TO BETTER UNDERSTAND THE NEEDS OF OUR PATIENTS

Thomas Kuehlein<sup>1</sup>, Pauline Boeckxstaens<sup>2</sup>, Simone Postma<sup>3</sup>, Diego Schrans<sup>2</sup>, Kees van Boven<sup>3</sup>, Melissa Selb<sup>4,5</sup>, Gerold Stucki<sup>4,5,6</sup>, Stefan Essig<sup>7,5</sup>

<sup>1</sup>*Institute of General Practice, University of Erlangen-Nuremberg, Erlangen, Germany*

<sup>2</sup>*Department of Family Medicine and Primary Health Care. Ghent University, Ghent, Belgium*

<sup>3</sup>*The Radboud University Medical Center, Nijmegen, Netherlands*

<sup>4</sup>*ICF Research Branch in cooperation with the WHO Collaborating Centre for the Family of International Classifications in Germany (at DIMDI), Nottwil, Switzerland*

<sup>5</sup>*Swiss Paraplegic Research, Nottwil, Switzerland*

<sup>6</sup>*Department of Health Sciences and Health Policy, University of Lucerne, Lucerne, Switzerland*

<sup>7</sup>*Institute of Primary and Community Care, Lucerne, Switzerland*

**Background:** General practitioners (GPs) provide comprehensive and continuing care to patients. Accumulating health problems during ageing give rise to the central concept of functioning which is essential for understanding patient’s reality. Concentrating on functioning instead of diseases has the potential to discriminate between necessary and unnecessary medical interventions. This requires that the way we think and act links to how we document. Functioning can be described by the International Classification of Functioning (ICF) which is applicable across various settings, although up to now mostly used in rehabilitation medicine. The International Classification of Primary Care (ICPC-2) includes the concept of functioning, albeit in a much reduced manner. Joint use of ICPC and ICF in primary care may promote a better understanding of patients’ needs, resulting in more appropriate care.

**Aims of the Workshop:** (1) Learning about the advantages of functioning as an operationalization of patients’ health. (2) Training to see patients through the lens of

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functioning. (3) Discussion on how focussing on functioning with the help of an ICF based questionnaire could facilitate more appropriate patients care.

**Methods:** The session will start with a presentation of definitions and concepts. Thereafter participants will be divided into groups to discuss possible applications of thinking in terms of functioning based on case vignettes. The aim is to describe them, jointly using ICF and ICPC-2. The experiences and findings will be shared in a concluding plenary session.

**Results and Conclusions:** The capability to better understand the needs of patients using the concept of functioning.

## SOCIAL PRESCRIBING: WHAT? WHY? HOW?

Rachel Phillips, Kyle Mathews  
*NHS, UK, Edinburgh, United Kingdom*

**Background:** Social prescribing is an exciting topic emerging in UK primary healthcare. So much of what we see as family doctors are psychological and social problems that can't be treated by tablets or the bio-medical approach engrained in us at medical school. These presentations put significant pressure on health services and can be demoralizing for patient and doctor. By signposting patients to the non-clinical resources in our communities we could potentially use creative solutions to empower them and enhance our practice and resilience.

**Aim:** This workshop will look at what we think social prescribing is, why it is becoming increasingly important and how it might be best delivered.

**Method:** The workshop will start with an introduction to social prescribing using current literature and our own experience as GP trainees in Edinburgh, Scotland. We will then use a 'world café' format to encourage our workshop participants to address the 'What? Why? How?' of the title. Our hope is to generate examples of social prescribing from a range of diverse contexts as well as discussion on what approaches seem to work best and the challenges faced by social prescribers.

**Conclusion:** We think social prescribing could prove helpful to family doctors in any community but we need to learn from each other. By sharing experience we hope our workshop participants will feel inspired and grow in this role. With their permission we hope to collate and publish our discussion in an article to contribute to the current discourse.

## EVALUATION AND TREATMENT OF CHRONIC PAIN IN PRIMARY HEALTH CARE

Ana Laura Esperança<sup>1)</sup>, João Vieira Fonseca<sup>2)</sup>, Sara Leite<sup>3)</sup>

<sup>1)</sup>*USF Mais Saúde, Ponte de Lima, Portugal*

<sup>2)</sup>*USF Nova Mateus, Vila Real, Portugal*

<sup>3)</sup>*USF Cuidarte, Viana do Castelo, Portugal*

**Background:** In 1996, the American Pain Society introduced the concept of "pain as the 5th vital sign". The multidimensionality of pain requires the clinician to consider multiple aspects in the patient's experience of pain. Opioid analgesics are the cornerstone in the treatment of chronic pain because of their high efficacy.

**Aim of the Workshop:** Review of pain assessment methods; Review the pharmacokinetics of opioids: indications and particularities of each opioid; Determine base opioid and rescue doses; Principles of opioid rotation

**Methods:** Review the scales available to assess pain intensity and basic rules of prescription of analgesia. Theoretical approach on the pharmacokinetics and side effects of each of the drugs available and their formulations. Rules for determining the baseline dose of opioid and the corresponding rescue dose. After this theoretical approach, and using clinical cases with a voting session, it is intended that the participants can use the rules of the prescription of opioids, determining in each case which opioid is most indicated, the ideal dose of base and rescue and perform rotation of opioids.

**Results and Conclusions:** The treatment of chronic pain is based essentially on the reported intensity of pain. It is fundamental that an individualized treatment plan is designed to improve the quality of life and functionality of the patient. Insecurity in the use of opioids by family physicians is frequently reported thus it is important that the family doctor knows this pharmacological group and its specific characteristics.

## EXTERNAL INFLUENCES ON PROPER MEDICATION USE IN GENERAL PRACTICE

Linda Flinterman, Karin Hek, Joke Korevaar, Liset van Dijk  
*NIVEL, Utrecht, Netherlands*

**Background:** Numerous external influences such as reimbursement measures, changes in guidelines or shortage of a medication can affect the quality of care in general practice, including the prescription of medicines. The effects of these external influences can have both a positive and negative effect on the quality of care.

**Aim of the Workshop:** To discuss the effect of different external influences on proper medication use in general practice.

**Methods:** Three examples of external influences in general practice that influenced the use of medication in different ways will be presented: a reimbursement restriction, a shortage in the supply of a certain brand of medication, and the effects of changing guidelines to prevent medication-related adverse events. After each presentation, discussions will be held in small groups on each of the three different subjects that were addressed in the presentations. Participants will discuss how the cases presented are dealt with in different countries and how GPs can deal with these influences. Also, it will be discussed how these situations might influence the relationship between the GP and their patients. Results of the group discussion will be summarized at the end.

**Results and Conclusions:** This workshop will give further insights in the effects of different types of external influences on good medication use in general practice, in how patients react to these different situations and how general practitioners can support their patients with good use of medication in changing circumstances.

## VIOLENT PATIENTS IN FAMILY PRACTICE: WHAT CAN WE DO?

Nena Kopcavar Gucek  
*Community Healthcare center of Ljubljana, Ljubljana, Slovenia*

**Background:** According to the WHO Resolution 1996, violence is a priority public health problem. Healthcare sector is particularly exposed, representing 25% of all workplace violence and still escalating. Only safe environment can provide patients with adequate healthcare. First guidelines for occupational safety and health in healthcare were published by Di Martino in 2002.

## **Aim of the Workshop:**

After the workshop the participants will:

- be aware of the guidelines and recommendations concerning violent patients
- understand the importance of workplace safety
- recognize the signs of escalating risk
- know the techniques of de-escalation of violence (communication skills etc.)
- be able to organize one`s own the practice

## **Methods:**

The following techniques will be used:

1. 1 Introductory lecture
2. 2 Small group discussion-»my worst case of workplace violence«
3. 3 Vignette analysis: groups will analyse a few prepared standard examples of violent patients
4. 4 Forum-assembling examples of good practices

## **Results and Conclusions:**

1. 1. Guidelines for practice organisation (roles and support within the team) are important.
2. 2. Knowledge and skills (training) are the best protection against violence.
3. 3. Tecnical equipment and the employer`s responsibilities must be implemented.

## 2.04. Practice organization

### JOINT EUROPEAN UNION OF GENERAL PRACTITIONERS (UEMO), EUROPEAN FORUM FOR PRIMARY CARE (EFPC) & WONCA EUROPE

Diederik Aarendonk<sup>1)</sup>, Nena Kopcavar Gucek<sup>2)</sup>, Anna Stavdal<sup>3)</sup>, Elena Petelos<sup>4)</sup>, Christos Lionis<sup>4)</sup>

<sup>1)</sup>European Forum for Primary Care (EFPC), Utrecht, Netherlands

<sup>2)</sup>Past Vice president UEMO, Slovenia

<sup>3)</sup>President WONCA Europe, University of Oslo, Oslo, Norway

<sup>4)</sup> Greece

**Objective:** Prospective thinking in working together on adult vaccination including a scope on the European refugee population and linking public health with primary care.

**Background:** The important and critical role of general practice and primary care in disease prevention and health promotion has been widely recognized. Immunization of both adults and children is a key health promotion activity and constitutes a public health priority. Nevertheless, immunization of adults and control of infectious disease morbidity and mortality substantially lags behind in many European settings.

Contextual and organizational issues are interrelated to social influences, disease- or vaccine-related aspects, general views of health and disease, and motivation. There are also studies identifying adult immunization barriers, however given the low compliance of primary care workers to existing guidelines and the low adherence of patients, clients and their families to the guidance of healthcare workers requires further attention and study, as well as a dedicated initiative.

**Purpose:** This workshop aims to bring together stakeholders, present the overall aim and objectives of a new initiative, to highlight certain domains where joint work is anticipated.

**Format**

1. Introduction (5 minutes) Diederik
2. Lecture (20 minutes) Elena Petelos

Questions and comments.

1. Lecture (20 minutes) Christos Lionis

Questions and comments

1. Group discussion 20 minutes

Exchange of experiences.

1. Report from the group discussion(10 minutes)
2. Plenary discussion and final remarks.( 10 minutes)

## 2.05. Consultation skills

### THE DIFFICULT PATIENT

Monique Aubart<sup>1)</sup>, Francis Raphael<sup>1)</sup>, Mathiam Mbengue<sup>2)</sup>, Marie Barth<sup>3)</sup>

<sup>1)</sup>University of Luxembourg, Luxembourg, Luxembourg

<sup>2)</sup>Université de Lorraine, Nancy, France

<sup>3)</sup>SSLMG, Luxembourg, Luxembourg

**Background:** GPs often encounter difficult situations with patients of different cultural or social backgrounds.

**Aim:** To get a better understanding of the patient-doctor-relationship, get aware of own emotions during difficult consultations. By this awareness it will be easier to understand patients' reactions and behavior.

**Methods:** Participants of the workshop will be asked to analyze clinical vignettes of difficult situations and perform role plays. Observers will analyze the role plays and together the group will propose strategies for an improvement of the difficult relationships.

**Results and Conclusion:** The participants will get a better understanding of the interactions between patients and the doctor, they can get aware of phenomena like transference. By putting together different aspects of the role plays, participants can get a more patient-centered view and will be able to better cope with difficult situations.

### MANAGING VERTIGO IN PRIMARY CARE

Manuel Gonçalves<sup>1)</sup>, Ana Beatriz Figueiredo<sup>2)</sup>, Carla Rodrigues<sup>3)</sup>, Sibila Amaral<sup>1)</sup>

<sup>1)</sup>USF do Parque, ACeS Lisboa Norte, ARS LvT, Lisboa, Portugal

<sup>2)</sup>USF das Conchas, ACeS Lisboa Norte, ARS LvT, Lisboa, Portugal

<sup>3)</sup>UCSP São Neutel, ACeS Alto Tâmega e Barroso, ARS Norte, Chaves, Portugal

**Background:** Dizziness, a general term used to describe various sensations of illusory feelings of movement and imbalance, is one of the main reasons for consultation in primary care settings. The dizziness frequently results from vertigo, defined as a sensation of self-motion when no movement is occurring. The most frequent cause of vertigo is Benign

Paroxysmal Positional Vertigo (BPPV), presenting its maximum prevalence during the sixth decade of life and increasing the risk of falls in the elderly.

**Aim:** To provide a practical primary care directed approach to the differential diagnosis of dizziness and vertigo. Additionally, to address the diagnostic and therapeutic manoeuvres of the BPPV.

**Methods:**

- Define the workshop objectives and purpose (5 minutes);
- Brief theoretical presentation of basic concepts (10 minutes)
- Exposition of key steps of differential diagnosis of dizziness and vertigo (10 minutes)
- Practical presentation addressing the useful manoeuvres helpful in establishing the diagnosis of vertigo (15 minutes)
- Training focused on diagnostic and therapeutic manoeuvres for BPPV. (10 minutes)
- Brief discussion regarding techniques and difficulties. (5 minutes)
- Key-points and delivery of handouts with flowcharts of vertigo and information for patients. (5 minutes)

**Results and Conclusions:**

The present workshop sets together a dynamic approach to vertigo with an update of latest guidelines, enhancing participants' practical skills in differential diagnosis of dizziness and vertigo whilst engaging them in therapeutic maneuvers. Being such a frequent complaint, it is important for the General Practitioner to be comfortable with its diagnosis and treatment, clarifying myths and doubts about the subject.

**Key words:** vertigo, dizziness, primary care, benign paroxysmal positional vertigo.

## 2.06. Interdisciplinary cooperation

### A MODEL OF COLLABORATION BETWEEN PHARMACIST AND GENERAL PRACTITIONER IN SLOVENIA

Erika Zelko<sup>1)</sup>, Matej Stuhec<sup>2)</sup>

<sup>1)</sup>1. Medical Faculty Maribor, Maribor, Slovenia

<sup>2)</sup>2. Faculty of Pharmacy Ljubljana, Ljubljana, Slovenia

**Background:** The Health Insurance Institute of Slovenia (ZZZS) evaluated Slovenian prescribing trends in term of polypharmacy during the many years. According to the experiences in many European countries and obtained Slovenian results, ZZZS planned to adopt clinical pharmacy service in Slovenian primary health system to deal with polypharmacy and cooperate with general practitioner.

**Aims of the Workshop:** To show how could a appropriate cooperation between clinical pharmacist and general practitioner lead to better clinical and economical outcomes at drug prescription.

**Methods:** The medication reconciliation process is a type of pharmaceutical care, where main focus is given on optimization and rationalization of pharmacotherapy. A pharmacist and general practitioner would introduce the work with real clinical examples. The participants would have the possibility to follow the process of a pharmacotherapy review and prepare a report for the patient and general practitioner.

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**Result and Conclusion:** After participating at this workshop the participants would be sensibilised for appropriate cooperation between pharmacist and general practitioner to deal with polypharmacy on primary health care level.

## **SPECIAL TRAINING FOR CONFERENCE EXCHANGE ORGANIZERS" WORKSHOP DEBATE MODE**

Elena Klusova<sup>1)</sup>, Rosa Avino<sup>2)</sup>, André Nguyen Van Nhieu<sup>3)</sup>, Ana Nunes Barata<sup>4)</sup>, Ula Chetty<sup>2)</sup>, Emna Zarrad<sup>3)</sup>, Chloe Delacour<sup>3)</sup>, Rianne Van Vliet<sup>5)</sup>, Adriana Helfmelt<sup>6)</sup>, Mar Guillen<sup>6)</sup>, Juan Maria Rodriguez<sup>6)</sup>

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<sup>3)</sup>*France*

<sup>4)</sup>*Portugal*

<sup>5)</sup>*Netherlands*

<sup>6)</sup>*Spain*

**Keywords:** exchange theme group, conference exchange, awards.

**Introduction or background (what is already known in the literature, what is still unexplored and what new knowledge will be provided by your study):**

The Vasco da Gama Movement Exchange theme group has been offering, in addition to the well consolidated 2 to up 4 weeks Hippokrates exchange programme, two to three days conference-exchanges alongside Primary care national conferences with the involvement of many colleagues around Europe.

Despite that Vasco da Gama exists since 11 years ago and practically since then up to 10 congresses and conference-exchanges are realized annually in Europe, to the date of today there is no structured literature or guides on how to perform this work.

There are 2 ways of learning how to carry out this difficult, free and altruistic labour: learning from your "older" colleagues, doing the work yourself improvising and risking in your own country, or going to other exchanges and living the experience from the position of the guest, learning the worst and the best from our hosts.

**Aim or research question:** From the material obtained from the discussion, to elaborate the international consensus of advice for organization of Conference-exchanges around Europe with the future goal of its extrapolation to the rest of YMD movements around the world.

**Materials and method (the study design, the setting, the participant(s), the intervention):** Analytic not randomly allocated observational study, recording the interventions and observing the outcomes through the cross sectional survey, when the outcomes will be determined at the same time as the intervention

The WS is thought for the NECs and RECs of VdGM movement, as well as for all the vasodagamians wishing to participate in organization of the exchanges of their countries. WS is highly recommended to the members of scientific societies of all the European countries wishing to support VdGM activity and international exchange programs in an understood way.

Finally, winners of 2016 Hippokrates Exchange & Carosino Prizes will be announced and they will present their inspiring experiences.

**Results: (primary outcome of your study, or expected if the study is still in progress)**

Hope to be able to recollect the maximum of practical suggestions to create a guide-line of VdGM-CE

## **Discussion:**

### Advantages:

- Cheap and simple
- Ethically safe

### Disadvantages

- Establishes association at most, with possible lack of the causality
- Recall bias susceptibility
- Inequality of confounders distribution
- Neyman bias
- Inequality of group sizes
- Individual component bias

**Conclusion (describe the potential usefulness of your study):** The objective of our WS is to create an intense and fruitful debate in order to unify the best, detailed, meticulous and proven practical tips for organizing one excellent Conference Exchange with the aim of elaboration of the international consensus of advice guideline available for the world-wide use of all the YDM movements.

## 2.07. Interdisciplinary cooperation

### DEVELOPING AN INTERNATIONAL WEB-BASED COURSE ON RESEARCH IN PRIMARY HEALTH CARE

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<sup>3)</sup>EGPRN, Maastricht, Netherlands

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<sup>5)</sup>Faculty of Medicine, University of Porto, Porto, Portugal

<sup>6)</sup>Department of Clinical Sciences in Malmö, Centre for Primary Health Care Research, Lund University, Malmo, Sweden

**Background:** In the WONCA Europe conference in Istanbul (October 2015), a Research Workshop took place during the VdGM Pre-Conference. After the first version, a short survey was performed, in order to understand the needs and perspectives of young GPs towards research and therefore adjust future initiatives. All participants considered that research training was relevant for personal development, clinical decision making, critical appraisal of the literature and for personal curricula improvement.

These reasons have prompt us to start developing an International Web-based Course on Research in Primary Health Care. The aim of this course is to provide family physicians with the knowledge, skills and attitudes necessary for undertaking research. The course contains about 25 modules of teaching in two courses and practical half a day workshop as a final step of each course (may be one full day for both).

**Aim of the Workshop:** 1) To present the International Web-based Course on Research in Primary Health Care and its topics; 2) To identify strategies to promote the course and adjust it to the needs of residents and young family physicians;

**Methods:** Three presentations by the course leaders (about) 30 minutes in total followed by group-based work and interactive discussions.

**Results and Conclusions:** Research training is a core competence in Family Medicine. The development of customised courses, oriented to the actual needs of the needs and expectations of the participants and using the power of new technologies can greatly improve research skills in the upcoming generations of Family Doctors.

## **BUILDING UP RESEARCH CAPACITY IN PRIMARY CARE: HOW TO WRITE A SCIENTIFIC PAPER**

Karen Flegg<sup>1)</sup>, Mehmet Akman<sup>2)</sup>, Katharine Wallis<sup>3)</sup>, Christos Lionis<sup>4)</sup>, Felicity Goodyear-Smith<sup>5)</sup>

<sup>1)</sup>WONCA Executive Member-at-Large 2013-16, WONCA Editor 2010 to current, Canberra, Australia

<sup>2)</sup>department of family medicine, Marmara university school of medicine, Associate Editor, Journal of Primary Health Care Research and Development, Maltepe-Istanbul, Turkey

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<sup>4)</sup>BMC Family Practice Section Editor, Rural and Remote Health European Section Editor, Compassionate Health Care Journal Co editor-in chief, Crete, Greece

<sup>5)</sup>WONCA Working Party on Research, Department of General Practice & Primary Health Care, University of Auckland, Auckland, New Zealand

**Background:** Being able to publish your work is critical for researchers, but many lack these writing 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.

**Aim of the Workshop:** This workshop aims to give participants knowledge about successfully preparing a scientific paper and to transfer the Editor's experience on common pitfalls when reporting research findings.

**Methods:** This workshop, run on behalf of the WONCA Working Party on Research, will teach generic skills on how to write a scientific paper. There will be a short interactive presentation, including tips on how to choose the most suitable journal for your work. This will be 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 practice in small groups on research proposal drafts using this structure: scientific value, social value, common pitfalls, aim, methods, results and discussion. The workshop will conclude with whole group report-back and discussion.

**Results and Conclusions:** Participants will get basic information and practical advice on how to prepare an scientific paper and how to choose a journal.

## A PRACTICAL GUIDE TO SETTING UP AND RUNNING A MULTINATIONAL RESEARCH STUDY: A EUROPEAN GP RESEARCH NETWORK (EGPRN) WORKSHOP

Michael Harris

*EGPRN, Maastricht, Netherlands*

**Introduction:** When running international research projects, we face many challenges that are in addition to those found in single-country research. In this workshop, we will explore specific issues related to multi-national survey research, looking at each stage of the research process.

The workshop is suitable for anyone who would like to find out more about international collaborative research. No research expertise is necessary, just an interest in the topic and willingness to explore ideas through discussion.

**Objective:** This interactive workshop will allow participants to understand, and be able to overcome, some of the challenges involved in organising multinational research projects. There will be a particular focus on how to cope with cultural and language barriers.

**Methods:** Using examples from his own Europe-wide research projects, the presenter will highlight common multi-national research difficulties and provide useful solutions.

For each research process stage, there will be a short presentation using a recent EGPRN 20-country study to illustrate the learning points, followed by group-work to apply the principles to simple examples.

**Results:** By the end of the workshop, participants will have basic skills to be able start to:

- work with international collaborators to design a study;
- plan a multi-language questionnaire;
- reach the intended study population and analyse the data;
- publish the results.

## 'SHOULD THIS PAPER CHANGE MY PRACTICE?' HOW TO READ AND UNDERSTAND QUANTITATIVE RESEARCH PAPERS: AN EGPRN WORKSHOP

Michael Harris

*EGPRN, Maastricht, Netherlands*

**Introduction:** Quantitative research answers research questions by collecting numbers ('numerical data') and then analysing them using statistics. If there are no numbers involved, then it's not quantitative research. It can, for example, be used to find out:

- the percentage of GPs who prescribe antibiotics for sore throats, and how they compare in different countries;
- the correlation between patients' smoking status and their GP consultation rates;
- the primary care risk factors for deaths from asthma;
- how a new antibiotic compares with the current treatment for chest infections.

However, there are many different quantitative research methods. Understanding these methods, and being able to critically appraise quantitative research papers, is an important part of practicing evidence-based medicine.

**Objective:** This interactive workshop will allow participants to read and understand quantitative research papers, and learn the skills to decide whether their practice should change as a result.

**Methods:** The presenter will give examples of the various methods used in quantitative research and demonstrate the use of critical appraisal skills tools that participants can use themselves.

There will be a mixture of presentations and practical work. No previous expertise is needed, just an interest in the topic and willingness to explore ideas through discussion.

**Results:** By the end of the workshop, participants will have a basic understanding of key quantitative research methods:

- descriptive studies;
- correlational research;
- cohort and case-control studies;
- experimental studies, for instance randomised controlled studies;
- meta-analysis.

They will also have the tools to be able to critically appraise quantitative research papers.

## **'SHOULD THIS PAPER CHANGE MY PRACTICE?' HOW TO UNDERSTAND COMMONLY USED MEDICAL STATISTICS: AN EGPRN WORKSHOP**

Michael Harris

*EGPRN, Maastricht, Netherlands*

**Introduction:** The ability to understand basic medical statistics is the key to knowing how to interpret research papers and decide whether or not they should change our practice. However, the ability of GPs to understand statistical concepts varies more widely than their ability to understand anything else related to their work.

**Objective:** This interactive workshop is designed for delegates who would like a basic knowledge of when common statistical terms are used and what they mean.

**Methods:** The presenter will give examples of the various statistical methods that are often used in medical research papers, explain when they are used, and what the results mean. There will be a mixture of presentations and practical work. No previous knowledge of medical statistics is needed - however basic your statistical knowledge, you will be able to understand the presentations and join the discussions.

**Results:** By the end of the workshop, participants will be able to understand and know how to interpret the statistics that they most commonly see in research papers:

- measures of average and spread (mean, median, standard deviation, interquartile range);
- statistics which test confidence (confidence intervals, *P* values);
- statistics which test differences (*t* tests and Chi-squared tests, for example);
- statistics which compare risk (risk and odds ratios);
- statistics which analyse relationships (correlation and regression).

## **PATIENT RECRUITMENT TO CLINICAL RESEARCH IN PRIMARY CARE: EXPERIENCES FROM PANDEMIC PREPAREDNESS RESEARCH – WORKSHOP BY EGPRN, EURACT AND PREPARE**

Nina Gobat<sup>1)</sup>, Radost Assenova<sup>2)</sup>, Micaela Gal<sup>1)</sup>, Jo Buchanan<sup>3)</sup>, Francesco Carelli<sup>4)</sup>

<sup>1)</sup>*Cardiff University, Cardiff, United Kingdom*

<sup>2)</sup>*University Plovdiv, Plovdiv, Bulgaria*

<sup>3)</sup>*EURACT, Ljubljana, Slovenia*

<sup>4)</sup>*University of Milan, Milan, Italy*

**Background:** Recruitment to clinical trials is challenging and more difficult at times of uncertainty as occur during a pandemic. Timely, robust clinical research during a pandemic is essential. There are numerous barriers to the setup of pandemic clinical research and solutions identified in inter-pandemic phases. The PREPARE consortium is developing a research infrastructure to enable rapid and harmonised large-scale pandemic research. This workshop will explore the issues of recruitment to clinical trials and use clinical studies to consider the unique challenges of patient recruitment during a pandemic.

**Objective:** To consider challenges and solutions for patient recruitment to European studies during a pandemic.

**Methods:** There will be an introduction to the challenges of patient recruitment to clinical trials in primary care under normal circumstances. Participants will be invited to consider challenges to pandemic clinical research recruitment in their countries. Findings from a public consultation on pandemic clinical research participation across four European countries will be shared. The lessons learned from the initial recruitment to ALIC<sup>4</sup>E, an adaptive RCT of the clinical and cost-effectiveness of antiviral medication for influenza-like illness. ALIC<sup>4</sup>E has been set up during inter-pandemic peacetime with a capability to respond during a pandemic ID outbreak.

**Results:** Participants will gain insight into clinical research currently planned across Europe. In particular, we will discuss how ethically robust research enrolment processes can be assured at a time of significant pressure on health service resources. Sharing of participant experiences will inform ongoing work in developing pandemic clinical research preparedness across Europe.

## **“RESEARCH IN FAMILY MEDICINE/GENERAL PRACTICE IN EUROPE – PANEL BY EGPRN, RESEARCH NETWORK OF WONCA EUROPE”**

Péter Torzsa<sup>1)</sup>, Radost Assenova<sup>2)</sup>, Claudia Iftode<sup>3)</sup>, Kathryn Hoffmann<sup>4)</sup>, Miquel Muñoz Perez<sup>5)</sup>, Petra Kánská<sup>6)</sup>, Pavlo Kolesnik<sup>7)</sup>

<sup>1)</sup>*European General Practice Research Network, Ankara, Turkey*

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<sup>7)</sup>*Ukraine*

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A default template in each slide on country specific research background and activity , 5 slides and 5 minutes for each country, 10 presenters across Europe. Answering "only" to default questions. 50 minutes total, 10 minutes Q/A a 70 minutes plenary/panel . EGPRN is a WONCA Network representing Research describes the FM/GP research in Europe. population nr, practicing gp/fp, nr of university departments only for GP/FP (not public health depts, names and webpages), research /academic institute nr in GP/FM (names and webpages), nr of Academic Professors in universities in slide (Prof, Assco Prof Ass.Prof), Please provide names and e-mails of them in a text (not in slides), What is the requirement/minimum publicaiton criteria to get assistant prof, Assoc prof, Professor titles and positions? What is the avarage number of the indexed journal publication need? is PhD mandatory to be a GP is specialization mandatory for practicing GP/FP, is there a full time specializaiton program like other disciplines in FM/GP, is there a part-time specializaiton program in FP/GP, how many years minimum for full anf if any part time programs, What is the percentage of the years spent in Primary Care/Family Practice during specialization?

Is there= a thesis and defence of it at the end of the program (specialziation ?), a clinical examination prior to final certificaion period?, a research lesson in the program? Mandatory or voluntary? an international indexed GP/FM journal (national) in your country&impact factors? FM (GP scientific research conferences including research presantations? Nr of publication in GP/FM for the last 5 years (2011-2016), avarage publicaiton per academician.

## RESEARCH 2.0 - BY NEW AND FUTURE GP'S - VDGM

Rosy Tsopra<sup>1)</sup>, Gabriella Pesolillo<sup>2)</sup>, Katarzyna Nessler<sup>3)</sup>, Peter Sloane<sup>4)</sup>, Ivana Babic<sup>5)</sup>, Claire-Marie Thomas<sup>6)</sup>, Ana Luisa Neves<sup>7)</sup>

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<sup>4)</sup>VdGM President, Family Doctor, Galway, Ireland

<sup>5)</sup>Family medicine practice, Sveti Martin na Muri, Croatia

<sup>6)</sup>Institution VdGM, London, United Kingdom

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The Vasco da Gama Movement (VdGM) aims at encouraging junior GPs to lead research projects by proposing two awards:

- The traditional "Junior Research Award" aims at rewarding advanced projects of young GPs. Three finalists selected by an international jury will present both their ideas for future research and their personal career
- The "Promising Research Award" aims at rewarding beginner projects of young GPs. Finalists selected by an international jury will present in a few minutes their idea about a future and innovative project. A jury and the audience will assess the oral communication.

### Content

The workshop will contain the following parts:

- Introduction to Research group and historic context of awards
- Brief overview of what the criteria are for awards
- Presentations of the research projects which are candidates for Junior Research Awards

- Presentations of the research projects which are candidates for Promising Junior Research Awards
- Summary and close signposting to announcement of awards at Closing ceremony

**Keywords:** junior; vasco da gama; research

## 2.08. Education and professional development

### WRITING FOR MEDICAL EDUCATORS

Chantal Simon

*Royal College of General Practitioners, London, United Kingdom*

**Background:** InnovAiT is a monthly multi-media journal produced by the Royal College of General Practitioners, and has become the UK's leading educational journal for primary care. We encourage submissions from around the world on educational topics relevant to primary care and particularly encourage submissions from new authors. We have a greater than 50% article acceptance rate and unique 'buddy' scheme to support young authors to write for the first time.

**Aim of the workshop:** To provide hints and tips for budding educational medical writers and a chance to ask foremost writers in this field direct questions about the best way to get published.

**Methods:** Professor Chantal Simon, founder editor of InnovAiT and editor/lead author of the Oxford Handbook of General Practice, and Dr Nazia Hussain, deputy editor of InnovAiT who started writing for the journal as a trainee GP will give a brief presentation. This will be followed by a question and answer session and then a group exercise to create a special European health special issue of InnovAiT.

**Results and conclusions:** We want to showcase the range of creative educational writing opportunities now available to medical educators, and hope to encourage and help new medical educators to write and get published whether in print or via electronic media.

### OBSTACLES IN DIAGNOSING: WHICH PROBLEMS ARE ENCOUNTERED BY YOUNG DOCTORS IN FINDING A DIAGNOSIS?

Monique Aubart<sup>1)</sup>, Francis Raphael<sup>1)</sup>, Mathiam Mbengue<sup>2)</sup>, Martin Sattler<sup>3)</sup>

<sup>1)</sup>*University of Luxembourg, Luxembourg, Luxembourg*

<sup>2)</sup>*Université de Lorraine, Nancy, France*

<sup>3)</sup>*SSLMG, Luxembourg, Luxembourg*

**Background:** In general practice, trainees often encounter problems in finding the right diagnosis. During their studies, they learned each illness with the matching symptoms. In general practice, they are confronted with patients presenting a variety of symptoms which do not always correspond to a specific illness. These complex situations are often perceived as difficult. Young doctors have to learn how to deal with this uncertainty and have to adapt to a different way of thinking.

**Aim:** This workshop addresses to young doctors and teachers in order to facilitate the process of making a diagnosis for the trainees and to find ways of teaching for educators.

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**Methods:** After a general introduction in the topic, small groups will discuss obstacles in the process of diagnosing; solutions will be proposed and brought together in plenary session.

**Results and Conclusion:** The participants should get aware of personal and institutional obstacles they encounter in finding a diagnosis, this awareness will facilitate the process of learning for the trainees. Also teachers should get aware of their trainees difficulties and find solutions for their teaching.

## THE MOVIE CLIPS METHODOLOGY: FROM EMOTIONS TO ATTITUDES THROUGH REFLECTION. FOSTERING PROFESSIONALISM AND CLINICAL EMPATHY. A FACULTY DEVELOPMENT WORKSHOP

Pablo G. Blasco, Graziela Moreto, Vitor Vachi, Pedro S. de Paula, Marcelo Levites  
*SOBRAMFA- Medical Education and Humanism, São Paulo (SP), Brazil*

**Background:** Cinema, the audiovisual version of storytelling, is useful in teaching because it is familiar and evocative. As the audiovisual resources are permeating our current culture, opportunities for teaching with cinema are well suited to the learners' environment. Movies provide a quick and direct teaching scenario in which specific scenes point out important issues and emotions are presented in accessible ways. Emotions play a specific role in learning attitudes and behavior. In this context it makes sense to use movie clips because of their brevity, rapidity and emotional intensity. Bringing clips from different movies, to illustrate or intensify a particular point fits well with the dynamic and emotional nature of students' experience. Fostering reflection is the main goal in the cinematic teaching set. The purpose is not to show the learners how to incorporate a particular attitude, but rather to promote their reflection. Reflection is the necessary bridge to move from emotions to behavior.

**Aim of the Workshop:** This interactive workshop is proposed to faculty who deal with ethics, professionalism, communication skills, and patient centered medicine.

**Methods:** The authors have developed the Movie Clip Methodology for almost twenty years and want to share with the audience. References can be found in <http://sobramfa.com.br/eng/articles/movies-in-medical-education/>

**Results and Conclusions:** The audience will understand the cinema teaching methodology, with special emphasis on the movie clip variation. They will learn how to use movie clips to help students be more reflective and promote empathic attitudes, enrich professional values, and develop well-rounded qualities as human beings.

## HUMANITIES IN MEDICINE: FACING YOUR CHALLENGES IN EDUCATION AND PROMOTING ETHICAL ATTITUDES AMONG YOUR STUDENTS. A PEER REFLECTIVE WORKSHOP

Pablo G. Blasco, Maria Auxiliadora C De Benedetto, Marco Aurelio Janaudis, Valdir Reginato, Jaqueline M. Ferreira, Joana Tolosa  
*SOBRAMFA- Medical Education and Humanism, São Paulo (SP), Brazil*

**Background:** Faculty face challenges when they teach and have few opportunities to share them and reflect with their peers. Usually when they discuss educational issues with their colleagues, they often spend most of this time talking about problematic students, problems with learning environment, and problems with the university, instead of nurturing

themselves. Humanities could be incorporated in faculty development strategies because they provide a useful peer reflective scenario, facilitate how to share our weakness and frustrations, and find resources for keeping up the flame and energy for a better teaching performance. Humanities also portray a tremendous spectrum of attitudes required for building ethics and professionalism.

**Aim of the Workshop:** This symposium is proposed to those who are involved in medical education dealing with patient centered medicine. It will be also useful for young faculty to gain confidence, design a personal model to nurture themselves and start building a team among their colleagues.

**Methods:** The presenters will share their experiences in using Humanities in Faculty Development. Therefore, they will use brief readings, pieces of art, music, opera and some movie scenes that illustrate complex moral choice and how to use each prompt to stimulate comment and reflection from the audience. We expect an interactive discussion with the audience

**Results and Conclusions:** Participants will learn how humanities can facilitate this faculty development scenario and how they can use humanistic resources (music, movies, poetry, literature, narrative) for sharing their challenges in education, and how to share difficulties and successes improves motivation and creativity.

## A 'CAT-FIGHT' TO STIMULATE EVIDENCE-INFORMED GP TRAINERS AND GP TRAINEES

Nynke van Dijk<sup>1)</sup>, Jettie Bont<sup>1)</sup>, Robbert Keppel<sup>2)</sup>, Elvira Ensink<sup>2)</sup>

<sup>1)</sup>GP Specialty Training Program AMC-UvA, Amsterdam, Netherlands

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

**Background:** Stimulating the development of Evidence-Informed GPs is one of the aims of our Specialist Training program. In this workshop we will explain, interactively demonstrate and discuss the use of the PICO-CAT format. This simple and attractive format supports trainees and their trainers to practice all EBM steps with results directly applicable to patient-care. This includes searching and critically appraising evidence and integrating this evidence with personal experience, the situation and wishes of the patient and the local context. Following the successful PICO-CAT workshop at WONCA 2016, we will discuss options for stimulating the development of Evidence-Informed General Practitioners. Also, we will discuss options for using the PICO-CAT format in your own educational or clinical practice.

### **Aim of the Workshop:**

At the end of this workshop:

- You have a view on educational options to stimulate the development of Evidence-informed GP-trainees and trainers, using the PICO-CAT format.
- You have hands-on experience with the use of the PICO-CAT format as an educational method for the training of GP-trainees and trainers

**Methods:** After an introduction of the evidence on EBM training in postgraduate education, using interactive methods participants will have a hands-on experience of the steps used in the PICO-CAT method, both in formal training as in clinical practice. A demonstration of outcomes of PICO-CAT assignments by trainees, 'the CAT-fight', forms the last part of this workshop.

**Results and Conclusions:** With this workshop we stimulate to critically review the training in EBM of GPs and trainees in local training contexts.

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## USING THE ARTS IN GENERAL PRACTICE/FAMILY MEDICINE EDUCATION: EXPERIENCES AND WAY TO GO AHEAD?

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**Background:** Arts-based medical education was implemented for more than two decades to enhance aspects of professionalism including empathy, altruism, compassion, and caring toward patients, as well as to hone clinical communication and observational skills. Looking at the literature resources, family medicine has always been involved because of its deep roots in the provision of the contextually rich and patient-centred care.

**Aim of the workshop:** The aims of this workshop are to address the questions "Do we need arts-based education for general practitioners (GP) and if we do, what is theoretical and conceptual framework and what pedagogical tools can be used?"

**Methods:** A panel of experts will be the GP's educator already incorporating arts into their teaching modules. The personal examples of using visual arts, poetry, prose, drama and films in "hard-to-teach" clinical competencies such as compassion, altruism, and empathy will be presented. It will be followed by the small-groups discussions on; a) the ideas how and when to introduce arts in everyday GPs teaching, b) ideas for the development of international research in the arts and medicine, based on the expert presentations and participant's personal experiences.

**Results and Conclusions:** The workshop will allow participants to become familiar with the theoretical rationale for introducing arts exposure into GP's education; to participate in international dialogue identifying overlapping interests; to identify opportunities for collaborative educational and research projects in evaluation of arts-based curricular innovations as well as other aspects of the interface between the arts and medicine.

## TOWARDS AN INTEGRATED COUNSELLING MODEL FOR MENTAL HEALTH AND FAMILY VIOLENCE: A JOINT EUROPREV AND WONCA SIGFV INITIATIVE

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**Background:** A generic counselling strategy is needed for primary care applicable to a large variety of mental problems presented in primary care. A strong relationship exists between various mental health problems and with family violence in particular.

Under the umbrella of the Working Group on Mental Health and Family Violence of Europrev and WONCA Special Interest Group on Family Violence a group of researchers develops a training strategy for primary care based on a systematic review of counselling strategies for mental Health and Family Violence.

**Aims:** This symposium will provide an overview of available scientific evidence for counselling strategies and propose a collaborative training initiative.

**Methods:** A Cognitive behavioural approach and taking care of stages of change are two models proven to be effective to change outcome for intimate partner violence.

The scientific basis found and a training model developed will be presented from different perspectives illustrating how to detect, explore and assist potential survivors of partner violence.

Specific topics dealt with are introducing questioning about family violence, dealing with medically unexplained symptoms and with barriers to disclose.

Particular emphasis will be given to exploring different life domains related and agreeing about collaborative care possibilities.

A blended learning approach will be proposed.

**Conclusion:** Participants will increase their understanding of counselling strategies for mental health in general applied to family violence. Interested trainers and researchers in primary care may consider to join the proposed action research to train this model on family violence.

## TEACHING LEADERSHIP IN FAMILY MEDICINE

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*EURACT, Specialty Training Committee, Ljubljana, Slovenia*

**Background:** Adequate leadership skills are essential for family doctors. Medical schools/specialist training programs should provide and integrate these skills into their curriculum. Views on leadership are changing, however, also in the medical field. Recent literature shows new concepts like 'people leadership', 'network leadership', 'inclusive leadership', 'followership', ...[1].[2]. There is a shift from the 'doing' of leadership activities to 'being' a leader. It will be a challenge for medical curricula to develop programs adapted to these new concepts, preparing young doctors to be authentic leaders.

**Aim of the Workshop:** In this workshop we will discuss and recognize good practices, corresponding to these new concepts, in current Family Medicine curricula.

**Methods:** First of all, we will show a current definition of leadership in medicine. Additionally, we will present the results of a survey on how leadership is taught in European countries. Next, participants will discuss good practices and develop 'best' practices in small groups. To conclude, participants will present these best practices in plenary.

**Results and Conclusions:** Participants will have a better idea of the definition on good leadership and on how leadership is taught in the different European Family Medicine curricula. They will work together on creating best practices to take home and to improve their own curricula.

[1] McKimm J & O'Sullivan H. When I say ... leadership. *Med Ed* 2016(50):896-897

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[2] Dath D, Chan M-K, Abbott C. CanMEDS 2015: From Manager to Leader, Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

## THE WONCA WORKING PARTY ON EDUCATION: UNDERSTANDING ASSESSMENT METHODOLOGY AND THE MOVE TO MORE PERSONALISED FORMATIVE FEEDBACK

Val Wass

*Chair WONCA Working Party for Education, Faculty of Medicine and Health, Keele University, Staffordshire, United Kingdom*

**Background:** The WONCA Working Party on Education has prioritised requests from members at the 2016 WONCA World conference to support the understanding of up to date assessment methodology and the move to more formative programmatic assessment to address consistent requests from students for more feedback. Family Medicine presents the ideal context for personalised feedback to support students and trainees to self direct their learning.

**Aim of Workshop:** This interactive workshop is designed to familiarise participants with evidence based assessment practice and support them to explore and share ways to move assessment forward for their own institutions.

**Method:** After a short introduction participants will work in small groups initially to discuss the challenges of their current assessments. An interactive presentation will set the trends in assessment methodology and formative feedback in the context of published international literature. In small groups, participants will discuss scenarios contextualised to illustrate the ways assessment methodology can be improved using the tool box of currently available methods

### **Results: Learning Outcomes**

By the end of this workshop, participants will be able to:

- Describe the range of assessment tools and feedback frameworks currently available
- Select appropriate assessment tools for a variety of teaching and learning situations
- Begin to develop a programme of assessment for their own unique context

**Conclusion:** This workshop is key to understanding and developing a more formative approach to assessment to support students and trainees to self direct their learning. Outcomes will support the move to produce WONCA guidelines on assessment.

## YOUNG DOCTORS MARKETPLACE

Veronika Rasic, Berk Geroğlu, Claire Marie Thomas, Rosa Avino, Rosy Tsopra, Luis Pinho-Costa, Raluca Zoitanu

*Vasco da Gama Movement, Europe, United Kingdom*

**Background:** The Vasco da Gama Movement for trainee and newly qualified young GPs has come a long way since its inception in 2005. What began as a platform for networking and collaboration has evolved into a vibrant and active network of young GPs. In the past we have held symposiums at WONCA Europe to promote our activities and engage new members and collaborators. As an innovative and creative movement, it is appropriate that we adopt a fresh and dynamic approach to sharing and developing our activities. Open Space Technology is a powerful group process that supports positive transformation in organizations, increases

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productivity, inspires creative solutions, improves communication and enhances collaboration.

**Aim:** We aim to use creative and dynamic engagement processes to explore our activities with old and new members and collaborators in order to generate discussion and debate about the future possibilities for each of our activities.

**Methods:** A modified version of Open Space Technology will enable people to engage and interact with VdGM theme groups, SIGs, networks and collaborations. Facilitators for existing and new activities will be given space in the room to hold discussions with interested persons. Participants will be free to move between the activities thus exploring their personal interests and cross-pollenating ideas.

**Results/Conclusions:** Participants will be able to learn about the VdGM activities that interest them most and the activities will receive input from motivated participants. Responsibility will be taken by the VdGM Executive, SIG leads and liaisons to take forward next step actions.

## TEACHING QUALITY AND SAFETY TO FAMILY MEDICINE TRAINEES – BEST PRACTICE EXAMPLES

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**Background and aim:** The Quality Improvement Competencies Framework was developed in 2012 in order to guide the development of postgraduate curricula for quality and safety in family medicine. It consists of a list of 35 competencies organized into the following domains: Patient Care & Safety, Effectiveness & Efficiency, Equity & Ethical Practice, Methods & Tools, Leadership & Management, and Continuing Professional Education.

The aim of this workshop is to identify the best practices in teaching the competencies presented in the aforementioned framework.

**Method:** The workshop will consist of three parts. In the first part, the plenary presentation will be given to present the Quality Improvement Competencies Framework. Then, the participant will be divided into small groups with the task to identify the best practices in teaching the competencies presented in the aforementioned framework from their own countries. This will be followed by a plenary presentation and discussion

**Results:** The expected results are various best practices in teaching the competencies presented in the aforementioned framework from the participants' own countries.

**Conclusion:** Teaching quality and safety in family medicine is different in the European countries and this workshop will present a platform for the exchange of the ideas.

## 2.09. Undergraduate teaching

### THE WONCA WORKING PARTY ON EDUCATION: DEVELOPING THE UNDERGRADUATE CURRICULUM TO PROMOTE FAMILY MEDICINE IN MEDICAL SCHOOLS

Val Wass

*Chair WONCA Working Party on Education, Keele University, UK, London, United Kingdom*

**Background:** The WONCA Working Party on Education has prioritised the promotion of Family Medicine (FM) in undergraduate (UG) education to ensure an appropriate workforce is achieved for future health care delivery. Traditionally teaching is hospital focused offering little experience of FM or of learning contextually in the communities where clinical care is increasingly delivered. Emerging global problems relate to the low status of FM against hospital specialties. This is experienced academically, politically, and socially within a hidden curriculum.

**Aim of workshop:** to share experience and good practice across international contexts and formulate ways forward for curriculum design and delivery.

**Method:** After a short 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 curriculum changes required to address future health care needs and consolidate views on how WONCA can support them to overcome these.

#### **Results: Learning Outcomes**

By the end of this workshop, participants will have:

1. Shared personal challenges of developing FM orientated UG curricula and innovative forward looking community centered practice
2. Identified appropriate curriculum modelling to promote learning compatible with future health care
3. Shared barriers to change and ways to overcome these
4. Reflected on potential curriculum change for their own local context

**Conclusion:** This workshop is key to understanding and developing the role of FM in undergraduate training across all WONCA regions.

## 2.10. Quality and safety of care

### IMPROVING QUALITY AND SAFETY IN FAMILY PRACTICE/PRIMARY CARE: THE ESSENTIAL NATURE OF SIGNIFICANT EVENTS AND THEIR ANALYSES

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**Background:** Over 40,000 Canadians will die in 2017 because of errors of omission/commission and inadequate integration of health services. The vast majority of

health services error data is derived from the acute care/hospital sector in Canada. We are relatively blind to the realities of error and poor performance in community-based practices. Despite 'best efforts' of health professionals, 'system' organization and practice processes will foster the predictability and inevitability of error. Unfortunately, little will be learned or actioned because of bureaucracies, a continuing 'name, blame and shame' culture and inappropriate attention to confidentiality. Learning from each other's mistakes and errors requires a willingness to discuss what happened; why did it happen; what can be learned; and what to do to prevent this from happening again.

**Aim of the Workshop:** This 150 minute workshop introduces participants to the essentials of the University of Alberta Department of Family Medicine's Quality and Safety in Family Practice/Primary Care Program; the definition/ documentation of Significant Events; the fundamentals of Significant Event Analysis; and a 'family practice/primary care analysis of Greg Price's death.

**Methods:** Short Video Clips; Short Presentations; use of Poll Everywhere; Small Group/Large Group Discussion and Presentation.

**Results and Conclusions:** Greg Price, a young Albertan, died in a dis-integrated health system, and a poorly functioning consultation/referral process. Family Physicians everywhere can no longer be quiet about their own significant events and poor system performance. It's time to talk and to share. It's time to make a difference.

Identifying and Analyzing Significant Events is key to this culture change.

## PERFORM A MEDICATION-CHECK WITH ONE PUSH OF A BUTTON

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**Background:** Adverse drug events are an important cause of hospitalizations, and almost half are potentially preventable. Preventing hospital admissions by reviewing medication is an intervention that can be done by GP's and pharmacists, or by GP's that have a pharmacy. In the more rural areas of the Netherlands, there are some 600 GP's that have a pharmacy. They have an integrated database between their practice and pharmacy that gives them an insight in the medication used with no discrepancies, between what is normally stored in two databases. This group of pharmacy holding GP's is very active with medication checks.

**Aim of the Workshop:** Sharing our methods about doing medication checks together with colleagues.

**Methods:** The average practice size of a Dutch GP is about 2200 patients. When pharmacy holding GP's perform medication-checks, they focus on vulnerable patients, e.g. patients most susceptible to drug interactions, harmful side effects or low compliance. To find patients at risk, GP's search their electronic databases for patients with high age, impaired renal function, cognitive decline or high risk of falling. To extract these patients from an electronic patient database, pharmacy holding GP's use software that enables them to search and filter their database in a very efficient way.

**Results and Conclusions:** We can set an example how medication checks can be organized, to prevent adverse drug events that may cause hospitalization.

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## MENTAL HEALTH AND SAFETY - A JOINT EUROPREV, EQUIP AND WONCA SIGFV WORKSHOP

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**Background:** Mental health (MH) is of major importance as part of the holistic approach in primary health care. Some specific aspects of MH need targeted approaches in training and practice. These include safety related issues for patients and for health professionals; the role of violence in primary care, specifically family violence (FV); and consideration of non-pharmacological treatment options.

The working group on Safety in EQuIP offers tools to develop a safety culture, to identify clinical and organisational risks in practice and supporting a healthy work force to deliver safe care.

A working group of Europrev aims to improve competences to discover, assess and provide assistance to families affected by FV and mental health problems. Special attention is given to medically unexplained symptoms AND including safety planning.

### **Aims:**

1° Raise awareness about safety for people present with mental health problems

2° Submit tools to increase safety in MH with attention to the risks for self-harm, suicide, escalation of FV, violence against health doctors, nurses and receptionists or (ab)use of medication and avoidance of over medicalisation.

**Methods:** Participants will split into small groups to apply strategies developed by both networks to enhance safety based on case stories related to medication use, to medically unexplained symptoms and safety planning (suicide, FV, violence against Primary care staff).

**Results and Conclusions:** Participants will raise their awareness of safety in mental health primary care and test tools for quality assessment. They can further participate to enhance safety in mental health within a primary care training proposal.

## DEPRESCRIBING AS A PATIENT SAFETY TOOL IN PRIMARY CARE.

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**Background:** Deprescribing (D) is a structured approach to drug discontinuation. The major aim of D is to purge the drug(s) considered inappropriate in a given patient, especially in the Elderly patients (EP) with multiple comorbidities or in those suffering from chronic disease. Current guidelines have limited applicability to EP with comorbid conditions, the efficacy and safety of many drugs is unknown or questionable and there is evidence that taking more than ten drugs simultaneously cause adverse events. The differential diagnosis of any sign or symptom in the EP should always include the question “*Could this be caused by a drug?*”.

General Practitioners have the possibility to promote a safer use of medications in EP.

**Aims of the Workshop:** 1) Introduce the concept of D and why it is important for patients and doctors; 2) Define the concepts of therapeutic cascades and D ascents; 3) Provide an overview of the evidence to stop unnecessary or potentially harmful medications and point out specifically good examples of common drugs which would be appropriate to D; 4) Provide GPs resources to help to tackle these issues with EP and to empower them to consider D on a regular basis.

**Methods:** Short theoretical introduction followed by small groups work on frequent clinical situations.

**Results and Conclusions:** To share small group proposals on D and facilitate resources to build GP’s plan to promote D among elderly patients in our practices. Promoting a wiser and safer use of medications among EP is essential. GP’s role in D is paramount.

## SAFETY INEQUALITIES RELATED TO SOCIO-ECONOMIC STATUS: HOW PRIMARY CARE MAY REDUCE THEM

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**Background:** Deprivation, isolation, low health literacy, poor communication skills, jeopardize patient safety through delayed access to care, delayed diagnosis, medication errors, inappropriate examinations and referrals. Primary care may contribute to increase or to reduce safety inequalities related to socio-economic status (SES).

**Aims of the workshop:**

- 1) Clarify the concepts: safety, safety inequalities related to SES, equity of safety.
- 2) Identify factors which jeopardize the safety of care at the patient, the doctor and the practice levels.
- 3) Understand how to provide safe care to every patient, whatever his/her socio-economic status.

**Methods:**

- 1) Presentation of the concepts and mechanisms connected with safety inequalities related to SES.
- 2) Small groups of 5-6 participants will work on the detailed narrative of a low SES patient with poor outcomes related to a safety problem:  
what could have been done, when, and by whom, to modify the outcomes;  
what skills primary care providers, and particularly GPs, would have needed to act in this way;  
what modifications of the practice organisation would have been necessary.

3) The groups will present a summary of their reflection.

4) An EQuIP expert will propose a synthesis.

**Results:**

To motivate the participants to:

1) work on this topic;

2) adapt care to specific social groups needs;

4) include socio-economic factors when analyzing safety issues;

5) implement plan-do-check-act projects to improve equity of safety.

## HOW DO DIFFERENT COUNTRIES HANDLE QUALITY INDICATOR DATA AND WHAT CAN WE LEARN FROM EACH OTHER?

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**Background:** The use of quality indicators in a GP practice or Primary Health Centre as a mean to improve quality of daily care is common and rarely controversial. However, collecting data from a number of GP practices or even GPs in a whole region or country is different. In this case questions arise on what the information should be used for, how it is collected, stored, the integrity of the patients and the GPs, and the validity and relevance of the data.

**Aim of the Workshop:** Participants will learn more about how to use quality indicators at different levels in the health care system, and how problems concerning quality indicator data can be addressed.

Methods:

1. The use of quality indicators at different levels in the health care system will be illustrated using a few different countries as examples (Sweden, Slovenia and Belgium)
2. With the participants select 3-5 challenges from the presentations and discuss in groups how these are dealt with in different countries according to the participants' experience.
3. Reports from groups
4. Summary and conclusions

The results can be used by all participants and will also be used to improve the EQuIP position paper on measuring quality

## WORK STRESS AND JOB BURNOUT CAN COMPROMISE PATIENT SAFETY AND QUALITY OF CARE. HOW DO WONCA EUROPE MEMBER ORGANISATIONS SUPPORT GENERAL PRACTITIONERS?

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**Background and aim:** Research regarding the relationship between work related burnout in doctors with quality of care and patient safety is in its early development, with most studies focusing on hospital settings. Work related factors such as overload and long hours increase the risk of chronic stress and burnout, and up to 50% of doctors experience burnout in some studies. Work related burnout in doctors has been shown to be linked to reduced productivity and negative clinical outcomes such as poorer quality of care, decreased empathy and compassion, increased medical errors and patient dissatisfaction.

The aim of this workshop is to explore any initiatives by Wonca Europe member organisations to promote earlier identification and management of general practitioners' (GP) burnout.

**Method:** A survey exploring the identification and management of GP burnout by Wonca Europe member organisations will be conducted among EQuiP delegates prior to the conference. The descriptive results of the survey will be presented at the workshop, followed by small-group discussion on the issues arising, the impact of unmanaged job burnout on safety and quality of care, and how member organisations can develop and share expertise on earlier identification and management. This will be followed by a plenary discussion to develop solutions.

**Results:** The expected results are existing activities and recommendations to promote early identification and management of GP burnout by Wonca Europe member organisations from the participants' countries. Participants will explore the issues raised during the session.

**Conclusions:** In this interactive session the participants will discuss the identification and practical management of GP burnout in order to minimise the extent and the ways GP burnout could adversely affect the quality and safety of care provided in the GP setting.

## 2.11. Rural care

### EURIPA WORKSHOP: CHRONIC CARE – EXPLORING THE NEEDS OF PATIENTS, CAREGIVERS AND PRIMARY CARE PROFESSIONALS FROM RURAL SETTINGS

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**Background:** In the process of developing primary healthcare in accordance with the principles of the Chronic Care Model (CCM), there is a need to estimate individual biopsychosocial needs of patients, which may help determine the management of patient care. It is noted that the needs assessment is a stronger explanatory variable with impact on life quality than clinical or sociodemographic factors, as well as it is associated with the level of provided care, the status of health, quality of life and medical costs. Most importantly, one of the methods to measure equal access to health care for the chronically ill is the assessment of the reports of unmet health needs of any reason. Prevalence of unmet needs vary from 2.6% to 34.6% among those over 65 years old with a disability. In Europe it was found that the unsatisfied needs of Europeans aged 50 years and more are the result of lack of care, poor access to healthcare services and the high costs of healthcare.

**Aim:** To explore the possibility of continuing an European project on CCM with a focus on needs of stakeholders (patients, caregivers, PC professionals).

**Methods:** Existing data and conclusions from finished projects will be presented and a SWOT analysis will be carried out on the proposed project. This will be followed by small-group discussions on the possible approaches and domains of the project.

**Results:** Our workshop will allow for the identification of problematic domains in the project and its methodology on needs of stakeholders within CCM management in European rural areas. The project will provide useful insights into perceived priorities.

**Conclusions:** The workshop may inspire participants faced with the challenge of chronic care management to tackle the differences between rural and urban areas with focusing on stakeholders' needs.

## 2.12. Cross-cultural medicine

### THE BITTER TASTE OF BREXIT – RACISM, XENOPHOBIA & OUR THREATENED NHS

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**Background:** On 23<sup>rd</sup> June 2016, a majority of 52% voted for Brexit- a vote for the UK to leave the European Union, resulting in unprecedented uncertainty for our country, its public

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services and future direction. In the referendum campaign, anti-immigration rhetoric may have fuelled a rise in reports of racial harassment, including towards NHS (National Health Service) workers in the UK. Our NHS workforce relies on the crucial contribution from European workers. Regrettably, they were failed to be promptly reassured of their right to stay in the UK, further exacerbating low morale, which could in turn threaten NHS recruitment and retention.

## **Aim of the Workshop:**

- To provide an overview of the brexit referendum and potential impact on our health system
- To gain insights into how the UK is perceived by other countries post brexit referendum
- To explore experience of racism and how to deal with it in the workplace

**Methods:** First, we would deliver a presentation to summarise the background of the brexit referendum and potential impact on our NHS.

We would then ask workshop participants to examine and reflect on their own prejudices in general and discuss experience of racism in the workplace. Furthermore, we would explore participants' perceptions of the UK and our NHS pre and post brexit referendum.

**Results and Conclusions:** Discussion points would be summarised onto flipcharts and we would finish by providing guidance on how to deal with racism in the workplace. We would aim to publish workshop results as a commentary.

## **THE MIGRANT CRISIS EXAMINED: PROVISION OF HEALTHCARE FOR VULNERABLE MIGRANTS ACROSS EUROPE & THE ROLE OF PRIMARY CARE DOCTORS**

Hannah Fox, Deepa Shah, Anushka Mehrotra, Claire Rees  
*RCGP Junior International Committee, London, United Kingdom*

**Background:** In 2015 more than 63 million people were forcibly displaced worldwide. Whilst many individuals and organisations were galvanised to support migrants and refugees, the response of European governments was variable and often inadequate. Doctors of the World (DoTW) International Network's report reveals the extent of exclusion from mainstream healthcare in data collected from 31 cities in Belgium, France, Germany, Greece, Luxembourg, the Netherlands, Norway, Spain, Sweden, Switzerland, the UK and Turkey.

## **Aims of the workshop:**

- Explore the differences in provision of healthcare and barriers faced by vulnerable migrants in different countries across Europe
- Address specific needs of children, pregnant women and those who have experienced violence
- Work with participants to develop basic pathways for managing migrant populations in their home countries

## **Methods:**

- An introductory presentation from RCGP Junior International Committee and GPs volunteering for organisations including Doctors of the World, including experiences of working with refugee populations in the UK, Germany and other European countries.
- Small group work that sets out the learning needs of participants and aims to address these through discussion and using case examples.
- Participants will be encouraged to develop a basic pathway for managing refugee populations in their country, which may include accessing care, registration,

signposting to services and approach to common physical and mental health problems.

## Results:

- To share what is already known from DoTW and to learn from others 'on-the-ground' experiences in primary care and NGO work across Europe
- To upskill primary care doctors consulting with migrants/ refugees with multiple health vulnerabilities in their country of work

## HOW TO CARE FOR FAMILY VIOLENCE AMONG MIGRANTS AND REFUGEES?

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<sup>7)</sup>*CARE and Health Center Zagreb – Center, Zagreb, Croatia*

**Problem:** Refugees suffer from violence in their country of origin, but encounter as well many difficulties on the road. In such situations family violence (FV), dating violence and sexual abuse are even more difficult to identify and deal with. Migrants who suffered violence within a trusted relationship as their family, may find it particularly difficult to trust foreign care providers.

Special attention is needed for the complex family relationships, consequences of FV in country of origin, humiliations on the road and at destination. How to deal with FV and as well PTSD as result of torture and war?

**Aims:** Raise awareness for the special burden and secrecy of family violence among migrants and refugees and discuss adequate primary care from a holistic perspective.

**Methods:** Violence encountered by migrants and refugees will be illustrated by case stories from countries of origin, transition and destination. Interactive small group discussions how to support disclosure and provide adapted care will follow to learn dealing with language barriers, cultural differences and low literacy.

- When and how to ask about any violence and FV experienced?
- How to promote comprehensive treatment of all victimized 'family' members and their perpetrators
- How to promote continuity of care?

**Conclusions:** Building trusting relationships with refugees and respecting their culture are important. Empowering migrant women through education is useful to gain trust and provide insight into family relations. Do's and Do Not's will be summarized, limitations and needs for supportive facilities defined.

## TREATING REFUGEES: A CHOICE OR AN ETHICAL OBLIGATION? WORKING PARTY ON ETHICAL ISSUES WORKSHOP – PRAGUE 2017

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**Background:** Providing medical care to refugees seems to be a matter of no question. Many physicians certainly agree on the fact that treating refugees is an obligation. However, others may refuse to get engaged in these activities such as the German internist who declared that he would not treat refugees (Stafford h6441). While this physician explicitly said it, there are many others who don't. When he was later asked about his opinion in treatment of refugees specifically in emergency settings, he confirmed that emergency care should be provided for all. Here arise important questions about the ethical standards that govern such situations. The answers may not be clear as multiple barriers face the physicians who are involved in refugee care. The burden increases when it comes to lower income countries where many physicians are underpaid, and where the local community basically lacks adequate healthcare and social services.

Identifying boundaries that define the responsibilities and obligations of physicians would help a lot of physicians who find themselves stuck in these dilemmas. Handling this situation certainly needs a lot of commitment from the physicians' side as affirmed by Dr. Joanne Liu, the president of Médecins Sans Frontières (MSF) who announced the need for a greater humanity while dealing with the refugee crisis (Boseley 861).

**Aim:** The aim of this workshop is to initiate a focused discussion tailoring this topic from the ethical point of view.

### **Methods / Agenda:**

1. Introductory presentation (10 min)
2. Healthcare system responsiveness to refugees in 2 selected countries – High and low income countries (20 min)
3. Discussion in groups (40 min)

Participants will be divided and each group with one facilitator will discuss one of the following perspectives related to refugees care

- Principle of justice in the context of refugees care
- Quality of care and safety of practice
- Anticipated effects and interactions with the host community
- Challenges faced; physicians' perspective

1. Briefing of discussions by all groups (30 min)
2. Summing up and writing recommendations (20 min)

### **Expected outcome:**

1. Reach a consensus among attendees concerning the ethical responsibilities of physicians in the care of refugees
2. Issue a statement by the Ethics Working Party, reflecting what has been agreed on during the workshop

Boseley, Sarah. "Joanne Liu, MSF International President: A Need For Greater Humanity". *The Lancet* 388.10047 (2016): 861. Web.

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Stafford, Ned. "German Doctor Is Criticised For Saying He Would Refuse To Treat Refugees". *BMJ* (2015): h6441. Web.

## INDIGENOUS AND MINORITY GROUPS HEALTH ISSUES AND OUTCOMES

Tane Taylor

*Chair Wonca Indigenous & Minority Groups Health Issues Working Party, New Zealand*

**Background:** This workshop is provided within the remits of the Wonca Indigenous & Minority Groups Health Issues Working Party. This is like a roadshow workshop that made its presence first at the Wonca Asia Pacific Hong Kong conference, followed with Cancun Mexico, Prague, Taipei, Dubrovnik, Rio de Janeiro and now back again to Prague.

New Zealand a population of 4 million people with an approximate 3000 strong GP workforce is in the forefront of building bridges amongst its multicultural community. This is underpinned by the Treaty of Waitangi signed between the Crown and Maori the indigenous people of New Zealand in 1840. Current legislation recognises this Treaty and ensures the "special status" for Maori. The overwhelming evidence shows that Maori are over represented in poor housing, low socio-economic status, poor health, high prison rates, domestic violence etc. In 2007, The Royal New Zealand College of General Practitioners released its Cultural Competency Guidelines for General Practice, a substantial part of this document is dedicated to issues around Maori. However, the framework is generic and can be used for all other cultures and ethnicities. It is helpful when governments and professional bodies are prepared to take on such challenges, however the greater challenge will always remain at the individual level, specifically at the General Practitioner level. In 2012 the New Zealand Parliament hosted the launch of the RNZCGP's Maori Strategy.

### **Objectives:**

- Indigenous health – Health disparities – closing the Gap - The New Zealand experience
- General Practitioners – as health and political advocates
- International challenges and barriers
- Indigenous outlook as a Health Determinant
- Poor health outcomes and indigenous communities
- Building bridges within indigenous environments
- Facilitating cultural exchange provides more safer and efficient health service delivery

**Methods:** This will be an interactive workshop. There will be a brief presentation to set the scene – The New Zealand Experience and then followed on with smaller (5 – 10 persons) facilitated group problem solving or tasks (15 - 20 minutes) with feedback from each group leading into general discussions.

**Key Message(s):** From our previous experiences the messages have been varied. However, a common theme appears to be the lack of understanding of the impact that organised general practice (family medicine) can have on our respective health systems and patient health outcomes.

**Conclusion:** It is my belief that by encouraging open and frank discussions around indigenous and minority groups health issues we can better understand and therefore provide a more tailored and effective service to indigenous communities. Furthermore, such discussions will also help to bridge together the wider community.

## 2.13. Integrated care

### THE WONCA SPECIAL INTEREST GROUP ON CONFLICT AND CATASTROPHE MEDICINE - AN INTERACTIVE WORKSHOP

#### Rich Withnall

*DACOS Health / Deputy Head RAF Medical Services, Defence Professor of General Practice & Primary Care, Birmingham, United Kingdom*

The Inverse Care Law[1] highlights how those in the greatest need often receive the lowest, if any, standards of care. Global analyses of strategic trends anticipate conditions that could widen global health inequality, making coordinated General Practice/Family Medicine efforts in times of conflict and catastrophe even more important. The WONCA SIG on Conflict & Catastrophe Medicine (SIG on C&CM) provides a coordinated forum through which WONCA lends its support to improving the quality of care of peoples of the world when they face some of life's greatest challenges.

This workshop at WONCA Europe 2017 will provide an excellent, interactive networking opportunity for colleagues with a shared interest to gather together face-to-face. The workshop will include opportunities for colleagues to share the work they are currently undertaking in oral sessions and/or through the presentation of posters. Colleagues will also have the opportunity to meet members of the SIG's Executive Committee, understand the linkages between the SIG and other WONCA Working Parties, Forums and Special Interest Groups, and help the SIG to continue to:

- a. Generate networks that help to develop the specialist medical, public health, leadership and managerial competencies required at the scenes of major man-made and natural disasters.
- b. Provide a wider appreciation of the opportunities and constraints associated with challenging operational environments, partnerships with international organisations, and varying degrees of host nation support.
- c. Provide a forum for an exchange of knowledge and information between member organisations' GPs/FMDs.
  1. Enable the global educational, research and service provision activities of military GPs/FMDs to be represented before other world organisations and forums concerned with health and medical care.
  2. Engender symbiotic support for the extant WONCA Rural Forum, as both groups of colleagues sometimes face similar clinical challenges.
- f. Encourage international conflict and catastrophe primary care research, promote the role of the GP/FMD, facilitate education and help to develop effective international collaborative relationships at all levels.

[1] Tudor Hart, J. (1971). "The Inverse Care Law". *The Lancet* **297**: 405–412.

## 2.14. Information and technology

### PATIENTS' ONLINE ACCESS TO GPs' ELECTRONIC MEDICAL RECORDS: WHY? WHAT? HOW?

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<sup>1)</sup>*Ned Huisartsen Genootschap, Utrecht, Netherlands*

<sup>2)</sup>*Nederlandse Patienten Federatie, Utrecht, Netherlands*

**Background:** Patients' access to their electronic medical record (EMR) is a valuable step into patient empowerment. It enhances patients' perceptions of control and may improve patient safety. In the Netherlands legislation is being prepared to patients' online access of their EMR. In preparation the Dutch College of GP and the Dutch Patient Federation collaborated in defining the information exchange standard for this online access.

Although many positive effects are expected by online access, it implies a new paradigm of the EMR. To investigate the perception and expectations of online access, the information exchange standard was discussed in a focus group of patients and another focus group of GPs. Both focus groups took place simultaneously, with a joined closing session.

**Aim of the Workshop:** Participant of this workshop investigate perceptions of patients' online access to the EMR from a doctors' and patients' perspective and, if relevant, exchange field experiences about patients' online access.

**Methods:** Participant of this workshop investigate their personal perceptions of online access to the EMR from a doctors' and patients' perspective and, if relevant, exchange field experiences about patients' online access.

**Results and Conclusions:** The findings from this workshop will be mirrored to the results and conclusions from both focus groups in the Netherlands. Online access to EMR requires a tailored approach.

### INNOVATIONS IN PREDICTIVE MODELLING: PUSHING THE ENVELOPE ON POPULATION HEALTH ANALYTICS

Karen Kinder, Stephen Sutch

*Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States*

**Background:** The advantages that predictive modelling offers to more efficiently manage patient care are not restricted to the prediction of costs. As has been demonstrated in both public and private healthcare systems worldwide, predictive modeling contributes to improved clinical, financial, and organizational management. These benefits include the ability to:

- Predict high-risk individuals for inclusion in intervention programs
- Identify individuals at risk of hospitalization and re-admission
- Identify patients whose pharmacy expenditures are greater than what is predicted based upon their morbidity profile
- Target patients at risk of poorly coordinated care
- Estimate future resource use
- Establish equitable budgeting and payment systems

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**Aim:** The objective of this workshop is to provide an insight into advances in predictive modelling in the population health care sector, from integrated care networks to primary care clinics and, finally at the individual clinician level.

**Methods:** The Workshop will open with an introductory presentation on the conceptual basis of predictive modelling within the health care sector. The workshop will then focus on three domains:

- Emerging risk populations
- Coordination of care
- Identifying patients likely to be hospitalized

Each session will highlight recent innovations and include scenarios illustrating real world applications. The workshop would conclude with a plenary session which would summarize the take home messages of the three sessions.

**Results:** The participants will experience first-hand how to apply predictive models to clinical, financial, and managerial decisions and thereby improve care.

## EMPOWERING DOCTORS TO USE MODERN TECHNOLOGY WHILST STILL REMAINING PATIENT CENTRED

Jáchym Bednář<sup>1)</sup>, Pavlo Kolesnyk<sup>2)</sup>, Josephine Buchanan<sup>3)</sup>

<sup>1)</sup>*Euract, Prague, Czech Republic*

<sup>2)</sup>*Euract, Užhorod, Ukraine*

<sup>3)</sup>*Euract, Sheffield, United Kingdom*

**Background:** Technology continues to develop rapidly and is increasingly being applied to medicine, applications are now available for mobile devices, which can monitor patients' health in real time. New developments occur rapidly and it is likely that these will modify the classic paradigms of a doctor patient contact. Doctors need to learn how to incorporate these new technologies into their work whilst at the same time remaining focussed on the patient and their needs.

**Aim:** To describe the scope and potential of technology in family medicine.

To explore how to incorporate technology into health care whilst at the same time remaining patient centred

To test teaching methods that will support established doctors in their understanding of this topic.

**Proposed Method:** An initial exercise will explore how the participants currently use technology.

A presentation will provide an overview of the topic, describe the scope of current technology and the potential for future development.

Several health related applications for mobile devices will be demonstrated.

A case discussion will enable deeper exploration of the topic.

**Expected Outcome:** This workshop will offer family doctors insight into the potential for technology to improve patient care and how to incorporate technology into the consultation whilst maintaining a patient centred focus. The feedback from the workshop will be used to develop teaching materials on this topic.

## 3. Clinical management

### 3.01. Prevention and health promotion

#### THE ROLE OF FAMILY DOCTORS IN PROMOTING VACCINE UPTAKE – WORKSHOP ON BEHALF OF EURACT AND PREPARE

Jo Buchanan<sup>1)</sup>, Francesco Carelli<sup>2)</sup>, Nina Gobat<sup>3)</sup>, Dorica Sandutu<sup>4)</sup>, Peter Vajer<sup>5)</sup>

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<sup>3)</sup>*Cardiff University, Cardiff, United Kingdom*

<sup>4)</sup>*Romanian National Society of Family Medicine, Bucharest, Romania*

<sup>5)</sup>*University Budapest, Budapest, Hungary*

**Background:** Mass immunisation programmes have been one of the most successful medical interventions over the last 200 years. Many infectious diseases are now no longer or rarely seen and immunisation can reduce the morbidity and mortality from conditions such as influenza. However many countries have problems in ensuring adequate uptake of vaccinations and outbreaks of preventable disease do occur. WONCA Europe is a partner in the PREPARE programme which is part of Europe's efforts to plan for a coordinated response to a pandemic; it focuses specifically on ensuring that appropriate research is carried out prior to a pandemic and that systems are in place to disseminate evidence based practice. Immunisation is likely to have a place in the response to the next influenza pandemic. It is important that family doctors have the necessary skills to promote vaccinations to their patients.

**Aim:** To discuss the issues with vaccination in several European Countries and how these are being dealt with. To explore the place of the elicit/provide/elicit strategy in promoting vaccination to patients.

**Methods:** There will be presentations from several European countries about the current issues with vaccination, this will be followed by discussion.

There will be a demonstration of the elicit/provide/elicit strategy and the opportunity for participants to practice this using the example of influenza vaccine.

**Results:** Participants will gain an understanding of how several countries are responding to their problems with vaccine uptake and will have the opportunity to develop skills in promoting vaccination to their patients.

#### THE AFTERMATH OF ADVERSE EFFECTS IN PRIMARY CARE: INTERVENTIONS TO REDUCE ITS IMPACT ON HEALTH CARE TEAMS.

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<sup>2)</sup>*Centro Salud Fuente Alamo. Servicio Murciano de Salud + WONCA World Working Party on Safety and Quality in Family Medicina (WWWPSQFM) + WONCA Europe Working Party on Quality and Safety in Family Medicina (EQUIP) + Spanish Society of Family and Community M, Barcelona, Spain*

**Background:** Medical errors and unanticipated negative patient outcomes can damage the well-being of health care providers. These affected individuals, referred to as "second victims" (SV), can experience various psychological and physical symptoms. Support resources provided by health care organizations to prevent and reduce second victim-related harm are often inadequate.

**Aim of the Workshop:** 1.- To introduce tools that can assist primary healthcare professionals to give an appropriate response to patient and relatives when adverse events occur. 2.- To learn how to perform SV support based on our research project on SV: <http://www.segundasvictimas.es/> in primary care teams.

**Methods:** 1.- Short theoretical framework introduction to give information about protocols to give an adequate response to adverse events and support to SV. 2.- Small group work to implement different checklists that could guide an appropriate response after an adverse event and support to SV in a primary care team.

**Results and conclusions:** To share small group proposals to produce a family practice plan to give an adequate response to patient and family after an adverse event and to facilitate SV support in our practices. This workshop can be used by primary care teams to assist SV experiences of their staff and improve existing support resources. It can also provide health care organization leaders with information on SV-related support resources.

## SELECTIVE PREVENTION OF CARDIO-METABOLIC DISEASES ACROSS EUROPE: WHAT'S THE HOLD UP?

Per Wändell<sup>1)</sup>, Martin J. Holzmann<sup>1)</sup>, Axel C. Carlsson<sup>1)</sup>, Anne-Karien de Waard<sup>2)</sup>, Anders Larrabee Sønderlund<sup>3)</sup>, Trine Thilsing<sup>3)</sup>, Joke Korevaar<sup>4)</sup>, Niek de Wit<sup>2)</sup>, Bohumil Seifert<sup>5)</sup>, Christos Lionis<sup>6)</sup>, Agapi Angelaki<sup>6)</sup>, Jens Søndergaard<sup>3)</sup>, Lars Bruun Larsen<sup>3)</sup>, François Schellevis<sup>4)</sup>

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**Background & Aim:** The increasing prevalence of cardio-metabolic diseases (CMD) such as cardiovascular disease (CVD), diabetes mellitus, and chronic renal failure represents a major public health problem in most, if not all developed countries. Health-related lifestyle behaviors, such as smoking and physical inactivity, represent a central factor in accounting for this rise in CVD. Other than the individual physical toll of this pandemic, existing healthcare systems are greatly burdened in terms of accommodating the overall increase in patients while maintaining quality of care and keeping costs in check. One solution to this problem may be to prioritize the allocation of available resources for prevention in primary care. In order to do this with maximum efficiency, selective and targeted prevention strategies to identify those persons at high risk of CVD, need to be designed and implemented. In light of this, researchers from five EU member states, representing various healthcare systems, joined forces in a pan-European research project, SPIMEU ([www.spimeu.org](http://www.spimeu.org)), with the aim to implement innovative and evidence-based selective prevention actions in European primary care.

**Objective:** As we progress through the second year of SPIMEU, several interesting results have started to flow from the various workstreams. In particular, we have completed a systematic review of patients' and general practitioners' experience of the barriers to and facilitators of engaging with primary care CVD-prevention initiatives in practice. We have also conducted two survey studies on the attitudes of both patients and general practitioners towards preventive care. Thus, the objective of the current workshop is to discuss these results, focusing in particular on:

- Any potential differences in attitudes towards preventive care focusing on CVD between and among general practitioners and patients.
- The factors that may underpin these attitudes and, if necessary, how to deal with them as we move forward with SPIMEU.

**Method:** The workshop will center on two 15-minute presentations on the above foci, followed by discussion with an emphasis on exchange of ideas and past experiences. At the end of the workshop, the discussions will be summarized.

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#### **Disclaimer**

*The content of this abstract contains the views of the author only and is his/her sole responsibility; it can not be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.*

## 3.02. Cardiovascular disease

### PRIMARY AND SECONDARY PREVENTION OF CARDIOVASCULAR DISEASE BASED ON MULTIVARIABLE RISK SCORING SYSTEMS AND CLINICAL TRIALS

Liviu-Nicolae Ghilencea<sup>1,2)</sup>, Andreea-Catarina Popescu<sup>1,2)</sup>, Doina Dimulescu<sup>1,2)</sup>

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<sup>2)</sup>Elias University Emergency Hospital of the Romanian Academy, Bucharest, Romania

**Background:** A growing number of cardiovascular risk factors (CVRF) have been identified since the Framingham Heart Study, but only 5 of them are proven major risk factors. Despite prevention strategies based on identification and modulation of CVRF, a number of individuals are not adequately risk-controlled and suffer premature cardiovascular events.

**Aim of the Workshop:** The panel discusses the risk stratification for CVD and clarifies the role of the relation family doctor-cardiologist for primary and secondary prevention of CVD.

**Methods:** Our panel of experienced cardiologists and family doctors is reviewing the multivariable risk-scoring systems currently in operation, the most important clinical trials and the published guidelines of the ESC, NICE and AHA for primary and secondary prevention of cardiovascular disease (CVD).

**Results and Conclusions:** Risk scoring systems have some limitations: underestimation of relative risks, and the false impression that the 10-year time risk may represent the lifetime risk. We consider that, comprehensive CVD assessment of patients over 40 years of age and also of younger patients with a family history of premature CVD is actually needed, regardless

of the risk score. The assessment also includes other factors (e.g. renal profile) to evaluate treatment need for borderline risk patients below the threshold for medical intervention. Accurate identification and effective intervention to correct the CVRF by the team of family doctor-cardiologist, is the cornerstone for the decrease of the CVD burden. We need a change in the way the recommendations are decided, with a shift towards dose titration based on individual risk.

## LIFESTYLE CHANGES AND PHARMACOLOGICAL TREATMENT IN PATIENTS WITH ESTABLISHED CARDIOVASCULAR DISEASE

Carlos Brotons<sup>1)</sup>, Diana Fernandez<sup>1)</sup>, Mateja Bulc<sup>2)</sup>, Irene Moral<sup>1)</sup>

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**Background and aim:** European guidelines advocate that patients who have had a cardiovascular clinical event such as an acute coronary syndrome or stroke automatically qualify for an adoption of a healthier diet and for an increase of physical activity as well as a prompt intervention on all risk factors. The aim of this workshop will be to present results of a European survey carried out in patients with established cardiovascular disease in primary care and to review and discuss new evidence on risk factor interventions at individual level.

**Method:** A cross-sectional survey was carried out in different European countries of the EUROPREV network. The main outcome measure was the proportion of cardiovascular patients achieving healthy lifestyle habits. Other outcome measures were the proportion of patients achieving risk factor and therapeutic targets for cardiovascular diseases, and the proportion of patients with optimal control of risk factors.

**Results and conclusions:** Percentage of patients following Mediterranean diet, physically active according to the International Physical Activity Questionnaires (IPAQ), with blood pressure (< 140/90 mmHg) and cLDL (< 70 mg/dl) controlled, and with evidence-base prophylactic treatment will be presented.

Brief summary of main recommendation of the new European Guidelines will be discussed, identifying uncertainties in the evidence base, and raise areas for debate on how can we improve the implementation in clinical practice.

## EPCCS STATE OF THE SCIENCE SYMPOSIUM - GUIDELINE UPDATES IN HEART FAILURE

Martin Scherer<sup>1)</sup>, Richard Hobbs<sup>2)</sup>, Clare Taylor<sup>3)</sup>, Arno Hoes<sup>4)</sup>

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<sup>4)</sup>*Utrecht, Netherlands*

**Background:** Heart failure is a chronic disease of increasing prevalence, associated with significant mortality, high healthcare costs, and poor quality of life for patients. Making an accurate and timely diagnosis is crucial and requires referral for objective testing but deciding who to refer can be challenging - symptoms are often non-specific and include gradual onset

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breathlessness, fatigue and ankle swelling. These symptoms are not unique to heart failure and can be associated with other conditions or patients may have several co-existing diseases. Clinical decision rules (CDR) can help clinicians to assess the probability that a patient has a particular condition, but in the case of heart failure CDRs probably add nothing to the use of the simple to use natriuretic peptide biomarkers. However, there are uncertainties over what roles these biomarkers have and what are the best diagnostic thresholds.

In terms of management, there is a large evidence base to guide recommendations and guidelines have been recently updated to reflect new data. All these important issues will be covered in this session.

## **Programme:**

1. Burden of heart failure and diagnostic challenges in primary care (20 + 10 mins)

*Dr Clare Taylor (Oxford, UK)*

1. Update on guideline recommendations for diagnosis and management of heart failure (35 + 10 mins)

*Professor Arno Hoes (Utrecht, NL)*

1. Panel and audience debate on HF clinical cases (15 mins)

*Symposium organized by the European Primary Care Cardiovascular Society (EPCCS), a WONCA Network/SIG -*

## **EPCCS STATE OF THE SCIENCE SYMPOSIUM - UPDATES ON CARDIOVASCULAR DISEASE PREVENTION AND THE MAIN ISSUES FOR GPs**

[Monica Hollander<sup>1\)</sup>](#), [Christos Lionis<sup>2\)</sup>](#), [Carlos Brotons<sup>3\)</sup>](#), [David Fitzmaurice<sup>4\)</sup>](#), [Richard Hobbs<sup>5\)</sup>](#)

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**Background:** Cardiovascular disease (CVD) remains the leading cause of global morbidity and mortality. Abnormal lipids, smoking, hypertension, diabetes, abdominal obesity, psychosocial factors, low consumption of fruit and vegetables, no alcohol intake and irregular physical exercise are associated with over 90% of the risk of an acute myocardial infarction (MI) across age groups and in all regions of the world.

Since cardiovascular disease (CVD) is a multi-factorial syndrome, health policy directs clinicians to identify those at high risk, as well as provide preventative and treatment goals, especially around reducing the impact of the 3 main risk factors eg meta-analysis of 14 statin trials showed that every 40 mg/dL (1 mmol/L) decrease in LDL-C led to a 21% decrease in CHD risk after 1 year of treatment; and a net BP reduction of 10-12 mmHg systolic BP and 5-6 mmHg diastolic reduced stroke incidence by 38% and CHD by 16%.

In terms of stroke, other than blood pressure control, the most important cause of preventable stroke in patients is atrial fibrillation (AF), hence the importance of understanding how to decide who is at high stroke risk and who would benefit most from treatment (anticoagulation).

All vascular disease is increased in patients with diabetes, and this is the main cause of death, so CVD prevention is particularly important in his high risk group, but are treatments the same for people with diabetes? This plenary session will cover all these important issues.

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## Programme

1. Guideline updates for lipid modification and CVD prevention (20 +10 mins)

*Dr Carlos Brotons (Barcelona, UK)*

1. Preventing stroke in atrial fibrillation and anticoagulation: what's new? (20 + 10 mins)

*Professor David Fitzmaurice (Warwick, UK)*

1. CV prevention in diabetes – what's important? (20 + 10 mins)

*Professor Richard Hobbs (Oxford, UK)*

*Symposium organized by the European Primary Care Cardiovascular Society (EPCCS), a WONCA Network/SIG -*

## 3.03. Respiratory problems

### DIFFICULT TO MANAGE ASTHMA

James Reid<sup>1)</sup>, Ioanna Tsiligianni<sup>2)</sup>, Miguel Román Rodríguez<sup>3)</sup>, Jaime de Sousa<sup>4)</sup>

*<sup>1)</sup>International Primary Care Respiratory Group, New Zealand*

*<sup>2)</sup>International Primary Care Respiratory Group, Greece*

*<sup>3)</sup>International Primary Care Respiratory Group, Spain*

*<sup>4)</sup>International Primary Care Respiratory Group, Portugal*

We all see patients who have challenging asthma. This symposium will cover not only the dilemmas that we as health professionals face, but also the difficulties that confront the patient.

#### **The Workshop will cover:**

- Diagnosis and problem identification
- The difference between unstable, severe, and uncontrolled asthma
- Red flags in management
- Appropriate inhalers and inhaler technique

### CHRONIC OBSTRUCTIVE PULMONARY DISEASE 2017. (COPD) WHAT'S NEW, AND WHAT ISN'T

Jaime Correia de Sousa<sup>1)</sup>, Ioanna Tsiligianni<sup>2)</sup>, Miguel Román Rodríguez<sup>3)</sup>, Jim Reid<sup>4)</sup>

*<sup>1)</sup>International Primary Care Respiratory Group, Portugal*

*<sup>2)</sup>International Primary Care Respiratory Group, Greece*

*<sup>3)</sup>International Primary Care Respiratory Group, Spain*

*<sup>4)</sup>International Primary Care Respiratory Group, New Zealand*

Chronic Obstructive Pulmonary Disease (COPD) is a common respiratory problem caused by exposure to smoke from cigarette smoking, or, in low and middle income countries, indoor air pollution from residential biomass fuel use. Its prevalence and impact is increasing. It causes important morbidity and mortality in all countries of the world and prevalence and impact is increasing.

#### **The workshop (which will be interactive) will cover**

- The importance of a correct diagnosis

- Action following diagnosis. Disease classification and treatment
- Vaccination in COPD – which, when and how?
- Exacerbations – get in early!
- Case presentations for discussion.

The International Primary Care Respiratory Group is a Special Interest Group affiliated with WONCA Europe. All speakers are general practitioners and are well known Internationally in primary care circles, especially with reference to respiratory medicine.

## SPIROMETRY MADE EASY

Miguel Román Rodriguez<sup>1)</sup>, James Reid<sup>2)</sup>, Jaime de Sousa<sup>3)</sup>, Ioanna Tsiligianni<sup>4)</sup>

<sup>1)</sup>International Primary Care Respiratory Group, Spain

<sup>2)</sup>International Primary Care Respiratory Group, New Zealand

<sup>3)</sup>International Primary Care Respiratory Group, -, Portugal

<sup>4)</sup>International Primary Care Respiratory Group, -, Greece

Spirometry is essential for accurate differentiation between obstructive and restrictive lung disease. It is also important in distinguishing between asthma and COPD. It is a procedure that can be undertaken in primary care.

### The workshop will include

- “Easy to understand” basic physiology. Volumes and flows
- Common mistakes are easy to solve
- The right procedure. Take a look at the curves
- Just 4 parameters to measure
- Just 4 patterns to interpret.

The International Primary Care Respiratory Group is special Interest Group affiliated with WONCA Europe. All speakers are general practitioners and are well known Internationally in primary care circles, especially with reference to respiratory medicine.

## 3.04. Digestive problems

### MANAGEMENT OF GASTROENTEROLOGICAL DISEASE IN PRIMARY CARE; STATE OF THE ART 2017

Pier Luigi Fracasso<sup>1)</sup>, Juan Mendive<sup>2)</sup>, Lars Agreus<sup>3)</sup>, Jean Muris<sup>4)</sup>, Niek de Wit<sup>5)</sup>, Christos Lionis<sup>6)</sup>

<sup>1)</sup>General Practitioner, secretary ESPCG, Rome, Italy

<sup>2)</sup>General practitioner, Barcelona, Spain

<sup>3)</sup>Karolinska Institutet, Stockholm, Sweden

<sup>4)</sup>Department of General Practice University Medical Center, Maastricht, Netherlands

<sup>5)</sup>Julius Center for Health Sciences and primary Care, UMC Utrecht, Utrecht, Netherlands

<sup>6)</sup>Department of General Practice, University of Crete, Rethymno, Greece

**Background:** Gastro-intestinal complaints are frequently presented in primary care across Europe; on average 7-10% of the consultations regard the GI tract. The underlying disease spectrum varies from transient benign GI infections disease to cancer in the gastrointestinal

tract. Most frequent diagnoses in primary care are reflux- and peptic ulcer disease, irritable bowel syndrome and constipation.

Although epidemiology, presentation and facilities may vary across Europe, the optimal management of GI disease in European primary care is quite generic, with room for local adaptation according to country specific circumstances. In recent years new scientific data and guidelines have been developed, such as the new ROME criteria, Maastricht V guidelines, and guidelines for coeliac disease that all have impact on the disease management in primary care. In this symposium we present the 'state of the art' management for gastro-intestinal disease in primary care.

Chair: dr. Pier Luigi Fracasso, General Practitioner, Rome, Italy, secretary ESPCG

Introduction chair

Gastroenterology in primary care

1. Gastroesophageal reflux disease; Juan Mendive, general practitioner, Barcelona, Spain
1. Dyspepsia, peptic ulcer disease and Helicobacter; dr. Lars Agreus, department of General Practice, Karolinska Institute, Stockholm, Sweden
1. Irritable bowel syndrome; Jean Muris, department of General Practice University Medical Center Maastricht, the Netherlands
1. Gastro-intestinal cancer; the role of the general practitioner. dr. Niek de Wit, Julius Center for Health Sciences and primary Care, UMC Utrecht, the Netherlands
1. Liverdisease; hepatitis, NASH; dr. Christos Lionis, department of General Practice, University of Crete, Greece
1. Discussion

## GASTROENTEROLOGICAL CANCER IN PRIMARY CARE; CHALLENGES FOR THE GENERAL PRACTITIONER

Niek de Wit<sup>1</sup>, Charles Helsper<sup>1</sup>, Greg Rubin<sup>2</sup>, Bohumil Seifert<sup>3</sup>, Henk van Weert<sup>4</sup>

<sup>1</sup>Julius Center for Health Sciences and Primary Care, UMC Utrecht, scientific officer ESPCG, Utrecht, Netherlands

<sup>2</sup>Department of General Practice, Durham School of Medicine, Durham, United Kingdom

<sup>3</sup>Department of General Practice, Charles University, Prague, Czech Republic

<sup>4</sup>Department of General Practice, Academic Medical center, Amsterdam, Netherlands

**Background:** Although cancer in the gastro-intestinal tract is a rare disease for general practitioners, the impact for patient and GP is high. Colorectal cancer is among the top 5 in cancer epidemiology, oesophageal cancer is increasing rapidly, and stomach and pancreatic cancer are often diagnosed at a late stage. Almost all patients initially present in primary care, often with non specific GI complaints, and adequate and early diagnosis is a challenge. In this symposium we will discuss the role of the general practitioner in cancer diagnosis and follow-up on cancer.

90 minutes symposium, 4 presentations of 20 minutes, 10 discussion

Chair: Prof. dr. Niek de Wit, Julius Center for Health Sciences and Primary Care, UMC Utrecht, the Netherlands, scientific officer ESPCG

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1. Introduction chair Gastro-intestinal (GI) cancer in primary care
2. GI cancer in primary care across Europe; epidemiology and the role of general practice; Charles Helsper, Julius Center for Health Sciences and Primary Care, UMC Utrecht, the Netherlands
1. Early diagnosis of GI cancer; how alarming are alarm symptoms? dr. Greg Rubin, department of General Practice , Durham School of Medicine, United Kingdom
1. The role of primary care in colorectal cancer screening; dr. Bohumil Seifert, department of General Practice , Carl's University, Czech Republic
1. Follow-up monitoring of GI cancer after treatment; a future role for general practice ? dr. Henk van Weert, department of General Practice , Academic Medical center, Amsterdam, the Netherlands
1. Discussion

## 3.05. Diabetes and metabolic problems

### WORKSHOP ON GLP1R AGONIST

Samuel Seidu<sup>1)</sup>, Xavier Cos<sup>2)</sup>

<sup>1)</sup>University of Leicester, LEICESTER, United Kingdom

<sup>2)</sup>Centro de Atención Primaria Saint Martí, Barcelona, Spain

**Background:** Type 2 diabetes is characterised by insulin resistance (decreased tissue response to insulin) and a progressive loss of b-cell function resulting in insulin deficiency. Owing to the progressive nature of type 2 diabetes, many patients will eventually require insulin to achieve glycaemic control. Treatment with insulin however can be a compromise between achieving glycaemic targets and avoiding hypoglycaemia and weight gain. The use of GLP1 R-agonist in patients who are inadequately controlled on maximum oral therapies or in combination with basal insulin is one way of achieving these outcomes.

**Aim:** The session objective of this workshop is to explore the therapeutic advantages of using GLP1 R-agonist in people with type 2 diabetes.

Participants will be expected;

1. To gain insight into the when to use GLP1R injectable therapies in the treatment algorithm of type 2 diabetes.
2. They will also be able to familiarise themselves with the various options of GLP1-R agonist available and licensed for use by the EMA.
3. They will learn about the comparative advantages of the various GLP1-R agonists

**Method:** This will be a workshop, facilitated by experts in primary care diabetes, on the use of GLP1-R agonists in primary care. Case studies of appropriate patients in different trajectories

of the disease will be used, with interactive engagement to gain the participants insight on the subject.

**Conclusion:** It is hoped that by the end of the session, participants would have become more conversant with the use of GLP1-R agonist for the treatment of people with type 2 diabetes in primary care.

## APPROACHING THE DIABETIC FOOT IN PRIMARY CARE CONSULTATION

Catarina Lomba, Vanessa Quintal, Inês Pereira

*UCSP Sete Rios, Lisbon, Portugal*

**Background:** Worldwide, 415 million adults have diabetes. Diabetic foot is one of the most serious complications of diabetes, adding a twenty-five times greater risk of amputation when compared to non-diabetic people. This problem represents a major source of suffering and costs for the patient and health care systems. A strategy that includes prevention, education and multi-disciplinary approach leads to a reduction of amputations.

**Aim of the workshop:** This workshop is intended to raise awareness to the importance of diabetic foot evaluation and ulcer prevention in primary care.

**Methods:** The workshop will start with a brief review of the physiopathology of the diabetic foot. It will be followed by a suggestion of a six steps approach of the diabetic foot in daily practice. These organized steps will guide the physician through the process of anamnesis, foot examination, ulcerative risk stratification, prevention and management of diabetic foot and its complications. For a better understanding there will be interactive Q&A on clinical cases. Patient education material will be given, as well as a summary guide for the physician.

**Results and conclusions:** It is the family doctor responsibility to regularly examine the diabetic patient's feet in order to identify those who are at risk. An early detection and management of diabetic foot alterations will lead to a reduction in health costs and morbidity. Providing the physicians with systemized information on diabetic foot evaluation will facilitate the inclusion of this important procedure on daily practice.

## INSULIN INITIATION IN PRIMARY CARE - WHEN? WHAT? AND HOW?

Baruch Itzhak

*Clalit Health Services (HMO), Haifa, Israel*

Diabetes type 2 is a progressive disease and often needs Insulin treatment. Most of Diabetic patients are treated in primary care settings. The aim of this workshop is to give tools how to start Insulin treatments, what kind of insulin and how to do titrations. The presentation is by case studies and interactive involvement of the participants. The guidelines how to start and titrate Insulin are based on the American and European recommendations. At the end of the workshop results and conclusions would be presented.

Dr. Baruch Itzhak M.D  
specialist in Family Medicine and Diabetologist  
Clalit Health Services  
Haifa; Israel

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## DIABETES MELLITUS AS A CHRONIC CONDITION. STANDARDS OF MEDICAL CARE IN DIABETES—2017. SHARED CARE BETWEEN PRIMARY AND SECONDARY CARE

Fernando Alvarez-Guisasola<sup>1)</sup>, Ana Cebrian Cuenca<sup>2)</sup>, Xavier Cos Claramunt<sup>3)</sup>, Domingo Orozco Beltran<sup>4)</sup>

<sup>1)</sup>*Ribera del Órbigo Primary Care Centre, Consejería de Salud. Castilla Leon, Ribera del Órbigo. Leon, Spain*

<sup>2)</sup>*San Anton Primary Health Care Center, Consejería de Salud. Murcia, Cartagena, Spain*

<sup>3)</sup>*Sant Marti de Provençals Primary Health Care Center, University Autonomous Primary Care Research Institute Jordi Gol, Catalanian Health Institute, Barcelona, Spain*

<sup>4)</sup>*Medicina Clínica. Cathedra of Family Medicine, University Miguel Hernandez, San Juan de Alicante, Alicante, Spain*

**Justification:** Diabetes mellitus accounts for more than of 10% in European population and the prevalence is expected to grow up in the next future. Type 2 diabetes mellitus (T2DM) accounts for more than 90% of diabetic patients. The role of Primary care settings is crucial for managing T2DM, but there is a wide gap between different countries in Europe regarding the role of family doctors in managing T2DM. By the other hand some other specialists are needed to managed of these patients (endocrinologists, ophthalmologists, cardiologists, etc) so some criteria are needed to clearly stablish how to share care between primary and secondary care.

The purpose of the activity is to improve the role of primary care physicians as the central managers for these patients aiming to review the criteria of a high quality management of T2DM in primary care and the criteria to refer T2DM patients to secondary care.

**Content:** Diabetes mellitus as a chronic condition. The need of individualized targets for HbA1c. Prof Domingo Orozco Beltran. Chair NCDs SIG Wonca World. University Miguel Hernandez. Cabo Huertas Health Center. Research Unit. San Juan de Alicante.

Standards of Medical Care in Diabetes—2017. New insights from recent guidelines regarding diagnosis of T2DM. Dra Ana Cebrian-Cuenca. Working group on diabetes mellitus for the Spanish society of family medicine (semFyC). [anicebrian@gmail.com](mailto:anicebrian@gmail.com).

Standards of Medical Care in Diabetes—2017. New insights from recent guidelines regarding new drugs for treatment of T2DM. Dr Xavier Cos Claramunt. President of Primary Care Diabetes Europe (PCDE). [xcos.claramunt@gmail.com](mailto:xcos.claramunt@gmail.com).

Standards of Medical Care in Diabetes—2017. Criteria to refer patients from primary to secondary care. Dr Fernando Alvarez-Guisasola. Chair. Working group on diabetes mellitus for the Spanish society of family medicine (semFyC). [f.a.guisasola@gmail.com](mailto:f.a.guisasola@gmail.com).

Chair: Dr Xavier Cos Claramunt. President of Primary Care Diabetes Europe (PCDE).

## 3.06. Genito-urinary problems

### IMPROVING SEXUAL AND REPRODUCTIVE HEALTH IN PRIMARY CARE - WHAT CAN GPs DO?

Richard Ma<sup>1)</sup>, Peter Leusink<sup>2)</sup>, Vera Pires da Silva<sup>3)</sup>, Rebecca Hall<sup>4)</sup>

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

<sup>2)</sup>Dutch College of General Practitioners, Gouda, Netherlands

<sup>3)</sup>USF Ramada, Lisbon, Portugal

<sup>4)</sup>Royal College of General Practitioners (UK), London, United Kingdom

**Background:** General practitioners (GPs) in many European countries provide a wide range of sexual and reproductive healthcare (SRH) which might include: testing and treatment for sexually transmitted infections (STIs), HIV testing, primary care of people with HIV, contraception, sexual dysfunction, issues with gender identity/sexuality and abortion. Although many European countries face similar challenges such as rising STIs, HIV, sexual issues and unplanned pregnancies, the way in which SRH is organised and delivered in primary care differ widely. Training for GPs in SRH also vary within and across different countries.

**Aim of the workshop:** To discuss how we can learn from one another to improve SRH, using examples from three European countries

**Methods:** We will present how SRH is organised and delivered in UK, Netherlands and Portugal.

There will be group discussions led by each of the co-presenters. The discussions will consider: what types and how SRH care is delivered, the barriers, and what can be done collectively to improve delivery of SRH.

**Results and Conclusions:** We want to learn from our peers in different countries what and how SRH could be delivered, what training is required and what needs to happen at the organisation and policy level for GPs to deliver SRH as part of a holistic package of primary care.

Sexual and reproductive healthcare is one aspect of our patients' lives which might benefit from a generalist practitioner. From this workshop, we want colleagues to feel enthused and invigorated to improve SRH care for their patients wherever they practice.

## 3.07. Women's health

### MENOPAUSE AND POST-MENOPAUSAL APPROACH IN PRIMARY HEALTH CARE

Ana Gomes, Marco Alves, Sónia Mestre

*USF-CUIDAR SAUDE, Seixal, Portugal*

**Background:** Menopause is a biological process that occurs as part of women aging. The increase in life expectancy and the decrease in mortality rate have contributed to a global aging of the population, with a growing percentage of postmenopausal female population. Currently, women will live about one third of their lifetime in post-menopausal state.

**Aim of the Workshop:** The aim of this workshop is to enable family doctors to identify and manage menopause and post-menopausal women improving their quality of life.

**Methods:** For this purpose, participants in this workshop will become acquainted with practice principles of menopause, guidelines and recommendations within the clinical setting.

The following topics will be covered: anatomical and hormonal changes, clinical effects, diagnostic and therapeutic approach, osteoporosis, cardiovascular disease and follow up. Furthermore, questions regarding the risk and/or contraindications of hormone replacement therapy, its side-effects and gynecological and mammary pathology symptoms of suspicion will be clarified.

The workshop will conclude with clinical cases with multiple-choice questions followed by discussion to elicit and enhance clinical strengths.

**Results and Conclusions:** A better understanding of the menopausal women and all its implications will ensure that family doctors will have the set of clinical skills in order to build a better bridge between primary and secondary health care.

## 3.08. Maternal and child health

### PREGNANT AND IN PERIL: THE APPROACH TO INTIMATE PARTNER ABUSE IN PREGNANCY

Nina Monteiro<sup>1)</sup>, Raquel Gómez Bravo<sup>2)</sup>, Ula Chetty<sup>3)</sup>, Maria João Nobre<sup>1)</sup>, Elena Klusova<sup>4)</sup>, Hagit Dascal-Weichhendler<sup>5)</sup>

<sup>1)</sup>VdGM Family Violence Group, Porto, Portugal

<sup>2)</sup>WONCA SIG Family Violence, Luxembourg City, Luxembourg

<sup>3)</sup>VdGM Family Violence Group, Glasgow, United Kingdom

<sup>4)</sup>VdGM Family Violence Group, Ibiza, Spain

<sup>5)</sup>WONCA SIG Family Violence, Haifa, Israel

**Background:** Intimate partner abuse is a serious risk during pregnancy with significant consequences for the pregnant woman and the unborn child. Sadly, abuse often begins in pregnancy or established abuse can increase in frequency and severity. Furthermore, several studies have shown that abuse in pregnancy is more common than other well-known complications such as placenta previa or pre-eclampsia. In addition to trauma, intimate partner abuse can lead to miscarriages, low birth weight babies and postpartum depression, yet it remains underdiagnosed and under-recognised.

**Aim of the workshop:** To equip Family Doctors with a set of tools that should help them identify and manage intimate partner abuse during pregnancy.

**Methods:** After a brief introduction regarding key facts on intimate partner abuse during pregnancy, we intend to introduce the audience to some specific features of this type of abuse through activities such as role-play and a quiz. We would offer insights into screening and communication skills via discussion in groups.

**Results and Conclusions:** Family Doctors, in frequent contact with pregnant women, 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. By the end of the workshop, participants should have

raised awareness of the fundamental aspects of intimate partner abuse during pregnancy as well as basic tools to identify and manage these patients.

## 3.10. Infectious diseases

### THE ROLE OF PROTECTIVE EQUIPMENT SUCH AS MASKS AND GLOVES IN PROTECTING PRIMARY CARE STAFF AND PATIENTS FROM INFECTIOUS DISEASE.

Jo Buchanan<sup>1)</sup>, Charles Heatley<sup>2)</sup>

<sup>1)</sup>*EURACT, Ljubljana, Slovenia*

<sup>2)</sup>*Birley Health Centre, Sheffield, United Kingdom*

**Background:** WONCA Europe is a partner in the EU funded project, PREPARE, which aims to ensure that Europe is research ready for emerging infections and the next pandemic and able to rapidly implement evidence-based recommendations for optimal management. This work is being led by EURACT, WONCA Europe's education network. The use of personal protective equipment [PPE] such as masks and gloves are frequently recommended when dealing with outbreaks of infection to protect staff and patients from transmission of infection. There is little in the way of advice or training in how to safely apply this equipment. One of the presenters was trained in the use of PPE prior to deployment in Sierra Leone during the Ebola outbreak.

**Aim:** To review the evidence base for the use of PPE.

To understand how to safely apply and remove PPE.

To experience a training method for this skill using the technique of 'drilling'

**Methods:** There will be an overview of the evidence base for the use of PPE.

Training will be provided in the use of PPE using the technique of drilling.

The applicability of this technique to training events will be discussed

**Results:** Participants will have the opportunity to understand the evidence base for the use of PPE and will learn how to safely apply and remove this equipment.

### GPS: IN THE FOREFRONT OF THE FIGHT AGAINST INFLUENZA

Ted van Essen<sup>1)</sup>, Ab Osterhaus<sup>2)</sup>, Mateja Bulc<sup>3)</sup>

<sup>1)</sup>*General Practitioner, Amersfoort, Netherlands*

<sup>2)</sup>*Research Center for Emerging Infections and Zoonoses, University of Veterinary Medicine, Hannover, Netherlands*

<sup>3)</sup>*Medical Faculty, Ljubljana University, Ljubljana, Slovenia*

**Background:** Annually occurring influenza remains an important public health problem in Europe. It is associated with increased general practice consultation rates, hospital admissions, and excess deaths. It also leads to economic and social losses due to absence from work and school, decreased productivity, and extra pressure on health care services during the winter season.

**Concept and objectives:** EUROPREV and ESWI share the concern to improve the management of influenza by general practitioners during seasonal and pandemic outbreaks of flu. It is felt that a systematic overview of all aspects of influenza from the family physicians'

perspective is urgently needed. After all, despite the scientific evidence as well as the efforts to encourage influenza vaccination, the overall vaccination rates among risk groups and healthcare workers remain low. ESWI and EUROPREV will therefore hold a joint symposium, gathering experts from various disciplines to elaborate on all aspects of influenza that are of particular relevance to general practitioners.

**Content:** The symposium faculty will provide a current state-of-the-art of influenza vaccine uptake in Europe and examine pathways to improve this uptake, they will discuss the crucial role of care physicians in influenza vaccination and provide an overview of scientific arguments for primary care physicians to get the annual flu vaccine. Lastly they will address the possibilities to publish a position paper on the role of primary care physicians in influenza epidemics and pandemics.

### Programme and timetable

1. Introduction by the symposium chairs
2. Epidemiology of flu in the last decade: trends and fears

*Ab Osterhaus (ESWI)*

1. Enhancing influenza vaccination coverage in risk groups: a good practice from The Netherlands

*Ted van Essen (ESWI)*

1. Should GPs be vaccinated against influenza? A scientific assessment

*WONCA-EUROPREV representative*

1. Influenza guidelines for GPs/FPs

*Mateja Bulc (EUROPREV)*

1. Plenary discussion: towards a position paper on the role of primary care physicians in influenza epidemics and pandemics (15')

*All*

1. Conclusions by the symposium chairs (10')

### INFECTIONS IN PRIMARY CARE: AN UPDATE

Paul Little<sup>1)</sup>, Michael Moore<sup>1)</sup>, Theo Verheij<sup>2)</sup>

<sup>1)</sup>University of Southampton, Southampton, United Kingdom

<sup>2)</sup>University Medical Center Utrecht, Utrecht, Netherlands

In this workshop you will be brought up to date regarding latest insights in infectious diseases in primary care. Results from recent studies will be shown and their implications for daily practice discussed with the audience for instance by presenting a patient during each presentation and asking the audience about diagnosis and treatment in their own setting.

*Prof Michael Moore*

Can we predict complications of RTIs and how useful is delayed prescribing?

*Prof Paul Little*

Can a simple clinical score make any difference to symptom burden and antibiotic use in patients with acute sore throat or should we be using rapid Strep tests?

*Prof Paul Little*

Is it any use giving ibuprofen for symptomatic management of respiratory tract infections and does this cause significant problems?

*Prof Theo Verheij*

How do we diagnose and treat of urinary tract infections in Europe? Results from a recent European study and implications for daily practice

## PRUDENT ANTIBIOTIC USE IN PRIMARY CARE

Anne Dekker<sup>1)</sup>, Alike van der Velden<sup>1)</sup>, Michael Moore<sup>2)</sup>, Theo Verheij<sup>1)</sup>

<sup>1)</sup>University Medical Center Utrecht, Utrecht, Netherlands

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

In this workshop we will first present recent results from studies on improving antibiotic treatment in primary care and discuss the implications of these results for antibiotic stewardship in primary care. Then antibiotic stewardship programmes in the UK and the Netherlands will be presented and discussed with the audience. We will exchange different approaches in the different countries and invite the audience to share their experiences.

*Anne Dekker*

Reducing antibiotic prescribing for children with respiratory tract infections by a concise online intervention targeting GPs: a cluster RCT

*Alike van der Velden*

Results from two main trials aiming to improve antibiotic prescribing quality: the ARTI4 trial and the INTRO trial

*Michael Moore*

Antibiotic stewardship in English primary care: strengths and weaknesses [to be adapted]

*Theo Verheij*

Antibiotic stewardship in the Netherlands: challenges in an ideal world

## 3.14. Mental health

### IMPROVING THE PHYSICAL HEALTH OUTCOMES FOR PEOPLE WITH PSYCHOSIS: A WORKSHOP FROM THE WONCA WORKING PARTY FOR MENTAL HEALTH

Alan Cohen, Christopher Dowrick, Jane Gunn

*WONCA Mental Health Working Party, Liverpool, United Kingdom*

**Background:** 46% of people with a psychosis have a non-communicable disease (NCD), compared to 25% of the general population. They die 20 – 30 years earlier than they would have done, had they not had a severe mental illness. The causes of this premature mortality and excessive morbidity are multifactorial; they include genetic factors, deprivation, and lifestyle (mainly smoking); also medication, and health professionals' attitudes.

The life time prevalence of psychosis is around 4%, with the vast majority of these patients living in the community. As such, primary care and family doctors have a very clear role in the management of their physical health needs, and therefore a responsibility to address the premature mortality and morbidity experienced by this group.

**Aims of the Workshop:** To identify and share good practice in the management of NCDs in people with psychosis; to present guidance from the WONCA mental health working party

**Methods:** The workshop will present a number of clinical scenarios that exemplify the challenges of providing care to this group. Each scenario will be led by a member of the WONCA mental health working party, who will facilitate a discussion with the audience on

current best practice. The workshop will finish with the presentation and summary of guidance on best practice for primary care.

**Results:** At the end of the workshop the participants will have increased confidence to provide care for this group, and be familiar with the guidance.

## MULTIMORBIDITY IN ELDERLY PATIENTS WITH COMMON MENTAL DISORDERS

Christos Lionis<sup>1)</sup>, Andre Tylee<sup>2)</sup>, Juan Manuel Mendive<sup>3)</sup>, Evelyn vanWeel-Baumgarten<sup>4)</sup>, Igor Svab<sup>5)</sup>, Chris Dowrick<sup>6)</sup>

<sup>1)</sup>*Clinic of Social and Family Medicine, School of Medicine, University of Crete, Heraklion, Crete, Greece*

<sup>2)</sup>*King's College London, London, United Kingdom*

<sup>3)</sup>*La Mina Health Centre, Barcelona, Spain*

<sup>4)</sup>*Radboud University Medical Center, Nijmegen, Netherlands*

<sup>5)</sup>*University of Ljubljana, Ljubljana, Slovenia*

<sup>6)</sup>*Institute of Psychology Health and Society, University of Liverpool, Liverpool, United Kingdom*

**Background:** Much interest has been focused on multimorbidity in the current literature, while many reports and declarations about the integration of mental health into primary care have been issued by WONCA World and WHO. The high prevalence of multimorbidity among people with common mental disorders and indicates how important is to focus on that subject and discuss its impact on primary care setting.

**Aim of the Workshop:** To that purpose, the WONCA World Working Party on Mental Health has prepared a workshop with the aim to discuss key issues in regards to the management of common mental health disorders in seniors with multimorbidity.

**Methods:** The workshop after some presentations will attempt interactively with the participants to respond in certain key questions including the following:

1. a) How frequently the GPs meet common mental disorders in seniors with multimorbidity? Why seniors with common mental health problems with polypharmacy and physical multimorbidity deserve specific attentions by a generalist?
2. b) How seniors with multimorbidity conceive the notion of mental health? What about their preferences, wishes and needs for cure and treatment?
3. c) To what extent motivational interviewing, alone or jointly with non-pharmacological therapies, is effective in managing multimorbidity and promoting self-management?
4. d) To what extent integrated primary care and team based approach for patients with mental and physical co-morbidity could improve management and prevent relapse?

**Results and Conclusions:** Selected members of the WONCA WP on Mental Health and experienced GPs will address the above questions and discuss relevant clinical cases with the workshop's participants.

## ADDRESSING MENTAL HEALTH CONSULTATIONS IN GP PRACTICE

Enda Murphy

*Health Service Executive, Navan, Co Meath, Ireland*

# 22<sup>nd</sup> WONCA Europe Conference

June 28 – July 1, 2017 | Prague, Czech Republic

[www.woncaeurope2017.eu](http://www.woncaeurope2017.eu)

**Background:** 80% of people who develop the most common mental health difficulties will have their GP as their only professional health resource.

Access to professional services is limited and has led to an over reliance on the prescription pad in mental health consultations.

The National Institute for Clinical Excellence (NICE) has stated that '*Cognitive Behavioural Therapies (CBT) are the principal evidence based psychological treatment recommended for common mental health problems*'.

Research suggests that to manage their mental health, most people merely need two things; information and support. When combined, outcomes are extremely good.

The vast majority of people can be helped to overcome their distress through '*low intensity*' interventions delivered by GPs,

**Aim of Workshop:** This workshop demonstrates a model of CBT which translates complex psychodynamics into a simple framework where specific problems can be easily identified and treated.

This provides a proven method that can be easily learned and applied within the constraints encountered in GP practice, facilitating a change in the recurring nature of consultations.

These interventions are highly effective in treating anxiety, depression and most common mental health problems being treated by GPs today

#### **Methods:**

- 1) Identify complex mental health issues and put them into a simple 'jargon free' framework from which specific problems can be identified.
- 2) Provide practical CBT skills which can be used in treating these problems.
- 3) Participants are encouraged to bring with them clinical case histories, for presentation and discussion.
- 4) The workshop is fully interactive and is designed to encourage lively discussion and debate.

## **MIGRATION AND MENTAL HEALTH: WHAT SHOULD A FAMILY DOCTOR KNOW - WHAT CAN A FAMILY DOCTOR DO?**

Maria Van den Muijsenbergh<sup>1)</sup>, Chris Dowrick<sup>2)</sup>, Christos Lionis<sup>3)</sup>, Shimnaz Nazeer<sup>4)</sup>, Jill Benson<sup>5)</sup>, Patrick O'Donnell<sup>6)</sup>, Guus Busser<sup>7)</sup>, Eldine Oosterberg<sup>8)</sup>

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**Background:** In this era of globalization and mass migration, family doctors all around the world are confronted with migrant workers and refugees. These patients face a high prevalence of mental health problems due to their challenging social conditions and past experiences; accessing mental healthcare is often difficult. The presentation of these problems is often coloured by their cultural background, sometimes taboo, and complicated by communication barriers. They face Family doctors often have difficulty exploring and

addressing these problems and have a great need for information on the specific cultural aspects of the presentation and treatment options available for the mental healthcare for migrants.

**Aim:** This workshop, organized by the Wonca Special Interest Group (SIG) on migrant care and the Wonca Working Party for Mental Health, will provide insight into the specific aspects of mental health problems of refugees and other migrants, and advise family doctors on how to deal with these in daily practice.

**Methods:** Short presentations will highlight scientific knowledge on mental health of migrants and recommendations that have been prepared in collaborative projects like the EUR-HUMAN CHAFEA project. Workshop participants will discuss these recommendations, share their own experiences and will practise in small groups ways to communicate with migrants about mental health.

**Results:** Participants will acquire knowledge of specific aspects of mental health problems and treatment in migrants and will be inspired by examples of good practice. The acquired knowledge and insights will help Family Doctors to improve their care for migrants with mental health problems.

## STIGMA AND MENTAL HEALTH

Ozden Gokdemir<sup>1)</sup>, Ana Cabrita<sup>2)</sup>

<sup>1)</sup>*VdGM Mental Health, State Hospital Isparta, Izmir, Turkey*

<sup>2)</sup>*VdGM Mental Health, ARSLVT, Lisbon, Portugal*

**Background:** Stigma and discrimination play an important role in mental health, adversely affecting diagnosis, treatment and course of disease. The stigma associated with mental illnesses and the ensuing social exclusion have different causes, many of them related to cultural perception lack of knowledge on the causality of the illness.

### **Aims:**

1<sup>o</sup>- Assess stigma and discrimination against patients diagnosed with mental health disorders and explore their associated factors to inform implementation strategies.

2<sup>o</sup>- To compare the treatment these patients receive and the obstacles to such treatment in different situations and health systems.

2<sup>o</sup>- To raise awareness on this issue in GPs/FPs, improving the management of these patients.

**Methods:** A presentation will be held about the mental health disorders, its stigma, responsibilities, obstacles and role of the GPs/FPs on this matter. Small clinical vignettes will be used as examples, to illustrate. The audience will then be divided into groups of participants, each receiving a topic or vignette to discuss. In the end the spokesman of each groups will present their view.

**Conclusions:** Patients with mental health disorders perceive high levels of stigma and discrimination. Health professionals must be protagonists, free from the stigma attached in order to be able to empathise with patients and convey feelings of acceptance.

## WHY ADDICTION IS NOT A DISEASE. NEW PATHWAYS TO (MULTIDISCIPLINARY) TREAT AND COUNSEL ADDICTS IN PRIMARY CARE

Carl Steylaerts

*Primum non nocere, Diest, Belgium*

# 22<sup>nd</sup> WONCA Europe Conference

June 28 – July 1, 2017 | Prague, Czech Republic

[www.woncaeurope2017.eu](http://www.woncaeurope2017.eu)

**Aim:** The concept of "addiction is a chronic disease" bears a lot of pessimistic views and hence, pessimistic goals by GPs. This Workshop would like to give you some clues to change that view and hinges to hold for change.

**Method:**

3 speakers, 2 GPs and 1 psychologist, will present

1. what is addiction? anatomy and physiology in brief
2. why is it not a disease? semantics or biological evidence?
3. why is it a multidisciplinary task in an ambulatory setting? French evidence
4. walking in their shoes: on cues, attentional bias, the now appeal, ego fatigue
5. changing the perspective of treatment: an expert view Facts Each presenter will produce some facts that each GP will probably recognise. Each presenter will propose a few questions to initiate a debate with the audience

**Conclusion:** After this Symposium, you will:

1. have another view on the problem of addiction
2. have an update on the anatomy, physiology and future treatment and counselling options
3. have a few new hinges to work with your addicted patients in a more optimistic way
4. be happy to have attended this symposium!

## 3.15. Musculoskeletal problems

### LOW BACK PAIN. A MULTIDISCIPLINARY APPROACH

Jose-Miguel Bueno-Ortiz<sup>1)</sup>, Jose-Antonio Garcia-Garcerán<sup>2)</sup>, Noemi Del-Cerro-Álvarez<sup>2)</sup>, Alberto Palacios-Colom<sup>2)</sup>, Fernando-Jose Rodriguez-Martínez<sup>2)</sup>, Juan-Francisco Mulero-Cervantes<sup>2)</sup>, Juan Reyes-Jimenez<sup>2)</sup>, Mari-Carmen Santiago-García<sup>2)</sup>, Maria Fernández-García<sup>1)</sup>, Maria-Jose Alonso-Saenz-de-Miera.<sup>2)</sup>, Jose Sedes-Romero<sup>2)</sup>

<sup>1)</sup>Spanish Society of Family and Community Medicine (SEMFYC), Barcelona, Spain

<sup>2)</sup>Gerencia Area n<sup>o</sup>2. SERVICIO MURCIANO DE SALUD., Cartagena- Murcia, Spain

**Background:** Low Back pain (LBP) is one of the most common diseases not only of our patients but also of us, Family Doctors (FD) since computerisation and sedentarism. And if it goes chronic very heart sinking.

That's why since 2013 we are implementing adapted LBP European Guidelines (G) -COST B13 Action - in our (Sub-Regional) Cartagena-Health-Area (CHA) (250.000 patients registered).

Our LBPCHA Working Group is chaired by a Family Doctor (FD) and composed of FDs, specialists, Physiotherapists-Informatics and Health Authorities. Prevention and treatment of chronic LBP should be multidisciplinary and include exercise and health education focusing on active management. A comprehensive assessment in week 12 (at latest) is essential to prevent chronification. The doctor could produce either placebo or nocebo effect. Some related procedures have been included in the Choosing wisely initiative.

**Aim of the Workshop:** FD should (1) acquaint with LBPCHAG, other FD views and the Choosing wisely initiatives (2) learn the possibilities of prescribing exercise, therapeutical exercises (TE) and postural hygiene (PH) to their patients with LBP; (3) learn five minutes specific stretching exercises (SE) during their daily surgery coffee break and at home and to take themselves into account postural hygiene norms (PH)

**Methods:** Interactive. Group discussion of LBP clinical cases in daily consultation. Afterwards FD will perform SE prescribed for patients.

**Results and Conclusions:** We intent FD to become more conscious of the importance of a LBP multidisciplinary and active holistic approach. A comprehensive assessment in week 12 (at latest) is essential. Message: Stay active

## 3.16. Emergencies and trauma

### INTERNATIONAL EMERGENCY SYSTEMS. INVITATION TO PARTICIPATE IN THE EMERGENCY MEDICINE SPECIAL INTEREST GROUP. FIELD RESEARCH WORK

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<sup>2)</sup>*Emergency Medicine Special Interest Group, Wonca World. Division of Professional Development and Practice Support, Ontario, Canada*

**Background:** Last Wonca world in Rio de Janeiro has created the Emergency Medicine (EM) Special Interest Group (SIG) with participation of family doctors dedicated to Emergencies of Canada, Malaysia, USA and Spain as the only representative of Europe.

As a first access to the topic we have conducted a Facebook survey, receiving responses from 16 countries around the world, including 12 Europeans. 96,7% participants (12 Europeans) said a definite Yes to the necessity of creation of EM SIG and have expressed their desire to form its part.

**Aim of the Workshop:** To know the level of involvement of European family doctors in the field of Emergency, define topics of greatest interest and invite European participants.

**Methods:** Using the debate modality, we will discuss the existence of the EM specialization in Europe, the proportion of family doctors working in an urgent care urban and rural setting, the particularities of emergency medicine/urgent care specialized preparation during family medicine residency/post graduate training; physician burn out; violence; long-term (12-24h) shifts problems...

Dream big - project of strong emergency medicine education international SIG.

**Results and Conclusions:** The material collected will be used to establish contacts with representatives of European countries, where family physicians work in the emergency field, to invite their professionals to participate in the work of the group. After this field research work, we intend to create a strong branch of the group in Europe.

**Keywords:** Emergency Medicine; Operations Research; International Cooperation

### TOXICOLOGY IN FAMILY AND EMERGENCY MEDICINE: TREATING THE OCCASIONAL OVERDOSE

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# 22<sup>nd</sup> WONCA Europe Conference

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**Background:** In societies around the world, the use of both prescription and non-prescription drugs have been rising at an exponential rate. Physicians have more access to medications to treat diseases and patients have greater choice and access to the availability of non-prescription and/or over the counter medications. The number of illegal drugs or drugs of abuse have also increased with the advent of synthetic/chemically modified drugs leading to significant harm in its users.

**Aim:** Given the significant morbidity and mortality that can result from medication misuse or overdose, family physicians need to be aware of common drugs that may be involved. This workshop will provide clinical approaches to assess and manage patients with undifferentiated overdose conditions.

**Content:** The workshop will be delivered in a large group setting with clinical cases illustrating real life examples of overdose patients. Common drugs involved in an overdose will be reviewed with discussion of clinically relevant pathophysiology and key management modalities. Overdoses that require specific antidotes will be illustrated. The workshop will be interactive such that participants will be encouraged to share their own clinical cases and offer their perspective on treatment based on their context of practice.

**Results/Conclusions:** Physicians will gain an understanding of the basic pathophysiology behind the overdose and recognize the importance of initiating early emergency care. Awareness of antidotes to common drug overdose is important to expedite care. Physicians should also be aware of local resources such as the poison control center in order to provide appropriate medical care.

## EMERGENCY GYMKHANA

Ayose Pérez, Rosario Bosch, Magdalena Canals, Alba Riesgo, Javier Pueyo, Rafael Beijnho  
*SEMFYC, Madrid, Spain*

**Background:** Emergency medicine takes on special importance in the family doctor's curriculum. Accidents, strokes, childbirth, cardiorespiratory arrest usually occur at the primary care center, away from the hospital. For this reason, it is expected that family physicians will have the qualifications to treat this type of patients.

### **Aim of the workshop:**

- Acquire skills on the diagnostic and therapeutic approach of patients in emergency
- Review the latest updates of clinical guidelines in pathology of emergency medicine
- Learn simple techniques for handling the airway, traumatized patients, cardiopulmonary resuscitation ...

**Methods:** We propose an activity in the form of workshops by small groups that are rotating by the different stations. This workshop could be divided into two. The four stations that we propose are the following:

- Acute coronary syndrome: Through the resolution of clinical cases, review the most important aspects of clinic, diagnosis and treatment according to clinical guidelines
- Cardiorespiratory arrest: revision of basic cardiopulmonary resuscitation techniques and use of the automatic defibrillator
- Airway: Intubation, airway permeability and ventilation of patients with different devices
- Politraumatized: Learn skills in patients who have suffered serious accidents, remove helmet, remove patient trapped in a car, triage in accidents with multiple victims, etc ....

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**Results and Conclusions:** The family doctor must have the resources, knowledge and skills to be able to face urgent pathology both in the hospital and prehospital areas.

## CHOOSING WISELY IN THE EMERGENCY ROOM

Ayose Pérez, Rosario Bosch, Rafael Beijinho, Alba Riesgo, Salvador Tranche, Rafael Beijinho  
*SEMFYC, Madrid, Spain*

**Background:** The use of unnecessary tests and treatments contributes to health care waste (overutilization, overuse, overtreatment). Three years ago the *Spanish Society of Family and Community Medicine* (semFYC) set up an action called “Not to do” and commissioned expert panel to identify some of such items on day-to-day GP consultation- The list was narrowed over a modified Delphi process. The top 15 tests and treatments were provided with *Grading of Recommendation, Assessment, Development and Evaluation* (GRADE) literature summaries. Afterwards it commissioned another expert panel of 15 GPs to produce a paper on Emergency Medicine with the same procedure. <https://www.semfyc.es/biblioteca/15-recomendaciones-de-no-hacer-en-urgencias/>

### **Aim of the Workshop:**

- Share 15 recommendations of the document “Do not do in the emergency room” (choosing wisely)

- Provide scientific evidence or absence in usual practices in emergency services

**Methods:** Through the resolution of interactive clinical cases delegates will review the recommendations of the paper.

The chair will bring about clinical cases in day-to-day situation, prior to clinical decision a question will be asked followed by the delegates voting "Do" or "Do Not". After each question a debate will be held and the literature supporting final decision will be provided.

**Results and Conclusions:** Making clinical decisions with a poor level of evidence is common in our daily practice. Papers such as the one produced by SEMFYC is a landmark in family practice towards efficiency and efficiency because they are based on evidence-based medicine.

## PALLIATIVE EMERGENCY: PALLIATIVE CARE IN EMERGENCY, THE IMPROVEMENT CHALLENGE

Ayose Perez Miranda, Enrique Alvarez Porta, Salvador Tranche, Marisa Valiente, Jose Miguel Bueno Ortiz, Rafael Beijinho  
*SEMFYC, Madrid, Spain*

**Background:** Health Care in the final part of advanced diseases requires a totally different approach. The main objective is no longer to cure, but to treat (and support) the patient and his family. The diversity of health care professionals who provide palliative care means that a specific training is necessary. Specifically in Services, where health staff is different than the one who assists the patient daily, this training is essential.

**Aim of the Workshop:** 1) To look at guidelines about assistance in Palliative Care in Emergency: pain, dyspnoea, confusion, massive haemorrhage, caregiver fatigue; 2) To establish patterns of adequacy of therapeutic effort in patients in acute situations.

**Methods:** The workshop will be divided in 3 parts: 1) Theoretical introduction: 25%. Basic concepts about Palliative Care assistance in Emergency Services will be provided. 2) Work in

groups, Clinical Cases: 50%. Assistants will be separated in small groups to assess different clinical situations in which they will share their knowledge and experience, enforcing the guidelines showed previously. 3) Discussion and conclusions: 25%. Every group will share their answers in the plenary, taking the chance to discuss and solve doubts. Final summary by the Chairman.

**Results and Conclusions:** It's necessary to know guidelines about emergency assistance in patients with palliative needs, being the specific training the best tool to acquire practical skills.

## 3.17. Skin and soft tissue problems

### PSYCHODERMATOLOGY, A GENERAL PRACTICAL APPROACH

Patrick Kemperman

*Academic Medical Center, Amsterdam, Netherlands*

**Background:** Skin disorders are one of the most prevalent conditions observed in general practice, and they are often accompanied by other physical conditions. At dermatological clinics, increasing attention is being paid to psychosocial problems in patients with chronic skin disorders such as psoriasis and eczema or skin-related oncology problems. Psychological adjustment problems, severe itch-scratch problems, shame, social fear, or low therapy adherence are frequent reasons for a referral to psychologists trained in dermatological problems and other psychosocial health professionals. In addition, the treatment of patients with primarily psychological problems within the dermatology domain, such as body dysmorphic disorder, trichotillomania or delusional infestations, generally requires a multidisciplinary approach. Building bridges between different disciplines is extremely constructive in this field .

**Aim of the Workshop:** In this workshop, the impact of a skin disorder on the quality of life and the impact of psychodermatological factors on the course and development of a skin disorder are illustrated by means of several cases. GPs will recognize these disorders, can anticipate and can refer more targeted to the 2nd or 3rd line when needed.

**Methods:** First, an overview will be provided of the different conditions in the area of psychodermatology (including delusional infestation, dermatitis artefacta, body dysmorphic disorder, skin picking and adjustment disorders in chronic disorders). On the basis of six clinical cases, the different conditions will be discussed. The cases provide a brief overview of the diagnostic and therapeutic approaches in the field of psychodermatology. The usefulness of collaboration between different disciplines will be highlighted.

### NAIL DISORDERS

Inês Marques<sup>1)</sup>, Vanessa Quintal<sup>1)</sup>, Raquel Olivença<sup>2)</sup>

<sup>1)</sup>*USCP Sete Rios, Lisbon, Portugal*

<sup>2)</sup>*USF Dafundo, Lisboa, Portugal*

**Background:** Nail disorders are a common presenting complaint for primary care physicians. Nail diagnoses are broad and may include infectious, inflammatory, and neoplastic conditions. These may be intrinsic to the nail unit or secondary to systemic diseases.

Due to their prevalence and their impact on patient's life they should not be neglected by primary care physicians but examined and treated as carefully as other disorders.

**Aim of the workshop:** The purpose of this workshop is to alert primary care physicians to the differential diagnosis of the most frequent nail disorders, their treatments, the identification of the red flags, and the need for referral to secondary health care specialists.

**Methods:** The workshop will start with a brief theoretical review comprising the nail anatomy, physiology, the main nail diseases and their treatments. It will be highlighted the importance of the clinical history and physical examination on the approach of these diseases.

To further promote debate, and consolidation of the information, six clinical cases will be presented and discussed.

**Results and conclusions:** Primary Health Care represents the first contact of patients with the Health System, therefore Primary Care Physicians should be familiar with the differential diagnoses, and the therapeutic approaches of the most common nail disorders.

## 3.18. Occupational health

### PERFORMING IN DIVERSITY: WORKERS' HEALTH PROBLEMS TAKEN SERIOUSLY BY PRIMARY CARE

Frank Van Dijk<sup>1)</sup>, Peter Buijs<sup>2)</sup>

<sup>1)</sup>*Learning and Developing Occupational Health (LDOH) foundation, Leusden, Netherlands*

<sup>2)</sup>*Department of Public and Occupational Health, EMGO+ Institute for Health and Care Research, VU University Medical Center Amsterdam, Amsterdam, Netherlands*

**Background:** The global burden of work-related diseases (musculoskeletal/respiratory diseases, mental disorders, injuries) is huge, culminating in 2.3 million deaths annually. Only 10-15% of the global workforce has access to specific occupational health facilities; for 85% Primary Health Care is the first and often the only medical care available. Many work-related health problems are presented there, but too often not recognized.

**Aim of the Workshop:** Increasing awareness in recognizing and managing work-related medical problems, mostly to be found in mental health and musculoskeletal disorders, but skin and respiratory diseases, neurological diseases, hearing impairment and accidents should not be forgotten.

**Methods:** Exchange of experiences in primary health care situated in 3 – 5 European countries (UK, Italy, Slovenia, Montenegro, Netherlands, Norway, Croatia and Finland have been asked) in recognition, diagnosis, therapy and prevention of workers' health problems. Short introductions are followed by a structured plenary discussion oriented on solutions. Reports of earlier Sessions with country experiences – mainly outside Europe – can also made available.

**Results and Conclusions:** Quality of primary health care practice is supposed to improve by growing attention for workers' health, by well educated and qualified primary care professionals and by improved collaboration with occupational health experts.

## 3.19. Oncology and palliative care

### THE ROLE OF PRIMARY CARE IN CANCER SURVIVORSHIP AND PALLIATIVE CARE

Annette Berendsen<sup>1)</sup>, David Weller<sup>2)</sup>

<sup>1)</sup>University of Groningen, Groningen, Netherlands

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

**Background:** This workshop is being organised by the WONCA Special Interest Group in Cancer and Palliative Care. We have chosen this topic in response to the expressed learning needs of many members of our SIG: With improving survival rates from cancer, and an ageing population, there are growing numbers of patients living 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 these presentations include: multi-disciplinary approaches to cancer follow-up, patterns of primary consultation before and after a cancer diagnosis, return to work issues, psychosocial care, health promotion (eg exercise, diet advice etc) in cancer survivors, current patterns of palliative care provision across Europe, roles for primary care in patients with terminal cancer, advanced care planning and models of primary care-based palliative care in Europe

**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 and palliative care

### EUROPEAN FORUM FOR PRIMARY CARE - POSITION PAPER OF PALLIATIVE CARE IN PRIMARY CARE

Danica Rotar Pavlic, marie lynch, Johan Wens, Can Husein, José Augusto Rodrigues Simões, Pedro Augusto Simões

*European Forum for Primary Care, Utrecht, Netherlands*

**Background:** Exposure to death and dying had a strong influence on the present life of every citizen. While providing palliative care to patients, primary care workers often have to overcome barriers and myths.

**Aim:** The position paper seeks to facilitate the changes in service models, policy, education and research in primary care. It provides a backdrop for debate on the development of palliative care in primary care in Europe.

**Methods:** Collaboration with the representatives of International Primary Palliative Care Network was established from the very beginning. Barriers, opportunities, examples of good and bad practices were discussed at the workshops, which were focused on palliative care in primary care. EFPC organized workshops at the international conference of South-eastern European countries in Ljubljana (2015), at the regular conference in Amsterdam (2015), at the WONCA Europe conference in Istanbul (2015) and in Copenhagen (2016) and at the EFPC

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conference in Riga (2016). The position paper was further refined to contain relevant resource material.

**Results:** Effective palliative care services should be integrated into the existing health system, especially community and home-based care. The non-specialist palliative care needs should be considered by the staff delivering the on-going care, with initial guidance and support from specialists in hospitals and specialized palliative care teams. Caring for the caregivers is an essential area of palliative care in primary care.

**Conclusion:** Implementation of interdisciplinary care that focuses on effective communication, individualized care plans and care coordination should be established.

### **E3: EMOTIONS, EMPATHY AND EARNINGS (FROM PATIENTS). INTERACTIVE EXPERIENCES FOR GPs IN PALLIATIVE CARE**

Jean-Claude Leners<sup>1)</sup>, Monique Aubart<sup>2)</sup>, Patrick Tabouring<sup>2)</sup>

<sup>1)</sup>*HausOmega, Luxembourg, Luxembourg*

<sup>2)</sup>*Société Scientifique Luxembourgeoise de Médecine Générale, Luxembourg, Luxembourg*

**Background:** We are working as GPs in a hospice and other palliative surroundings. More than 120 patients are admitted every year and the length of stay may vary from 3 days up to 3 months. Not only oncological patients want to be admitted for end of life care.

**Aim of the workshop:** We want to share several real pathological situations of patients, who asked us as physicians for specific care. For these demands, we needed an ethical reflexion in order to give a common consensual answer to our patients. The requests of the patients were all related to neurological, oncological, cardio-vascular and renal diseases, including demands for less medications, for continuous infusions, deactivation of implantable defibrillator, sedation and even euthanasia. As there is no single possible answer to these demands, we want to integrate in group discussions in this workshop other possible options that we might not have taken into account.

**Methods:** We will discuss with the audience in interactivity our tool, that we use in ethical supervisions in order to have a consensus, not only for the physicians, but also for the whole team, including nurses, OT, and psychologists. As emotions can be expressed by all members of the ethical group, we think this a useful approach.

**Conclusions:** The medical care in these palliative situations is always a “giving and receiving” for both sides (physicians and patients) and the lessons we learned from some specific situations have changed our perspective in medical care for the future.

## Oral Presentations

### 1. Global issues

#### 1.01. Hygiene / epidemiology

##### Oral Communication

##### EPIDEMIOLOGY STUDY OF DIPHTHERIA INDONESIA: A CASE IN SOLOK DISTRICT IN 2011-2015

Rosfita Rasyid, Abdiana Abdiana

*Faculty of Medicine, Andalas University, Padang, Indonesia*

**Introduction:** Diphtheria is one of the roots of child morbidity and mortality in Indonesia, including in Solok District. The diseases should be eradicated; however in 2015 there was outbreak in the area, which are encountered 6 suspected cases.

**Objective:** This study aimed to provide the epidemiologic feature of diphtheria case in Solok District in 2015.

**Methods:** To answer the research objective, we have conducted a descriptive epidemiology study to evaluate all documented cases of diphtheria in primary care.

**Results:** The incidence of diphtheria in Solok District is distributed in three subdistricts, namely Bukit Sundi (2 cases), Lemah Gumanti (2 cases), and Kubung (2 cases). This study reveals that the highest incidence is in children below five years old (5 cases). The cases are predominantly in girls (4 cases) than boys (2 cases). Interestingly, the proportion in non-immunized status is comparable to immunized case.

**Conclusion:** The incident of diphtheria is isolated cases that need special attention. We recommend Public Health Department of Solok District has to enhance awareness response related to diphtheria, including vaccine storage and distribution, and public education on immunisation. Further study need to be conducted to investigate the incident of these eradicated diseases.

##### One slide - 5 minutes presentation

##### PRIMARY HEALTH CARE; ITS IMPACT ON HEALTH SECTORS IN FIGHTING CONTAGIOUS DISEASES

Falak Al Mokhtar

*Lebanese society of family medicine, Beirut, Lebanon*

The relationship between the Primary Health Care Center (PHCC) and the various surrounding organizations such as municipality, laboratory, radiology center is considered in this project.

The role played by these organizations is of major importance, as they can enrich PHCC in order to meet the requirements of the best services in accordance with the international guidelines, mainly the efficiency and efficacy of offered medical services and within the financial, social possibilities and governmental cooperation and support.

This project is shedding light on two exemplar cases of infectious diseases, where the first case has caused an epidemic, Hepatitis-A, rising the indicator rapidly in three consecutive months. The other case has indicated the spreading of a large number of gastro-intestinal tract infections-helicobacter. The municipality was involved in the first case by controlling the potable water resources. While in the second case, the collaboration with local laboratories was sought in order to decrease their prices to enable more tests and results, and therefore clearer steps towards the treatment and prophylactic measures.

The absence of cooperation with the relevant organizations could have led to failure in keeping the epidemic under control and solving it.

The methodology used is based on field research supported by scientific constants on the multiplying of the infection through polluted waste water systems.

The review of the above cases would be helpful in dealing with potential future outbreak in the area.

## Oral Communication

### INSOMNIA AND USE OF HYPNOTICS IN THE 60+ POPULATION IN RELATION TO THE ATHENS INSOMNIA SCALE AND THE SELECTED FACTORS

Filip Bielec<sup>1)</sup>, Emilia Chmielewska<sup>1)</sup>, Rafał Dudek<sup>1)</sup>, Małgorzata Koziarska-Rościszewska<sup>1,2)</sup>, Jacek Rysz<sup>1)</sup>

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<sup>2)</sup>*Clinic of Family Physicians Vitaplus, Łódź, Poland*

**Introduction:** Insomnia is a common sleep disorder among the elderly. It is characterized by difficulty in falling asleep, straitened sleep maintenance and/or waking up too early. As a result patients may complain of physical and mental fatigue and general malaise during a day. Hence, people suffering from insomnia often look for sedative-hypnotics.

**Objectives:** To assess the frequency of insomnia in the elderly, to establish the main predisposing factors and to evaluate the pharmacotherapy.

**Methods:** The study was conducted on a group of 201 participants of the University of the Third Age and the primary care patients from the Lodz region, Poland. In each patient an anonymous questionnaire concerning lifestyle, sleep disorders and hypnotics' use was made. Also the Athens Insomnia Scale – standardised questionnaire to diagnose insomnia was done. Patients were divided into 2 groups: with and without insomnia. The collected data were statistically analyzed with the use of the chi-square test.

**Results:** 27,9% of patients were diagnosed with insomnia. Female sex, living in big cities and mental or neurological disorders were found as risk factors in the elderly. 25,9% of patients took hypnotics despite the fact that 38,5% of them were not diagnosed with insomnia. H1-blockers (30,8%) were the most often used.

**Conclusions:** However H1-blockers are not recommended as a first choice insomnia drugs, they are the most frequently used hypnotics. A significant group of patients take them without medical recommendation. Implementation of simple, sensitive tool for diagnosing insomnia in everyday practice would be useful.

One slide - 5 minutes presentation

## THE PORTUGUESE GENERAL PRACTITIONER SENTINEL NETWORK

Ana Esperança<sup>1)</sup>, João Vieira Fonseca<sup>2)</sup>, Ana Paula Rodrigues<sup>3)</sup>

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<sup>2)</sup>*USF Nova Mateus, Vila Real, Portugal*

<sup>3)</sup>*Department of Epidemiology, National Health Institute Dr. Ricardo Jorge, Lisboa, Portugal*

**Introduction:** The Portuguese General Practitioner Sentinel Network (“Rede Médicos Sentinela”) is a national observation health tool that exists since 1995 and contributes to the public health surveillance and health services research. The organization of health care in Portugal makes the data generated from primary health care are more comprehensive and broad than the hospital data. Compared to the data generated by population surveys it has the advantage of validation by a health professional.

**Goal:** To study the frequency of diseases and their determinants

**Methods:** The study population consists of the users included on the lists of family doctors participating in the Portuguese General Practitioner Sentinel Network and should be updated annually. Participation in the Network is voluntary, and there is no responsibility for any payment. The data collection is carried out through a web platform or by sending the paper questionnaires. Notification events should be of national interest, occurring frequently in primary health care and easily collected.

**Results:** 123 family physicians are participating in the network, which corresponds to a population under observation of 46769 patients. Periodic sending to the participating physicians of information produced by sentinel doctors network was made (bulletins, reports, articles, presentations). An annual national meeting has been held to present and discuss results. Participation in the design and publication of studies has been also encouraged. Free educational offers in the scope of epidemiology, biostatistics and research in health services has been made available to the members.

Oral Communication

## THE PREVALENCE AND DETERMINANTS OF MULTIMORBIDITY AMONG ELDERLY PEOPLE IN NURSING HOMES IN FAMAGUSTA AND NICOSIA

Mehmet Akman<sup>1)</sup>, Hande Efe<sup>2)</sup>, Aybüke Fatma Sapmaz<sup>2)</sup>, Melika Askarianfard<sup>2)</sup>, Mert Obuz<sup>2)</sup>, Muhammed Reza Rabiei<sup>2)</sup>

<sup>1)</sup>*marmara university school of medicine, department of family medicine, istanbul, Turkey*

<sup>2)</sup>*East mediterranean university, medical faculty, famagusta, Cyprus*

**Introduction:** Multimorbidity is defined as the coexistence of 2 or more chronic conditions and it is more prevalent among the elderly people.

**Objective:** This research aimed to examine prevalence of multimorbidity among elderly people in nursing homes and its effect on health status.

**Methods :** In this cross-sectional research, residents aged 65 and older, of all the nursing homes in Famagusta and Nicosia were included (n=132). Multimorbidity data was collected via patient records, and interviews with patients and their nurses. Only the diagnoses with confirmed appropriate pharmaceutical treatments have been taken into account. In addition,

'COOP-WONCA health status scale' and the 'Multimorbidity illness perception scale' (MULTIPLEs) were filled by the participants or their nurses.

**Results:** The mean age of the participants was  $80.63 \pm 9.6$  and 68.2% were female. Fifty percent of participants was from Cyprus and the other half was from Turkey. For educational status; 48.5% were illiterate. The prevalence of multimorbidity was 66.7%. The most common first three diseases were hypertension (61.4%), diabetes mellitus (30.3%) and Alzheimer's disease-dementia (22.7%). According to the results, mean scores of MULTIPLEs was significantly different among multimorbid and non-multimorbid participants, whereas mean COOP-WONCA scores were similar between the same groups. It means that change in health in participants with multimorbidity is worse, but in participants that do not have multimorbidity feel themselves better when compared to last two-weeks.

The prevalence of multimorbidity in nursing homes is high. Hypertension was found to be most common disease among the participants.

## 1.02. Public health

One slide - 5 minutes presentation

### SMOKING DURING PREGNANCY: PREVALENCE AND TRENDS ACCORDING TO SOCIOECONOMIC AND DEMOGRAPHIC INEQUALITIES IN DEVELOPED COUNTRIES

Gladys IBANEZ, Sarah ROBERT

*School of Medicine, Department of General Practice, UPMC University Paris 06. Paris, France, France*

**Introduction:** Smoking in pregnancy is a major risk factor of morbidity and mortality for both mothers and babies. The prevalence of smoking in general population is well monitored by the World Health Organisation but there is no general picture of the prevalence of smoking in pregnancy. This study aimed to research the recent prevalence and trends in developed countries about smoking in pregnancy and the socioeconomic determinants of this risk factor.

**Method:** We reviewed systematically the literature and found 30 articles representative of the population in different developed countries.

**Results:** Smoking in pregnancy varied markedly in the developed countries (17,1% in France, 12% in UK, 10,7% in US, 10,5% in Canada, 10% in Denmark, 7% in Sweden and 5% in Italy and Iceland) The trend in the last 20 years is showing a slow decrease in all these countries but prevalence is following a socioeconomic gradient. Women younger, less educated, with low income, without partner have an increased risk for smoking in pregnancy. Even if the decrease appears also in these groups, this trend seems to occur more slowly comparing with less socially disadvantaged women.

**Conclusion:** Smoking in pregnancy in the developed countries is decreasing slowly but with different speeds according to socioeconomic status. So political measures and medical researches targeting the disadvantaged pregnant women are needed to fill this growing gap.

## Oral Communication

### EFFECTS OF ANTENATAL MATERNAL DEPRESSION AND ANXIETY ON CHILDREN'S EARLY COGNITIVE DEVELOPMENT: A PROSPECTIVE COHORT STUDY

Gladys Ibanez, Magali Steinecker

*School of Medicine, Department of General Practice, UPMC University Paris 06. Paris, France, France*

**Introduction:** Studies have shown that depression or anxiety occur in 10-20% of pregnant women. These disorders are often undertreated and may affect mothers and children's health. This study investigates the relation between antenatal maternal depression, anxiety and children's early cognitive development among 1380 two-year-old children and 1227 three-year-old children.

**Methods:** In the French EDEN Mother-Child Cohort Study, language ability was assessed with the Communicative Development Inventory at 2 years of age and overall development with the Ages and Stages Questionnaire at 3 years of age. Multiple regressions and structural equation modeling were used to examine links between depression, anxiety during pregnancy and child cognitive development.

**Results:** We found strong significant associations between maternal antenatal anxiety and poorer children's cognitive development at 2 and 3 years. Antenatal maternal depression was not associated with child development, except when antenatal maternal anxiety was also present. Both postnatal maternal depression and parental stimulation appeared to play mediating roles in the relation between antenatal maternal anxiety and children's cognitive development. At 3 years, parental stimulation mediated 13.2% of the effect of antenatal maternal anxiety while postnatal maternal depression mediated 26.5%.

**Discussion:** The partial nature of these effects suggests that other mediators may play a role. Implications for theory and research on child development are discussed.

## One slide - 5 minutes presentation

### STRESS AND EMOTIONAL EXPERIENCE OF ELDERLY LIVING IN NURSING HOME IN INDONESIA

Hardisman Dasman<sup>1)</sup>, Annisya Aftariza<sup>1)</sup>, Tetrawindu Hidayatullah<sup>2)</sup>

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

<sup>2)</sup>*Faculty of Medicine of Mataram University, Lombok, Indonesia*

**Introduction:** There were varying arguments in stress-influencing accounts for aged people, which may vary among country backgrounds.

**Objective:** This study aimed to analyze aged care people emotional experience associated with their stress in Indonesia.

**Methods:** The study was conducted in Sabai Nan Aluih Nursing Home, the largest public nursing home in West Sumatera Province of Indonesia. Eligible participants were screened and selected with MMSE (Mini Mental State Examination) and PSS-10 (Perceive Stress Scale-10). Twenty eligible participants with medium to high stress level without cognitive and mental disorder were put in in-depth interview session.

**Results:** Our study reveals that in both voluntary and family-based decision for enrollment to aged care facility, feeling of disengagement from the family and in family exile are the important stress-inducing accounts for them. Despite majority of them satisfy with the services provided in nursing home, in their constructed value, family offspring were socially set up as future investment and as well as a moral obligation. In conclusion, our study indicates that inability to cope with contravention of social reference as underlying factor. Along with the other preexisting individual associated family problem affects considerable degree of stress and emotion in the elderly in one of Indonesia aged care housing.

## Oral Communication

### EVALUATION OF PHARMACOLOGIC THERAPIES ACCOMPANIED BY BEHAVIORAL THERAPY ON SMOKING CESSATION SUCCESS: PROSPECTIVE COHORT STUDY IN TURKEY

Kamile Marakoğlu<sup>1)</sup>, Nisa Çetin Kargin<sup>2)</sup>, Rahime Merve Uçar<sup>2)</sup>, Muhammet Kızmaz<sup>2)</sup>

<sup>1)</sup>Department of Family Medicine, Selcuk University Medical Faculty, Prof. Dr., Konya, Turkey

<sup>2)</sup>Department of Family Medicine, Selcuk University Medical Faculty, Specialist Dr, Konya, Turkey

**Introduction and Objective:** The main objective of this study is to compare the rate of smoking cessation in the first month, 3<sup>rd</sup> month, 6<sup>th</sup> month, 1<sup>st</sup> year and 2<sup>nd</sup> year among those who quit smoking with different pharmacologic and behavioral therapies at smoking cessation clinic at Selcuk University, Turkey.

**Methods:** In this study, 3322 people who applied to quit smoking were advised one of the most suitable medical treatments (varenicline, bupropion, NRT) accompanied by behavior therapy after their health queries and examinations were made and Fagerström scores were evaluated. Smoking cessation patients were followed-up clinically and calling after smoking cessation.

**Results:** The smoking cessation success rate in the cases using varenicline in the 1<sup>st</sup> month was 63.5% (766/1206), in the 3<sup>rd</sup> month 46.8% (548/1170), in the 6<sup>th</sup> month 32.1% (386/1201), 1<sup>st</sup> year 25.6% (298/1163), and 19.9% (211/1059) in the 2<sup>nd</sup> year. The success rate in the cases using bupropion in the 1<sup>st</sup> month was 49.9% (559/1120), in the 3<sup>rd</sup> month 35.6% (405/1138), in the 6<sup>th</sup> month 26.4% (319/1210), 1<sup>st</sup> year 21.9% (261/1192), and 16.0% (133/832) in the 2<sup>nd</sup> year. The success rate in the cases using NRT was 53.2% (25/47) 1<sup>st</sup> month, 24.3% (9/37) in the 3<sup>rd</sup> month, and 27.3% (6/22) in the 6<sup>th</sup> month. The rate of smoking cessation in the cases using varenicline and behavioral therapy in the 1<sup>st</sup>, 3<sup>rd</sup>, 6<sup>th</sup>, 12<sup>th</sup> and 24<sup>th</sup> month was significantly higher compared to the cases using bupropion and behavioral therapy ( $p=0.000$ ,  $p=0.000$ ,  $p=0.008$ ,  $p=0.034$ ,  $p=0.028$ ).

**Conclusion:** It has been observed in this study that varenicline as a smoking cessation drug is better tolerated than other medications and it seems to be more effective.

## Oral Communication

### GROWING THROUGH TRANSCULTURAL DIVERSITY

Patrick Tabouring

University of Luxembourg, Luxembourg, Luxembourg

**Background:** General practitioners meet more and more patients of varied countries origin. They need the required competences, to be able to adapt to this particular context and to be conscious of the ethical questions related to transculturality

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**Aim of the workshop:** This congress offers the opportunity to exchange through diversity, to go into exile from one's own culture by discovering the other one's and to grow over the own limits, by meeting alterity in order to elaborate a development of solidarity with regard to transculturality.

**Methods:** The workshop will be divided into several groups. The responsible of each group will animate the debate of different statements, while everybody will present himself through his origins and cultural particularities. Each group will identify the difficulties related to pluriculturalism inside the group, and will try to deduce transcultural solutions optimizing the cohesion and the efficiency of the group. After, the reporter of each group will present the results to the other participants of the workshop

**Results:** The responsible of the workshop will animate the discussion and synthesize the results in order to reach common and coherent results. Thus, the synergy of the workshop will surpass the sum of the individual contributions and confirm as well our competencies as our transcultural ethics

**Conclusions:** Growing together in diversity – this is the challenge of this workshop which will try to improve our professional competences as well as ethics on regard for transculturality

## Oral Communication

### QUANTIFYING GLOBAL INEQUALITIES IN NON-COMMUNICABLE DISEASE (NCD) MORTALITY

Luke Allen, Nick Townsend, Cobiac Linda  
*Oxford University, Oxford, United Kingdom*

**Introduction:** Prevention and control efforts have tended to frame NCDs as a development issue, stressing the fact that 82% of premature deaths occur in developing countries. This measure can be misleading because 82% of the world's population live in developing countries.

**Objectives:** We aimed to develop an alternative measure to describe the unequal global distribution of premature NCD mortality, accounting for international differences in population sizes and age distribution.

**Methods:** We analysed data from the WHO Global Health Estimates and World Bank demographic databases. We calculated 'individual risk of premature mortality' - defined as dying from an NCD before reaching 70 years. This statistic was based on a measure presented in the WHO Global Status Report on NCDs. We calculated absolute risk of premature death for individuals living in each World Bank income region: high; upper-middle; lower-middle, and low. We then quantified the relative risk of premature death for individuals living in high income countries vs low and middle income countries combined.

**Results:** The absolute risk of dying from an NCD before reaching 70 was 22.4%, 26.9%, 20.7%, and 15.4% for individuals in low, lower-middle, upper-middle, and high income countries respectively. Risk of premature NCD death is 1.5 times higher in low and middle income countries compared with high income countries. Absolute premature NCD death rates and relative risk of premature mortality are both highest in lower-middle income countries.

## Oral Communication

### DIAGNOSES CODING OF GENERAL PRACTITIONERS IN GERMANY

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*Zentralinstitut für die kassenärztliche Versorgung in der Bundesrepublik Deutschland, Berlin, Germany*

**Introduction:** General practitioners (GPs) are the all-rounder upon all physicians in the outpatient sector. Symptoms and working diagnoses are frequently the basis of therapeutical decisions, not necessarily the underlying diseases. The coding of diagnosis using the International Statistical Classification of Diseases and Related Health Problems 10th Revision, German Modification (ICD-10-GM) is mandatory for GPs in Germany.

**Objective:** The objective of this study was to quantify the distribution of ICD-10-GM codes used by GPs.

**Methods:** In a retrospective study routine data were available from a sample of about 120 GP practices located in two major regions in Germany aggregated between October 2014 and September 2015. 2,842,352 records (coding of diagnosis) had been analyzed. The Gini coefficient was applied as a measure of statistical dispersion.

**Results:** The GPs used 9,558 different codes (71.1% in relation to 13.440 terminal codes of the ICD-10-GM 2015) covering all 22 chapters of the ICD-10-GM. The percentage of terminal codes was 97.5%. At the level of terminal codes, the Gini coefficient was 0.91, at the level of chapters 0.56. As expected, GPs served a broad range of diseases covering all chapters of the ICD-10-GM. The high number of different codes indicates that GPs were confronted with a high number of different conditions. Nevertheless, the Gini coefficient showed an extreme concentration of ICD-10-GM codes caused by a frequent usage of a small set of codes. Finding the seldom and serious case within day-to-day routine seems to be the major challenge of GPs.

## Oral Communication

### THE DICTIONARY TO FACILITATE COMMUNICATION WITH MIGRANT PATIENTS

Danica Rotar Pavlic<sup>1)</sup>, Ursula Cebtron Lipovec<sup>2)</sup>, Sara Pistotnik<sup>2)</sup>

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<sup>2)</sup>*University of Ljubljana Faculty of Arts Department of Ethnology and Cultural Anthropology, Ljubljana, Slovenia*

**Background:** The importance of communication between patient and physician forms the basis for successful prevention and treatment. GPs and nurses need to overcome the language barrier and also take into account the patient's socio-cultural underground, beliefs and different prevalence of certain diseases among patients from different cultures and minorities. They should take in account the medical needs of the representatives of the majority. It is necessary to communicate individually and in the case of the examination of representatives of ethnic minorities and refugees to adjust the communication.

**Methods:** The consortium of experts Faculty of Arts, University of Ljubljana, Department of Family Medicine, University of Ljubljana, Faculty of Health Sciences, University of Ljubljana and National institur of public health has prepared an analysis of published literature, an analisises of current situation in Slovenia and formulated dictionary.

The project lasts 18 months

**Results:** Multilingual material in 7 languages will be presented and discussed with the audience.

**Conclusion:** When GPs and nurses are working with individuals from other cultural environment good to know "culturally conditioned syndromes" that define the interaction and communication between the patient and medical staff. Dictionary in 7 languages may facilitate the communication between health care staff and migrant patients.

## Oral Communication

### REHABILITATION FOR VICTIM AND ABUSER: DOMESTIC VIOLENCE LEGACY AT PRIMARY CARE

Özden Gökdemir<sup>1)</sup>, Ülkü Bulut<sup>2)</sup>, Ana Luisa Cabrita<sup>3)</sup>, Renata Pavlov<sup>4)</sup>, Seval Yaprak<sup>5)</sup>, Ceren Akkol<sup>6)</sup>

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<sup>4)</sup>Family Practice, Zagreb, Croatia

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**Background:** Partner-perpetrated physical abuse and other forms of violence against women ought to be understood as a human rights violation as also domestic violence effects not only women but also society. Physicians in the front line need to be sensitive and vigilant in identifying both overt and subtle signs of these violations. As such, identification of victims and abusers is vital to prevent further abuse and injury, as well as to compose a healthy society. In many cases of domestic violence in communities having great risk of exposure, socially it is considered normal. Domestic violence often not reported for reasons such as lack of awareness, security, shame and fear. Wounded individuals physically and psychologically, referral to health organizations and judicial authorities in time is important for people health as well as detection of medical evidence.

**Aim of Workshop:** To define the legacy works at primary care center about domestic violence victims and abusers.

**Method:** Discussions will be carried out by forming working groups; (Istanbul Convention) Workshop (Case studies - legal and social aspects of the evaluation) Which countries have rehabilitation programs for abusers and how that program look like? Experiences with any of rehabilitation programs; do they think it makes any sense to have rehabilitation programs? What are they suggesting? Solutions to improve the possibilities of coordination and cooperation and functionalized

**Conclusion and Evaluation:** We believe that with this workshop producing solutions which contribute to the production by demonstrated the problems and experience. The results will be presented as a declaration.

## Oral Communication

### SUICIDALITY -DOCTORS VERSUS OTHERS

Otakar Ach-Hübner

*MUDr. Otakar Ach-Hübner, General Practitioner, Mendlovo nám. 17, Brno 3, Brno, Czech Republic*

**Introduction:** Suicidality is cardinal problem of the past, present and future. A lot of people don't accept fact, that theirs live is different that their ideas. It concerns men (5men to 1women) including doctors.

**Objective:** The signifiant part of probands suffer from London's DEMON ALCOHOL, which gradually devastates a personality, leads to serious partner and labore problems and failures in life roles. This probands mostly prefere TS by train crossing. Another group are people with excessive load of responsibility or even failing. This includes the stories of teacher-businessman, gynecologist with Parkinson's disease, stomatologist with extragonadal seminoma. Story of heads of clinic – surgeons, to deal with bureaucracy and rivals, story of indecisive physician with two pregnant females. Not a minority is cohort of mentally or physically ill seniors, weary of life. This includes old woman with developed ovarian cancer, exhausted otolaryngologist, mechanics suffering PTSD, seniors with dementia. A depressive widow commited suicide by intoxication first, later by jump.

**Methods:** In this retrospective review the author attempts to discuss the reasons for suicide. An important group of probands are doctors, mostly traumatologist, at least physicians for occupational medicine. The control group is no care providers.

**Results:** the seven doctors one half prefer intoxication – drugs/ gas, two a weapon stab, gunshot, two jump from a height. There are differences between men and women, between physicians and others. A half of members of control group opts strangulation, train crossing, gunshot, intoxication/jump. Women don't prefer the weapon.

## Oral Communication

### BRINGING HIV/AIDS TO PRIMARY CARE: THE EXPERIENCE OF RIO DE JANEIRO

Bernardo Alves<sup>1,2</sup>, Elyne Engstrom<sup>3</sup>

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<sup>3</sup>*National School of Public Health, Rio de Janeiro, Brazil*

**Introduction:** HIV/AIDS has long been an infectologists-dominated field. In the past decades, however, solid national health systems have progressively invested in Primary Care as a setting for diagnosis, treatment, first-contact care and care management. Brazil's Unified Health System has begun following a similar trend. Rio's recent municipal health policy has taken similar steps in order to cope with the city's difficult situation regarding HIV/AIDS: incidence and lethality ratios twice the national average, high HIV/TB co-infection rates and low adherence to antiretroviral therapy (ART).

**Objective:** We intend to analyze the process of shifting HIV/AIDS care in Rio towards the Primary setting, its facilitating factors, main difficulties, and current status as ongoing health policy.

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**Methods:** We studied interviews made with policy-makers involved, analyzing the main factors cited as having interfered with this transition, and secondary data related to: coverage of Primary services, diagnostic tests and integration with infectologists in the secondary level.

**Results:** Policy-makers have consistently cited the expansion in coverage of Family Medicine services (currently 70% of Rio's population) as an important factor for placing HIV/AIDS care in the primary setting. Additionally, availability of diagnostic tests in Primary Health institutions, standardization of pharmacological first-line treatment and tailored care protocols were mentioned as having eased the acceptance of family physicians into getting more involved with treating their HIV-positive patients. Main difficulties cited were: lack of clear objectives in the transitioning process, need for improving primary healthcare professional's skills in treating HIV/AIDS and resistances from infectologists and part of the HIV-positive patient community.

## Oral Communication

### A EUROPEAN PROJECT TO RESEARCH A HUMAN-LIKE COMMUNICATIVE AGENT TO OVERCOME LINGUISTIC BARRIERS AND ENSURE HEALTH ASSISTANCE

Lehdia Mohamed Dafa, Chiara Baudracco, Ana Moreno Moragas, Carles Llor Vila, José Miguel Bueno Ortiz, María Fernández  
*SemFYC, Barcelona, Spain*

**Introduction:** The European project KRISTINA researches communication technologies to ensure health assistance for migrants coming to Europe. Migrants often could not speak the language and they are not acquainted with the culture of the resident country. KRISTINA is going to be an agent with social competence and human interaction capabilities able to provide health assistance.

**Objective:** A new technology will run on mobile communication devices ensuring to end-users the linguistic, cultural and emotional support and providing health assistance. The research is focused on expressiveness, human-like gestures, emotional interaction, appropriate reasoning and quick reaction to any inputs received from the human side. The agent will be able to ensure assistance acting as a mediator between the user and the National Health System explaining how to get an appointment with the Family Doctor or Medical Specialist and providing information needed by the user.

**Methods:** The agent will advance the state of the art in dialogue management, multimodal communication analysis (vocal, facial and gestural). Use cases target patients and their families from North Africa and they have been validated around selected topics: baby care, vaccination, pregnancy, anxiety, depression, diabetes, and low back pain. Dialogue examples have been developed for each topic and they have been translated into Moroccan Arabic [dāriya]. Dialogue designs are defined and validated under the ethical perspective including emotions, gestures and feelings.

**Results:** The European project KRISTINA aims to provide an intercultural facilitator, able to ensure assistance among vulnerable migrants by both end-users and health professionals side.

## Oral Communication

### PRIMARY HEALTH CENTER PLAY AN IMPORTANT ROLE TO PROVIDE HEALTH CARE IN THE ERA OF UNIVERSAL COVERAGE IN INDONESIA

Nita Arisanti, Henni Djuhaeni, Sharon Gondodiputro  
*Faculty of Medicine Universitas Padjadjaran, Bandung, Indonesia*

**Introduction:** Universal coverage (UC) has been adopted and implemented by the government of Indonesia since January 2014 with the aim of providing the access to care for all population. The key role in UC is reducing financial barriers. Apart from reducing the financial barriers, health insurance also influences health care seeking behavior.

**Objective:** The objective was to describe health-seeking behavior of people based on life cycle in 2 districts in West Java Province, Indonesia.

**Method:** This was descriptive study with a sample of 406 households covered by insurance. Data was collected by distributing questionnaire to respondents in study settings such as government primary health centers (PHC), primary care doctors (PCD) and hospitals. Sampling method used was cluster sampling and respondents were selected consecutively.

**Results:** The study findings are most of households with infant and children sought care to PHC (51.75%), pregnant women were more prefer to visit private midwives (52.46%), most of adult patients sought care to PHC and PCD (50.85% and 21.35%) and elderly patients were more prefer to visit PHC (62.1%). The main reason reported from those who sought chosen care was geographical accessibility (58.4%). PHC is closer to their residence. In order to provide accessible health care, government of Indonesia needs to redistribute primary care doctors as gatekeeper more closely to people in community.

**Conclusion:** In the era of UHC, PHCs have important role as gatekeeper to provide health care for people seeking health care.

## Oral Communication

### THE MAIN REASONS FOR FAILURE IN DIAGNOSTICS OF CANCER

Otakar Ach-Hübner  
*MUDr. Otakar Ach-Hübner, General Practitioner, Mendlovo nám.17, Brno, Czech Republic*

**Introduction:** Author aims to make an evaluation of the most frequent mistakes in oncology diagnostics. He focuses on aspects of nonspecific oncological symptoms, paraneoplastic syndromes, oversights of "red flags" of non-diagnosed tumors.

**Objective:** The contribution examines cases of wrong diagnostics of multiple myelomas with pathological fractures at University or Municipal hospitals, sarcoma of shoulder girdle, extragonadal germinoma, colorectal cancer associated with back pain, Pancoast tumor of pulmonary apex, undetected hepatocellular cancer at Cancer centre.

**Methods:** Cases of 230 both living and dead patients were studied. The most frequent mistakes were deduced. The author used his own patients including examined dead bodies in pursuance of medical service at First Aid Station at Trauma Hospital of Brno. Oncological cases of colleagues from the service were studied too.

**Results:** One third of all people contracts cancer during their lifetime. Therefore, correct and early diagnosis of tumors should be priority. Author noticed diagnostics problems of both specialists and general practitioners. Superspecialisation in solid tumors is not good for early diagnosis of haematooncological diseases. Commercial preventive examination of patients at

COC associated with incomplete diagnosis may be risky and create a false notion of security of examined patients.

## Oral Communication

### **BELIEFS, PERCEPTIONS AND BEHAVIORS TOWARDS CHRONIC LUNG DISEASES IN A ROMA POPULATION IN GREECE: EXPERIENCE FROM THE 'FRESH AIR' PROJECT**

Dimitra Sifaki-Pistolla<sup>1</sup>, Evelyn A. Brakema<sup>2</sup>, Vasiliki-Eirini Chatzea<sup>1</sup>, Andreas Karelis<sup>1</sup>, Marilena Anastasaki<sup>1</sup>, Antonios Bertias<sup>1</sup>, Ioanna Tsiligianni<sup>1</sup>, Sophia Papadakis<sup>1</sup>, Charlotte C. Poot<sup>2</sup>, M.J.J. (Rianne) van der Kleij<sup>2</sup>, Christos Lionis<sup>2</sup>, Niels H. Chavannes<sup>2</sup>

<sup>1</sup>*Clinic of Social and Family Medicine, University of Crete, Heraklion, Greece*

<sup>2</sup>*Department of Public Health and Primary Care, Leiden University Medical Center, Leiden, Netherlands*

**Introduction:** Chronic lung diseases (CLDs) contribute substantially to health inequalities among deprived populations. Implementation of evidence-based interventions requires knowledge of local contexts.

**Objective:** This study explores the beliefs, perceptions and behaviors towards CLDs in a Roma population in Crete, Greece.

**Methods:** This study was part of the Horizon2020 'FRESH AIR' project. In a Roma setting, 15 Community Members (CMs), 4 Key Informants (KIs) and 4 Healthcare Professionals (HPs) were purposively selected. A 'Rapid Assessment' process was used to collect data. A multidisciplinary team performed several qualitative research techniques (focus groups, interviews, questionnaires, observations of households and clinical consultations). Data were triangulated and preliminarily analysed daily, monitoring data saturation and allowing for iterative adjustments of planning, methods, tools, themes and informants. This enhanced the optimal fit to local circumstances and emerging opportunities. Tools and analyses were guided by a theoretical framework, adopted from the explanatory model, health belief model and theory of planned behavior.

**Preliminary Results:** Among CMs, the term COPD was unknown, while asthma was described as a severe disease. Awareness of early stages of both diseases was poor. Financial issues, social stigma and norms, racism experienced in hospitals and low health literacy were identified as barriers for health seeking behavior. The ability of HPs and KIs to reach the population relied on trust. Trust was established over years, after which HPs and KIs became influential in supporting and motivating CMs. These insights are essential for enhancing healthcare provision, minimizing the translational gap and developing a successful approach against CLDs.

## Oral Communication

### **WHAT WE TALK ABOUT WHEN WE TALK ABOUT INTERMEDIATE CARE**

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**Background:** Intermediate care (IC) is an emerging concept in primary health care. Searching Medline through Pubmed “IC facilities” are institutions that provide health related care and services to individuals who do not require the degree of care which hospitals or skilled nursing facilities provide, but require care and services above the level of room and board. Moreover, authors use the term IC when describing a less advanced type of intensive care medicine, making the world of intermediate care a conundrum worthy to be faced.

**Aim of the Workshop:** To discuss the meaning of IC and if we can highlight differences between cultures and analyse possible perspectives and development of this concepts. In particular we will investigate among GPs: 1) IC definition and insight 2) GP’s role in IC: differences in GP curriculum, lack in their education programs (CME) 3) best recognized practice among Europe

**Methods:** Two workshop sessions (lasting 2 hours) will be organized: in the first a recognition of the literature will be presented and discussed with other participants; in the second strategies to develop IC education in GP curriculum will be compared.

**Results and Conclusions:** A conceptual map of IC will be created and presented together with a Prague Statement about IC, highlighting the emerging role of GP in this field.

## Oral Communication

### POVERTY DETECTION IN PRIMARY CARE AND ITS RELATION TO DISEASE AND USE OF HEALTHCARE SERVICES

Francisca Rivera Casares<sup>1)</sup>, Daniela Florentina Pruteanu<sup>2)</sup>, Silvia Pérez López<sup>1)</sup>, Georgina Oliver<sup>1)</sup>, Tamara Puerto Rodrigo<sup>1)</sup>, María Moscardó Suay<sup>1)</sup>, Noelia Pastor<sup>2)</sup>

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**Introduction:** There is a validated question used in primary care that detects poverty: Can you reach the end of the month on your income?

**Objective:** To evaluate if patients with economic problems have more health conditions and utilize more healthcare services.

**Methods:** We evaluated 1034 patients from two healthcare centres (HCC). We asked if any of them could not reach the end of the month within the past 12 months. They signed consent forms. Data was extracted from electronic medical records used by GPs and hospitals.

#### Results:

-23 of 1034 patients refused to partake. Total of 1011:

-39.5% males, mean age 57 years.

-Patient distribution between HCC: 46.7%-53.3%.

-38.6% experienced economic problems.

-Chronicity: 44.6% mild complexity, 5.7% high level.

-Patients with economic problems are younger (53/59yo,  $p<0.0001$ )

-No differences in:

Gender (women 62.8%/58.6%,  $p=0.18$ )

Chronicity ( $p=0.5$ )

Diabetes (19.5%/20%,  $p=0.8$ )

Asthma (5.4%/6%,  $p=0.7$ )

COPD (6.9% /6.9%,  $p=0.9$ )

Ischemic cardiopathy (4.9%/5.5%, p=0.7)

Stroke (1.8%/3.2%, p=0.2).

Poverty is associated with lower:

-Malignant neoplasms (7.9%/11.9%, p=0.04)

-Hypertension (40.5%/48%, p=0.02)

-Heartfailure (1.3%/3.9%, p=0.02)

And higher:

-Anxiety disorder (43.1%/32.4%, p=0.001)

-Depression (20.3%/10.5%, p<0.0001)

-Psychosis (1.3%/0.2%, p=0.02)

-Alcohol abuse (5.6%/2.1%, p=0.003)

-Drugs abuse (2.8%/0.6%, p=0.005)

-Prescription of psychotropics (37.7%/28.3%, p=0.002).

Those with economic problems have more visits to:

-GPs (7.45/6.61 visits, p<0.01)

-Specialists (4.1/3.5 visits, p=0.05)

-Emergency rooms (0.93/0.53 visits, p<0.0001)

-Image tests (1.96/1.59, p=0.03)

But no differences in:

-Off-hours shifts visits (0.9/0.8 visits, p=0.06)

-Hospital admissions (0.16/0.14, p=0.6)

-Blood tests (1.84/1.79, p=0.7)

**Conclusions:** Poverty is strongly associated with young age, psychiatric problems and use of alcohol, drugs and psycotropics. These patients use more appointments with GPs, specialists and emergency rooms.

## Oral Communication

### DOMESTIC VIOLENCE REPORTS AND MANAGEMENT AT PRIMARY CARE

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**Introduction:** Physical abuse and other forms of violence against women ought to be understood as a human rights violation. Domestic violence effects not only women but also society. Child abuse, sexual and domestic violence are among the most destructive experiences afflicting women and children that result to physical, behavioral, psychological, and economic consequences. Identification of victims is vital to prevent further abuse and injury, as well as to manage the patient.

**Objectives:** To define the how the legacy works at primary care center about domestic violence victims.

**Methods:** The forensic reports of primary health care centers from Isparta, Izmir, Konya and Nevşehir are targetted from 2011 till 2016. Descriptive cross-sectional study pattern is planned.

# 22<sup>nd</sup> WONCA Europe Conference

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**Results:** This is an ongoing project. The results of Sarkikaraagac State Hospital 2016 are evaluated; 20 cases were reported till November 2016. All cases were women; 65% of them has relatives with them when they attend the hospital; 65% were educated from primary school, 75% were not using cigarettes, none of them were using alcohol; crime scene was 90% their home; all abusers were men and 80% of them were their partners (husband-fiancee). Only 5% of the victims received help. Children were also tortured (45%) and 45% of them were girl. Children witnessed the crime (45%), this torture was going on at least a year (70%) and violence was increasing (80%). 70% received death threat, 30% non-consensual sexual intercourse were reported. All of them were reported to police but 70% of them were afraid of going home. Almost all of the the victims (95%) were in fear.

## Oral Communication

### REACTION TO POLITICAL AND SOCIOECONOMIC TRANSITION AND SELF-PERCEIVED HEALTH STATUS IN THE ADULT POPULATION OF GJILAN REGION, KOSOVO

Musa Qazimi, Zejdush Tahiri

*Main Family Medicine Center, Gjilan, Kosovo*

**Introduction:** The objective of our study was to assess the association of reaction to political and socioeconomic transition with self-perceived general health status in adult men and women in a region of Kosovo, a post-war country in the Western Balkans which has proclaimed independence in 2008.

**Methods:** This was a cross-sectional study carried out in Gjilan region of Kosovo in 2014, including a representative sample of 867 primary health care users aged  $\geq 35$  years (419 men aged  $54.3 \pm 10.9$  years and 448 women aged  $54.0 \pm 10.1$  years; overall response rate: 87%). Reaction to political and socioeconomic aspects of transition was assessed by a three-item scale (trichotomized in the analysis into positive attitude, intermediate attitude, and negative attitude towards transition), which was previously used in the neighbouring Albania. Demographic and socioeconomic data were also collected. Binary logistic regression was used to assess the association of reaction to transition with self-rated health status.

**Results:** In crude/unadjusted models, negative attitude to transition was a “strong” predictor of poor self-perceived health (OR=2.5, 95%CI=1.7-3.8). Upon multivariable adjustment for all the demographic factors and socioeconomic characteristics, the association was attenuated and was only borderline statistically significant (OR=1.6, 95%CI=1.0-2.6, P=0.07).

**Conclusion:** Our findings indicate an important association between reaction to transition and self-perceived health status in the adult population of the newly independent Kosovo. Policymakers and decision-makers in post-war countries such as Kosovo should be aware of the health effects of attitudes towards political and socioeconomic aspects of transition, which is seemingly an important psychosocial factor.

## One slide - 5 minutes presentation

### HEALTH AND CHARITY PROJECT FOR THE HOMELESS CHILDREN OF KUALA LUMPUR

Nur Amani Tajuddin<sup>1)</sup>, Firdaus Hariri<sup>1)</sup>, Haireen Hadi<sup>1)</sup>, Mohammad Nazri Md Shah<sup>1)</sup>, Nurainul Hana Shamsuddin<sup>2)</sup>, Saharuddin Ahmad<sup>3)</sup>, Mohd Nahar Azmi Mohamed<sup>1)</sup>, Ahmad Ihsan Abu Bakar<sup>1)</sup>, Azura Mansor<sup>1)</sup>, Mohazmi Mohamed<sup>1)</sup>

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**Introduction:** Sekolah Bimbingan Jalinan Kasih (SBJK) is special in that it schools the homeless, without formal documentation and the socially problematic. The children here are generally poor, and are taught a non-conventional curriculum, focusing more on literacy and skills essential to independent living. Though funded by the Malaysian Ministry of Education, we as medical practitioners could humbly contribute, especially pertaining to health-related issues. This charity project came about after a group of us realised that our knowledge and services were not limited to the University or Hospital, but could potentially go beyond, with benefits extending to all levels of society.

**Objective:** We aim to educate these homeless children for a long-term basis on health-related issues, provide basic medical assistance (via medical checkups), and function as a conduit to dispense donations to the students in the form of packed food and hygiene kits.

**Methodology:** Permission to conduct the project was obtained by the medical faculty dean and school principal. Multidisciplinary health professionals from three different Malaysia universities and facilitators conducted zumba, health talks, dental screening and treatment and de-worming program, anti-lice and anti-scabies shampoo to each child. Data were obtained on numbers of disease they have according to each health station.

The children received packed food, hygiene packs and food basket each at the end of each program for them to share with their families.

**Results:** This program has eliminated scabies, head lice and dental caries in more than 70% of the homeless children and has provided sustainable food and hygiene needs.

One slide - 5 minutes presentation

## TREATMENT OF COMMON COLD IN SCHOOL CHILDREN - THE DIFFERENCE IN TREATMENT - FAMILY DOCTORS VS PEDIATRICIANS

Sanda Kreitmayer-Pešić, Muamera Mujčinagić-Vrabac, Olivera Batić-Mujanović  
JZNU DOM ZDRAVLJA TUZLA, TUZLA, Bosnia and Herzegovina

**Introduction:** Infections of the upper respiratory tract, or the common cold, are very common health problems in the family doctor's office. Due the fact that they cause significant absenteeism of children from school, they are a significant public health problem.

**Objective:** As family doctors, located in the School Dispensary space, we often have the opportunity to examine school-age children. Noticing differences in the treatment of the common cold, we decided to examine 200 medical records and note the differences.

**Methods:** In this retrospective study we included 200 medical records of children who, during November and December 2016, in addition to the doctor in the Department for school children, were also examined by the family doctor.

**Results:** We examined 200 medical records of primary school children, aged 7-14. During the two observed months, children were brought to the doctor an average of 5 examination, of which at least two carried out by a family doctor. It was found that in 174 medical charts, children were prescribed antibiotic therapy only on the indication - cough, without having recorded information on fever, throat examination and palpation of the lymph nodes, and auscultatory findings of the lungs. In all 200 medical records, a complete physical examination was registered with only when the child was examined by family doctors. Family physicians

were not prescribing antibiotics, but symptomatic therapy, if it wasn't required by clinical findings and body temperature did not exceed 38.5 degrees Celsius.

Family doctors apply latest guidelines in treating upper respiratory tract infections, as well as common cold and don't missuse antibiotics.

**One slide - 5 minutes presentation**

## **BEHCET'S DISEASE AND AGENESIS OF INFERIOR VENA CAVA, DOUBLE ETIOLOGY OF ILLNESS RECURRENT VENOUS**

Laura López Puerta, Joaquin Pousibet Puerto, Nuria Navarro Aparicio, Beatriz Guerrero Barranco

*Hospital Poniente, Distrito Poniente, El Ejido, Almería, Spain*

**Introduction:** Behcet's disease is a multisystem vasculitis of unknown origin whose classical triad is: oral thrush, genital ulcers and uveitis. Sometimes venous thromboembolic may be the first manifestation.

**Objective:** Remind vascular lesions of Behcet's disease that occur in one third of patients, mainly in the form of superficial thrombophlebitis and less frequently DVT. Embolism and pulmonary infarction (5%) are rare. In the literature have been reported two cases of malformation of VCI and Behçet disease.

**Method:** Patient 20 year-old from Morocco. As the patient was 16 years old, he suffered right ileofemoral DVT without trigger. He was then anticoagulated with INR 2-3 and two years later he suffered left iliac DVT. Eight months later he suffered of a third left common femoral DVT. In both cases under an optimal level of anticoagulation. In this episode was made a thoraco-abdominal CT with splenomegaly, collapse of inferior vena cava from the output marked renal veins and venous collateral circulation in both iliac regions. The patient also recognized oral thrush and recurrent genital in recent years. Blood test results showed heterozygous state for the factor XII. Anticoagulation was modified to get INR 3-4 and added AAS 100 mg /day. One year later showed up a fourth bilateral common femoral DVT and pulmonary thromboembolism coinciding with severe outbreak of oral and genital ulcers.

**Results:** We are facing a case of Behcet's disease , which meets criteria, also venous agenesis of the infrarenal segment of the inferior vena cava.

**One slide - 5 minutes presentation**

## **PRIMARY BILIARY CIRRHOSIS AND SJÖGREN SYNDROME ARE ASSOCIATED.**

Laura López Puerta, Joaquín Pousibet Puerto, Beatriz Guerrero Barranco, Nuria Navarro Aparicio

*Hospital Poniente, Distrito Poniente, El Ejido, Almería, Spain*

**Introduction:** Primary biliary cirrhosis is a chronic progressive disease of the liver caused by a gradual destruction of the intrahepatic bile ducts. The origin is unknown. Sjögren syndrome (SS) is a self-immune illness of multiorganic affectation, distinguished by the dryness of general mucous membranes and extra glandular affectations such as arthritis, Raynaud phenomenon and hepatic affectation among others. SS is associated with hepatic abnormalities: abnormal biochemical tests and histologic changes of primary biliary cholangitis or autoimmune hepatitis. The hepatic function test abnormalities may be

hepatocellular or predominantly cholestatic in pattern and are persistent in 5 to 26 % of patients.

**Objectives:** PBC diagnostic showed a Sjögren syndrome that appeared some months before. The importance of realizing an exhaustive physical examination could bring us the information for evaluating a global autoimmune manifestations.

**Method:** Patient 27 years-old from Colombia attends for pain at right hypochondrium, fever, itching, weight loss, choluria and acholia of three days of evolution. She refers dyspareunia, eyes and oral dryness. Xanthelasmas, and jaundice. In blood test is visualised: hypertransaminasemia, elevated alkaline phosphatase, negative liver serology and negative HIV, autoimmunity study: positive ANA, antimitochondrial antibodies high titre, anti-Ro, positive anticentrómero. Abdominal ultrasound: adenopathic conglomerate with a 3 cm diameter evidenced adjacent right iliac vessels.

**Results:** if there is no extrahepatic biliary obstruction, no comorbidity affecting the liver, and at least an alkaline phosphatase at least 1.5 times the upper limit of normal, presence of antimitochondrial antibodies (AMA) at a titre of 1:40 or higher, Primary biliary cholangitis is rare.

One slide - 5 minutes presentation

## INFORMATION ATTITUDES AND BEHAVIORS ABOUT THE DOMESTIC VIOLENCE AGAINST WOMEN OF ASSISTANT PHYSICIANS WORKING IN A MEDICAL SCHOOL HOSPITAL IN

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**Introduction:** Violence against women is an important public health problem. Although the level of knowledge about domestic violence against women is adequate for health workers, the studies that have been done indicate that the approaches of violence are parallel to the social prejudices.

**Objective:** The aim of this study is to evaluate the knowledge, attitudes and behaviors of assistant doctors regarding domestic violence against women and to increase awareness about domestic violence against women

**Methods:** The study is a survey study. The survey was conducted with 130 assistant physicians who agreed to participate in a medical faculty in Izmir.

**Results:** The mean age of the participants was  $28.82 \pm 3.70$ , 53.1% (69) were male and 44.6% (58) were married. 26.2% (34) of participants were trained on domestic violence during medical school education and 16.2% (21) were trained after graduation. 90% of the participants (117) were suspected of domestic violence with expressions not compatible with the lesion; 60% (78) were suspected of domestic violence because of psychosomatic complaints. When faced with the domestic violence cases, 60.8% (79) responded to the judicial authorities and 26.2% (34) responded to the NGOs. Sixty percent (78) of the participants had experienced domestic violence throughout their professional life. 69.2% (54) reported physical violence, 69.2% psychological violence. Regarding domestic violence,

14.6% (19) described themselves as adequate and 33.8% (44) as inadequate. 92.3% (120) of the participants reported that they needed training on domestic violence.

Physicians should be aware of domestic violence against women and should receive training

## Oral Communication

### COMMUNITY- AND MHEALTH-BASED INTEGRATED MANAGEMENT OF DIABETES IN PRIMARY HEALTHCARE IN RWANDA (D<sup>2</sup>RWANDA): THE STUDY PROTOCOL

Jean Paul Uwizihiwe<sup>1</sup>, [Charilaos Lygidakis](#)<sup>2</sup>, Claus Vögele<sup>2</sup>, Jeanine Condo<sup>3</sup>, Conchita D'Ambrosio<sup>2</sup>, Per Kallestrup<sup>1</sup>

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<sup>3</sup>Rwanda Biomedical Centre, Kigali, Rwanda

**Introduction:** The diabetes mellitus (DM) prevalence in Rwanda is estimated at 3.5%. In 2013, there were only one medical doctor and one nurse per 15,000 and 1,200 people respectively in Rwanda. A new programme employing frontline workers (Home-Based Community Practitioners (HBCPs)) is currently piloted, aiming at following-up patients with non-communicable diseases in their communities.

We hypothesise that the management of DM at community level will improve following the introduction of a HBCP programme with regular monthly assessments and disease management, coupled with integration of a mobile health (mHealth) application with patient diaries, notifications and educational material.

**Objective:** The aim of the study is to determine the efficacy of such an integrated programme in Rwanda.

**Methods:** The study is designed as a one-year, open-label cluster trial of two interventions (arm1: HBCP programme, arm2: HBCP programme + mHealth application) and usual care (control). The primary outcomes will be changes in glycated haemoglobin levels and health-related quality of life. Mortality, complications, health literacy, mental well-being and treatment adherence will be assessed as secondary outcomes. Measurements will be conducted at baseline, 6 and 12 months. An intention-to-treat approach will be used to evaluate outcomes. Before trial onset, ethical approval will be sought in Rwanda, Luxembourg and Denmark, and a cross-cultural adaptation of questionnaires and a pilot will be carried out.

**Relevance:** The project will provide evidence on the efficacy of innovative approaches for integrated management of DM and may spur the development of similar solutions for other chronic diseases in low-resource settings.

## Oral Communication

### PROVIDING COMPREHENSIVE, AFFORDABLE, COMPASSIONATE AND HOLISTIC PRIMARY HEALTH CARE (PHC) TO REFUGEES AND MIGRANTS IN GREECE

[Enkeleint-Aggelos Mechili](#)<sup>1</sup>, Kathryn Hoffmann<sup>2</sup>, Christos Lionis<sup>1</sup>

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<sup>2</sup>Department of General Practice and Family Medicine, Center for Public Health, Med. University of Vienna,, Vienna, Austria

**Introduction:** The “EUR-HUMAN” project aimed to enhance the capacity, knowledge and expertise of Primary Health Care’s (PHC) service providers in European member states, who accept refugees/migrants, in order to better address their health needs, safeguard from risks and minimize cross-border health risks.

**Objectives:** The aim of this paper is to describe the experience of providing comprehensive, affordable and compassionate services to this vulnerable population in Greece.

**Methods:** Training material was developed based on direct communication with refugees, PHC providers and stakeholders and as well as a systematic literature search. Additionally, seven training lecture videos in Greek on different topics to support the training of multidisciplinary PHC teams were developed. A multidisciplinary team was trained via GoToMeeting by two experts, while an electronic health care record based on the IOM personal health records and the available Greek existing electronic patient records system was developed. All the above, were implemented and tested in a three day pilot intervention phase at one refugee/migrant hosting centre in Mytilene island.

**Results:** In total 30 refugees/migrants participated who were informed about their health status and the necessity of the proposed treatment. Some were referred to specialists and all received information in order to improve health literacy and to promote their general health status. Many women received information about the importance of contraception methods and about the sexual transmitted diseases. Furthermore, information on the importance of breastfeeding and the risks during peri- and post-natal phase were provided. Mental health status was assessed with the RHS-13 screening instrument.

One slide - 5 minutes presentation

## SICKLE CELL DISEASE SUB- SAHARAN AFRICAN

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*Hospital Poniente, distrito Poniente, El Ejido, Almería, Spain*

**Introduction:** Sickle cell disease is the most common worldwide hemoglobinopathy. Sickle cell disease or sickle cell trait is its heterozygous form and has traditionally been considered asymptomatic carrier state, with normal erythroid parameters, although in certain situations can lead to clinical manifestations.

**Objective:** Study risk for bone complications in patients who are frequently exposed to episodes of dehydration and hypoxia.

**Methods:** Case 1: 33-years-old patient, from Senegal, with no interesting medical history. Worker in greenhouses. He referred symptoms of bilateral coxalgia developed since two years, diagnosed in a bilateral avascular necrosis of the femoral heads. The hemogram, the biochemistry and the study of hypercoagulability did not show any alteration. During the physical examination the need of a support to walk was stressed. The early diagnosis of haemoglobinopathies confirmed a sickle cell trait, (36.5% of Hb S). In the Magnetic Resonance Imaging it was possible to observe avascular necrosis on both femoral heads. Case 2: 30-years-old patient, from Gambia, with no significant medical history. Greenhouse worker. Referred a year of evolution of a right coxalgia. The haemogram showed microcytosis and hypochromia with normal haemoglobine. The biochemistry and the study of the hypercoagulability was normal. In the screening of structural haemoglobinopathies it was

possible to detect a sickle cell trait (40.7% of Hb S). In the MRI it was possible to observe a point of infarct on the right femoral head.

**Results:** We consider important to exclude the existence of structural hemoglobinopathies, although with normal blood count, in patients with avascular necrosis, mainly sub-Saharan Africa.

## Oral Communication

### WHOLE INSTITUTION APPROACH TO FAMILY PLANNING IN RURAL UGANDA

Claire Marie Thomas<sup>1,2,3</sup>, Ceri Gallivan<sup>3,1,2</sup>, Clare Goodhart<sup>1,2</sup>, Sarah Uwimbabbazi<sup>3,2</sup>

<sup>1</sup>Royal College of General Practitioners, London, United Kingdom

<sup>2</sup>USHAPE (Ugandan Secular Health and Pastoral Education) Project, Kanungu, Uganda

<sup>3</sup>Bwindi Community Hospital, Kanungu, Uganda

**Introduction:** Family planning saves lives through reduction of maternal and child mortality and disruption of the cycle of poverty. Current training models remove a healthworker from their institution to be trained and return them to the institution to take on sole responsibility for implementation. This poses many challenges for establishing effective supply and demand. The healthworker is surrounded by colleagues that have little or no training in family planning. In practice many of them may propagate myths and misconceptions from the surrounding community. The family planning department tends to be located in maternity, thus stigmatising and inhibiting many vulnerable groups from accessing services, such as teenagers, unmarried women and sex workers. Opportunities for identifying unmet need for family planning are subsequently missed by other health workers in other departments.

**Objective:** Through applying a 'Whole Institution Approach' we aim to reduce unmet need for family planning to below 20% in Bwindi Community Hospital in rural Uganda.

**Methods:** The 'Whole Institution Approach' combines the following elements to affect behavioural, attitudinal and cultural change towards family planning:

- 1) Basic training for all hospital staff: enabling them to become educated Advocates of Family Planning
- 2) Comprehensive training for selected clinical staff across all clinical departments: enabling them to become effective Providers of Family Planning
- 3) On going vocational supervision of providers to gain competencies in fitting IUDs and implants and delivering health education talks
- 4) Institution wide screening for unmet need and subsequent referral to a provider

**Results:** Over 2 years unmet need has been reduced from 40% to between 16 and 22%.

## One slide - 5 minutes presentation

### GLOBAL WARMING – PERCEPTIONS IN THE WAITING ROOM OF A FAMILY DOCTORS' OFFICE

Ralph Guggenheim<sup>1</sup>, Noga Guggenheim<sup>2</sup>

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<sup>2</sup>Bar Ilan University School of Social Work, Ramat Gan, Israel

**Introduction:** Trying to cope with global warming has recruited the medical community in many countries. Encouraging an ongoing dialogue with patients on this issue may be an important component of dealing with it, which has not received much attention. Generally, the physician's waiting room may have the potential to be a place for a dialogue for a wide variety of issues; as a resource, it has been underutilized.

**Objective:** We questioned persons in a family physicians' waiting room at the end of a hot summer, with the purpose of inquiring into their perceptions and views of the heat and its personal and general repercussions.

**Method:** A qualitative phenomenological study based on a questionnaire, presented to persons in the waiting room of a practice of family physicians. There were 46 participants for the data analysis.

**Results and discussion:** The summer heat was perceived as bringing physical and psychological discomfort for the study population. Many connected this to climate change, mostly in pessimistic terms and often with personal interpretations on how to deal with the change. The study showed a readiness by people in the physicians' waiting room to cooperate with a questionnaire they were presented with, not necessarily on issues of their health. The responses seem to carry a message in favor of more active coping with global warming as a serious universal problem. Another inference may be, that involvement of the medical community can promote the dealing with global warming at the local level.

## Oral Communication

### ONE DAY WITH YOUR DOCTOR, THIRD EDITION 2017, A LIFESTYLE INTERVENTION LED BY FAMILY DOCTORS

Martin Sattler<sup>1)</sup>, Raquel Gómez Bravo<sup>2)</sup>, Monique Aubart<sup>1)</sup>, Marie Barth<sup>1)</sup>, Nico Hass<sup>1)</sup>, Siggy Rausch<sup>1)</sup>, Patrick Tabouring<sup>1)</sup>, Claus Vogele<sup>2)</sup>, Max Haag<sup>3)</sup>

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**Introduction:** General Practitioners (GPs) typically promote lifestyle changes such as modifications in dietary habits, smoking, alcohol consumption and physical activity. According to the literature, brief interventions carried out by GPs can be effective. The first two pilot projects were carried out on 19th May 2015 and 2016 on the World Family Doctor Day in Luxembourg. The third edition is planned for 2017 and results presented WONCA 2017 conference.

**Objective:** The aim of this project is to improve the quality of the doctor-patient relationship and GPs function as role models, thereby empowering them to better promote behavioural changes.

**Methods:** On 19th May 2017 the Luxembourgish Scientific Society of Family Physicians, in cooperation with other public stakeholders (Luxembourgish Health Ministry, the University of Luxembourg, trainees in Family Medicine, medical students) and patients will run the Intervention "One Day with Your Doctor" on a larger basis than 2015 and 2016.

The programme will include different booths:

- (1) Open Air Cooking session
- (2) Physical activity, (3) A reanimation marathon
- (4) A teddy clinic for children

(5) Booth for vitals and sexual education for adolescents

Participants were invited directly by mailing and social media channels.

Participants were asked to complete questionnaires during the intervention.

**Results 2016:** N=45 Average data, age 45.5, Height 1.69, Weight 68.3, BMI 23.9, PA (met.min/week) 908 1002 0 3720, Meals / Day 3.3, Fruits/vegetable per day 3.2, Persons cooking (per day) 1.4, eating in restaurant (per month) 4.1, eating fast food (per month) 2.2, sex 21 males 23 female 1 missing data, Healthcare professional 16 yes 29 no, Chronical disease 14 yes, 31 no. No significant differences between inactive and active participants were found.

One slide - 5 minutes presentation

## HEALTH LITERACY IN CZECH POPULATION - NEW CHALLENGE FOR PRIMARY CARE

Markéta Pfeiferová<sup>1)</sup>, Zdeněk Kučera<sup>2)</sup>, Bohumil Seifert<sup>1)</sup>

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<sup>2)</sup>*Czech Health Literacy Institute, Prague, Czech Republic*

**Introduction:** Health literacy survey was carried out at the end of 2014 in the context of the preparation of implementation strategy of the Program Health 2020 in the Czech Republic. The survey was conducted by the National Institute of Public Health with financial support from Ministry of Health and the Czech WHO office.

**Methods:** Sociological survey replicated comparative research conducted in eight EU countries in the first half of this decade. The representative survey of 1037 respondents in the age over 16 years, selected in all regions of the country. The identical methodology as used in the original study was utilized. Health literacy was measured in the areas of health care, diseases prevention, and health promotion.

**Results:** We found that 59,4 % of respondents showed limited general health literacy; health literacy in health care is proved to be 49,5 % of the population, in the area of disease prevention it was 54,1 % respondents, and in health promotion it was even 64,3 % of respondents.

**Conclusions:** Compared to the other countries surveyed, Czech Republic occupies the eighth, penultimate place. Health literacy is correlated negatively with age and positively with education. We found a strong social gradient of health literacy which rises with social status. Health literacy quite significantly influences the health status and health behaviors.

**Keywords:** health literacy, health behavior, health promotion, social determinants of health

## 1.03. Sexually transmitted diseases

Oral Communication

### ANOGENITAL WARTS IN CHILDREN – SIGN OF SEXUAL ABUSE?

Marta Fevereiro, Adriana Oliveira

*USF do Mar, Póvoa de Varzim, Portugal*

**Introduction:** Anogenital warts are manifestations of Human Papillomavirus (HPV) infection. Prevalence in children is unknown, but uncommon. Estimates of the proportion of children with anogenital warts who have been sexually abused are very variable (<10-90%).

**Objective:** Review of the literature about HPV transmission in children, the relationship with sexual abuse and how to manage this clinical problem.

**Methods:** Data were collected using the Pubmed database with the following MeSH terms: “genital warts” and “child abuse” in the last 5 years. International and national guidelines, UpToDate and textbooks were also consulted.

**Results:** There are five routes of transmission of HPV: hetero or autoinoculation, sexual, peri/prenatal, and contaminated objects. The identification of the virus acquisition pathway is complicated due to factors such as: variable incubation period, possibility of latency with subsequent reactivation and serotyping not enough to rule out sexual abuse. Studies in children found that most of the warts were not caused by sexual abuse. The children at risk are: infants over 4 years of age without maternal HPV infection and without a known environment of warts. An individualized and complete evaluation is essential (physical examination, interview with the child and caregivers). Only after this assessment and when there is suspicion of abuse, should bodies of child protection be activated.

## Oral Communication

### ATTITUDE AND PRACTICE OF DUTCH GPs CONCERNING PARTNER NOTIFICATION AND PARTNER TREATMENT FOR CHLAMYDIA

Ingrid Van den Broek<sup>1</sup>, Gé Donker<sup>2</sup>, Karin Hek<sup>2</sup>, Birgit Van Benthem<sup>1</sup>, Jan Van Bergen<sup>1</sup>, Hannelore Gotz<sup>1</sup>

<sup>1</sup>RIVM, Bilthoven, Netherlands

<sup>2</sup>NIVEL, Utrecht, Netherlands

**Introduction:** Chlamydia prevalence remains high despite scaled-up control efforts and recurrent infection frequently occurs.

**Objective:** We investigated the potential of direct partner treatment for chlamydia related to current practice and attitude of GPs towards partner notification (PN) and partner treatment (PT).

**Methods:** Four data-sources were combined. 1) Information on current practice via two short questionnaires at a national GP conference. 2) GPs' attitudes towards PN/PT were explored in a vignette questionnaire study among GPs in NIVEL Primary Care Database (NIVEL-PCD). 3) Quantitative data on (potential) PT were obtained from prescriptions in electronic patient data of NIVEL-PCD. 4) GP recorded questionnaires related to STI consultations in the sentinel practices of NIVEL-PCD.

**Results:** Questionnaires showed that the large majority of GPs (>95%) discuss PN of current and ex-partner(s) with chlamydia-patients. Usually, GPs leave further steps to the patients (83%); partners are rarely treated directly (4%), except when partners are registered in the same practice (16%). In the vignette study, 16-20% of GPs indicated willingness to provide direct PT, depending on patient/partner profile, and 24-45% if possible after patient-initiated PN. Prescription data showed that double dosages of Azithromycin were prescribed in 1-2% of cases. STI consultation data revealed PT in 6/100 cases, via partner prescription or double doses for the index.

**Conclusion:** At present, GPs in the Netherlands rarely treat partners of chlamydia cases directly, except for partners registered in the same practice. GPs may be open to options for direct PT, provided there are clear guidelines to arrange this legally and practically.

## Oral Communication

### DETECTION OF HPV- ZIKV CO-INFECTIONS IN ECUADORIAN WOMEN USING TWO REAL-TIME PCR-BASED METHODS IN CERVICAL CYTOLOGY SAMPLES

Hector Zambrano<sup>1)</sup>, Davy Vanden Broeck<sup>1)</sup>, Gil Mor<sup>2)</sup>, Benjamin Pinsky<sup>3)</sup>, Jesse Waggoner<sup>4)</sup>

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<sup>3)</sup>*Stanford University, Stanford, United States*

<sup>4)</sup>*Emory University, Atlanta, United States*

**Introduction:** Human papilloma virus (HPV) is the cause of cervical cancer. Zika virus (ZIKV) infection during pregnancy has been linked to birth defects. There is limited information about the detection of co-infections with these two pathogens.

**Objective:** To detect the presence of HPV and ZIKV in 109 healthy women (Guayaquil, Ecuador).

**Methods:** All samples were tested for high risk HPV genotypes (HPV-HR) using the Cobas HPV 480 and for ZIKV using a validated, laboratory-developed real-time RT-PCR (the ZCD assay).

**Results:** Patient age range was 22 to 68 years, with a median of 39.34. Of 109 women tested, HPV DNA was detected in 19 (17.43%). Eighteen (16.51%) had positivity for a single marker (HHPV-HR, HPV-16 or HPV-18) while one (0.9%) was infected by HPV-16 and HPV 18. Prevalence of HPV infection was highest among females aged under 45 years (n=13/19 vs 6/19). ZIKV was detected in 18/109 (16.51%). Of the ZIKV positive women, the majority were under the age of 45 (n=13/18 vs 5/18). We found 4 cases of HPV- ZIKV co-infection., Out of the fourth ZIKV positive cases, one woman (age 26) had HPV 18, other woman (age 49) had HPV 16, and two women ( ages 41 and 53) were HPV-HR positive. All the fourth women were asymptomatic for ZIKV infection symptoms.

**Conclusion and Discussion:** The rate of HPV detection in these women was similar to what has been previously reported in Ecuador. These data on ZIKV detection provide additional supporting evidence for female-male transmission and demonstrated to potential utility of screening for ZIKV in cervical cytology specimens. The implications of ZIKV and HPV co-infections is still a matter of study.

## One slide - 5 minutes presentation

### KNOWLEDGE, ATTITUDES AND BEHAVIOURS ABOUT SEXUALLY TRANSMITTED DISEASES AMONG STUDENTS OF A UNIVERSITY IN İZMİR

Halime Seda Küçükerdem<sup>1)</sup>, Ozan Kocaman<sup>2)</sup>, Esra Meltem Koç<sup>2)</sup>, Gulseren Pamuk<sup>2)</sup>, Kurtulus Ongel<sup>2)</sup>

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<sup>2)</sup>*Katip Celebi University, Cigli/Izmir, Turkey*

**Introduction:** Sexually transmitted diseases (STD) are infections caused by microorganisms which are transmitted by sexual intercourse. According to World Health Organization's estimation, every year one of twenty young people is experiencing STD's.

**Objective:** Since there is a common thought that our society does not have enough information about sexually transmitted diseases, this study is designed among the university students, as they are expected to be the educated group of society, in order to assess the knowledge, attitude and behaviours about STD's of them.

**Methods:** The study is designed as a descriptive-cross-sectional study. A survey form is prepared by the researchers parallel to the literature. After approval from the university and acceptance from the students who attend in the study were received, the survey form was applied to students. This study is not completed yet and it's ongoing. Subgroup analyses are performed using appropriate parametric or non-parametric tests.  $P < 0.05$  is considered significant.

**Results:** The mean age of the students ( $n=89$ ) was  $21.83 \pm 2.31$  years of age, 66.3% ( $n=59$ ) of the students were female, and 33.7.0% ( $n=30$ ) were male. Among the students, 67.4% stated that they had received education about sexually transmitted disease. 48.3% of them took this education school lectures and 34.8% of all from the internet. Two of the most well-known sexually transmitted diseases were AIDS in 96.6% ( $n=86$ ) and hepatitis B in 71.9% ( $n=64$ ). The most known symptoms about sexually transmitted diseases were 68.5% ( $n=61$ ) discharge, 52.8 % ( $n= 47$ ) wound and 50.6% ( $n=45$ ) pruritus.Ka

## 1.04. Tobacco, alcohol and drugs

One slide - 5 minutes presentation

### ALCOHOLICS GROUP INTERVENTION: A COLLECTIVE BET IN THE PRODUCTION OF CARE

Erivelto Pires Martins, Ana Rosa Murad Szpilman  
*Vila Velha University, Vila Velha, Brazil*

**Introduction:** The drugs abusive use is one of the main public health problems around the world, with particular emphasis on alcohol.

**Objective:** to promote health and citizenship to alcohol user by using health care as an instrument of action.

**Methods:** Through Conversation Circle methodology with all alcoholics, in periodically meetings, it was discussed a variety of health themes. All participants were individually interviewed; it was performed anamnesis and physical examination, with medical records registration. Finally, the Alcohol Use Disorder Identification Test (AUDIT) was used to investigate the excessive use of alcohol.

**Results:** There were 20 alcoholics, between 29 and 54 years old, 19 men and 1 woman. The activities took place in an empty lot, where the group gather to drink, smoke, talk and play checker. All the participants bring stories of great misfortune in life, which ended up bringing them all together. After simplified oral examination, all the participants were referred to the health unity odontology service. From the AUDIT test, eight were classified with risk level of "Probable addiction". Eight are hypertensive who do not take medicines. One is HIV positive. Three were referred to medical specialties.

**Conclusions:** In order to promote a better follow-up it was noticed that it is essential to constitute a multidisciplinary team composed by doctors, dentists, psychologists, physical therapists, besides the Health Community Agents, and specialists whenever needed. Even further, the alcohol is frequently associated to other diseases, from emotional and family issues, until physiological problems.

## Oral Communication

### UPDATE ON ADDICTIONS AND SUBSTANCE ABUSE

Rita João

*USF Corgo, Vila Real, Portugal*

**Background:** The scourge of the addition and consumption of illicit substances is transversal in the global world in which we live. The success of the Portuguese Model is mainly due to a global and integrated approach to drug addiction where dissuasion, prevention, treatment, risk reduction and harm reduction, and reintegration intertwine, giving a singularity to the intervention.

**Aim of the workshop:** Bridging the pre-graduate gap in the area of addictions and substance abuse and develop strategies for a better approach to this scourge.

**Methods:** After navigating the Portuguese model and theoretical review of the main substances and the effect of their abuse, participants will be divided into groups to discuss clinical cases.

**Results and Conclusions:** After discussion of the main conclusions, the participants will have integrated knowledge, developed strategies of initial approach, with personal gains and for the community in which they are integrated.

## One slide - 5 minutes presentation

### SMOKING HABITS AND ANXIETY LEVELS OF THE FIRST AND SIXTH YEAR MEDICAL FACULTY STUDENTS

Meryem Baştürk<sup>1)</sup>, Mehmet Arslan<sup>1)</sup>, Esra Meltem Koç<sup>1)</sup>, Melih Kaan Sözmen<sup>2)</sup>

<sup>1)</sup>*Katip Celebi University, Faculty of Medicine, Department of Family Medicine, Cigli/Izmir, Turkey*

<sup>2)</sup>*Katip Celebi University, Faculty of Medicine, Department of Public Health, Cigli/Izmir, Turkey*

**Introduction:** Smoking is one of the most common preventable cause of mortality in the world. Number of smokers are increasing worldwide and it is estimated that number of smokers will increase to 1.7 billion. In Turkey, 23% of all deaths are caused by tobacco-related diseases and 110 thousand people die each year due to tobacco-related illnesses. Although emerging lines of evidence are consistent with the significant role of negative effects, such as depression and anxiety symptoms in the initiation and maintenance of smoking behavior, an association with positive mood has also been documented.

**Aim:** Aim of the study is to investigate the relationship between smoking status and anxiety levels of first and sixth year students of İzmir Katip Çelebi University Faculty of Medicine, Turkey.

**Method:** The questionnaire included socio-demographic properties data form, Fageström Nicotine Dependency Scale and State Trait Anxiety Inventory 2 .

**Result:** The mean age of 36 participants from the sixth year students was  $23.6 \pm 0.7$ . 55.3% of them were men. 31.6 % were active smokers or ever smoked. The average score of the STAI 2 form was  $46.3 \pm 5.4$ . Anxiety points didn't show significant difference by gender, smoking status, peer and parents' smoking status. The study is still going on. The results will be presented at the meeting.

## Oral Communication

### CHALLENGES FOR SMOKING CESSATION INTERVENTIONS IN PRIMARY CARE.

Margarida Gil Conde<sup>1)</sup>, Raquel Carmona Ramos<sup>1)</sup>, Ana Oliveira Rente<sup>2)</sup>

<sup>1)</sup>USF Vasco da Gama, Lisboa, Portugal

<sup>2)</sup>USF Jardins da Encarnação, Lisboa, Portugal

**Background:** As family physicians it is our role to invest in health problems with preventable causes and to help our patients in any way possible.

The addictive strength of nicotine (a major component of tobacco) can be compared to that of heroin and cocaine, in that order it is imperative that we consider our smoker patients as drug abusers and provide them with measures that can help to relieve their withdrawal symptoms. The nicotine abstinence syndrome is characterized by anxiety, depression, headache, sleep pattern disturbances, increase in appetite, concentration and memory malfunctions. Having in mind the tremendous difficulty associated with smoking cessation it is paramount that we address some of the most important challenges that we find in our practice.

**Aim of the workshop:** The purpose of this workshop is to develop the themes mentioned above in a perspective of their prevalence in smoking cessation consults and to help physicians deal with the stressful impact that these challenges have in the willpower of our patients.

#### Methods:

Presentations, distribution of handouts and discussion of the following themes:

- Motivating patients and professionals
- Withdrawal symptoms
- Post cessation health problems
- Pharmacological interactions

**Results and Conclusions:** With this workshop is expected that professionals learn to deal with less discussed themes and challenges that can appear in smoking cessation consults. This group of professionals aim to create an environment where it will be interesting to address the different difficulties encountered leaving room for participants to share their experiences and to brainstorm methods for overcoming these obstacles.

## Oral Communication

### PROTOCOL: THIRD-HAND SMOKING KNOWLEDGE AND PRESENCE OF SMOKING RESIDUE IN A TEACHING HOSPITAL AMONG HEALTHCARE WORKERS

Nur Amani Ahmad Tajuddin, Muhammad Ikmal Ahmad Rashideen, Anne Hway Yee, Amer Siddiq Amer Nordin

# 22<sup>nd</sup> WONCA Europe Conference

June 28 – July 1, 2017 | Prague, Czech Republic

[www.woncaeurope2017.eu](http://www.woncaeurope2017.eu)

*Faculty of Medicine, University of Malaya, KUALA LUMPUR, Malaysia*

**Introduction:** Tobacco use is a major cause diseases. More than 10,000 Malaysians die from smoking-related illnesses every year. The Malaysia (GATS) recorded four out of 10 adults were exposed to second-hand smoke at home (7.6 million adults), and four out of 10 were exposed to second-hand smoke at their workplace (2.3 million adults). Among adults who visited a restaurant in the past 30 days, seven out of 10 were exposed to second-hand smoke (8.6 million adults). Residual of tobacco known as third-hand smoke (THS) may remain after a cigarette is extinguished and react with the indoor air pollutant to produce a carcinogenic compound.

**Objective:** The objectives of this study is to first identify the presence of secondhand smoke and thirdhand smoke in a working environment and assess the knowledge about third-hand smoking among healthcare workers in a teaching hospital.

**Method:** Ethical clearance has been approved by the medical ethics committee and this study will be conducted in a tertiary teaching hospital among 282 randomly selected samples of healthcare workers. After thorough explanation and consent received, questionnaire will be administered to participants for demographic data and assessment of third-hand smoking knowledge. The tobacco residue measurement will be measured using an engineering device to monitor the indoor air quality and will be quantified against the smokerlyser based on carbon monoxide level and particulate matter.

**Results:** The hypothesis of poor third-hand smoking knowledge and findings of carbon monoxide and particulate matter in a hospital setting will provide the avenue for further strengthening on smoking ban policy in all hospitals in Malaysia.

One slide - 5 minutes presentation

## WHY DO WE DRINK?

Marta Velgan

*Tartu University Hospital, Tartu, Estonia*

Alcohol is one of most important risk factors of early disease and death in Europe. Excessive alcohol consumption can lead to different health related, psychological and socioeconomic problems. As family doctors it is our job to screen people's alcohol consumption, inform them about the health risks related to excessive alcohol consumption and help them drink less or quit for good. But how often do we ask ourselves why do people drink? Why do our patients drink? Understanding our behaviour, why we consume alcohol can help us as doctors understand our patients better and help people to be healthier. We can also use this knowledge to influence the health policy in our countries to create an environment which supports better choices.

Oral Communication

## PREVENTION OF UNDERAGE DRINKING

Marta Velgan

*Tartu University Hospital, Tartu, Estonia*

In majority of European countries the legal drinking age is 18 years, so usually we tend to think that children don't drink. Nowadays asking adult patients about alcohol consumption is

becoming a normal part of our daily work, but screening children is something that most of us don't do on regular basis. Recently published report of the European School Survey Project on Alcohol and Other Drugs (ESPAD) says that although there's an decrease in underage drinking, 80% of the students have drunk alcohol at least once during their lifetime and every third student reported heavy episodic drinking in the past month. But what concerns the most is that according to the study nearly half of the students reported alcohol use at the age of 13 or younger. Because the brain and other organs are still developing the effect of alcohol on young people is much more devastating. The aim of this workshop is to talk about the beliefs related to underage drinking, to learn why it's so important to prevent children from drinking alcohol in young age and how we as physicians can do that. In our workshop we will discuss what are the main obstacles and what can we do to overcome them. We will also shortly present information on how alcohol affects the developing brain and how we can use this information during our consultations.

## Oral Communication

### EVALUATION OF THE PATIENTS ADMITTING TO A UNIVERSITY HOSPITAL ACCORDING TO PRINCIPLES OF RATIONAL DRUG USE

Burcu Gürhan<sup>1)</sup>, Ayşe Selda Tekiner<sup>2)</sup>, Zehra Dağlı<sup>2)</sup>, Çisem Saygılı<sup>2)</sup>, Bahar Birinci<sup>2)</sup>

<sup>1)</sup>*Erzincan Kemah Public Hospital, Erzincan, Turkey*

<sup>2)</sup>*Ankara University School of Medicine, Department of Family Medicine, Ankara, Turkey*

**Introduction:** With the drugs gaining importance on the diagnosis and treatment of the diseases based on the latest advancements on medicine, makes it mandatory for people to behave rational on the matter of drug use.

**Objective:** In this study, we aimed to evaluate drug usage attitudes of the patients admitting to Ankara University School of Medicine Department of Family Medicine outpatient clinics.

**Methods:** The survey including 20 questions (6 questions about demographical characteristics and 14 questions about drug usage attitudes according to the principles of rational drug use) was applied to the persons who met the specified criteria and agreed to participate.

**Results:** 317 people were participated to the study. The mean age of the participants was 38,5 ± 12,46. It was seen that, in the event of illness, participants mostly preferred to apply primary care facilities (%37,2). While the rate of advising drugs to others was found to be almost three times higher than the rate of taking drugs with relatives and friends' advice; both attitudes were higher among young adults and higher education groups. Participants were mostly paying attention to matter of taking drugs before or after meal, and the least to the multiple drug use. The rate of paying attention to all matters were higher among the women, young adults, college graduates and health care workers. Family medicine discipline, which is performing a multidisciplinary team work, has a key role on determination of the individuals' behaviors and providing education for correction of the errors on drug use.

## One slide - 5 minutes presentation

### SMOKING HABITS IN THE FAMILY ENVIRONMENT OF PATIENTS WITH RESPIRATORY DISEASES

Theodoros Vasilopoulos<sup>1)</sup>, Georgia Arseni<sup>1)</sup>, Dionysios Varthalis<sup>1)</sup>, Nikolaos Kontarakis<sup>1)</sup>, Ioannis Poulorinakis<sup>1)</sup>, Ellada Vogiatzi<sup>2)</sup>

<sup>1</sup>Health Center of Agia Barbara, Herakleion Crete, Greece

<sup>2</sup>Venizeleio G. Hospital, Herakleion Crete, Greece

**Introduction:** A small only number of studies have been conducted concerning smoking habits of the family environment of patients with respiratory diseases, highlighting questions such as whether family is affected by patients' disease and led to smoking reduction or cessation.

**Objective:** Prospective study on the recognition of the patient's environment behaviors towards smoking and recording either the adoption of new or maintenance of old behaviors, mainly stimulated by recent hospitalization of their patient in a pneumologic clinic.

**Method:** 108 patients' relatives (78♀-30♂) of mean 59.8 years old participated in the study. Their demographics, comorbid conditions, and smoking profile were recorded.

**Results:** 57.6% of patients are current smokers: husbands smoke at a rate of 49.8%, children at 36.4% and siblings at 37.9%. Couples often smoke together (33.2%), while a few (9.3%) reported a joint effort to quit. Both non-smokers and smokers wives scolded their smoking husbands. During a hospitalization of their patient, 35.1% of relatives smoked.

After hospital discharge, 34.8% sought advice against tobacco, while 7% did so during the hospitalization. Six months after counseling, 16% of husbands, 18.4% of children and 11.5% of siblings ceased to smoke. The most serious was the patient's problem and the longer the duration of treatment in the clinic, the greater the resulting abstinence achieved. A positive intention among the 58,2,6% of all smokers surveyed was recorded to visit a smoking cessation office.

The hospitalization due to respiratory disease and the cohabitation with a respiratory patient may urge the attempt of quitting smoking among their families.

One slide - 5 minutes presentation

## THE IMPACT OF SMOKING PREGNANT WOMEN ON PREGNANCY AND CHILD HEALTH IN THE FIRST 7 YEARS OF LIFE

Valeria Herdea<sup>1</sup>, Raluca Ghionaru<sup>2</sup>, Ileana Brinza<sup>3</sup>, Emiliania Costiug<sup>4</sup>, Liliana Barbacariu<sup>5</sup>, Carmen Mirauta<sup>6</sup>, Claudia Pop<sup>7</sup>, Simona Rus<sup>8</sup>, Laura Comnea<sup>9</sup>, Liliana Chitanu<sup>10</sup>, Egri Eduard<sup>11</sup>

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<sup>11</sup>CMI Dr. Egri Eduard, Sibiu, Romania

**Introduction:** Worldwide, smoking levels among pregnant women (PW) are worrying. According to international literature, about 15%-30% PW are active smokers. In Romania, statistics show a 19% PW smoking. (WHO) Smoking represents a serious public health problem.

**Objective:**

1. Evaluation of smoking effects among a group of PW monitored in the office between 2009-2013.
2. “Second or Third hand smoking” - Active or passive smoking effects on children of PW in the first 7 years of life.
3. PW/family smoking cessation counseling results.

**Methods:** We initiated a retrospective observational study between 2009-2013, including 264 PW aged 16-41 years, coming from urban and rural areas. All patients were tracked in the office, from 12 weeks of pregnancy onwards. The study followed the children of those PW between 2010-2016. We monitored pregnancy, childbirth period and results regarding smoking cessation counseling for our patients. At children we recorded medical data regarding delivery, early respiratory distress, newborn period infections, breast feeding, pathology between 2010-2016.

**Results:**

1. Smoking reached alarming levels among PW. Reasons: modest education, socially engaged women, high degree of mental stress, social insecurity, affective deficiencies. 40% are active smokers, passive smoking reaching 40%. 30% of children born from smoking mothers are marked by the effects of “second or third hand smoking”. The most severe result recorded, remaining fetal death “in utero”.
2. Children coming from pregnant smokers, may develop: stature- weight hypotrophy, severe respiratory diseases, anaemia, allergies.
3. Professional counseling of pregnant women remains the method of choice in smoking cessation.

Firm legislation banning smoking in public places has been adopted in Romania in 2016.

## 1.05. Food and nutrition

### Oral Communication

#### IS THERE AN ADVANTAGE IN REPLACING SUGAR SWEETENERS FOR NON-NUTRITIVE SWEETENERS? – EVIDENCE BASED REVIEW

Rita Brochado, António Branco Nunes, Madalena Rapazote, Maria Inês Lima  
*Unidade de Saúde Familiar Monte da Lua, Sintra/Lisbon, Portugal*

**Introduction:** Consumption of sugar sweetened beverages and food is linked with obesity and comorbidities. Non-nutritive sweeteners (NNS – substances added to food to provide sweetness, with no calories) have emerged as an alternative. Although intake has largely increased, there are still some concerns about their benefits and risks.

**Objective:** We review the existing evidence on metabolic benefits of sugar substitution for NNS and its risks.

**Methods:** A search was conducted, using MeSH “non-nutritive sweeteners” on the following databases: The Cochrane Library, National Guideline Clearinghouse, CMA Infobase, NICE guidelines finder, Evidence-Based Medicine (BMJ), Scielo and Pubmed. Articles published in the last 10 years, in English, Spanish and Portuguese, with human data and full text available were included. American Family Physician’s Strength of Recommendation Taxonomy (SORT) was applied.

**Results:** Search yielded a total of 75 articles: 6 were repetitions, 7 were excluded after title reading, 25 after abstract reading and 9 after full reading (28 articles remained). Results are inconsistent regarding metabolic benefits (slight loss or even weight gain, increased adiposity and metabolic homeostasis and glycaemia disruption). *In vitro* and animal studies have suggested NNS to be genotoxic. However, NNS consumption in humans appears safe, provided recommended maximum daily doses are not exceeded, and despite reports of association with early menarche, as well as breast milk excretion.

**Conclusions:** NNS replacement might reduce caloric intake and seems safe within recommended doses. Evidence is limited on metabolic advantages, and healthier options are preferable (SORT B). Further studies are needed on metabolic effects and safety in children and breastfeeding women.

One slide - 5 minutes presentation

## DEMYSTIFYING VEGANISM

Ana Rita Coutinho<sup>1)</sup>, André Teófilo<sup>2)</sup>

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**Introduction:** The word *Vegan* was first used to refer to egg-lacto-vegetarian diets, then extending to restriction of all animal products, and later to ideologies and concepts. Nowadays is defined as the doctrine defending the non-exploitation of animals.

The Family Doctor should be informed of this dietary option, as it can be a risk factor for some conditions or influence medical decisions. The option of the patient should also be respected, having the doctor the responsibility to counsel and adapt the therapeutic needs according to the patient's beliefs.

**Objectives:** To clarify the principles of Veganism; to review the potential benefits and risks of this diet and its adequacy to different phases of life.

**Methods:** Bibliographic review in PubMed and ClinicalKey for Portuguese or English publications, using the key-words "*veganism*", "*vegan*" and "*vegetarian*".

**Results:** *Vegan* diet is based solely in vegetable products, avoiding all animal products like meat, dairy products, eggs and honey. It is constituted by horticultural products, fruits, seeds and grains.

Usually rich in carbohydrates, fiber, magnesium, folates and vitamins C and E, as well as relatively poor in saturated fats – factors that may confer some advantages in avoiding chronic illnesses like obesity, diabetes and cardiovascular diseases. On other hand, this diet is poor in omega-3 fatty acids, B12 vitamin and calcium, possibly demanding supplementation with these nutrients.

Globally, *vegan* people seem to be in comparable health conditions to non-vegetarian people; nevertheless there are few publications in this area. More studies are needed to access the adequacy of this diet.

One slide - 5 minutes presentation

## FEELING OF OBESITY AMONG TEENAGERS IN A RURAL AREA, A SAMPLE FROM EAST PART OF TURKEY

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**Introduction:** Obesity is a global health care problem and it starts from the adolescent ages. On the other hand malnutrition is another problem especially on the rural areas and suburban parts of the cities.

**Objective:** The aim of this study is to determine the perception of teenagers among their body views in a rural area.

**Methods:** We conducted 10- itemed survey that is consisting of social demographic issues, eating habits and whether they feel obese or not. At the same time their height and body weight was measured. All 8th class mid-school students were included in the town which is a 2 200 population that is in a rural area.

**Results:** Because of rurality, very few students were living and all of the thirty of them accepted to participate. Off the respondents 66.7% were female, %33.3 were male. All of them were at the age of sixteen. Most of them (%55.3) have two brothers. off the respondents families %30 of mothers are working and %76.7 of fathers have a job. According to respondents %30 of their mothers are obese and %33.3 of the fathers are obese. BMI (Body Mass Index) were calculated and %36.6 of them are low-weighted and only 1 respondent was obese. When we asked "do you feel yourself obese?" %33.3 of them answered as yes. %80 of the respondents eat snacks between the meals and %46.2 of them prefer chocolate, %23.1 fruits/vegetables and %15.4 of them prefer cola or milk/yogurt as a snack. According to the study feeling obesity will be a problem among young adults that would affect the consultations of family medicine practice.

## Oral Communication

### TEACHING NEPALESE KIDS NOT TO FORGET THE VALUE OF FRUIT: THE ROLE OF HEALTH PROMOTION DURING A VOLUNTEER PROJECT

Joana Ribeiro, Tiago Adrega

*Porto, Porto, Portugal*

**Introduction:** Fruit is an essential element of a healthy diet, with special focus in paediatric population and their growth needs. During the medical check-up of the paediatric population in a volunteer project in a homeless Camp in Nepal (Camp Hope), 3 main problems were seen: (i) children don't consume fruit regularly; (ii) children don't know the importance of fruit; (iii) during meals intervals, children usually buy and eat fried snacks. For these reasons, we elaborated an intervention towards Camp Hope's children.

**Objectives:** Create awareness about the importance of fruit; Teach good eating habits; Emphasise the importance of choose to eat fruit regularly instead of fried snacks; Create the framework with the involved Non Governmental Organisations (NGOs) to recall the good fruit habits.

**Methods:** Small lecture about the importance of fruit; Challenge children to draw their favourite fruit and to create fruit rules; Play games to emphasise the importance of fruit and to stimulate its consumption; Create a commitment between the authors and the NGOs that support the Camp, for weekly distribution of fruit.

**Results:** the medical check-up revealed that only 5,4% of the children regularly consumed fruit. The intervention took place in Camp Hope, with the participation of about 80 children with the mean age 12Yo. The weekly fruit distribution is in process with the enrolled NGOs. The assessment will be done using the following indicators: % of children that consumes

fruit on a regularly basis; % of children that know the importance of fruit consumption; % of children that receive the weekly fruit distribution.

## 1.06. Gender issues

### Oral Communication

#### **BARRIERS AND MOTIVATING FACTORS FOR THE PATIENT TO CONSULT A PRIMARY CLINICIAN ON THE PROBLEM OF ERECTILE DYSFUNCTION GP'S VIEW.**

Georgi Tsigarovski<sup>1)</sup>, Zdravko Kamenov<sup>2)</sup>, Radost Asenova<sup>1)</sup>, Gergana Foreva<sup>1)</sup>, Arman Postadzhiyan<sup>2)</sup>

<sup>1)</sup>*MU Plovdiv, Plovdiv, Bulgaria*

<sup>2)</sup>*MU Sofia, Sofia, Bulgaria*

**Introduction:** ED is a condition, preceding or accompanying a number of socially significant diseases, such as CVD, Diabetes. ext. It is essential for the early diagnosis and prevention. This is the first survey of its kind in the primary care settings in Bulgaria.

**Objective:** To identify barriers and predisposing factors to ED patients to discuss this problem with a primary care clinician in Bulgaria - GP's view.

**Methods:** A direct anonymous individual survey. The questionnaire was fulfilled by 231 GP's, 66,7% women. 3 sections: Personal attitudes, Health attitudes, Public health system factors. Statistical analysis- descriptive statistics, SPSS 17.0.

**Results:** The following most common barriers were identified: „Inappropriate conditions, lack of privacy and lack of time in doctor's office, this topic is not discussed "by the way"” was responded by 62,8% of the doctors ; Shyness by 60.2%, the patient expects the ED to resolve itself 55.0 %. Motivating factors: 1. The partner 50.2%, 2. Fear of breaking up with partner 47,2%, 3. When not able to solve the problem himself 45,6%, The trust built between doctor and patient 40.7% and desire to have sex 39.0 %.

**Conclusion:** The results of the survey, part of a PhD thesis, show that several barriers in combination prevent the patients from bringing up and discussing the ED problem. Family doctors are positively certain about the need for additional training.

### Oral Communication

#### **SEXUALITY-RELATED COMMUNICATION: HOW CAN GP'S TALK ABOUT SEX?**

Carla Rodrigues<sup>1)</sup>, Ana Figueiredo<sup>2)</sup>, Sara Rocha<sup>3)</sup>, Sibila Amaral<sup>4)</sup>, Manuel Gonçalves<sup>4)</sup>

<sup>1)</sup>*Iberic Federation of Medicine and Sexuality // UCSP S. Neutel, Chaves, Portugal*

<sup>2)</sup>*USF das Conchas, Lisboa, Portugal*

<sup>3)</sup>*UCSP B - Chaves 1, Chaves, Portugal*

<sup>4)</sup>*USF do Parque, Lisboa, Portugal*

**Background:** Sexuality is an essential feature of the human being and it includes sex, gender identity, sexual orientation, eroticism, intimacy and reproduction. It is crucial to human life, and in spite of the growing prevalence of sexual related problems, this topic is often neglected by the General Practitioner, building an obstacle for health promotion. How can we perform this task with professionalism, respect and avoiding professional voyeurism?

# 22<sup>nd</sup> WONCA Europe Conference

June 28 – July 1, 2017 | Prague, Czech Republic

[www.woncaeurope2017.eu](http://www.woncaeurope2017.eu)

**Aim:** To encourage routine assessment of patient's sexual history during consultation, reflect about personal obstacles and how to overcome them, introducing techniques for this approach.

**Methods:** The session will begin with a brief presentation of interventions and proceed with:

- Definition of aims and objectives (5 minutes);
- Presentation of the concept of sexual health and Sexuality-related Communication (10 minutes);
- Personal reflections and typical consultation cases (15 minutes)
- Division into 2 groups: 'Doctors' and 'Patients'. Each group will have a facilitator promoting dialogue and interaction.
- *Brainstorming* - Each group will present their tabus and expectations (15 minutes)
- *Role-play* - Ideas will be integrated into 4 group *role-plays* (20 minutes)
- Discussion about tabus and difficulties (5 minutes)
- Revision of strategies and *take-home messages* (5 minutes)

## **Results and conclusions:**

Sexual Health should be a central component of preventive medicine, focusing not only on sexually transmitted disease but also healthy sexual behavior, deconstructing gender and myths (associated with higher rates of dysfunction). With this workshop we intend to convey a holistic approach to the subject, creating strategies for improvement of GP's skills in consultation.

## **Oral Communication**

### **THE INVISIBLE WOMAN**

Ana Nunes Barata<sup>1)</sup>, Sara Rigon<sup>2)</sup>, Elena Klusova<sup>3)</sup>, Özden Gökdemir<sup>4)</sup>, Nina Monteiro<sup>5)</sup>, Yusianmar Mariani<sup>6)</sup>, Hassna Errami<sup>7)</sup>, Patrick Reichel<sup>8)</sup>

<sup>1)</sup>VdGM Special Interest Group - Equally Different Group, Lisbon, Portugal

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<sup>6)</sup>VdGM Special Interest Group - Equally Different Group, London, United Kingdom

<sup>7)</sup>VdGM Special Interest Group - Equally Different Group, Paris, France

<sup>8)</sup>VdGM Special Interest Group - Equally Different Group, Vienna, Austria

**Background:** Historically, women's participation to political, economic, professional and social life has been significantly limited by social norms. Nowadays in some part of the world women careers have remarkably changed, taking up leadership positions and so no longer being restricted to caring and subordinate roles. Nevertheless, gender still represents an hurdle preventing women from contributing to public life and policy making.

**Aim of the Workshop:** the aim of this workshop is to explore and discuss the main barriers and issues (gender roles and stereotypes, family life and local and international policies, etc..) that reduce women access to leadership positions in many fields including medicine.

**Methods:** Version: Starting with an overview of gender roles and stereotypes in modern society we would like to invite participants to discuss in groups barriers as well as possible tools and policies that could promote gender equality.

**Results and Conclusions:** By the end of the workshop participants should be We hope to inspire the primary health care community to break free of old paradigms and rethink its

structure towards a future of equal opportunities and professional success regardless of gender.

## Oral Communication

### **MEN WHO EXPERIENCE DOMESTIC ABUSE: EXPLORING NEED AND SERVICE PROVISION (WALES)**

Sarah Wallace<sup>1)</sup>, Dr. Carolyn Wallace<sup>1)</sup>, Prof. Joyce Kenkre<sup>1)</sup>, Dr. Jo Brayford<sup>1)</sup>, Simon Borja<sup>2)</sup>

<sup>1)</sup>*University of South Wales, Pontypridd, United Kingdom*

<sup>2)</sup>*Safer Wales Dyn Project, Cardiff, United Kingdom*

**Introduction:** Figures reveal that in the United Kingdom approximately 700,000 men experience domestic abuse annually (ONS, 2013). In Wales, the 2012/13 Crime Survey England and Wales indicated that approximately 32,600 men aged 16-59 years reported being a victim of domestic abuse (ONS, 2014). Despite increasing evidence of the existence of abuse against men, there is a lack of qualitative research examining men's service needs or help-seeking experiences (Hester *et al*, 2012). Moreover, a review of domestic abuse services in Wales recognised a failure to match provision to need for abused men (Berry *et al*, 2014).

**Objective:** The research study sought to identify the needs of abused men and determine whether existing services in Wales provided the services to meet those needs.

**Methods:** The study was conducted using a mixed method, multi-phase design. Methods used included in-depth interviews with male victims, questionnaires to domestic abuse services and semi-structured interviews with managers and practitioners. Findings were triangulated across the data-set through the use of a meta-matrix.

**Results:** Two dominant themes were identified: a need for recognition of the problem and limited provision of services. Unfortunately for abused men the lack of recognition prevented all subsequent needs to be met and for services it resulted in un-substantiated need and limited provision. Findings are to be presented and discussed through the two dominant themes, direct participant quotes and the introduction of an innovative service map of Wales developed directly from service information data.

## Oral Communication

### **FEEL THE VIBE: RCT AND FEASIBILITY OF AN INTERNET-BASED SELF-SUPPORT INTERVENTION FOR ADOLESCENTS AND YOUNG ADULTS EXPOSED TO FAMILY VIOLENCE**

Karin van Rosmalen-Nooijens<sup>1)</sup>, Sylvie Lo Fo Wong<sup>1)</sup>, Judith Prins<sup>2)</sup>, Toine Lagro-Janssen<sup>1)</sup>

<sup>1)</sup>*Radboudumc, department of Primary and Community care, Gender & Women's health, Nijmegen, Netherlands*

<sup>2)</sup>*Radboudumc, department of Medical Psychology, Nijmegen, Netherlands*

**Introduction:** Adolescents and young adults (AYA) are of special interest within the total group of children exposed to Family Violence (FV). Past-year prevalence for exposure to FV is highest in AYA and has severe consequences for physical, emotional and behavioural development.

**Objective:** RCT and feasibility study of the internet-based self-support method Feel the ViBe (FtV) to evaluate both effectiveness and feasibility to fully understand strengths and weaknesses.

**Methods:** AYA aged 12-25 exposed to FV, randomized in an intervention group (access to FtV + usual care), and a control group (minimally enhanced usual care). Between June 2012 and July 2014, participants completed the Impact of Event Scale and Depression and Anxiety subscales of the Symptom Checklist-90R every 6 weeks. The Web Evaluation Questionnaire was completed after twelve weeks. During the study period, quantitative usage data was collected using Google analytics and CMS logs and data files. UNIANOVA, Mixed Model analysis and Pre-post t-tests were used to compare groups. Feasibility measures were used to structurally address findings.

**Results:** 31 out of 46 participants in the Intervention group and 26 out of 47 participants in the Control group started FtV. Mixed model analysis showed significant differences between groups on the SCL-90 DEP ( $p=0.041$ ) and ANX ( $p=0.049$ ) subscales between six and twelve weeks after participation started. Reported mean online time per week was 2.83 with a session time of 36 minutes. FtV was rated a mean 7.47 (1-10 Likert scale) with a helpfulness score of 3.16 (1-5 Likert scale). All participants felt safe. Two thirds of the participants started regular healthcare. FtV can be easily implemented without extensive resources.

One slide - 5 minutes presentation

## ATTENTION TO GENDER VIOLENCE IN THE HEALTH SYSTEM OF THE VALENCIA REGION

Jose A. Lluch-Rodrigo, Angela Escribano-Martinez, Marisa Carpio-Gesta, M<sup>a</sup> Carmen Santiago-Portero, Gerardo Arroyo Fernández  
*Dirección General de Salud Pública. Conselleria de Sanitat Universal i Salut Pública, Valencia, Spain*

**Introduction:** The Valencia Region has a Protocol for Health Care of Gender Violence (PDA), which includes a system of registration in the history of health (SIVIO). This protocol includes the confirmation and follow-up of the cases, as well as the detection through a population screening (investigation without previous signs of suspicion).

**Objective:** To describe the results for the year 2016.

**Methods:** From the data recorded in SIVIO we describe the results of the screening and the cases detected as well as the basic sociodemographic variables.

**Results:**

### Population screening

A total of 68,276 women over the age of 15 (3.13% of the total women) were screened, and gender violence (GV) was detected in 2.8% of the cases. The frequency decreases with the age of the women and is twice as great in the foreign ones as in the Spanish ones (5.98% vs 2.71%).

### Total cases of GV

There were 3,680 cases of GV (1.69 cases per thousand women). In 86.01% of the cases the judiciary was informed to ensure the protection of women

The distribution by age and nationality was similar to that found in the cases detected in the screening

The majority were women with primary or secondary education (80.81%) and no paid work (62.42%).

The health area is suitable for the detection of GV and a specific protocol can help both the detection and monitoring of cases.

The search for GV in the absence of signs of suspicion is important because it helps to detect cases of hidden GV.

## Oral Communication

### PROPOSAL OF A MULTIPROFESSIONAL SUPPORTIVE GROUP FOR VULNERABLE WOMEN IN PRIMARY HEALTH CARE

Larissa Olm Cunha<sup>1)</sup>, Isabel Cristina Cunha<sup>1)</sup>, Sara Lacerda<sup>2)</sup>, Fernanda Portugal<sup>2)</sup>

<sup>1)</sup>*GEPAG - Unifesp, sao paulo, Brazil*

<sup>2)</sup>*Associação Comunitária Monte Azul, São Paulo, Brazil*

**Introduction:** Violence against women is a relevant issue for global health, with a multicausal definition and multiple manifestations, according to the World Health Organization (WHO). In Brazil, the Maria da Penha law (2006) contributed to the debate, jurisdiction and support to the victim. Violence is a underreported, serious and complex problem, justifying the multidisciplinary assistance to contemplate the magnitude, support the victim, promote discussions and prevent new cases.

**Objective:** Describe the creation of multiprofessional supportive group for vulnerable women.

**Methods:** Biweekly group, with spontaneous admission or referral, to women in the territory with vulnerability to gender violence, including mental health conditions, abusive relationships, domestic violence. The proposal is to follow up the meetings by doctor, psychologist and social worker, with a provocative role for the participants to exchange experiences in wheel and the establishment of support network. The themes of the meetings, presented through guiding question, are: Codependency and failures, Companion violence, Invisible loyalty and repetitions of pattern, Self esteem and autonomy, History and family stimuli, Chauvinism, Resilience. The structure of each 90-minute meeting: 1. Presentation of the group; 2. Guiding question; 3. Group integration exercise (icebreakers); 4. Circle to discussion.

**Results:** The creation of the group allows the referral of the patients identified by the team to joint activity, reducing wait for specialized care and establishing priority. The dynamic of work inspired by active teaching methodologies promotes empowerment to the group initially weakened by its condition, reverberating in its self-perception as not only a victim but also an agent of change.

## Oral Communication

### FAMILY PLANNING AND HOMOSEXUALITY. CONVICTIONS, LEGALITY AND ASSERTIVENESS IN THE PRIMARY CARE CONSULTATION.

Elena Klusova<sup>1)</sup>, Maria José Noguera Marin<sup>2)</sup>

<sup>1)</sup>*semFYC/VdGM, Ibiza, Spain*

<sup>2)</sup>*semFYC/VdGM, Madrid, Spain*

**Background:** Issues of family planning, surrogacy + egg donation program, invitro fertilization (IVF) and above all posterior paternity rights in LGBT population, to this day are ambiguous situations without clear legal defense and huge information gap. The existing approach programs turn out to be legally incomplete and insufficient to address this problem in sexual minorities. And furthermore, there are many personal doubts, religious and cultural contradictions on the part of the same family physicians, who have to manage these situations.

**Aim of the Workshop:** to examine the nowadays situation and specific needs of the LGBT population as a new model of family nucleus in the primary care consultations and acquire knowledge and skills necessary to tackle the principal health, psychological and legal aspects of the family planning in the sexual minorities.

**Methods:** After a brief review of conception methods and possibilities of gestation in homosexual families, short analysis of existent legislation in gay paternity, the participants will be invited for a group debate over possible consultation techniques and practical recommendations on the subject searching the balance between legality and assertiveness in the Family Doctor consultation.

**Results and Conclusions:** With this workshop, we intend to offer our colleagues the updated information on the multifaceted actuality of family planning in homosexual couples, providing a list of practical suggestions for an LGBT assertive and effective practice consulting for the paternity issues.

## 2. Discipline and profession

### 2.01. Primary care policy

#### Oral Communication

#### THE “RESULTS CENTRE” OF THE CATALAN HEALTHCARE SYSTEM: A TOOL FOR TRANSPARENCY AND BENCHMARKING IN PRIMARY CARE

Anna García-Altés, Montse Mias, Dolores Ruiz-Muñoz, Esther Pérez, Cristina Colls  
*Agency for Health Quality and Assessment of Catalonia (AQuAS), Barcelona, Spain*

**Introduction:** The Results Centre of the Catalan healthcare system measures and disseminates the results achieved by the different healthcare centres in order to improve the quality of healthcare provided to the population of Catalonia (7,5 million inhabitants). It favours benchmarking between healthcare centres and share best practices in a transparent way.

**Methods:** Since 2012, a yearly report is produced for hospitals, primary care, long-term care, mental healthcare, public health activities, and territory. For primary care, around 60 quality indicators are measured, regarding patient focused care, effectiveness, appropriateness, efficiency, low value practices, information and communication technology systems. Data comes from the administrative activity registries that collect the information of healthcare providers, clinical registries, drug prescription registries, and specific surveys. A committee of experts made up of people with long experience in a diversity of fields orient the project. Working groups are also established to suggest indicators and topics to analyse.

**Results:** Detailed results are available in tables (<http://observatorisalut.gencat.cat>). Together with the results of each indicator the centre is identified. The experiences of some of the centres with better results, and the opinion of experts are also incorporated, and a version for citizens is produced. The results are also made available to citizens in open data format. Reports are discussed with professionals and scientific societies during workshops.

**Conclusions:** These reports are used among primary care teams' managers as a tool for benchmarking. This is a pioneering initiative in Spain, and is aligned with the most advanced countries in terms of policies of transparency and accountability.

## Oral Communication

### ICD-10-GM-CODING OF SOMATOFORM DISORDERS BY GENERAL PRACTITIONERS – AN EXPLORATORY FOCUS GROUP STUDY WITH GENERAL PRACTITIONERS IN GERMANY

Nadine Pohontsch<sup>1)</sup>, Christina Heinbokel<sup>2)</sup>, Marco Lehmann<sup>2)</sup>, Bernd Löwe<sup>2)</sup>, Thomas Zimmermann<sup>1)</sup>, Martin Scherer<sup>1)</sup>

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**Introduction:** Precise coding of symptoms and diseases is considered a prerequisite for adequate patient management. Somatization syndromes are common in general practices, but there is evidence that general practitioners (GPs) hardly use these codes.

**Objective:** Our study did explore German GPs views on coding of somatization syndromes/somatoform disorders.

**Methods:** We invited GPs to participate in 6 guideline-based focus groups (N=42). Case vignettes were used by two moderators to facilitate discussions, which were recorded and transcribed. Two researchers analyzed the data using structuring content analysis.

**Results:** Under headline a) “benefits of coding”, GPs described that coding is seen as being done for reimbursement purposes, not necessarily linked to the content of their reference files. Others conveyed coding somatoform diagnoses only if (psycho-) therapy is advised. Under headline b) “restrained coding” GPs reported that they would protect the patient against stigma, preferring tentative or functional diagnoses, in contrast to confirmed diagnoses. Some GPs admitted c) to “code inaccurately” due to insufficient knowledge of criteria, time constraints or using “rules of thumb” for coding.

**Conclusions:** Our results confirm the well-known reluctance and resistance of German GPs in using the diagnosis-based coding system of the ICD-10-GM in patients with somatoform symptoms. Even though, we have not found any reason to assume the GPs’ treatment of the patients as deficient. The ICPC, an example for an encounter-based classification system, might be closer to a GP’s reference file, but lacks somatoform disorders. The results also challenge epidemiologic data based on primary care reimbursement data in Germany.

## Oral Communication

### TIME UTILIZATION AND PERCEIVED PSYCHOSOCIAL WORK ENVIRONMENT AMONG STAFF – A SURVEY IN SWEDISH PRIMARY HEALTH CARE

Eva Anskär<sup>1)</sup>, Malou Lindberg<sup>2)</sup>, Magnus Falk<sup>3)</sup>, Agneta Andersson<sup>4)</sup>

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<sup>4)</sup>Research & Development unit in Local Health Care and Department of Medical and Health Sciences, Linköping University, Linköping, Sweden

**Introduction:** In the past decades reorganizations and structural changes in Swedish primary health care have affected time utilization among Swedish physicians as well as other health care professions, with the consequence that administrative work tasks have increased. As a result time for face-to-face consultations with patients has decreased.

**Objective:** To investigate work time utilization among staff in primary health care and to explore the associations between work time utilization and perceived psychosocial work environment.

**Methods:** A prospective multicenter study was performed in primary health care. All staff categories; registered nurses, physicians, care administrators, nurse assistants and allied professions (physiotherapists, occupational therapists, psychologists, counselors, dieticians, chiropodists) (n=391) at eleven primary health care centres participated. Participants answered a questionnaire in which they were asked to estimate their proportions of direct patient, indirect patient and other work tasks followed by the Copenhagen Psychosocial Questionnaire. Thereafter a time study was performed by self-registration of work time content, minute by minute, hour by hour, day by day, during two weeks.

**Results:** Response rate was >75 percent. Over 1.1 million minutes was recorded. About one third of the work time was allocated to the each of the categories; direct patient, indirect patient and other work tasks. All professions overestimated their proportion of direct patient work tasks. Physicians reported negative psychosocial work environment to a higher degree compared to other groups. Among physicians and allied professions a positive correlation was observed between role conflicts and proportions of total administration, the more administration the more role conflicts.

## Oral Communication

### FACTORS ASSOCIATED WITH FAMILY PHYSICIANS RECRUITMENT IN UNDERSERVED AREAS: A SYSTEMATIC REVIEW

Julien Poimboeuf

*Département de Médecine Générale, Faculté de Médecine de Rennes, Université de Rennes 1, RENNES, France*

**Introduction:** From 2006 to 2030, in France, the number of family physicians practicing in rural areas will fall by 25.1%. The aging population will increase by 10%, resulting in an increased demand for care. Although in France many incentive measures have been developed through years, efficient factors existed in different country had to be listed.

**Objective:** To identify in the international literature specific recruitment factors of family physicians in medically underserved areas.

**Methods:** A systematic review was conducted, using PubMed and BDSP databases. 59 studies on 176 studies found by the research equation, were selected independently by two investigators. The study included original research on recruitment factors in medically underserved areas of family physicians. These 59 articles were fully read and the same inclusion criteria were applied. 31 articles were included. Factors were grouped by related to pre-medical school, medical school, residency, and post residency private or professional.

**Results:** The main factors were the rural origins and the specialty preference for family medicine before their medical school. Performing residency placements in rural or community health centre had an impact. Post residency factors were the choice to practice and live in those areas. No factor was found during medical school. The financial measures alone did not influence recruitment. It seemed interesting to carry out a systematic review of

the gray literature. This study showed the importance of the university in the recruitment of family physicians when the student had rural origins or speciality preference for family medicine.

## Oral Communication

### PALLIATIVE CARE IN SOUTH EAST EUROPE

Danica Rotar Pavlic, Marta Tuzdeva, Milica Katić, Liljana Cvejanov Kezunovic, Milena Cojić, Lyubima Despotova-Toleva, Nikolai Yordanov, Ljubin Šukriev  
*Association of general practice/family medicine of South-East Europe AGP/FM SEE, Ljubljana, Slovenia*

**Background:** Palliative care is 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

**Aim of the Workshop:** To discuss barriers in palliative care in South Eastern region of Europe and to find suggestions for improvement.

**Methods:** We investigated the state of palliative care, primary health care in the countries of Southeast Europe. We used problem-oriented interviews of key informants.

**Results:** Primary care teams are well placed to encourage early palliative care. The long-term relationship with patients and their families may be a good basis for initiating timely organisation of care. Yet, we found numerous barriers influencing primary care teams in preparing care plans with patients.

- lack of time
- inadequate professional recognition
- lack of the financial motivation
- lack of institutions for long-term care
- lack of volunteers and other people who is willing to help (other health professionals and also non-health professionals)
- poor communication among family physician and professionals from secondary and tertiary care level who participate in the palliative patient care

**Conclusions:** Palliative care is a humanitarian need. Effective palliative care services should be integrated into the existing health system, especially community and home-based care.

## Oral Communication

### MOLECULAR DIAGNOSTIC FECES TESTING IN PRIMARY CARE PATIENTS WITH GASTROENTERITIS: ECONOMIC EVALUATION OF A BEFORE-AFTER STUDY

Alwin Schierenberg<sup>1)</sup>, Martine Nipshagen<sup>2)</sup>, Ann Van den Bruel<sup>1)</sup>, Patricia Bruijning-Verhagen<sup>1)</sup>, Berna Broekhuizen<sup>1)</sup>, Sanne van Delft<sup>3)</sup>, Marc Bonten<sup>2,1)</sup>, Niek de Wit<sup>1)</sup>

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<sup>3)</sup>Salstro Diagnostic Center, Utrecht, Netherlands

**Introduction:** Gastroenteritis is a frequent reason for patients to seek primary health care and primarily of infectious nature. Advances in laboratory detection allow for more rapid and

sensitive identification of an infectious cause of gastroenteritis by multiplex Polymerase Chain Reaction (PCR). PCR may have significant advantages over conventional microbiological techniques, but potential clinical and cost benefits of a PCR in primary care compared to conventional testing remain to be examined.

**Objective:** To determine the cost-effectiveness of multiplex PCR feces testing compared to conventional testing in primary care patients with gastroenteritis.

**Methods:** We performed a before-after cohort study using the electronic patient records of 225 general practitioners and a regional laboratory in the Netherlands. In the before period (2010-2011) conventional testing was routinely performed and in the after period (2013-2014) PCR testing. Primary outcomes (number of consultations, antibiotic drug prescriptions, referrals, feces tests and positive feces tests) were measured for every episode of gastroenteritis (identified through ICPC codes D11, D70 and D73). Cost-effectiveness was assessed by comparing the outcome measures and associated costs between the before and after group, resulting in the incremental cost-effectiveness ratio per outcome measure. To account for population differences between periods, age, gender, co-morbidities and health insurance deductibles were included as confounders.

**Results:** In total 24.223 episodes of gastroenteritis (45% in the before and 55% in the after cohort) were identified. In total 16.1% of patients a feces tests was performed (before: 13.2%, after: 18.4%), 5.1% received antibiotic treatment (before: 5%, after 5.2%).

Economic analysis is currently performed and will be presented at the conference.

## Oral Communication

### THE PREVALENCE OF DIABETES – A COMPARISON BETWEEN PORTUGAL AND NORWAY

Joana Parente

*USF São Lourenço - ACES Cavado I, Braga, Portugal, Braga, Portugal*

**Introduction:** According to the Portuguese Diabetes National Observatory, the Diabetes prevalence is 13% in the adult population, which is significantly high when compared to Norway (4.7%). Norway has the lowest Diabetes' prevalence in the European Union, according to the International Federation of Diabetes. Moreover, the health expense with Diabetes is 6% in Norway and 8-9% in Portugal. How Portugal, spending more money with Diabetes, presents worse numbers of Diabetes' prevalence than Norway? How Norway managed to reach those Diabetes' numbers? What can Portugal improve?

**Objective:** To understand how Norway achieved the numbers of Diabetes' prevalence and what Portugal can do to get closer to those numbers.

**Methods:** Review of literature.

**Results:** Although both health systems presuppose universal health, Norway has a stronger primary care system (PCS), which results in a greater focus on health promotion, reducing modifiable risk factors and consequently decreasing the prevalence of Diabetes. Furthermore, a strong PCS also allows better control of already diagnosed Diabetes. Norway has been doing a great effort since 1970 in order to promote healthy lifestyle and to strengthen the PCS. Its promotion involves different stakeholders and the measures include education actions, regulations, health programs and nutrition policies. All measures implemented by Norway have contributed to decrease Diabetes' prevalence and the health expense with this disease. Portugal's commitment to primary health care may result in increased costs in the short term as it will entail a system restructuring, but in the long run will result in a costs' reduction and more important in better numbers of Diabetes.

# 22<sup>nd</sup> WONCA Europe Conference

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## Oral Communication

### DEVELOPING A TYPOLOGY TO CLASSIFY THE EUROPEAN PRIMARY HEALTH CARE SYSTEMS: RESULTS OF AN INTERNATIONAL DELPHI PROJECT

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**Introduction:** Previous studies have aimed at comparing European Primary Health Care (PHC) systems. Projects like PHAMEU, QUALICOPC or EUprimecare have meant a great contribution to identifying those characteristics of the PHC system that help achieve better outcomes. While most studies have focused on PHC process characteristics and their relationship to outcomes, research on the PHC structural aspects (especially regulation, ownership and employment status) is scarce. By identifying what aspects of the PHC structure are dominant in shaping the delivery process and consequently more likely to impact outcomes, we obtain a set of criteria for classifying and comparing different PHC structures. The PHC structure is susceptible to policy changes; therefore, this classification and its application to performance measurement can highlight feasible areas for improvement at health policy level.

**Objective:** Developing a typology of PHC structure in WHO European region.

**Methods:** 60 panellists from 23 WHO European region countries have participated in a Delphi process to reach a consensus on the PHC structural aspects that are likely to impact outcomes by shaping the delivery process.

**Results:** Over 80% of the Delphi panel agreed that the PHC governance or regulatory context at facility and provider level (both actors involved and mechanisms used) has a relevant influence on delivery aspects such as accessibility or coordination. Structural aspects such as ownership and employment status are also relevant but their level of influence may be conditioned on the regulatory context. Therefore, the regulatory aspects have been taken as criteria for classifying PHC systems in Europe and comparing their performance.

## Oral Communication

### GUIDELINE FOR DEVELOPING CLINICAL PRACTICE GUIDELINE IN PRIMARY CARE

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**Introduction:** Preparing state of the art guidelines for primary care is significantly important to improve the quality of the patient care and should be considered as a part of the health policy. Guidelines which were based on the expert opinion were available prior to the development of evidence-based guidelines. Doubts exist about choosing the best guideline for

clinical practice existed and, therefore, many countries around the world established national programs for the development of clinical practice guidelines.

**Objective:** The main purpose of our study is to prepare a national guideline for Turkey, which will ease the systematic development of clinical practice guidelines.

**Method:** The first step is to generate a list of guidelines on developing guidelines published up to now from the literature. Systematic review of the literature and the guidelines will be performed in order to determine country specific guideline development strategy. The methodology of the published clinical practice guidelines, which have been used in Turkey, will be evaluated to make further recommendations. A workshop will be organized with the attendance of the experts in their field from both non-governmental organizations (NGOs) and public institutions to discuss the recommendations. Based on the suggestions the final version of the guideline will be published and distributed to the stakeholders.

**Result:** The list of guidelines on developing guidelines has been prepared and the systematic review process is still on. We are planning to finish the process in 6 months and to present the final version of the guideline at the 22<sup>nd</sup> WONCA Europe Conference.

## Oral Communication

### HIGH RISK PATIENTS WITH CHRONIC CONDITIONS: MORBIDITY AND USE OF HEALTHCARE SERVICES.

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**Introduction:** High risk patients with chronic conditions (HRPCC) are a group of patients with a very significant impact on the Primary Healthcare (PHC) and Hospital activity. They have a higher morbidity and they lead to a higher use of healthcare services (HCS).

**Objective:** The aim of this study is to describe the morbidity and use of HCS in these HRPCC.

**Methods:** Prospective cohort study with 1-year follow-up of 444 HRPCC extracted from a population of 18,107 patients assigned to a PHC center in Madrid. We identified these HRPCC using the Adjusted Groups Morbidity (GMA) stratification tool of the Madrid's Electronic Clinical Record.

**Results:** The percentage of HRPCC were 2,4%. The median age was 81 years. 52.3% were women. 28.2% were immobilized, 23.0% had primary caregivers, 9.5% were institutionalized, 6.1% received home-support and 6.5% palliative-care. The average number of chronic diseases was 6.7, highlighting in prevalence and severity: hypertension, diabetes, cancer, heart failure, coronary heart disease, COPD, stroke and dementia. 80.6% were polymedicated, the average of drugs was 8.8. According to the use of HCS they presented during this 1-year follow-up an average of: 34.2 visits to PHC professionals; 1.6 visits to the ER department; 6.3 visits to Specialized Care and 0,6 hospitalizations. The average of diagnostic procedures in this 1-year follow-up were 6 and lab tests were 8,7. Higher use of HCS was associated with higher morbidity, complexity, age and functional impairment ( $p < 0,05$ ).

**Conclusions:** The definition of HRPCC identifies a group of patients with advanced age, high number of chronic diseases, polypharmacy and significant functional impairment. Their need for care and use of HCS is very important.

## Oral Communication

### EMERGENCY UNITS ARE CROWDED - IS THAT GP'S FAULT? A CASE STUDY IN BRASOV COUNTY, ROMANIA

Andrea Elena Neculau<sup>1)</sup>, Cristina Agnes Vecerdi<sup>2)</sup>, Anca Maria Lacatus<sup>3)</sup>

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**Introduction:** It is already known that emergency rooms are crowded due to non-urgent presentations. This is the case of our emergency care unit from Brasov County General Hospital that is serving a population of 630.807 people (according to the 2016 census). During December 2016, 5737 patients have accessed the Emergency Unit. Out of this number, 78% were green or blue code presentations, potentially manageable at other levels of the Health Care System, like the GP's offices, GP Out-of-Hours services or by home ambulances.

**Objective:** Our research is focusing on identifying of the main causes, from the perspective of the primary care practitioners, that lead patients to access ER for unsuitable reasons.

**Methods:** Data will be collected from the ER, Out-of-Hours services, ambulance services, through a structured questionnaire administered by GP volunteers.

**Results:** We expect to find problems in areas like lack of patient education, difficulties in same day access at the GP, but also the lack of GP skills or endowments to manage urgent presentations. The lack of proper financing of ambulatory services is also a problem that will be analysed.

The final goal is to find and put in place solutions to improve the identified problems, mutually agreed upon and supported by GPs, ER specialists and responsables from local District Health Authorities.

**Key words:** overcrowded emergency systems, general practitioners, triage in ER, emergency patients in Brasov County, Romania.

## Oral Communication

### PUBLIC POLICIES AND THE MEDICAL RESIDENCY IN FAMILY MEDICINE IN THE STATE OF SÃO PAULO, BRAZIL

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*Grupo de Estudos e Pesquisas em Administração de Serviços de Saúde e Gerenciamento de Enfermagem- GEPAG, UNIFESP, SAO PAULO, Brazil*

**Introduction:** Family Medicine (FCM) in Brazil has been through many changes and, since 1976, its transforming role in the country's health has been promoted and amplified.

**Objectives:** To identify the offers of vacancies in Family Medicine residency programs in the state of São Paulo, Brazil.

**Methods:** A quantitative exploratory study was done based on a survey in a database of the National Council of Medical Residency (NCRM), from 2002 to 2009, in public notices of residency programs and in ruling laws.

**Results:** The data indicated a 268% increase in the availability of FCM residence vacancies in the period 2002-2009 in the State, with the highest growth in private institutions (350%

increase against a 256.3% in public institutions). There was also an improvement in the distribution of vacancies throughout the State, since in 2002, 52.1% of the vacancies were from institutions located in the capital, dropping to a 43.6% in 2009. Public policies to encourage Family Medicine increased residency vacancies in Brazil and in the state of São Paulo. Public investment in this specialty has allowed to expand the health coverage to populations of low income, mainly those located in cities distant to greater centers. For medical undergraduates and newly graduated physicians there was also significant stimulation to this area of knowledge, enabling a contingent of better trained specialists. Moreover the monitoring and evaluation of these policies must be constant in order to offer more results for better decision making in health policies.

## 2.02. Primary care financing

### Oral Communication

#### SETTING THE SCENE FOR THE FUTURE; COLLABORATION BETWEEN PRIMARY CARE AND HEALTHCARE INSURANCE IN THE DUTCH COUNTRY

Erwin Kok

*De Pool eerstelijnszorg, Warffum, Netherlands*

**Introduction:** In 2012 four General practitioners practicing in the north of the Netherlands started a partnership with health care insurer Menzis.

The current total volume of this care group De Pool eerstelijnszorg is about 10,000 patients. Characteristic of these practices is that they are situated long distances away from hospitals. Menzis is a Dutch health insurer. With approximately 2.3 million customers Menzis is one of the largest insurers in the Netherlands.

Life expectancy in Netherlands increases with about 6 years due to good healthcare. In addition, care development contributes better quality of life for sick people (for example higher costs of treatment techniques and drugs).

**Objective:** It is clear that there is a need to keep the costs of care manageable. To relieve this there are some possibilities, for example substitution of care.

The assumption is that costs decrease and the quality is equal or better. An example are surgical procedures in a general medical practice.

**Methods:** To find out which treatments and care can take place in the primary care, Menzis provides data. These data include's a. replacement monitor. The care mentioned below was delivered per year (2014, 2015 and 2016) and per individual practice, and b. Numbers-list of care that can be referred to colleagues.

**Results:** In addition to saving costs, the goal is increasing the quality experienced by the patient. Menzis and De Pool eerstelijnszorg made targets (numbers per individual practice) and also make a forecast about the savings that can be achieved in 2017. Each quarter overview evaluation reports will be produced.

## Oral Communication

### A CROSS-SECTIONAL STUDY EXPLORING THE RELATIONSHIP BETWEEN GENERAL PRACTICE FUNDING AND HEALTH-RELATED QUALITY OF LIFE IN ENGLAND

Veline L'Esperance, Mark Ashworth  
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**Introduction:** Primary care is often described as the cornerstone of a strong healthcare system. It has been demonstrated across a wide range of international settings that greater investment in primary care is associated with improved population health outcomes. Health-related quality of life is an important primary care outcome which is reflected in its inclusion in the NHS Outcomes Framework. Determining the relationship between funding to general practices and health-related quality of life has not previously been examined. The national General Practice Patient Survey (GPPS) incorporates a quality of life score, the EuroQoL-5 (EQ-5D).

**Objective:** To determine the relationship between health-related quality of life and general practice funding in England.

**Methods:** The EQ-5D is a generic summary utility score of health state derived from individuals' responses, on a five-level ordinal scale (no problems, slight problems, moderate problems, severe problems and unable), to each of five dimensions (mobility, self-care, usual activities, pain/discomfort and anxiety/depression). Retrospective cross-sectional analysis was based on a national dataset of English general practices ( $n = 7261$  practices); general practice funding; EQ-5D responses ( $n = 858,381$ ); general practice characteristics (e.g. list size, list size per full time GP); patient demographic characteristics (age, deprivation status, smoking status).

**Results:** The mean funding was £79.87 per patient (5<sup>th</sup> centile: £67.01; 95<sup>th</sup> centile: £100.67). Higher funding was significantly associated with higher overall EQ-5D scores (B 0.17;  $R^2$  0.65;  $p < 0.01$ ).

**Conclusion:** This is the first national study to demonstrate that higher funding to general practice is associated with greater health-related quality of life.

## 2.03. Family medicine

### Oral Communication

#### PERCEPTIONS OF DOMESTIC VIOLENCE BY FRENCH FAMILY PHYSICIANS

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**Introduction:** This study explores the perceptions of family physicians regarding domestic violence and the medico-legal care provided.

**Objective:** The aim of this article is determine whether the marital context of violence is considered more negatively than other types of violence by GP's.

**Methods:** A qualitative semi-structured interview with 20 French GPs based on grounded theory, and a thematic analysis with major occurrences was then performed, following COREQ checklist recommendations.

**Results:** It appears that such violence is always perceived as a malfunction in the couple. Generally, physicians appear to be unaware that French law considers the marital context of violence to be an aggravating factor, and only half of them perceive it as such. Better understanding of the mechanisms of violence, the law, the determination of total incapacity for work and the need to take into account the psychological aspect in this determination would lead to more efficient treatment of cases of domestic violence.

## Oral Communication

### DEVELOPMENT OF 2 OPTION GRIDS RELATED TO CLINICAL PRACTICE GP-GUIDELINES.

Gerda van der Weele

*Dutch College of general Practitioners, Utrecht, Netherlands*

**Introduction:** Clinical practice guidelines (CPGs) provide evidence about positive and negative effects of preventive, diagnostic and therapeutic options, resulting in recommendations for medical practice. However, one best option for every patient is rarely the case, because balancing the pros & cons of different options is often preference-sensitive. In those cases coming to 'right' decisions requires shared decision making (SDM) between doctor and patient: 1) making aware that a choice must be made, 2) discussing pros & cons of all options, 3) exploring patient's treatment goals, values and preferences, eventually resulting in a shared decision.

To discuss the pros & cons of all options, CPGs ideally include all medical and patient-relevant information, preferably presented in a complete but concise summary (e.g. option grid) for easy reference and comparison.

**Objective:** To give insight in the development process of 2 option grids related to Dutch GP-guidelines about Diabetes and COPD.

#### **Methods:**

The presentation shows how we:

- identified preference sensitive recommendations for which decision aids are needed/helpful
- explored patients' FAQs that matter in making informed decisions
- build and fill the option grids with information based on the existing Dutch GP-guidelines on DM-type 2 and COPD
- tested their usability in everyday GP-practice
- collaborated with relevant patient organisations and GP-care groups.

**Results:** In order to develop optimal useful and patient-relevant CPG-based-tools to support SDM in everyday practice the perspectives of medical professionals and patients should both be involved.

## Oral Communication

### STUDYING BREAST CANCER HOTSPOTS IN THE ISLAND OF CRETE TO FORM RECOMMENDATIONS FOR PRIMARY CARE PRACTITIONERS

Dimitra Sifaki-Pistolla<sup>1)</sup>, Vasiliki-Eirini Chatzea<sup>1)</sup>, Georgia Pistolla<sup>1)</sup>, Fillipos Koinis<sup>2)</sup>, George Pitsoulis<sup>3)</sup>, Nikos Tzanakis<sup>4)</sup>, Vassilis Georgoulas<sup>2)</sup>, Christos Lionis<sup>1)</sup>

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<sup>4)</sup>*School of Medicine, University of Crete, Heraklion, Crete, Greece*

**Introduction:** Evidence-based assessment of breast cancer (BC) health-related issues (risks, services, needs, outcomes) by General Practitioners (GPs) requires accurate data both on national and local level. This can be assessed by regional population-based cancer registration.

**Objective:** To identify current and future BC hot spots in Crete, Greece with the aim to form recommendations for GPs towards cancer control.

**Methods:** BC data (1992-2013) were obtained from the Cancer Registry of Crete (CRC). The Age-Standardized Incidence and Mortality Rates (ASIR and ASMR/100,000/year) were calculated, while Getis-Ord  $G_i^*$  was applied to identify the current and future hot spots ( $\alpha=0.05$ ).

**Results:** BC is the most frequent cancer among Cretan women (mean ASIR=56.8 new cases/100,000/year). BC hot spots were identified across certain municipalities ( $G_i^*$  z score  $>2.58$  SD), while in five municipalities excessive future risk was found (RR=3.6, 95%CI=1,521-5.681). Several variations were observed and predicted in terms of the synthesis of the population groups in risk per place of residence.

**Conclusions:** The identified BC hot spots in Crete needs a prompt attention by GPs. There is an urgent need of empowering the role of GPs towards cancer control and a set of recommendations should be formed to facilitate an effective participatory care environment in local communities. The increased future risk further stressed the need for strengthening screening in selected geographical regions with the active role of GPs.

## Oral Communication

### TO WHAT EXTENT GENERAL PRACTITIONERS COULD BE INVOLVED IN LEARN FROM CANCER REGISTRIES TO EXPAND THEIR ROLE IN CANCER CONTROL?

Dimitra Sifaki-Pistolla<sup>1)</sup>, Gizem Onen<sup>2)</sup>, Vasiliki-Eirini Chatzea<sup>1)</sup>, Fillipos Koinis<sup>3)</sup>, Vassilios Georgoulas<sup>3)</sup>, Müge Alvur<sup>2)</sup>, Christos Lionis<sup>1)</sup>

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**Introduction:** Defining the role of Primary Health Care (PHC) and General Practitioners (GPs) in accommodating cancer control is among the major discussions worldwide. GPs are heavily

involved throughout cancer patients' entire disease progression. Regional Cancer Registries could become strong mechanisms in strengthening GPs role towards cancer management.

**Objective:** To discuss the role of GPs in enhancing cancer control through their collaboration with national/regional cancer registries. Secondary objectives: a) present evidence-based best practices, b) map current trends and needs, c) form recommendations towards expanding GPs' role, via the example of the Cancer Registry of Crete (CRC).

**Methods:** A narrative literature review was performed to assess the role of cancer registries in supporting GPs towards cancer management in Mediterranean countries. The authors developed a set of recommendations by combining the findings of the literature and the lessons learnt from the CRC.

**Results:** According to the literature, GP's role should cover the full spectrum of care: prevention, screening, detection, treatment, and palliation. Cancer registries could contribute to encompass the planning and assessment of cancer control activities and the care of individual cancer patients. According to the lessons learnt from the CRC, GPs involvement in cancer control should include: provision of quality indicators, monitoring of cancer incidence and trends, enhancement of cancer survival, planning and evaluation of cancer programs.

**Conclusions:** The synergy of GPs with cancer registries is expected to be valuable, especially in rural areas, to establish continuous, coordinated and comprehensive PHC in terms of cancer prevention, diagnosis, survivorship and end-of-life care.

One slide - 5 minutes presentation

## WHY I CHOSE TO BE A FAMILY DOCTOR - A ROMANIAN SURVEY

Mihai Mara, Raluca Zoitanu, Engya jakab

*Societatea Nationala de Medicina Familiei, Bucharest, Romania*

**Introduction:** Family Medicine exists in Romania as an independent clinical specialty since 1990. In order to become a family medicine specialist, after graduating medical school, one must follow a specialized training period of four years. For many trainees Family Medicine is not the first option.

**Objective:** Our objective was to collect the opinions of Romanian trainees and young family doctors regarding their choice of becoming family doctors, but also how their opinion about the specialty changed throughout the training years.

**Methods:** An anonymous survey was distributed nationally online via social media to young family doctors in October 2016. The survey included questions regarding the way young doctors perceived Family Medicine during their student and training years and after becoming specialists. The survey focused on the main reasons young doctors decided to become family doctors and on their expectations.

**Conclusion:** Young doctors chose Family Medicine because they felt it is the only specialty which allows decades-long doctor-patient interactions, and to focus both on the healthy and on the ill patients. Many felt a GP office is where the real medicine can be practiced.

Although only for 60% of respondents Family Medicine was their first choice, were they to choose again their specialty 85% of them would still choose Family Medicine. This change of heart leads us to believe that more effort is needed into presenting Family Medicine in a positive light to students.

Spring 2017 will see us addressing the survey to first year trainees and updating the results.

## Oral Communication

### NEW TYPES OF FAMILIES – NEW CHALLENGES TO FAMILY MEDICINE

Inês Pereira, David Neves, Isabel Nunes  
*UCSP Sete Rios, Lisbon, Portugal*

**Introduction:** The World Health Organization at 1944 defined the family as a group in which its relationships are based on mutual support and confidence, and its elements share a common destiny. New types of families, based on camaraderie and mutual aid, are more common by the day in urban areas, making necessary their recognition in daily practice.

**Objective:** Create awareness to the management of new types of families.

**Methods:** We report the approach to a family consisting of three migrant women, cohabiting in Lisbon. Our intervention begins with the follow-up of C, to whom a gastric carcinoma is diagnosed. A year later, S reaches us with complaints of fatigue and anorexia. While waiting for the complementary evaluation, she's hospitalized for an acute respiratory illness and diagnosed with lung carcinoma. The family and its dynamics were studied, trying to identify needs, fragilities and strengths. S's denial of the disease made her friend C's support critical to the maintenance of a proper follow-up. Community resources were mobilized, and we led them through the various levels of care.

**Results:** The management of serious health problems represents an additional challenge in families with non-traditional dynamics. This is exacerbated when their elements are migrants, due of their greater difficulty in dealing with the social and health services of the host country. Acceptance of the disease, the challenges of the treatment and the reorganization of the family due to illness are challenges that can be dealt with the support of multidisciplinary teams at primary care.

## Oral Communication

### QUINARY PREVENTION - PREVENT DAMAGE TO THE PATIENT, ACTING ON THE DOCTOR

João Palas<sup>1)</sup>, Ana Dias<sup>1)</sup>, João Azevedo<sup>1)</sup>, Fernando Ribeiro<sup>2)</sup>, Ana Nogueira<sup>3)</sup>, Rui Fernandes<sup>4)</sup>, Tiago Ribeiro<sup>5)</sup>, Mara Pereira<sup>6)</sup>

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**Background:** Preventive activities take on a large dimension in the doctor's clinical life. Four levels of prevention are classically described in the literature: primary, secondary, tertiary and *quaternary*. This next step should be the prevention of *burnout* that consumes the medical stability. The *burnout* is defined as a state of full physical and/or psychological exhaust germinating continuous and intensive production concerted responses to the high demands at the workplace. In the particular case of physicians, the overuse of their activity (increasing number of patients, shortening of consultation time, overtime) can be considered as cost-effective for the institution, as well as favoring greater accessibility of patients to the services. The prevention of *burnout* outlines in a particular flow: prevent damage to the patient, acting

on the doctor. This performance differs from other categories of prevention (which focus on the biopsychosocial field of the patient and the doctor-patient relationship).

**Aim/Methods:** The aim of this workshop is improve awareness of Family Doctors and trainees on *burnout* and it's possible damages to patient health. After a brief introduction on quinary prevention and *burnout*, participants will be divided into groups to discuss different scenarios that arise in daily practice. Groups will then report the results of their discussion for a final discussion on quinary preention in Primary Care.

**Results and Conclusions:** By the end of the workshop, participants should be familiarized with the concept of quinary prevention and fundamental aspects of *burnout* as well as basic tools to identify and especially avoid it.

## Oral Communication

### PHYSICAL ACTIVITY AND POSTPARTUM DEPRESSION

Nilam Shakeel<sup>1)</sup>, Kåre Rønn Richardsen<sup>2)</sup>, Kari Slinning<sup>3)</sup>, Malin Eberhard-Gran<sup>4)</sup>, Egil Wilhelm Martinsen<sup>5)</sup>, Anne Karen Jenum<sup>1)</sup>

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**Introduction:** few studies are looking at physical activity and postpartum depression.

**Objective :** Our hypothesis was if physical activity during pregnancy is associated with postpartum depression?

**Method:** Population-based, prospective cohort of 472 pregnant women (59% ethnic minorities) attending primary antenatal care from early pregnancy to postpartum in Oslo between 2008 and 2010. Questionnaires covering demographics and health problems were collected through interviews. Postpartum depression was defined as a sum score  $\geq 10$  by the Edinburgh Postnatal Depression Scale (EPDS) at 14 weeks postpartum. Physical activity was recorded with Sense Wear™ Pro3 Armband (SWA) in gestational week 28 and defined as moderate-to-vigorous intensity physical activity (MVPA) accumulated in bouts  $\geq 10$  minutes. Women wearing armband for at least two days were included.

**Results:** Preliminary results show that those who are not active at all have significantly higher risk (OR: 4.7,  $p=0.019$ ) for depression compared with those who are active  $>150$  min a week. Other risk factors are ethnic minority background, adverse life events and depressed in index pregnancy.

**Conclusion:** Our main finding is that women who are not physically active during pregnancy are at higher risk of getting postpartum depression compared to women who are active  $>150$  min a week. Ethnic minority women are more often 0/min active compared to women from Western Europe.

## Oral Communication

### **PATIENT EXPERIENCE IN PRIMARY CARE: ASSOCIATIONS WITH PATIENTS, PHYSICIANS AND PRACTICES' CHARACTERISTICS IN A FEE-FOR-SERVICE SYSTEM**

Christine Cohidon<sup>1)</sup>, Pascal Wild<sup>2)</sup>, Nicolas Senn<sup>1)</sup>

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<sup>2)</sup>*Institute for Work and Health, Lausanne University and Geneva University, Lausanne, Switzerland*

**Introduction:** Patient experience is nowadays classically used as quality of care indicator. The aim of this study is to investigate to what extent patients, physicians and practice characteristics are associated with experience regarding major dimensions in family medicine, in a context of fee-for-service system.

**Methods:** Data stemmed from the Swiss part of the Quality and Costs of Primary Care (QUALICOPC) study, an international cross sectional survey. A random sample of 194 Swiss family physicians and 1540 of their patients were included. Patient experience was assessed through three scores characterizing access, communication and continuity-coordination. Multilevel statistical methods were used to analyze these scores according to patient-level, physician-level and practice-level factors.

**Results:** Poor experience of access and continuity-coordination is associated with patients' younger age. Poor access is also associated with poor perceived health while continuity-coordination is higher among patients with chronic disease. Communication and continuity-coordination are lower among German speaking patients.

Access is better reported in rural areas; communication is better among physicians achieving a lower number of daily face-to-face consultations but with a higher weekly workload in hours. Continuity-coordination appears poorer in solo practices and higher among physicians with more important weekly workload.

Predictive factors of patient experience vary according to the dimension. Most of the factors are related to the patient characteristics but several practice characteristics also represent potential levers to improve patient reported experience. The difference between the three linguistic areas in Switzerland is interesting and raises the issue of the role of socio-cultural factors in this domain.

## Oral Communication

### **EVALUATION OF IN PRIMARY HEALTH CARE OF PATIENTS WHO ADMITTED TO CLINIC OF OTORHINOLARYNGOLOGY, DERMATOLOGY, PHYSICAL THERAPY AND REHABILITATION IN TERTIARY-CARE**

Necati Yıldız<sup>1)</sup>, Tuğba Altuntaş Yıldız<sup>2)</sup>, İrfan Şencan<sup>3)</sup>, Adem Özkara<sup>3)</sup>, Rabia Kahveci<sup>3)</sup>, İsmail Kasım<sup>3)</sup>

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<sup>3)</sup>*Ankara Numune Training and Research Hospital, Family Practice Department, Altındağ/Ankara, Turkey*

**Introduction:** Most health issues seem to be related to ear,nose and throat/dermatology/physical therapy and rehabilitation policlinics.

**Objective:** The purpose of this study is to determine the status of evaluation in the primary health care facility of patients referred to the outpatient clinics of tertiary care. This situation was determined by taking the opinions of physician/family medicine researcher/the patients and the differences of opinions were evaluated.

**Methods:** This study was conducted a descriptive and cross-sectional between 1 June-15 July 2016. Data was collected with face-to-face interviews through the questionnaire developed by the specialists. For statistical analysis figures, percentage, average, chi-square test were used. P values of  $\leq 0.05$  were accepted as statistically significant in the evaluation of the results.

**Results:** Totally 345 patients were included in the study. In the study, it was determined that according to all three policlinic doctors 44.3% of the patients and according to family practice study 43.2% of the patients could be treated in a primary care setting. It's striking that 86.9% of these patients that reported by family physicians and policlinic doctors were the same patients. Contrary to the clinic doctors or family practitioners, majority of the patients (73.6%) believed that they couldn't be treated in a primary care setting. It was determined that half of the patients who first applied to a hospital could have been treated in a primary care setting. It was determined that one of the three patients referred from another institution and two of the five patients referred by the family physician were unnecessarily referred. Improvement of the primary health care, proper execution of referral chain and education of patients about the primary health care could reduce unnecessary patient applications.

## Oral Communication

### CHARACTERIZATION OF A YEAR OF PRACTICE IN SPECIALIZED ADOLESCENT CARE

Rafael Cunha<sup>1)</sup>, Maria Tavares<sup>2)</sup>

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<sup>2)</sup>APARECE, Lisboa, Portugal

**Introduction:** Family doctors (FM) should be aware those adolescents are a group risk and should receive special attention.

Usually complaints are not verbalized and only with a good interaction with the FM is possible to find and reach hidden complaints.

It's important to study adolescent because they are subjected to multiple stimuli, including drugs and alcohol, sexual diseases and social pressure that will define adulthood health.

**Objective:** Characterize a year of practice in specialized adolescent care

**Methods:** Collection of data from adolescent appointments through consultation of the *SClinico* program. It was developed a Excel database and the data was analyzed through statistical inference. The variables studied were: age, sex, nationality, family origin, type of companion on the consultation, type of family, literacy, has family doctor, explicit complain, hidden complain, referral, IMC, drug and alcohol consumption and type of contraception.

**Results:** First analysis of the data show around 585 first adolescent appointments, from a total of 1130. 52% came to the appointment alone. Nuclear (28,1%), and single parent (30%) family were the main types of family.

Only 69,5% were born in Portugal, with 17.1% coming from Cabo Verde.

13,3% (N=77) have dropped from school, and only 34,1% don't have school failure.

The major issues that made the adolescents came to the first appointment were: contraception (276), relations in school (102) and anxiety (103).

A total amount of 1630 complaints were verbalized in the first appointments, and a total of 3209 in overall appointments.

The major drug consumption identified was Cannabis 89% (Nr=57). 55% (Nr=18) have sporadic abusive alcohol consumption.  
49,4% (Nr=198) use oral contraception and 10% condom.

## 2.04. Practice organization

One slide - 5 minutes presentation

### THE APPLICATION OF THE 'THEORY OF CONSTRAINTS' TO MAXIMISE PROCESS EFFICIENCY WITHIN A PRIMARY CARE PROVIDER

Amar Patel<sup>1)</sup>, Kerrie Richardson<sup>2)</sup>, Leah Jones<sup>3)</sup>, Erica Lee<sup>3)</sup>, David Mcilrath<sup>3)</sup>

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<sup>3)</sup>Compass House Medical Centres, Brixham, United Kingdom

**Introduction:** The system of primary care is suffering from constrained resources and growing patient demand. Significant improvements are needed to improve efficiency, quality and profitability. The theory of constraints aims to exploit system constraints -components that restrict the system's output whilst simultaneously providing a leverage point for improvement.

**Objective:** We aimed to identify and leverage system constraints within the general practice setting. Analysis of the practice's local health market was also performed to guide strategic decisions.

**Method:** We performed clinical business process mapping alongside a retrospective analysis of all acute general practitioner consultations within a single, two site provider- serving 11000 patients - over 1 month. Information was collected from an electronic records system. Consultations were analysed according to patient age, gender, consultation form, appropriateness, site, speciality, complexity and clinician.

**Results:** There were 2651 consultations in total by nine practitioners (6:3 male/female). The median age was 62 (43-76); 57% were women. 11 specialities made up 82% of practice demand. 1060 consultations were suitable for an alternative clinician; 95% of which belonged to one of four specialities: respiratory, orthopaedics and rheumatology (MSK), ear, nose and throat (ENT) and dermatology. 8.9% of consultations were inappropriate and did not require a general practitioner. 72% of female practitioner consultations were with female patients ( $p < 0.0001$ ). 56.1% of Women's Health cases were seen by female practitioners ( $p < 0.0001$ ).

**Conclusion:** General practitioner's appeared to be the constraint in the care process; protection from inappropriate consultations, offloading appropriate work from MSK, ENT, respiratory and dermatology to alternative clinicians and practitioner specialism may help to resolve this.

One slide - 5 minutes presentation

## CONSOLIDATION OF A TEAM OF ENHANCEMENT OF COMMUNITY HEALTH IN AN URBAN PRIMARY CARE CENTER

M<sup>a</sup> Angeles González Martínez, Esperanza Martín Correa, Ruth López Lara, Lídia Paino Pardo, Carla Ventosa Petibó, Francisco José Luque Mellado, Marta Boné Ortiz, Josefa Pérez-Hita Sánchez

*Institut Català de la Salut, Barcelona, Spain*

**Introduction:** The community-based interventions seek to improve the health in a defined community, through a comprehensive approach of the health-disease processes, and contemplating the social conception of health. The creation of a team of enhancement of community health in a primary care team (PCT) facilitates the community orientation in cares provided, helping to reduce the inequalities in health starting from the promotion of interventions in the neighbourhood.

### Objectives:

- Promote the community orientation of the PCT into a permanent axis of its activity.
- Create and consolidate a team of enhancement of community health.
- Involve all the PCT in community-based interventions.

**Methods:** The team of enhancement of community health was born in February 2015 including different professional profiles.

Five strategic lines were defined:

- Promotion of positive parenting.
- Promotion of healthy ageing.
- Promotion of physical activity
- Link to community agents of the area.
- Development of a blog.

### Results:

- Leadership and stimulation of the neighbourhood community council
- Coordination and execution of activities in 2 editions of the world day of physical activity..
- Development of the *1st "Course of parental skills"*.
- 2 editions of the *"Health school for the elderly"*.
- 1 edition of the *"Health school for everyone"*
- Participation in the *festival of the district* (opening speech, zumba, historical walk).
- Great increase of visits to the *blog*
- Elaboration of the *Community Health Plan of the PCT*
- Consolidation of the T.E.C.H. and *achievement of economic resources* in recognition of the development of community-based interventions carried out.

Oral Communication

## GOLDEN HANDCUFFS: THE IMPACT OF NATIONAL HEALTH CARE SYSTEM TRANSITION ON JOB SATISFACTION OF FAMILY PHYSICIANS

Fatih Mutlupoyraz, Ersin Akpınar

*Cukurova University Family Medicine Department, Adana, Turkey*

**Introduction:** Family physicians who can create work environments that attract, motivate and retain hard-working individuals will be better positioned to succeed in a competitive health care environment that demands quality and cost-efficiency.

**Objective:** The aim of this study was to find the job satisfaction of primary care physicians using *The Minnesota Satisfaction Questionnaire – Short Form (MSQ-SF)*, before the implementation of family practice and on the 12th month of implementation in Adana.

**Methods:** The health centers/family practices were grouped as low, moderate and high socioeconomic status regarding the region and one health center/family practice was selected randomly. Physicians completed Minnesota Job Satisfaction Scale before and one year after the health care system transition.

**Results:** One hundred family physicians before and 88 of them one year after the health care system transition was recruited to the study. From participants 64% of physicians were male and overall in 43,06±4,76 years old between 35 - 58 years. There was significant difference in terms of extrinsic factors between the job satisfaction before and after the transition ( $p=0,001$ ). The scores of physicians for *Minnesota Job Satisfaction Scale* increased in 5 items before the transition, whereas decreased in 3 items after the transition. The highest increase was in item 'salary' and the highest decrease was in item 'occupying me always'.

**Conclusion:** It is inevitable to extend family practice units just in order to improve patient satisfaction and family medicine services. It is clear that improvement of health care services delivery systems will contribute to the increase in both patient and physician satisfactions in Turkey.

## Oral Communication

### DOWN UNDER GENERAL PRACTICE – EXCHANGE EXPERIENCE OF A PORTUGUESE FAMILY PHYSICIAN TRAINEE IN MELBOURNE

Rita Brochado

*Unidade de Saúde Familiar Monte da Lua, Sintra/Lisboa, Portugal*

**Introduction:** Cultural settings and health systems organization are known to influence the way family physicians (FP) provide care and their profile as general practitioners.

**Objective:** To compare sociocultural, health system and practice organization differences between Portugal and Australia.

**Methods:** As part of my training as FP, I went on an international exchange to Melbourne (Australia), for three weeks. I accompanied a FP's daily work, and also spent a day in an aboriginal clinic.

**Results:** Compared to Australia, Portugal has a higher population density, an aged population and a lower FP per 100000 inhabitants ratio. Life expectancy is similar in both countries, except for Australian aboriginal individuals, whose life expectancy is about 10 years lower. Portuguese health system is public, and primary care clinics work similarly throughout the country regarding FPs core activities, including comprehensive care for patients of all ages. Working hours are usually the same, as well as salaries, with some clinics having fixed plus pay-per-performance payment. As there is a work overload, FPs find it hard to increase their range of activities.

In Australia, health care system is public but with organizational features similar to a private one. Working hours and payment system are variable, thus giving FPs freedom to manage their schedules and enlarge their range of activities, according to their interests and personal skills. Additionally, children and pregnant women often rely on other health professionals.

Caring for aboriginal individuals calls for specific training and clinic setting, as cultural differences need to be respected and require appropriate approach.

## Oral Communication

### QUICK DIAGNOSTICS TOOLS AT THE OUTPATIENT PEDIATRIC CLINIC.

Gabriela Kubátová

*Primary care paediatrician, Prague, Czech Republic*

The author describes the current system of medical care for children and adolescents in the Czech Republic in primary line. In her piece, the author also talks about the advantages of using the quick diagnostic tools at the outpatient pediatric clinic such as device to determine CRP (C- reactive protein) and a Streptest A.

With the help of these diagnostic tools the doctor has a chance to make a quick decision about whether the patient needs an antibiotic therapy or not.

The CRP testing assists in observing the progression of an illness and determine a possible secondary bacterial infection within a viral illness. It also helps to measure the efficacy of an antibiotic therapy in bacterial infection. This testing is crucial in differentiation diagnostics in babies and small children and cases of asymptomatic febrile disorders.

Several case studies will be presented at the end of the piece.

## Oral Communication

### TRENDS IN THE USE OF POINT OF CARE TESTING BY CZECH GENERAL PRACTITIONERS

Bohumil Seifert, Jana Vojtíšková, Cyril Mucha, Norbert Král

*Department of General Practice, First Faculty of Medicine, Charles University, Prague, Czech Republic*

**Introduction:** Point-of-care testing (POCT) is defined as medical diagnostic testing at the point of care, in a clinical setting (such as family medicine) usually at the physician's office, at the time of patient consultation, generating a test result that is used to make an immediate informed clinical decision. Point of care testing is increasing worldwide in outpatient care and is commonly used in prevention, diagnostics and follow up in primary care in the Czech Republic.

**Objective:** The aim of the study was to analyse and describe overall trends in the use of selected POCT methods: C-reactive protein (CRP), coagulation treatment control (INR) and glycoside haemoglobin (HbA1) within general practice in the Czech Republic.

**Methods:** The data reported for reimbursement purposes by general practitioners (GPs) and available from General Health Insurance Fund (GHIF), covering 70% of Czech population (7 mil. people), was used for analysis.

**Results:** The most common POCT methods used in general practice are CRP and INR. More than half of INR examinations and nearly half of all CRP examinations reimbursed by GHIF are performed in POCT regime in general practice. Since then, the GPs overtook care about Diabetes type 2 non complicated patients also use of glycoside haemoglobin POCT has been increasing. The number of general practices performing any of those POCT methods and also the number of all POCT examinations increase.

## Oral Communication

### THE GPs' STRENGTHS AND WEAKNESSES IN THE IMPLEMENTATION OF THE PATIENT-CENTERED MODEL OF CARE ADAPTED FOR PATIENTS WITH MENTAL DISORDERS

Marina Elena Pîrcălabu<sup>1)</sup>, Raluca Zoițanu<sup>1)</sup>, Ileana Anca Efrim<sup>2)</sup>, Irina Angela Radu<sup>2,3)</sup>

<sup>1)</sup>National Society of Family Medicine - The Working Group of Innovative Models of Practice in Family Medicine, Bucharest, Romania

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<sup>3)</sup>University of Medicine and Pharmacy "Carol Davila", Bucharest, Romania

**Background/Aims of the Whorkshop:** The workshop aims to highlight the strengths and difficulties in the implementation of the patient-centered model of care in family doctors' practice and to find solutions to provide a patient-centered model of care adapted for patients with mental health disorders, starting from a model which is applicable in a broad range of patients.

It is well known worldwide that the GPs have multiple roles: curative, preventive, communicator, leader of the community and manager. Without an integrated approach and adapted goals the outcomes may be poor. One of the side effects could be the family doctors' burnout syndrome and the solution to reduce it may be imbedded in the patient-centered model of care.

#### Methods/Results

**The discussions will take place by using a SWOT analysis model and there will be three groups:**

1. A qualitative analysis based on the family doctors' needs in Romania should reveal the strengths and difficulties and open the discussions regarding of implementation of the patient-centered model of care in overall population.
2. We will assess and discuss about the family doctors' needs in order to better use a patient-centered model of care for the patient with mental health disorders.
3. An important goal is to find the needs and methods to reduce the GPs' burnout syndrome.

**Conclusions:** Each family doctor is unique. And the variety and complexity of his medical activity should be organized using an adapted model of care, in order to improve the care of the patients and to increase GPs' motivation.

## Oral Communication

### HOW CAN WE ORGANIZE SOCIAL ACCOUNTABLE PRIMARY CARE ?

Hector Falcoff<sup>1,2,3)</sup>, Piet Vanden Bussche<sup>2)</sup>, Lea Pellerin<sup>1,3)</sup>

<sup>1)</sup>SFTG, PARIS, France

<sup>2)</sup>EQUIP, GHENT, Belgium

<sup>3)</sup>DMG Université Paris Descartes, Paris, France

**Background:** Social accountability of primary care (PC) is the social contract that PC has with society. This means meeting health needs at four levels:

- nano level: individual doctor-patient relationships
- micro level: team-patient/family relationships

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- meso level: collective interactions of physicians and organizations with the communities they serve

- macro level: the interactions of societies with their health professions.

The content of the nano and the macro level are relatively well described, but the micro and particularly the meso level are new concepts in many European countries.

**Aim of the workshop:** To explore how primary care may be organized at the 4 levels to meet the patients and the population health needs.

**Methods:** Definitions of the concepts

Small groups of 5-6 participants will work on a narrative : a 40-year-old, low literacy woman living in a rural community, with diabetes and hypertension. A cancer of the cervix was detected after persistent vaginal bleeding. No Pap test in more than 10 years.

The questions to the small groups will be :

- How socially accountable care can improve the care and the prevention this kind of patient receive?
- Describe what could be done at the nano, micro, meso and macro levels.

**Results:** To promote the concept of social accountable primary care.

To empower participants to act collectively beyond their own practice.

To motivate the participants to include the 4 levels when they reflect to the organization of primary care in their countries.

## Oral Communication

### EVALUATION OF WORK RELATED STRAIN LEVELS IN TRAINEES WORKING IN HOSPITAL

Ilkay Vatansever, Ayse Caylan, Hamdi Nezih Dagdeviren

*Trakya University Medical Faculty Department of Family Medicine, Edirne, Turkey*

**Introduction:** Work related strain that expressed as the surrounding physiological responses has led to unhappiness, dissatisfaction and emotional exhaustion at working life. Work related strain also affects the overall life satisfaction which is a continuation of work life. Negative results may lead to physical and mental health problems on individuals. Especially health workers are more defendless against the stress because of work environment, variety of missions and interactions.

**Objectives:** The study was carried out with the aim of work related strain, the variances related to the work and demographic features in trainees who work at Trakya University Health Centre for Medical Research and Practice and call attention to trainees' work life.

**Method:** There were 327 trainees in Trakya University Health Centre for Medical Research and Practice. 263 of them accepted to participate in our study. The data were collected by using work-related strain inventory and question form including the variances relating to the work and socio-demographic features formed by the researcher. We used descriptive statistics, Mann-Whitney U, Chi-Square and Kruskal-Wallis H test.

**Results:** In the result of the research, score means-the trainees took from work-related strain inventory was  $37,92 \pm 5,9$ . There wasn't a statistical significance between work-related strain inventory score and age, marital status, graduation date, how long they have been working. It was detected that work-related strain inventory was affected with the gender of the trainees, difficulty in life, disciplines, choice of job/profession, future expectations, the habit of cigarette and alcohol. Surgical departments has higher scores than other departments.

## 2.05. Consultation skills

### Oral Communication

#### COMMUNICATION AND DOCTOR-PATIENT RELATIONSHIP AS A BENEFIT TO THE PATIENT AND TO THE MEDICAL DECISION

Mário Gomes

*USF Faria Guimarães, Porto, Portugal*

**Introduction:** Communication is the clinical core skill for the practice of medicine. The same way that the twentieth century was the era of technology, everything suggests that the twenty-first century is the age of communication. The doctor-patient relationship should be considered as an important predictor of clinical process of the patient. Shared decision making between the doctor and the patient provides a selection of multiple treatment measures and the determination to achieve goals together that fit the patient in question, which leads to greater patient satisfaction with treatment, increases its membership and improves the results.

**Objective:** Enhance the importance of the doctor-patient relationship as a fundamental factor of a good medical practice, as well as identify the essential and indispensable components of this relationship.

**Methods:** Review of 23 articles about communication and doctor-patient relationship.

Research on PubMed, from 2006 to 2016 with the keywords: Communication, Doctor-Patient Relationship, Empathy, Shared decision making, Patient satisfaction, Patient-centered care, General practitioner.

**Results:** Most patient complaints about doctors are related to communication problems and not with clinical skills. Doctors should focus on the feelings and values of patients and their families, encouraging them to take decisions together. Listening to the patient is the key in building a good relationship. The confidence in the doctor and the success of therapy depends on good communication between the health professional and the patient, which includes verbal communication and nonverbal communication. Communication is an art that can be learned by the practice, allowing the humanization of doctor-patient relationship.

### Oral Communication

#### CRITICAL ASSESSMENT OF HEALTH INFORMATION SOURCES FOR DOCTORS AND PATIENTS

Alessio Platania<sup>1)</sup>, Maria Joao Nobre<sup>2)</sup>, Giuseppina Rapisarda<sup>3)</sup>, Michela Cannarozzo<sup>4)</sup>

<sup>1)</sup>*Department of Out of Hours Service, ASP 3, Catania, Italy*

<sup>2)</sup>*ARS Algarve, Algarve, Portugal*

<sup>3)</sup>*University of Perugia, Science of food and human nutrition, Perugia, Italy*

<sup>4)</sup>*University of Messina, Department of human pathology for adult and child development Gaetano Barresi, School of Child Neuropsychiatry, Messina, Italy*

**Background:** The ongoing spread of IT technologies made easier to doctors and patients accessing health information via different media: television, radio, booklets and especially the internet.

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Due to the growth of social media, blogs with anecdotal experiences, and marketing websites, internet users are exposed daily to huge amount of health information not always current or evidence-based.

Patients trusting not evidence-based sources can take health-related choices that could expose them and/or the community to different levels of harm.

The role of the GP is therefore crucial in educating the patient to distinguish myths from facts using reliable sources.

**Aim of the Workshop:** The aim is to improve doctors' knowledge on appraisal and critical evaluation of on/off-line health information sources for the education of the patient.

**Methods:** After a brief introduction to evidence-based medicine, tools and effective methods to engage patients in recognising reliable sources will be presented and, after splitting in groups, applied and discussed by participants on common articles that could be found on the web by patients.

**Results and Conclusions:** Participants will learn how to evaluate reliability of research papers as well any other kind of health information sources, and will be able to teach useful tools to improve patient autonomy on their health choices.

## Oral Communication

### "WHO HAS A PATIENT THAT WOULD LIKE TO TALK ABOUT?" BALINT GROUPS IN A FAMILY MEDICINE RESIDENCY PROGRAM IN BRAZIL

Renata Elisie Siqueira, Bruno Stelet, Jorge Esteves

*Federal University of Rio de Janeiro - UFRJ, RIO DE JANEIRO, Brazil*

**Introduction:** The Balint group is an important method of clinical supervision to be provided for Family Doctors (General Practitioners - GPs) trainees. Its members become able to acquire communication skills that strengthen doctor-patient relationship, once understanding the patient as a person is the most difficult part of general practice. Although Balint groups are not so much widespread in Brazil, a small group of GP trainees from the Family and Community Medicine Residency program of Federal University of Rio de Janeiro has the group session as part of its medical education, even in a context of social vulnerability into two slums in Rio de Janeiro.

**Objective:** To present the way that this Residency program let their GP trainees to discuss patients who are of particular concern in a context of poverty and social vulnerability; to analyze how much the group sessions help these young doctors to become more empathic to patients' feelings and more comprehensive to "difficult" patients.

**Methods:** A qualitative analysis about semi-structured interviews applied to sixteen GP trainees that participate of Balint sessions which occurred once a month in 2016 at the Family Clinic Victor Valla, at Manginhos Complex of slums, in Rio de Janeiro, Brazil. A literature review about Balint groups and medical education.

**Results:** Most residents welcome the opportunity to discuss with colleagues about their own work with their patients and many of them got more confidence about clinical decision-making. The Balint sessions have helped them to become more patient centered, supporting these young doctors' professional growth process.

## 2.06. Interdisciplinary cooperation

One slide - 5 minutes presentation

### FROM THE GENERAL PRACTITIONER TO THE SPECIALIST - A MISUNDERSTANDING

Dr Bojana Jovanovic, Dr Petar Todorovic, Dr Marija Tosic-Mijajlovic, Dr Kristina Markovic  
*Primary Health Care Center "Dr Simo Milosevic", Belgrade, Serbia*

**Introduction:** A large amount of work in Emergency Room sometimes leads to failure that could have been avoided by greater confidence from specialists in the opinion of a general practitioner about the patient's health status.

**Objective:** An example of poor cooperation in health care system.

**Methods:** Case report. A 72 years old male was brought to the general practitioner by his wife because of dizziness and dyspnea. The patient had a history of hypertension more than 10 years, and orderly used medications. Physical examination showed hypertension 170/95 mmHg, on EKG there was a right-bundle branch block. The patient poorly talked and wanted to lie down. On neurological examination there was a minor left deviation of tongue. After administration of the anti-hypertension therapy, the GP sent the patient to the Emergency Room for further examination by neurologist and cardiologist. He was observed and examined only by the cardiologist, and was released to the home treatment. The next day, the same patient was brought by his wife to the GP, but not able to talk or stand. Again he was sent to the ER. The CT confirmed that the patient had a stroke. Two months later, he passed away.

**Results:** Interdisciplinary cooperation in medicine is necessary. The opinion of each doctor is very important because for every one of them the benefit of the patient comes first.

One slide - 5 minutes presentation

### PROFESSIONAL SOCIETIES' GUIDELINES – THE BASE FOR INTERDISCIPLINARY COMMUNICATION

Ileana Brinza<sup>1)</sup>, Liliana Chitanu<sup>2)</sup>, Valeria Herdea<sup>3)</sup>, Raluca Ghionaru<sup>3)</sup>

<sup>1)</sup>*National Society of Family Medicine, Bucharest, Romania*

<sup>2)</sup>*Private medical doctor, BRAILA and BUCURESTI, Romania*

<sup>3)</sup>*Romanian Association for Pediatric Education in Family Medicine, Bucharest, Romania*

All medical specialties are mainly aimed towards providing health, each within the limits of specific training curricula. Family Medicine brings together the knowledge, skills and abilities, which offers the medical practitioner the unique advantage of caring the patient based on the personal, family and social/community background. The family doctor, by the longstanding relationship with the patient, can inform and influence the lifestyle and health decisions through knowledge and mutual trust. The decisions seek both the therapeutic and preventive act.

Independent practice and primary health care organization oblige the doctor to decide and act alone, the distant relationship to other specialties being the consequence of our policy makers' attitude towards this new specialty, last appeared in the list of medical specialties. Guidelines for the prevention, diagnosis and treatment are recommendations established by consensus of European professional societies and developed systematically, based on

scientific evidence on care that is provided in a specific pathology. Some cardiovascular diseases, dyslipidemia, stroke, chronic kidney disease are few of the pathologies commonly found in family doctor's office.

Synthesizing some of these guides in "Our guide book" means anchoring this information to the family doctor's practice, allowing and also delimiting interventions in both prevention and chronic disease management; patients' access to new investigations/therapies and last but not least ensuring good communication with professional colleagues from other specialties.

## Oral Communication

### SELF-REFERRALS TREATED BY THE GENERAL PRACTITIONER COOPERATIVE AT EMERGENCY CARE ACCESS POINTS IN THE NETHERLANDS

Martijn Rutten, Fieke Vrielink, Marleen Smits, Paul Giesen

*Radboud university medical center, Radboud Institute for Health Sciences, Scientific Center for Quality of Healthcare (IQ healthcare), Nijmegen, Netherlands*

**Introduction:** In the Netherlands, out-of-hours primary care is provided in general practitioner-cooperatives (GPCs). These are increasingly located on site and in collaboration with emergency departments of hospitals (ED). At such sites, also called emergency-care-access-points (ECAP), the GPC is generally responsible for the triage and treatment of self-referrals who used to attend the ED.

**Objectives:** To evaluate the effects of this novel organisation, we studied the characteristics and the quality of care given by GPCs to self-referrals at ECAPs.

**Methods:** Retrospective analysis (August 2011–January 2012) of 783 records of self-referred patients at three Dutch GPCs in an ECAP, supplemented with a retrospective analysis of patient records during a follow-up period of three-months.

**Results:** *Patient-characteristics:* 59% was male, 46% aged between 16-45 years and 59% trauma-related. Most cases (95%) were triaged low-urgent. None received the highest urgency-category. *Quality:* The triage urgency was correct in 79%, underestimated in 12% and overestimated in 9%. After GP consultation 20% was referred to the ED, mostly for radio-diagnostics. Of the referrals, 98% was considered righteously. Thirty percent had a follow-up contact, mostly with their own general practitioner, seldom with the ED. Complications, all non-severe, were registered in 3.2%, 0.4% were possibly preventable.

**Discussion:** Self-referred patients at an ECAP are mostly trauma related, low-urgent and male patients. The majority could be treated by the GPC without subsequent referral to the ED. Care given at the GPC is reasonably efficient. Treatment of self-referrals by the GPC at ECAPs should be considered as a safe and probably cost-effective alternative for care at the ED.

## 2.07. Interdisciplinary cooperation

### Oral Communication

### PROMOTING PERSONALIZED CARE IN CLINICAL PRACTICE GUIDELINES: THE EXAMPLE OF COMORBIDITY

Jako Burgers<sup>1)</sup>, Mariska Tuut<sup>1)</sup>, François Schellevis<sup>2)</sup>

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

*<sup>2)</sup>Netherlands institute for health services research (NIVEL), Utrecht, Netherlands*

**Introduction:** Guidelines aim to support decision making in clinical practice on specific health topics. They usually focus on a single disease, assuming an ‘average patient’ within a standard setting. In clinical practice, however, patients often have multiple conditions with unique features challenging guidelines.

**Objective:** To develop a generic guideline on managing chronic psychiatric and somatic comorbidity addressing the personal needs, goals and preferences of patients in outpatient settings.

**Methods:** We composed a guideline working group with healthcare professionals involved in primary care, secondary care and mental health, two patient representatives, and methodological experts. After defining the key questions, the evidence was synthesized. Recommendations were formulated based on evidence, consensus within the working group, pilot testing in practice, and external review.

**Results:** The final guideline included recommendations on diagnosis, management and organization of care for patients with comorbidity. Critical factors in delivering optimal care are: a) the availability of an actual overview of clinical conditions, medication use, and personal treatment goals, (b) self-management support, and (c) involvement of caregivers and/or case managers for care coordination.

**Discussion:** Promoting personalized care in guidelines seems to be a paradox. The guideline addresses topics that need to be considered in patients with multiple chronic conditions, but recommendations could not be formulated very specific due to large heterogeneity of the patient population. The guideline can be helpful in solving potential conflicts of applying single disease guidelines. To enhance optimal use of guidelines in clinical practice, principles in providing personalised care should be made explicit.

## Oral Communication

### PROMOTING PRIMARY PREVENTION THROUGH PUBLIC HEALTH AND PRIMARY CARE COOPERATION

Luke Allen

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**Introduction:** Public health agencies and primary care systems have a number of overlapping responsibilities. Professionals from both domains are tasked with promoting population-level health, as well as delivering health education, screening, and immunizations. Deeper interdisciplinary cooperation may be able to realise additional health gains through addressing community-level social determinants of health.

**Objective:** To explore potential synergies from public health and primary care collaboration.

**Methods:** Literature review, country-level case studies, and stakeholder interviews with GPs, public health professionals, commissioners, policymakers, and WHO representatives.

**Results:** There is wide variation in the extent to which primary care practitioners work with public health professionals to deliver health services across Europe. The design of contemporary health systems prioritises curative activities over prevention and frequently neglects community-level drivers of disease. Public health agencies can support primary care staff in conducting health needs assessments, tailoring best-practice guidelines to the local context, and selecting the most cost effective interventions to offer the local population. GPs can support the work of their public health colleagues by providing valuable demographic

data, information on unfolding epidemics, and qualitative insight about the local community. Both groups should be involved in commissioning regional services. The most effective collaboration is seen when health systems are designed to foster integrated public health and primary care working. This includes paying attention to provider organisation, service management, performance improvement, and governance and accountability mechanisms.

## Oral Communication

### CROSS-SECTIONAL STUDY ON SATISFACTION OF PRIMARY HEALTH CARE (PHC) PHYSICIANS IN THE TIME OF HEALTH CARE REFORM IN INDONESIA

Chatila Maharani<sup>1,2)</sup>, Michael Marx<sup>1)</sup>, Svetla Loukanova<sup>3)</sup>

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<sup>3)</sup>*Department of General Practice and Implementation Research, Heidelberg, Germany*

**Introduction:** The introduction of new reform in the Indonesian health care system by national social health insurance (Jaminan Kesehatan Nasional-JKN) in 2014 has changed the working conditions for PHC physicians.

**Objective:** This study aims to explore the satisfaction among selected group of PHC physicians at a time of health care reform.

**Methods:** A cross sectional study in Semarang Municipality and Demak Regency, Central Java, Indonesia was conducted. The sample included 308 PHC physicians who filled a semi-structured questionnaire between April and June 2016. The data collection tool used Likert data (from 1 to 5) and facet model of job satisfaction with 19 indicators for satisfaction measurement, based on a systematic literature review. Descriptive approach was used for the data analysis.

**Results:** The percentage of physicians who felt dissatisfied (extremely dissatisfied and dissatisfied) with referral in the new health system, health service standard for JKN patients and JKN policy was 54%, 51% and 38% respectively. The aspects, which gave satisfied feeling for the physicians (satisfied and extremely satisfied) were relationship with colleagues/co-worker, hours of work and physical working condition- 78%, 72% and 67% of the physicians, respectively. The score of PHC physician satisfaction by average for all aspects was 3.19 out of 5.00. Based on certain measurement indicators, Indonesian government could optimize the implementation of the new system reforms to increase and maintain PHC physician satisfaction.

## Oral Communication

### MIGRANTS' MOTIVES AND EXPECTATIONS FOR CONTACTING OUT-OF-HOURS PRIMARY CARE: A SURVEY STUDY

Ellen Keizer<sup>1)</sup>, Peter Bakker<sup>1,2)</sup>, Michel Wensing<sup>1)</sup>, Femke Atsma<sup>1)</sup>, Marleen Smits<sup>1)</sup>, Maria van den Muijsenbergh<sup>2,3)</sup>

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<sup>2)</sup>*Radboud university medical center, Radboud Institute for Health Sciences, Primary and Community Care, Nijmegen, Netherlands*

<sup>3)</sup>*Pharos, centre of expertise of health disparities, Utrecht, Netherlands*

**Objective:** To examine the motives and expectations of migrants for contacting out-of-hours primary care.

**Methods:** We used data from a survey study of patients who contacted a General Practitioner (GP) cooperative in the Netherlands between 2009 and 2014. Data from 11.490 patients from 42 GP cooperatives were available (response rate 45.9%). After multiple imputation of missing values, a logistic regression analysis accounting for cluster effects was used to test differences in motives and expectations between non-western and western migrants and native Dutch patients.

**Results:** The most important motives for contacting a GP cooperative for non-western and western migrants, as well as for similar native Dutch patients were an urgent need for contact with a GP (55.2% - 52.4%), worry (49.9% - 43.6%), and a need for medical information (21.8% - 26.5%). Compared to native Dutch patients, non-western migrants more often perceived an urgent need for a GP (OR 1.65), less often needed medical information (OR 0.59), and more often experienced problems contacting their own GP during office hours (OR 1.71). As well as for natives, most non-western and western migrants expected to see a doctor (46.6% - 47.1%) or get advice (39.7% - 41.7%). Non-western patients less often expected to get advice (OR 0.79) and more often expected to see a doctor (OR 1.23), get physical examination (OR 1.53), prescription (OR 1.37) and reassurance (OR 1.34). Western migrants more often expected to get a prescription or medication (OR 1.22) and expected to get reassurance (OR 1.28) than native Dutch patients.

## Oral Communication

### THE IMPACT OF DEMAND STRATEGIES ON DECISION-MAKING OF PARENTS OF YOUNG CHILDREN FOR OUT-OF-HOURS PRIMARY CARE

E Keizer<sup>1)</sup>, Marie-Jeanne Giesen<sup>2)</sup>, Julia van de Pol<sup>1)</sup>, Joris Knobben<sup>3)</sup>, Michel Wensing<sup>1,4)</sup>, Paul Giesen<sup>1)</sup>

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**Introduction:** Parents of children between the age of 0 and 4 years more often make use of out-of-hours primary care with nonurgent conditions than other patient populations.

**Objective:** To explore the potential impact of demand strategies on patient decision-making in medically nonurgent and urgent scenarios during out-of-hours for children between the age of 0 and 4 years.

**Methods:** We conducted a cross-sectional survey with paper-based case scenarios. A survey was sent to all 797 parents of children aged between 0 and 4 years from four Dutch GP practices. Four demand strategies (co-payment, online advice, financial transparency and GP appointment next morning) were incorporated in two medically nonurgent and two urgent case scenarios. Combining the case scenarios with the demand strategies resulted in 16 cases (four scenarios each with four demand strategies). Each patients received a questionnaire with three of these cases and a baseline case scenario without a demand strategy.

**Results:** The response rate was 47.4%. The strategy 'online advice' led to more medically appropriate decision making for both nonurgent case scenarios (OR 0.26; CI 0.11-0.58) and

urgent case scenarios (OR 0.16; CI 0.08-0.32). Financial transparency (OR 0.59; CI 0.38-0.92) and a GP appointment planned the next morning (OR 0.57; CI 0.34-0.97) had some influence on patient decisions for urgent cases, but not for nonurgent cases. Co-payment had no influence on patient decisions.

## Oral Communication

### EVALUATION OF ATTITUDES TOWARDS THE DIFFICULTIES OF LIFE IN FAMILY PHYSICIANS IN DIFFERENT COUNTRIES

Oğuz Tekin<sup>1</sup>, Olgun Göktas<sup>2</sup>, Emine Çiğdem<sup>1</sup>, Sibel Ekici<sup>1</sup>, Seda Özcan<sup>1</sup>

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<sup>2</sup>*Uludağ University Family Health Center, Nilüfer/Bursa, Turkey*

**Introduction:** Attitudes to difficulties of family doctors on daily practice are important. They can be affected by different sociodemographic factors in different cultures.

**Objective:** We aimed to investigate family doctors' attitudes towards difficulties using a biopsychosocial approach in the context of their culture and sociodemographic data.

**Methods:** We applied "The Scale of Attitudes to Difficulties" to family doctors from different cultures. There were 112 participants. In addition to the questions of scale, age, gender, marital status, whether participants regularly read books and regularly took exercise were asked. Subsequently the reliability of the scale was evaluated using Reliability Analysis, Cronbach's alpha. Whether factors in the measure were affected by other possible factors was analysed using the ANOVA test. The SPSS 16.00 was used for statistical analysis.

**Results:** Results from Turkey (N: 60, Cronbach Alfa: 0.883) and Macedonia (N: 30 Cronbach Alfa: 0.689) were observed to be reliable. Italian group was unreliable (N: 22, Cronbach Alfa: 0.021) and removed from the analysis. In the Turkish group, the factor "Attitudes to Difficulties" was affected by marital status (p: 0.043) and number of children at home (p: 0.017), and the "Aims and Ideals" factor was affected by "Regular Sports" factor (p: 0.05). In the Macedonian group, it was observed that the "Outlook on Life" factor was affected by the "Number of persons in family" factor (p: 0.025), and the "Social Status" factor was affected by gender (p: 0.009). We saw that "Attitudes to Difficulties" were affected by different sociodemographic factors in different cultures. "The Scale of Attitudes to Difficulties" can be used in research on this subject.

## Oral Communication

### DEVELOPMENT AND VALIDATION OF GUIDANCE TO ADDRESS OCCUPATION IN GENERAL PRACTICE GUIDELINES

Lisette Verlee<sup>1</sup>, Jacintha Balen van<sup>1</sup>, Marjolein Bastiaanssen<sup>2</sup>, Carel Hulshof<sup>2</sup>

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<sup>2</sup>*Netherlands Society of Occupational Medicine (NVAB), Utrecht, Netherlands*

**Introduction:** Having a job is a health promoting factor, but if a job is not fulfilling or unsafe, it can lead to discomfort and symptoms. In 2014, the WONCA and the International Commission on Occupational Health (ICOH) pledged to work with partners to address the gaps in services, research, and policies for the health and safety of workers and to better

integrate occupational health in the primary care setting, to the benefit of all workers and their families.

In the Netherlands, both general practitioners (GPs) and occupational physicians (OPs) contribute to occupational health and work together to achieve this. However, current guidelines pay limited attention to occupation as a factor to promote health and wellbeing.

**Objective:** To develop and validate guidance to address occupation in general practice guidelines.

**Methods:** We reviewed literature including existing guidance and designed a draft including recommendations on each step of guideline development.

This draft was discussed in a focus group meeting with developers of general practice and occupational guidelines.

**Results:** The final instrument recommends to include 'occupation' in the literature search strategy, describes different options of collaboration with occupational physicians during the process of guideline development and which sections of a guideline require special attention for 'occupation', e.g. background information, history, education, non-drug treatment, follow-up and referral.

An expert group of GPs and OPs has been composed to support guideline developers in implementing the guidance in practice. Sustained collaboration between GPs and OPs is crucial for addressing occupational health issues in general practice.

## Oral Communication

### IMPACT OF HEALTH EDUCATION ON COPD PATIENTS BY COMPARING TWO DIFFERENT INTERVENTION GROUPS

Ruben Dominguez Fernandez<sup>1)</sup>, Santiago Perez Cachafeiro<sup>1,2)</sup>, Romina Martinez Liñares<sup>1)</sup>, Sandra Maria Ayude Diaz<sup>1)</sup>

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<sup>2)</sup>Instituto de Investigacion Sanitaria Galicia Sur, Pontevedra, Spain

**Introduction:** COPD is a progressive disease characterized by infectious exacerbations that affect the quality of life of patients.

**Objective:** Check the results obtained in the management of inhalers in patients educated by health professionals compared to those trained by patients considered experts, evaluating the evolution of the disease.

**Methods:** It's a community clinical trial of health education program facing health professionals and expert patients with analysis of the influence of intervention. Patients included in the study have an age between 40 to 70 years old. Expert patients are well controlled COPDs, selected according to objective scales and trained by health staff to improve the inhalation technique. Systematic sampling by clusters: medical quota. A descriptive analysis will be done before and after the interventions. We expect adequate use of inhalers of 75% in the branch of professionals and 90% in the group of expert patients.

**Results:** This is a project under development that seeks to reduce the morbidity and mortality of COPD patients by modifying inhalation technique and comparing with education is better: professional education versus expert patient training. Educational medicine is important for family doctors. This study want to compare this aspect of the medicine between the work doctor and nurses do in the Primary Care consulting and the labor than other COPDs expert patient can do.

## Oral Communication

### PHYSICAL ACTIVITY, PHYSICAL FITNESS AND NUTRITIONAL STATUS IN SCHOOLCHILDREN FROM 8 TO 12 YEARS.

Pedro J Tarraga Lopez<sup>1)</sup>, Carmen Celada Roldan<sup>2)</sup>, Eliseo Garcia Canto<sup>2)</sup>, Pedro Luis Rodriguez Garcia<sup>2)</sup>, Andres Rosa Guillamon<sup>2)</sup>, Juan Jose Perez Soto<sup>2)</sup>, Maria Loreto Tarraga Marcos<sup>1)</sup>, Ibrahim M. Sadek<sup>1)</sup>

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<sup>2)</sup>*Universidad de Murcia, Murcia, Spain*

**Introduction:** The evaluation of several health parameters appears essential to start early preventive action from childhood on.

**Objective:** Analyze the relationship between physical fitness (PF) related to health, regular physical activity (PA) and nutritional status in a sample of primary school children aged 8-12.

**Methodology:** Study descriptive relational and transversal. To evaluate the PF was used the ALPHA-Fitness battery based on evidence, whereas for estimating the PA, the schoolchildren completed the Krece-Plus PA short test, as for the evaluation of the nutritional status was used the diet quality index or KIDMED index diet.

All analyzes were performed using the SPSS statistical program (v.15.0 of SPSS Inc., Chicago, IL, USA), setting the significance level at  $p < 0.05$ .

**Results:** We evaluated 298 primary school students (159 women). The mean age was  $9.54 \pm 1.31$ . During the investigation, none of the participants had muscle or osteoarticular pain or lesions.

Schoolchildren with higher level of PF-ALPHA were directly associated with higher rates of diet quality. A high level of PF-ALPHA was related to higher levels of PA. Moreover, a high rate of diet quality was directly associated with a higher level of PA.

**Conclusions:** Schools should implement programs to promote nutritional awareness and PA to improve the schoolchildren fitness and general health

## One slide - 5 minutes presentation

### COMPARISON BETWEEN ICPC AND ICD-10 AT PRIMARY CARE IN KOREA

Mira Cho

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**Introduction:** The ICD-10(International Classification of Diseases and Related Health Problems, 10<sup>th</sup> Revision) is a medical classification system, which was developed by the World Health Organization (WHO). Its translated version has been used in many countries to classify and confirm diagnoses and diseases. South Korea also adopted ICD in 1948. The ICD 10 has limitations for primary and outpatient care. A complementary classification is required for primary healthcare.

**Objective:** This study was conducted to determine if ICPC-2(the international classification of primary care) can be an alternative coding system in South Korea primary care setting by comparisons between ICD-10 and ICPC-2.

**Methods:** Date and questionnaires for survey were collected from family medicine practitioners, working at general out-patient's clinics in Seoul.

**Results:** Results from this study revealed that ICPC-2 provided more information about patient's reasons for encounter and processes of management, same as previous studies. Also family medicine practitioners answered that although ICD-10 codes were more familiar, ICPC-2 reflected process or intervention of patient care more accurately and can be more adequate for patients' health care.

## Oral Communication

### THE SEVERITY OF TYPE 2 DIABETES AND HBA1C MEASURED ON DIAGNOSIS PREDICT RISK OF HIP FRACTURE IN PATIENTS WITH OSTEOPOROSIS

Jui-Yo Hsu<sup>1)</sup>, Chia-Yi Cheng<sup>2)</sup>, Chao-Yu Hsu<sup>3)</sup>

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<sup>3)</sup>Department of Family Medicine, Puli Christian Hospital, Puli, Taiwan, Nantou, Taiwan, Province of China

**Introduction:** Type 2 diabetes mellitus (T2DM) was found to have increased risk for fracture; however, T2DM and its relation to osteoporosis developing complications remained unclear. This study has demonstrated that higher T2DM severity and Hb<sub>A1c</sub> measures on diagnosis were associated with higher risk of hip fracture in patients with osteoporosis, which would further assist in precise risk prediction, particularly for patients with both osteoporosis and T2DM.

**Objective:** To examine the association between the severity of T2DM and the risk of developing hip fracture in patients with osteoporosis.

**Methods:** This was a retrospective case-control study of patients who received a diagnosis of osteoporosis between 2006 and 2010, with an adequate follow-up between 2006-2015, in a regional medical centre in central Taiwan. The severity of the diabetes was graded according to the diabetes complication severity index (DCSI). Logistic regression models were used to calculate the odds ratios (ORs) and to assess the risk of hip fracture. In addition, receiver operating characteristic (ROC) curves were established to assess the prediction models proposed.

**Results:** Of the 1,243 enrollees with osteoporosis between 2006 and 2010, a total of 1,188 patients, of which 87 had hip fractures in the follow-up period between 2006 and 2015, were considered eligible samples for analysis. In patients with T2DM, each level of the continuous DCSI was associated with a 1.56-fold (95% confidence interval [CI] = 1.12, 2.12) greater risk of hip fracture. In further stratification, patients with a DCSI > 3 had a significantly higher risk in comparison with those with a DCSI ≤ 1 (OR = 7.81, 95% confidence interval [CI] = 1.52, 40.11).

## Oral Communication

### PERFORMANCE OF THE FIRST EDITION OF A PARENTAL SKILLS COURSE IN A NEIGHBOURHOOD OF A BIG CITY

Marta Boné Ortiz, Ruth López Lara, Inmaculada Jansa Sanchez, Francisco José Luque Mellado, M<sup>a</sup> Ángeles González Martínez, Esperanza Martín Correa, Lidia Paino Pardo, Ana Carrera Rodríguez

*Institut Català de la Salut, Barcelona, Spain*

**Introduction:** The city's Public Health Agency (PHA), in its analysis about the health needs of the population, detected attention to parenting as one of its health promotion goals. Hence, the "Parental skills development program for families" was developed.

The Neighbourhood Community Council (NCC) agreed to train community agents in order to implement the first "Parental Skills Course" in the neighbourhood under the program.

#### **Objectives:**

- Encourage positive parenting in our community by providing tools to the families to handle everyday situations with their children.
- Establish alliances with other community agents in the territory.

**Methodology:** The workshop "*The adventure of being parents*" was structured for families with children between 3 and 5 years old. It was imparted by a pediatric nurse, a pediatrician and the social worker of the health center in coordination with the rest of the neighbourhood's community agents through the NCC.

They were made 9 group sessions of weekly frequency and 2h of duration with participatory dynamics and contents oriented to the development, the emotions, the learnings and the limits in upbringing.

Diffusion was made through posters and diptychs with support from the NCC.

**Results and/or evaluation:** It was attended by 17 participants (88% women)

The evaluation of the workshop was made through a validated questionnaire and the satisfaction survey of the participants. The participants' satisfaction was high, and the overall rating was mostly scored with a 4 out of 5

## Oral Communication

### DIVERSITY IN PREVENTIVE CARE PRACTICES PROVIDED BY GENERAL PRACTITIONERS: A CROSS-SECTIONAL STUDY IN SWITZERLAND AND FRANCE

Paul Sebo<sup>1</sup>), Bernard Cerutti<sup>2</sup>), Jean Pascal Fournier<sup>3</sup>), Rat Cédric<sup>3</sup>), Fabien Rougerie<sup>4</sup>), Nicolas Senn<sup>5</sup>), Dagmar M. Haller<sup>1,6</sup>), Hubert Maisonneuve<sup>1</sup>)

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<sup>6</sup>)Department of Community, Primary Care and Emergency Medicine & Department of Paediatrics, Geneva University Hospitals,, Geneva, Switzerland

**Introduction:** Preventive care provided by general practitioners (GPs) can reduce the burden of chronic diseases. However, several factors (gaps in knowledge, barriers to guideline adherence, lack of agreement between guidelines) may preclude adequate delivery and favor variability of preventive measures.

**Objective:** We aimed to assess the way in which preventive care are provided in terms of target population and screening tests used.

**Methods:** This study took place in 2015 in Switzerland and France. 3400 randomly selected GPs were asked to complete a questionnaire about how often they provide five measures of preventive care (screening for dyslipidemia, colon and prostate cancer, identification of at-risk drinking and advice to reduce for at-risk drinkers) and in what way they provide them.

**Results:** 764 GPs (23%) returned the questionnaire. The five preventive measures were provided by  $\geq 70\%$  of GPs, except screening for prostate cancer (56%), and screening for at-risk drinking in France (52%). A large variability was observed in the way in which GPs provide these measures. In general, screening for dyslipidemia is provided yearly to patients between 40 and 80. The majority of GPs do not use any test for screening at-risk drinking, and define at-risk and binge drinking for both sexes as being  $\geq 21$  drinks/week and  $\geq 4$  drinks/occasion in Switzerland (vs.  $\geq 14$  and 3 in France). Screening for colon cancer, mainly with colonoscopy in Switzerland (86%) and FOBT in France (93%), is provided every ten years in Switzerland and every two years in France, to patients between 50 and 75. Finally, screening for prostate cancer, usually with shared decision (82%), is provided yearly to patients between 50 and 75 years.

## Oral Communication

### THE POSSIBILITIES OF THE ORGANISING AN INTERNATIONAL COURSE ON THE DEVELOPMENT OF RESEARCH CAPACITIES IN GP/FM?

Mladenka Vrcic Kegljevic, Hrvoje Tiljak, Goranka Petricek, Renata Pavlov

*Foundation for the Development of Family Medicine in Croatia and VdGM, Zagreb, Croatia*

**Background & Aim:** Research in family medicine has a long tradition fostering the development of family medicine as specific scientific discipline. But, there are only a few countries in Europe incorporating research skills training in specialty training programs. Therefore, the Foundation for the Development of Family Medicine in Croatia was established with the main aims of supporting research and international collaboration. Facing the lack of opportunities, the Foundation and other international stakeholders are developing an idea to organise one-week, basic research course. It will be an opportunity to all young/experienced FP around Europe to develop their research and publishing capacities.

**Method:** The content, methods and the conditions of the course will be presented, giving the possibilities to potential stakeholders, teachers and participant, to take part actively.

**Results:** During the WONCA Workshop the colleagues all around Europe will be invited in the discussion on the needs, contents and possibilities to carry on such a course. The following questions are expected to be answered: What is the potential target population; trainees, young or more experienced FPs? Is the proposed research course appropriate to cover their needs? What are the conditions and needed resources? How to overcome the obstacles in conducting it? What should be done in promoting the course?

**Conclusions:** A draft proposal of the course programme is expected to be created as the results of the discussion.

## Oral Communication

### THE ASSESSMENT OF THE QUALITY OF CLINICAL PRACTICE GUIDELINES USED IN THE MANAGEMENT OF DIABETES

Esra Meltem Koç<sup>1)</sup>, Hilal Aksoy<sup>2)</sup>, Duygu Başer<sup>3)</sup>, Aylin Baydar Artantaş<sup>4)</sup>, Rabia Kahveci<sup>5)</sup>

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**Introduction:** Clinical practice guidelines have an important role in advancing the use of evidence-based medicine in the field of health. Diabetes is one of the noncommunicable chronic diseases that are a leading cause of morbidity and mortality globally, and clinical practice guidelines have been developed for its management.

**Objective:** The purpose of this study is to assess the quality of international and national guidelines used in the management of diabetes.

**Method:** Four international and three national diabetes guidelines of leading organizations in the field of guideline development were evaluated. The international instrument AGREE II was used to assess the quality of the guidelines. The guidelines were assessed by four independent testers that were trained for using the AGREE II scale and had not participated in the development of the guidelines.

**Results:** Seven guidelines on the management of diabetes were assessed by four testers that are specialists of their field. The mean scores of the guidelines in AGREE II domains were identified as 69.58% for purpose and scope, 56.70% for stakeholder involvement, 55.45% for rigor of development, 70.97% for clarity of presentation, 44.65% for applicability and 47.65% for editorial independence.

**Conclusion:** Guidelines should be developed according to an evidence-based standard procedure. It should be decided which guideline to use after the quality and contents of the guidelines developed are audited. Further studies are necessary to ensure the effectiveness of clinical practice guidelines.

## 2.08. Education and professional development

One slide - 5 minutes presentation

### ANALYSING POPULATION DEMAND TO ALIGN TRAINING WITH PRACTICE

Amar Patel<sup>1)</sup>, Gregory Davies<sup>1)</sup>, Kerrie Richardson<sup>2)</sup>, Claire Evans<sup>3)</sup>, Leah Jones<sup>4)</sup>

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**Introduction:** The demands facing general practice are changing. A growing elderly population, chronic diseases, the obesity 'epidemic', and the increasing burden of mental

health illness are just a few of the challenges clinicians now face. Training must evolve to reflect these needs.

**Objective:** To determine if day to day demand seen in general practice is represented in the training provided.

**Method:** We performed a retrospective analysis of all acute general practitioner consultations over one month, in a single provider – covering 2 sites and 11000 patients. Information on patient age, gender and speciality was obtained from the electronic records system. Alongside this, two local training schemes were analysed - totalling 40 run through posts – according to length of rotations and specialities assigned to.

**Results:** There were 2651 consultations. The median age was 62 (43-76); 57% were women. Orthopaedics and rheumatology (MSK), respiratory and dermatology were the 3 most commonly occurring specialities at 13%, 11% and 9% of demand; combined, they accounted for 3% of training rotations. Gastroenterology, cardiology, urology and neurology accounted for a total of 23% of workload and 2% of training rotations. Paediatrics, obstetrics & gynaecology, ear, nose & throat and psychiatry were proportionally represented. Training schemes were three years in length, half of which was spent in general practice. There were 36 rotations varying between three, four, six and 12 months.

**Conclusion:** This study highlights discrepancies between the speciality workload seen as a GP and the exposure to those specialities in training - specifically MSK, respiratory and dermatology. Analysing local and regional demand and weighting rotations based on findings may help correct inconsistencies in training and practice.

## Oral Communication

### TAILORING CONTINUING EDUCATION TO PROFESSIONALS AND TEAM'S CLINICAL PRACTICE NEEDS: A DEMONSTRATION INTERPROFESSIONAL PERFORMANCE IMPROVEMENT PROJECT IN DIABETES

Suzanne Murray<sup>1</sup>), Ivan Desviat<sup>2</sup>), Patrice Lazure<sup>1</sup>), Luis Alberto Vazquez<sup>2</sup>), Marta López Cano<sup>3</sup>), Carlos Pesquera<sup>3</sup>)

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**Background:** Performance Improvement (PI) initiatives typically include three phases: 1) establishing needs and learning objectives; 2) intervention to improve performance; 3) evaluation of impact. An interprofessional PI initiative in Type 2 diabetes (T2D), the European Performance Improvement Demonstration project in Diabetes (EPIDD), was deployed in three primary care clinics in Spain.

**Objective/Methods:** EPIDD's first phase aimed to inform tailored education and included 4 steps: 1.1) literature review to identify potential clinical challenges; 1.2) prioritization by educational experts to identify areas where interprofessional education would be beneficial; 1.3) prioritization by a working group of local healthcare providers (HCP) and decision-makers to ensure relevance to local context; 1.4) qualitative inquiry (interviews with HCP; n:25) to validate identified challenges locally.

**Results:** The literature review lead to the identification of 47 challenges which were grouped and prioritized by educational experts into 9 addressable challenging areas, from which 4 (with 27 underlying causalities) were retained by the local working group: A) diagnostic and patient uptake of diagnosis; B) Insulin therapy and therapeutic inertia; C) Empowerment of

patients to make lifestyle changes; and D) Pro-active management of T2D complications. The qualitative inquiry confirmed the four challenging areas and 11 causalities, and identified 26 new causalities.

**Conclusions:** Findings informed a tailored educational intervention to address the locally validated challenges. Post-educational intervention evaluation found increases in knowledge, skills and confidence, reduced therapeutic inertia, more proactive T2D management and enhanced patient-provider communication. Findings support evolution of the current educational paradigm to deliver more tailored educational interventions through PI initiatives.

## Oral Communication

### PERCEPTIONS AND ATTITUDES OF INTERNS TOWARD PEER EVALUATION: A FACTOR ANALYSIS

Marouan Zoghbi<sup>1</sup>, Cedra Ghossoub<sup>1</sup>, Rania Sakr<sup>2</sup>

<sup>1</sup>Saint Joseph University, Beirut, Lebanon

<sup>2</sup>LAUMC, Beirut, Lebanon

**Introduction:** Active learning is a useful tool for professional development giving students the opportunity to achieve complex objectives while enforcing their self evaluation capacity. Peer evaluation is a major tool in active learning giving interns the opportunity to get feedback from their peers on their real life daily performance. This mode of evaluation gives feedback on difficult to evaluate aspects like humanism, professionalism, communication and clinical skills. The acceptability of medical interns for this kind of evaluation is crucial for its implementation.

**Objective:** We conducted this study to evaluate interns' perceptions and acceptability of peer evaluation at Saint Joseph University, Lebanon. Methods: This is a cross sectional study including all interns of saint joseph university. Data collection was done using a self administered questionnaire completed anonymously.

**Results:** 123 interns responded (43%). Respondents mean age was 27 years with a feminine relative majority of 55.2%. 46.3% and 40.7% respectively have evaluated or have been evaluated by their peers. 73% accept peer evaluation and a majority admit that peer evaluation is an active learning process (73.2%) enhances critical thinking (84.5%), and medical reading (77.3%). Interviewed interns admitted the benefit of this evaluation in enhancing professionalism and collaboration. A factor analysis has been conducted and has reduced the data to three factors: the first explores the acceptability of this method, the second explores the actual application of peer evaluation and the third explores barriers . scores 1 and 2 varied with the medical specialty and score 2 was higher in males.

## Oral Communication

### A HEALTHY DOSE OF BOREDOM

Charlotte Sidebotham

National Health Service, Truro, United Kingdom

**Introduction:** Society has developed an expectation of being constantly occupied and stimulated. Boredom is an uncomfortable feeling. It is a specific mental state that people find

unpleasant – deprived of stimulation, it leaves them craving relief, with a host of behavioural, medical and social consequences.

**Objective:** Boredom is an emotion that is linked to risk-taking. People who are more prone to boredom are at an increased risk of drinking, smoking and drug addiction, and more vulnerable to anxiety and depression. Extended periods of boredom can lead to cerebral atrophy and dementia.

**Methods:** Cumulative research reveals boredom may lie behind the trait, curiosity. Boredom urges us to seek new goals, explore new territories and dream new ideas. Perhaps the issue with boredom is actually our own misunderstanding of it? There's a difference between boredom and being still. In stillness, we have time to daydream and rest, and it's critical for a healthy and creative mind.

Immordino-Yang's work indicated screen time can limit our brain's ability to access its 'default mode'. When people wakefully rest in the functional MRI scanner, their minds wander, and they engage a so-called 'default mode' of neural processing. This is relatively suppressed when attention is focused on the outside world. The brain's default mode is responsible for recalling personal memories and imagining the future.

**Results:** The key perhaps, is moderation. Occasional boredom is inevitable. Don't eradicate boredom, or be bored all the time. Aim for a healthy dose.

One slide - 5 minutes presentation

## EVALUATION OF THE TRAINING ON THE PREVENTION OF CARDIOVASCULAR DISEASE FOR FAMILY DOCTORS

Oleksii Korzh

*Kharkiv Medical Academy of Postgraduate Education, Kharkiv, Ukraine*

**Introduction:** Family physicians directly communicate with their patients during clinical encounters across numerous settings, and research indicates that patients highly value recommendations provided by their physicians.

**Objective:** Aim of this study was to assess the influence of the training on the knowledge, skills and attitudes of family doctors on the prevention of cardiovascular disease.

**Methods:** It was included 150 family doctors. Training group (TG) contains 75 doctors who participated in the modules of the cardiovascular prevention training for family physicians. Control group (CG) contains 75 doctors that work in the same facilities who didn't participate in the training. The groups are gender-balanced with different age, length of the years of work. All doctors completed the special designed questionnaire with the selected quality criteria.

**Results:** It has been shown significant statistic differences between TG and CG for the followed criteria: recommended levels of blood pressure (79.5% from TG and 43.6% from CG,  $p < 0.05$ ), blood glucose (78.6% of TG consider it as standard procedure and only 51.2% of CG,  $p < 0.05$ ), full physical examination (82.3% from TG and 56% from CG,  $p < 0.05$ ), using the complete set of laboratory tests (completely used by 81.7% of the doctors from TG compared with 41.8% from CG,  $p < 0.01$ ). Most of the parameters about knowledge level, diet and exercise attitude of the training group have been improved after this training.

**Conclusions:** The family doctors who participated in the modules of the cardiovascular prevention training have the greatest progress in implementation the recommended standards. Structured education program improves attitude, practice, knowledge level and results in family doctors.

# 22<sup>nd</sup> WONCA Europe Conference

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One slide - 5 minutes presentation

## CLINICAL REASONING MEETINGS HELD BY MEDICAL STUDENTS: PROMOTING INTEGRATIVE KNOWLEDGE AND A HUMANISTIC PATIENT CENTERED APPROACH

Lucas José De Antonio, João Godoy, Victor Hugo Vachi, Pedro Subtil De Paula, Pablo González Blasco

*SOBRAMFA, Sao Paulo, Brazil*

**Introduction:** Because of scientific progress, medical students are usually exposed to large amounts of knowledge in a fragmented way, since medical schools' curricula are often based on disease studies aiming to update learners in diagnosis and modern therapeutics. Even when using Problem Based Learning and Evidence Based Medicine, the disease not the patient is the main focus of the learning process, and that can have negative impact on later clinical reasoning.

**Objective:** To evaluate the impact of clinical reasoning discussions held by medical students to promote integrative knowledge and develop a humanistic patient-centered approach in medical students.

**Methods:** SOBRAMFA- Medical Education and Humanism, a Brazilian Institution devoted to family medicine education, promotes monthly scientific meetings in São Paulo (Brazil). Students from different medical schools, and from different years of the undergraduate course attend the meetings that are leaded by students themselves (2 or 3 students are in charge of each meeting) and supervised by two faculty members of SOBRAMFA. The cases are selected from presenter's personal experience. Dynamics consist of case presentation by students, coordinators make interruptions and question the audience about possible diagnoses and management. Discussions are interactive and always look for a patient-centered approach.

**Results:** More than 500 students from 8 different medical schools have attended these meetings in the last 10 years. Students report the experience as an exciting innovative methodology that help them in develop clinical thinking, encourages academic development and to talk in public, and stimulates self-reflection on their own process of learning.

One slide - 5 minutes presentation

## MY EXPERIENCE AT USF MIRANTE

Rita João

*USF Corgo, Vila Real, Portugal*

**Introduction:** The family physician must have the ability to "mold" himself to the community in which he / she is inserted. In an increasingly unstable workplace, the medical intern working in the north of Portugal (USF Corgo) proposed to know a different reality from the one I she was used to. After approval, was placed, during the month of June 2016, at USF Mirante in Algarve, the south of Portugal.

**Objective:** To know other social, economic and demographic realities, in a population with different characteristics from the population served by USF Corgo and Know other type of organizations.

**Methods:** During June, had the opportunity to meet USF Mirante at ACES Central, coordinated by Dr. José Luís Nunes. Here had the opportunity to attend consultations of the risk groups, adult health consultations, home visitation and weekly meetings with the team. At the public

health unit, had the opportunity to attend consultations on smoking cessation, follow-up of tuberculosis and consultations with the hygienist. With the UCC followed the work of ECCI, school health, GASMI, SNIPI, preparation for childbirth and nutrition. At URAP, the medical intern followed the work carried out by the Radiologist and hygienist. To enrich her internship and given that it is an area of personal interest, visited the Algarve Displacement Unit, with whom assisted a few consultations and group therapies. Also, attended the CAT's consultations and collaborated in training the NIPSA technicians.

**Results:** This experience was very enriching both personally and professionally and all objectives were achieved.

### One slide - 5 minutes presentation

### A TAG ALONG PROGRAM FOR MEDICAL STUDENTS: FACILITATING EARLY CONTACT WITH PATIENTS AND DEVELOPING PATIENT CENTERED APPROACH AND SELF-LEARNING.

João Godoy<sup>1)</sup>, Lucas José de Antonio<sup>2)</sup>, Victor Hugo Vachi<sup>3)</sup>, Pedro Subtil de Paula Subtil de Paula<sup>3)</sup>, Pablo González Blasco<sup>3)</sup>

<sup>1)</sup>*Faculdade de Medicina de Jundiaí, Jundiaí, Brazil*

<sup>2)</sup>*Centro Universitário São Camilo, São Paulo, Brazil*

<sup>3)</sup>*SOBRAMFA, São Paulo, Brazil*

**Introduction:** During the first years of undergraduation Medical Students are exposed to scientific knowledge but they have very scarce contact with patients in this period. Thus, there is a divergence between the required issues to be learned and the relevance of them. Real motivation is lacking.

**Objective:** To appraise the educational impact of a Tag Along program for medical students in which they are able to accompany family doctors in their daily practice

**Methods:** In order to expose medical students to a real family practice setting SOBRAMFA-Medical Education and Humanism has implemented the Tag Along Program. This one or two-week Program (40 or 80 hours), includes seeing patients in the family practice ambulatory setting, home visits, accompanying family doctors in hospitals, dealing with palliative care and with geriatrics nursing homes, providing continuity of care to patients with multiple comorbidities

**Results:** The Tag Along Program started in 2004 and so far, 250 students from 48 different medical schools have joined the program. An important educational issue is that students (even those at the first years of medical school) are capable to take care of patients with proper supervision. They see patients, follow clinical examination and participate in the usual decisions that the medical staff takes for providing care for patients. Students learn communication skills, understand the whole person and the family context, continuity of care, to solve complicated problems with inpatients, to deal with other physicians and health professional teams. Also, they address self-knowledge and develop self-learning and increasing initiative.

One slide - 5 minutes presentation

## **GATHA-RES: AN INSTRUMENT TO DETERMINE ATTITUDES, COMMUNICATION SKILLS AND TASKS OF THE RESIDENTS IN FAMILY AND COMMUNITY MEDICINE**

Pablo García Sardón<sup>1)</sup>, Eduardo Molina Fernández<sup>2)</sup>, Laura Rodríguez de la Rosa<sup>1)</sup>, Miguel Pedregal González<sup>2)</sup>, Jesús Pardo Álvarez<sup>3)</sup>

<sup>1)</sup>*Infanta Elena Hospital, Huelva, Spain*

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<sup>3)</sup>*Health Center El Torrejón, Huelva, Spain*

**Introduction:** Effective communication is essential to practice high-quality medicine. It improves satisfaction, comprehension, compliance and results in health.

GATHA- RES questionnaire is a validated instrument to assess attitudes, communication skills and tasks of the residents in Family and Community Medicine (FCM).

**Objectives:** To describe attitudes, communication skills and tasks in residents of FCM. To determine the relation with gender and years of residency.

**Method:** Design: observational descriptive study.

Study Population: Residents from 1<sup>o</sup> and 3<sup>o</sup>-4<sup>o</sup> years (n=66)

Variables: gender, years of residency and GATHA-RES (27 items: 6 for interviewer attitudes, 14 for communication tasks and 7 for communication skills).

Analysis: percentage for qualitative variables. Confidence intervals (95%). Chi – square.

**Results:** Interviewer attitudes: 48.5% (CI 36.6-60.5) orally express to know feelings and worries of the patient. Communication tasks: the demand was limited to 41.5% (CI 39.1-53.8); the specialist knows the mood of the patient in 37.1% (CI 25.8-49.6), life stressors in 19.4% (CI 10.9-30.6) and family environment in 25.8% (CI 16.1-37.7). Communication skills: about strong emotions, 21.2% (CI 12.8-32.8) show emotional containment.

No differences between genders.

Psychosocial factors: impact of the symptoms in life (p=0.006) shows significant differences by year of residency.

**Conclusions:** Worst results are related to feelings and psychosocial sphere.

No relation with gender. Communication skills improve during residency. Older residents show acceptable communication skills.

Oral Communication

## **ASSESSING THE EDUCATIONAL NEEDS OF GENERAL PRACTITIONERS AROUND ALZHEIMER'S DISEASE ACROSS EUROPE AND CANADA**

Grazia Dell'Agnello<sup>1)</sup>, Lesley McRae<sup>2)</sup>, Claudia Fresca<sup>3)</sup>, Tanja Bosshard Becker<sup>4)</sup>, Robin Kleiner<sup>4)</sup>, Michela Iannuzzi<sup>1)</sup>

<sup>1)</sup>*Eli Lilly Italia SpA, Sesto Fiorentino, Italy*

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<sup>3)</sup>*Medical Writer, London, United Kingdom*

<sup>4)</sup>*Executive Insight, Baar, Switzerland*

**Introduction/Background:** To enable better patient management of Alzheimer's disease(AD), timely diagnosis is essential but in practice is often delayed. A multidisciplinary working group of dementia specialists and general practitioners(GPs) hypothesized that a

primary reason for a delay in timely detection and diagnosis/ referral stems from a knowledge gap among general practitioners.

**Objective/Methods:** The purpose of this research was to validate the hypothesis of the working group and to identify educational needs in AD management in primary care. Sixty telephone interviews were conducted with GPs across Canada, Germany, Sweden and the UK, with a further 75 interviews to be conducted in five other European countries (additional data will be available during the congress).

**Results:** GPs rated their current AD knowledge as average in the following areas: choosing and applying appropriate screening tools, treatment knowledge and patient management. GP's are highly interested in improving their competence. Educational needs were ranked by relevance to practice and interest in improving knowledge. The top ranked needs were: AD treatment approaches (4.43 out of 5); diagnostic process (4.40); differentiating AD from other causes of cognitive impairment (4.34); managing symptoms post-diagnosis (4.33); applying and choosing appropriate screening tools (4.32 and 4.30 respectively). GPs showed interest in attending Medical Education programs if clinical value could be provided to their patients.

**Conclusions:** GPs identified several unmet educational needs in AD detection, diagnosis and patient management and showed interest in improving their knowledge, especially in topics more relevant to daily practice, through specific Medical Education programs.

## Oral Communication

### DEVELOPING CORE COMPETENCIES IN GLOBAL HEALTH AND INTRODUCING THEM INTO THE POSTGRADUATE GP TRAINING CURRICULUM IN THE UK

Claire Rees, Karishma Singh, Lucy Obolensky

*Junior International Committee, RCGP, London, United Kingdom*

**Introduction:** There has been increasing awareness of the need for doctors to develop competencies in global health. In the UK, the Global Health Curriculum Group have published core competencies relevant to all post-graduate training curricula.

As members of the Junior International Committee of the RCGP we have been exploring how global health can be integrated into the GP curriculum.

#### **Objectives:**

- Review the GP curriculum against the global health competencies by carrying out a gap analysis.
- Undertake a survey to assess the views of GP trainers regarding inclusion and delivery of these competencies.

#### **Method**

- We reviewed the curriculum to determine whether these competencies are already in place and where there is scope for inclusion; we are working closely with the RCGP curriculum team regarding inclusion of these competencies.
- We developed a survey which has been completed by 240 GP trainers and Postgraduate GP Deans throughout the UK to gauge their views on introducing global health competencies into the curriculum.

**Results:** We identified areas of global health which are already in the curriculum for example, learning about female genital mutilation. We also clarified which competencies are not fully covered for example, taking a travel history and the impact of migration on health.

The survey responses show that 54% feel that global health is relevant to their every day role however, only 8% of respondents have had formal training in global health. The survey

results therefore highlight the challenge in equipping GP trainers with the relevant knowledge to facilitate trainees in acquiring these competencies.

## Oral Communication

### AN EXPERIENCE OF LEARNING FAMILY MEDICINE CORE VALUES: IMMERSING INTO THE UNIVERSE OF PALLIATIVE AND INTEGRATIVE CARE.

Pedro De Paula, Vitor Vachi, Jaqueline Rocha, Joana Tolosa  
*SOBRAMFA - Brazilian Society of Family Medicine, São Paulo, Brazil*

**Introduction:** SOBRAMFA (Brazilian Society of Family Medicine) faculty members and residents are in charge of several Palliative and chronic patients on private hospitals in São Paulo, Brazil. Through Palliative and integrative care, SOBRAMFA faculty members teach the core values of family medicine, such as goodwill, humility, compassion and honesty with a good success.

**Objective:** To describe how Palliative and Integrative care were strong tools for residents to learn family medicine core values.

**Methods:** Palliative and integrative care experiences are told on the residents' perspective - During medical graduation, important topics such as death and living options are often forgotten or underestimated. Learning to deal with death is usually difficult or even traumatic on the clinical practice, both for the doctor and for the patients with their families. While taking care of palliative patients, residents are safe to observe the faculty members' attitudes and speech, and naturally learn values like compassion, empathy and honesty, once those values are necessary to deal with the situation, so are drug doses, clinical update and all the technical information; On Integrative care is the same. Those same values are necessary to deal with complex patients that need a broader view and a deeper approach.

**Results:** Residents and students learn better with other doctors' examples<sup>1</sup>. Palliative and integrative care, these values were much more likely to rise on the residents' view as an essential lesson. Palliative and Integrative care are strong tools to learn the core values that make family doctors what they really are.

## Oral Communication

### IMPLEMENTATION OF BLENDED LEARNING IN TEACHING POSTGRADUATE FAMILY MEDICINE: STUDENTS' PERCEPTION.

Nurainul Hana Shamsuddin, Hani Syahida Salim, Puteri Shanaz Jahn Kassim, Maliza Mawardi, Hanifatiah Ali, Siew Mooi Ching, Ping Yein Lee, Sazlinas Shariff Ghazali  
*Department of Family Medicine, Faculty of Medicine & Health Sciences, Universiti Putra Malaysia, Serdang, Selangor, Malaysia*

**Introduction:** Blended learning is a learning innovation which applies the concept of face-to-face learning and online learning. The concept is practiced in medical education. However, examples of these innovations in teaching family medicine are still limited, the majority implemented in undergraduate teachings. Medical educators had studied the effectiveness and acceptance of blended learning in undergraduate learning of family medicine. The results were positive in terms of the students' clinical performance and their satisfaction towards the method and outcomes. In our postgraduate teaching, the learning environment is different as the students are practioners and face-to-face teaching is limited. To meet the needs of our

trainees and improve their medical reasoning, our team had started a pilot project using an online app (PADLET) as an interface for the blended learning.

**Objective:** To explore the perceptions of students in the implementation of blended learning among the postgraduate trainees in family medicine

**Methods:** A qualitative study was conducted after the pilot group of trainees completed a cycle of blended learning. There were 12 Masters of Family Medicine trainees involved, all of which were in their hospital specialties rotations. Three semi-structured focus group discussions (FGD) were carried out using topic guides. The FGDs were audio-recorded, transcribed and the data thematically analyzed.

**Results:** Emergent themes related to students' perceptions were categorized into positive and negative. Positive perceptions: stimulated self-learning, medical reasoning and student-teacher interaction. Negative perception: mismatch of expectations between student and teacher, inconvenient to lecturer and perceives use of "whatsapp" more real-time

One slide - 5 minutes presentation

## **SURVEY TO SUPPORT THE UPDATE OF THE ROMANIAN FAMILY MEDICINE TRAINING PROGRAM**

Engya-Aniko Jakab, Raluca Zoitanu, Mihai Mara

*Romanian National Society of Family Medicine, Bucuresti, Romania*

**Introduction:** Family medicine exists since 1990 in Romania, as an independent clinical specialty. To become a family medicine specialist in our country one must finish six years of general medical education and three years of specialized training. The Romanian National Society of Family Medicine (SNMF) aims to improve the training system and supports a curriculum update. The Young Family Doctor's Group of SNMF (tineriMF), collaborated in the curriculum update process by running a survey among young doctors about the current family medicine curriculum.

**Objective:** The objective of the survey was to collect information referring to the experiences and perceptions on the actual curriculum and the changes requested by trainees and young family doctors in Romania.

**Methods:** An anonymous survey was distributed nationally online via social media to young family doctors in May 2016. The survey included 23 questions including demographics, experiences and perceptions on the current family medicine curriculum in Romania. The survey was accessible for one week. There were 42 respondents.

**Conclusion:** 93% of the young doctors thought that the actual curriculum must be updated and 52% agree with an extended training period. More results will be available in the presentation. Family medicine is a relatively new specialty in Romania but constantly developing. From January 2017 the training program is extended to 4 years in Romania, making a huge step in the history of family medicine. Our colleagues have the opportunity to start in a new training program for a better professional development.

Oral Communication

## **AWARENESS OF MEDICAL STUDENTS ABOUT EVIDENCE-BASED MEDICINE**

Mehmet Arslan<sup>1</sup>), Halime Seda Küçükerdem<sup>2</sup>), Elif Keskin Arslan<sup>3</sup>), Meryem Baştürk<sup>1</sup>), Esra Meltem Koç<sup>1</sup>), Melih Kaan Sözmen<sup>4</sup>), Gülseren Pamuk<sup>1</sup>), Yusuf Cem Kaplan<sup>3</sup>)

# 22<sup>nd</sup> WONCA Europe Conference

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**Introduction:** Evidence-based medicine (EBM) is the practice of using the best evidence available carefully, transparently and rationally when making decisions about patient care. In our era, the complexity and high cost of health care increases patient expectations, and EBM is needed to achieve optimal results, to reduce the differences in clinical practices, to provide better services and to promote the understanding of more effective and cost-effective health care practices.

**Objective:** The aim of this study is to determine the knowledge and education levels, and attitudes to EBM (Evidence-based medicine) among students in a medical faculty in Izmir, Turkey.

**Method:** A data form consisting of questions regarding research methods, scientific databases, evidence pyramid, receiving EBM lectures, critical appraisal of scientific papers, participation to a clinical trial and whether published a scientific paper.

**Results:** The mean age of the 44 participants from the sixth year students was 23,34 ±0,56 . 63.6% of them were men. 93.2% have heard terminology of EBM. Only 34.1% of the participants used systematical reviews for receiving medical information, on the other hand lecture notes received the highest rate (90.9%). 72.7% knew that the meta-analysis is at the top of evidence pyramid. 15.9% reported that they could critically appraise a scientific paper, 61.4% participated to a trial as a researcher and 25% had a scientific paper including an abstract. 75% were willing to receive more information about EBM. Collections of data from other medical students are going on.

## Oral Communication

### THE KNOWLEDGE OF AND THE ATTITUDES TOWARDS FAMILY MEDICINE IMPROVE AFTER COMPLETING A SPECIFIC COURSE

M. Candelaria Ayuso Raya, Mónica López García, Jesús López-Torres Hidalgo, Juan M. Téllez-Lapeira, Julio Montoya Fernández, Esther Mudarra Tercero, M. José Fernández Pérez, Francisco Escobar Rabadán  
*SESCAM, Albacete, Spain*

**Introduction:** The widely known cold climate towards primary care in the medical academia constitutes a barrier to have a good opinion of the Family Medicine (FM). A specific course could instil in students a greater interest **about it**.

**Objective:** To determine medical students' knowledge of and attitudes towards FM before and after completing a specific course in their 5<sup>th</sup> year of the degree.

**Method:** This is a "pretest-posttest" design, at the Albacete Medical School, in the 2015-2016 academic year.

Students were asked to respond to the brief CAMF (Spanish acronym for "Knowledge and Attitudes towards Family Medicine"), a questionnaire with 21 closed response items (5 options on a Likert scale). The questionnaire also contained items on the socio-demographic

and academic characteristics of the students. They responded before and after completing a FM course.

Statistical analysis was performed with SPSS 17.0: descriptive statistics and comparison of proportions and means/medians for related data.

**Results:** We obtained responses from 105 students, 74 of whom answered both questionnaires. The students had a median age of 22 years, interquartile range (IQR): 22-23; 69.2 were women.

We found in the posttest an improvement in the score for 15 of the questionnaire items. Prior to starting the FM course, 31.1% of students said they would like to become a family doctor in the future, this rose to 37.8% after completing the course ( $p=0.005$ ).

The mean of the CAMF score increased from the pretest [17.7, standard deviation (SD):6.7] to the posttest [23.5, SD:7.3] ( $p<0.0001$ ).

One slide - 5 minutes presentation

## USHAPE: UTILISING SKILLS EXCHANGE AND CASCADE TRAINING IN TACKLING FAMILY PLANNING IN RURAL UGANDA

Ceri Gallivan<sup>1,2</sup>), Claire Thomas<sup>1,2</sup>), Emily Clark<sup>1</sup>), Clare Goodhart<sup>1</sup>)

<sup>1</sup>Royal College of General Practitioners, London, United Kingdom

<sup>2</sup>Bwindi Community Hospital, Uganda, Kanungu, Uganda

**Introduction:** Uganda has one of the world's highest fertility rates. Family planning enables women to space their children and limit their family sizes, leading to reduction in child and maternal mortality and improved economic outcomes.

USHAPE (Uganda Sexual Health and Pastoral Education) is a GP led project delivering family planning and sexual health training in South West Uganda. USHAPE began as a partnership between the UK Royal College of General Practitioners and Bwindi Community Hospital (BCH) in 2012, as a Tropical Health & Education Trust (THET) funded Health Partnership Scheme. It has since been expanded to 2 additional Ugandan hospitals.

**Objectives:** USHAPE aims to decrease the unmet need for contraception in the areas the hospitals serve.

**Methods:** USHAPE uses a cascade model of training; lead nurses learn to deliver training alongside our UK GP volunteers and equip other nurses and midwives to become confident family planning providers. These graduates then deliver training to village health teams, teachers, adolescents and generic health workers, delivering positive messages about family planning.

**Results:** Using this approach hundreds of staff and community members have improved knowledge and understanding of family planning. 58 staff and 61 students have become family planning providers. 60 teachers from 30 schools, over 1000 adolescents and over 150 village health workers have been educated. In 2017 the first train the trainers program will run, aiming to build sustainability and capacity to expand to new institutions. Plans are in place to evaluate behavioural change and subsequent health outcomes over time.

## Oral Communication

### THE ASPECTS OF MEDICAL FACULTY STUDENTS TO ACADEMICAL FAILURE IN IZMIR KATIP ÇELEBI UNIVERSITY FACULTY OF MEDICINE

Halime Seda Küçükerdem<sup>1)</sup>, Hüseyin Can<sup>2)</sup>, Esra Meltem Koç<sup>3)</sup>

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**Introduction:** There are many studies related to academic success and it's thought that there are several factors related to academic failure. Academic success at medicine faculty is influenced by new responsibilities brought by college life and to adapt this new life style and also affected by the difficulty of lectures and intensive programs.

**Objective:** In our study we aim to investigate the aspects of students who had academic failure in medical school in-depth perspective and to reveal underlying causes.

**Methods:** This study was designed in a qualitative research pattern. 12 students were interviewed whom continue their education in the 2015-2016 year in İKÇÜ Medical School and failed. Data was collected using semi-structured questions, that were asked during face to face interviews and they were recorded. The audio recordings were listened and decrypted into Word files. Then analyses were conducted by three researchers. Themes were created as follows: Opinions and beliefs of the students about the effects of faculty on academic success, Attitudes, beliefs and opinions on study behaviors, Feelings and beliefs on being medical doctor and Opinions about the impact of the social environment.

**Results:** The majority of the interviewees think that there are different factors about their academic failure and there are mistakes and lack of studying; however, they don't take an action to fix it. Students don't benefit from their advisors. Providing advices by their experienced advisors to the students can contribute on academic success. Lectures which make students feel as doctors shall be increased in the curriculum for motivation.

## Oral Communication

### MIRRORING PRACTICE. CRITICALLY REFLECTING ON PERSONAL PRACTICE USING 'MIRROR INFORMATION'

Nynke van Dijk<sup>1)</sup>, Mechteld Visser<sup>1)</sup>, Jettie Bont<sup>1)</sup>, Ilona Stadius Muller<sup>2)</sup>, Marije Holtrop<sup>3)</sup>

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**Background:** Reflection on personal practice forms an important precondition for professional development and lifelong learning, but is also considered difficult in general practice. Reflection might be enhanced when comparing personal practice habits with that of colleagues with similar practice populations, or so called mirror information. Data of declarations as received by insurance companies can be used to compare personal practice habits to that of colleagues. In this study we explored the effects of using this mirror information as input for personal development in groups of GPs.

**Objective:** To explore the effects of using personal mirror information to enhance professional development of general practitioners.

**Methods:** All GPs received personal mirror information on, among others, medication use, referrals and interventions based on the data from health insurance companies. These data came with reference values for similar practices when looking at the age, gender, income and chronic conditions of the patient populations. During three educational sessions with groups of 6-10 GPs the personal mirror information was compared and discussed using the method of appreciative enquiry. During each meeting aims for quality improvement were set. Based on the recordings and observations of these meetings we qualitative analyzed the effects of the use of the mirror information and group sessions.

**Results:** The preliminary results of this analysis showed that using mirror information based in insurance data and discussing them in groups had both positive and negative effects. Trust, time, and amount of detail were found to be important factors when using mirror information by GPs.

## Oral Communication

### THE ATTITUDE OF THE MEDICAL STUDENT TOWARDS THE PATIENT WITH MENTAL ILLNESS

Larissa Olm Cunha<sup>1)</sup>, Lilian Hupfeld Moreno<sup>2)</sup>, Isabel Cunha<sup>1)</sup>, Carlos Hubner<sup>3)</sup>

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<sup>2)</sup>*SANTA CASA DE MISERICÓRDIA DE SAO PAULO, SÃO PAULO, Brazil*

<sup>3)</sup>*PUC-SP, Sao Paulo, Brazil*

**Introduction:** The stigma of mental illness among medical students has negative consequences for the development of the doctor-patient relationship, compromising it due to the communication limitations imposed by the setting and the unpreparedness of the student. The literature shows that greater knowledge of Psychiatry seems to improve the student's attitude towards the patient with psychiatric disorder.

**Objectives:** To evaluate the attitude of medical students towards the psychiatric patient.

**Methods:** Quantitative exploratory study with application of the Medical Condition Regard Scale. The sample consisted of 59 medical students from a private medical university of the state of São Paulo, Brazil, of both genders, being 20 interns (2 last years of graduation) and 39 non-interns (first to fourth years).

**Results:** Interns had more interaction with psychiatric patients and more knowledge in Psychiatry, however less positive attitudes towards them as indicated in questions: E (Patients like these irritate me), H (Working with patients like these is particularly difficult for me) and K (I'd rather not work with patients like these). The data obtained can contribute to the improvement of the medical curriculum in the psychiatric rotations, improving the doctor/student-patient relationship. The most favorable attitudes towards psychiatric patients came from non-internal students who had less contact with the specialty. Since several factors determine the attitude toward psychiatric patients, it is necessary to broaden the discussion of the subjects publications reveal divergent results among researchers, and the SCMR scale can contribute to this knowledge.

## Oral Communication

### PROPOSAL OF AN EDUCATIONAL ACTION MODEL FOR FAMILY MEDICINE RESIDENCY PROGRAMS IN BRAZIL

# 22<sup>nd</sup> WONCA Europe Conference

June 28 – July 1, 2017 | Prague, Czech Republic

[www.woncaeurope2017.eu](http://www.woncaeurope2017.eu)

Larissa Olm Cunha, Isabel Cunha

*Group of Studies and Research in Health Administration and Nursing Management, Federal University of São Paulo - GEPAG - UNIFESP, SAO PAULO, Brazil*

**Introduction:** The Brazilian Society of Family and Community Medicine in Brazil has developed a guiding document based on competencies for the training of resident doctors. Communication, Teaching and Teamwork skills are highlighted. For their development it is necessary educational actions that integrate them.

**Objective:** To present a educational action model for Family and Community Medicine (FCM) and Primary Health Care (PHC).

**Methods:** Through Team-Based Learning, residents should identify the principles of action in MFC and PHC, divided into groups with up to 6 members, in a 5-part activity. They are: Preparation: groups investigate FCM principles in the available references. They write in offered sheet, hierarchically. Assurance of preparation: groups rotate the answer sheet to the next, which completes with missing data or excludes non-relevant items. Tutor feedback: In wheel, tutor presents the examples pointed out, separating them correctly. Starts the conceptualization of an attribute and throws a ball for a resident to continue and this after finishing passes the ball until all have manifested. Application of concepts: Through the 6 problem situations presented, residents classify as True or False the examples mentioned, describing and justifying them. The classifications are anonymous, corrected by pairs and orally by the tutor, which will elicit horizontal work, encouraging manifestations about limitations in daily practice and experiences. Final round: for conclusion.

**Results:** The systematization of the activity allowed the organization and division of labor, encompassing common experiences, contributing to the strengthening of the horizontal model of knowledge exchange.

## Oral Communication SPEED NETWORKING

Claire Marie Thomas, Berk Georglu

*Vasco da Gama Movement, london, United Kingdom*

**Background:** Many young doctors come to WONCA Europe hoping to find a platform for their ideas and to learn from the expertise and success of their senior colleagues. Many senior doctors attend such conferences to disseminate their work and find renewed motivation from energetic and innovative young colleagues. Vasco da Gama is often asked to facilitate the networking between those at the dawn and dusk of their careers, across a range of interests such social media use, research, exchanges, leadership and international collaboration.

**Aim:** This workshop seeks to bring together trainee and newly qualified GPs with senior colleagues to facilitate networking and sharing of skills and motivation.

**Method:** At the beginning of the session all participants will be asked to think of 3 things they can offer others (skills, expertise, innovative ideas, insights) and 3 queries they are seeking assistance with. They will be given a sheet on which to record contacts and new ideas. The allocated space will be facilitated in such a way that participants are able to move from chair to chair meeting new colleagues as they work their way around the room. They will be given an allotted amount of time at each meeting. At each stage they will be asked to introduce themselves and share their skills and queries with the colleague sitting across with them and

discover how they can learn from each other. The workshop will finish with facilitated action planning.

**Results/Conclusions:** We anticipate that this workshop will catalyse new relationships, ideas and collaborations.

## Oral Communication

### VARIATIONS IN GP TRAINING ACROSS EUROPE: UNITED KINGDOM, ITALY AND CZECH REPUBLIC

Petr Valasek<sup>1)</sup>, Bohumil Seifert<sup>1)</sup>, David Fasoletti<sup>2)</sup>, Matthias Klauser<sup>3)</sup>

<sup>1)</sup>*Institute of General Medicine, First Faculty of Medicine, Prague, Czech Republic*

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<sup>3)</sup>*vicolo Ospedale 3/5, Sarentino (BZ), Italy*

**Introduction:** While the movement of professional workers within Europe continues with EU directives defining specific requirements, we want to explore which model of GP training and thus roles could be the most efficient as well as satisfying.

**Objective:** To compare GP training in 3 European countries.

**Methods:** The authors use personal experience and data from official resources.

**Results:** We summarize the following characteristics of the GP training in the following countries: Czech Republic; Italy; UK respectively.

Length: 36; 36; 60 months.

Time in GP: 18-24; 18; 18-24 months.

Salary (EUR): 550; 860; 2-3000.

Minimal length of a hospital rotation: 1; 2; 3 months.

**Exams:** oral 3 theoretical themes + practical on several patients; variable theoretical + practical; theoretical 200 MCQs + practical (13 actor patients in 130min).

The training reflects the broader role of UK GP as a family doctor covering also fully paediatric primary care, gynaecology and dermatology. The relatively high numbers of UK GPs and thus GP trainees, allow for regular hospital posts of minimum 3 months duration, during which the trainee is a full member of each team, rather than just shadowing. This is reflected also in the salary.<>

Czech Republic and Italy could consider a new parallel programme of family medicine similar to the UK GP with balanced consecutive hospital rotations in larger centres. This role might not only attract more students, due to its variety and professional satisfaction, but also provide better local care (especially in rural areas) with more efficient use of resources.

## Oral Communication

### CAN AN E-LEARNING TOOL HELP THE TRAINING OF HEALTH PROFESSIONALS IN THE RESPONSE TO VIOLENCE AGAINST WOMEN?

M Carmen Fernandez-Alonso<sup>1)</sup>, Raquel Gomez Bravo<sup>2)</sup>, Sonia Herrero Velazquez<sup>3)</sup>, Susana Sanchez Ramon<sup>3)</sup>, Marta Menendez Suarez<sup>4)</sup>, Yolanda Valpuesta Martin<sup>5)</sup>, Irene Repiso Gento<sup>5)</sup>

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<sup>3)</sup>*Hospital Universitario del Rio Hortega, Valladolid, Spain*

<sup>4)</sup>*Hospital Clinico Universitario, Valladolid, Spain*

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*<sup>5)</sup>Gerencia de Atencion Primaria Valladolid Este, Valladolid, Spain*

**Introduction:** Violence against women (VAW) is a major health problem because of its high prevalence and the severity of its consequences for the health of the people who suffer it. Health professionals can play an important role, recognized by the agencies and recently by the 69 World Health Assembly. However, family doctors have little in the way of their clinical practice

**Objective:** to provide accessible tools for effective VAW training

**Aimed at:** Tutors and trainers and health professionals

**Methodology:** Necessities of training, follow-up and support are analyzed using an analysis of previous experiences and a study of detection of necessities from a sample of professionals. Contents are defined, and the best working methods are identified. A toolkit is designed to facilitate the development of a training project in VAW and its transfer to clinical practice in website format

**Results:** The toolkit consists of 28 help tools grouped into 5 phases (Preparation, Development, Implementation, Post-training, Assessment). Each defines objectives, target population, application, and in some cases practical examples

The website in English and Spanish is accessible at: [www.toolner.com](http://www.toolner.com). It is an open web. It has been disseminated and the methodology proposed has been applied and evaluated in several courses with hopeful results

The website has had visits 2.197/ month, in the first year

**Conclusions:** We believe that this tool can help trainers and professionals

The on-line and open format increases accessibility. A evaluation of its effectiveness requires the monitoring and evaluation of specific activities

We are currently proposing to expand content, with new material and encourage feedback with users of the website.

One slide - 5 minutes presentation

## EXPERIENCE OF COACHING FOR GPs IN THE CURRENT CHALLENGING PRIMARY CARE CLIMATE

Soleman Begg

*Begg Practice, London, United Kingdom*

**Introduction:** An overview of 18 month experience of practicalities of becoming a GP coach. The presenter/coach is a GP in South West London.

The coach undertook a NHS England funded Coaching Development Programme for GPs. The aim was to develop GPs as coaches to provide peer support across their localities.

Reason to train GP coaches was to address: the current challenge around the impact of workload on GPs in practice, the concern about the recruitment of GPs and the need to provide existing and new GPs with support to operate, lead and manage effectively within the evolving health and care environment. The need to develop and enhance the resilience needed to maintain their own health and well-being whilst supporting the health and well-being of their local populations.

## Oral Communication

### ROLE OF PSYCHOSOMATIC MEDICINE IN PRIMARY CARE AND IT'S PERSPECTIVES IN CZECH REPUBLIC

Michaela Ročňová<sup>1)</sup>, Bohumil Seifert<sup>2)</sup>, Jaromír Kabát<sup>3)</sup>

<sup>1)</sup>*Surgery of GP, Šestajovice, Czech Republic*

<sup>2)</sup>*Department of General Practice, 1st Faculty of Medicine, Charles University in Prague, Prague, Czech Republic*

<sup>3)</sup>*Clinic of Psychosomatics, Prague, Czech Republic*

**Introduction:** With ongoing progress of specialisation in medicine rises a need for a broader view on patient and his condition – a joint bio-psycho-social view. Primary care physicians can hardly omit this approach due to large proportion of patients suffering from both plainly psychosomatic and medically inexplicable (and thus almost incurable) symptoms, which forms approximately 30% of their patients. This fact does not match offered training in psychosomatic medicine in undergraduate, postgraduate and lifelong education in the Czech Republic. The primary care physicians, however, can not leave out the bio-psycho-social approach from their practices.

**Objective:** The objective of the study is to assess the current need for education in psychosomatic medicine in general practice, the demand, current opportunities and perspectives.

**Methods:** The analysis of current forms and an extent of education in psychosomatic medicine and its impact on GP's professional development. Interviews with GPs interested in psychosomatic medicine.

**Results:** The newly developed system of education in psychosomatic medicine is divided into two basic types – general and specialised. The general courses are aimed at general practitioners, the specialised courses are meant for medical specialists and specialised institutes.

Concurrently, the undergraduate education programs in psychosomatic medicine have been prepared

In 2015, the official guidelines regarding psychosomatic problematics for general practitioners were published. Proposed extent of impact of psychosomatic education amongst professional community in medium-term is that 20% of general practitioners be educated in psychosomatics and a wider spread of network of specialised institutes which include teams of psychosomatic therapists (psychologist, physiotherapist, medical doctor).

## 2.09. Undergraduate teaching

One slide - 5 minutes presentation

### HOW DO MOSCOW FINAL YEAR MEDICAL STUDENTS PERCEIVE THEIR GENERAL PRACTICE READINESS?

Sergey Gatsura, Oxana Gatsura, Elena Maychuk

*A.I.Evdokimov Moscow State University of Medicine and Dentistry, Moscow, Russian Federation*

**Introduction:** Beginning from 2017 Russian medical graduates will have to commence their general practice without previously compulsory postgraduate training. This innovation raises the question of current undergraduate medical students' readiness to start their independent medical activities.

**Objective:** To assess final year medical students' self-perception of their practical skills and overall readiness to start working with patients.

**Methods:** The study was conducted in December, 2016 in our University. Overall 199 6<sup>th</sup> year medical students anonymously filled in a Russian version of the questionnaire developed by Gazibara et al. (Croat Med J. 2015;56:375-82). The questionnaire included 21 questions on students' self-perception of their practical skills ( $\alpha=0.89$ ), 1 question on students' self-perceived readiness to start working with patients, basic demographic and academic characteristics. The data were processed by Statistica 13.2 software.

**Results:** Respondents felt most confident about measuring arterial pulse, blood pressure and giving an intramuscular injection (average score 10 for all three skills) and least confident about suturing a wound, placing a urinary catheter and performing digital rectal examination (average score 3 for all three skills). They rated their readiness to work with patients with 5 out of 10 points. Average mark significantly ( $p<0.05$ ) correlated with both total skills score and self-perceived readiness to work with patients (Spearman's rho = 0.198 and 0.137 respectively).

These data suggest that our respondents are not confident enough in a number of important practical skills as well as in their general readiness to work and could probably benefit from timely and targeted practical training.

## Oral Communication

### PRIMARY CARE AMBULATORY IN BRAZILIAN MEDICAL SCHOOLS: A SUCCESSFUL EXPERIENCE TO PROMOTE FUTURE LEADERS IN FAMILY MEDICINE

Marco Aurélio Janaudis, Jaqueline Margonato Porfirio da Rocha Ferreira, Vitor Hugo Vachi, Joana Lugli Tolosa, Graziela Moreto  
*SOBRAMFA - Medical Education and Humanism, São Paulo, Brazil*

**Introduction:** Medical Students live simultaneously in two worlds, one technological and other much less clearly-defined that includes feelings, values, and the context of illness in patient's life experience. Professors from SOBRAMFA are in medical schools for 8 years and proposing a differential for the medical internship students, who have learned the technique: Learning Centered on the Student. The proposal of instilling the habit of thinking and teaching roads for permanent reflection –a true philosophical exercise of the profession– is an ongoing concern among educators.

**Objective** To apply the method of the four quadrants by Kurt Stange in the clinical practice, with students, integrating technique and humanities in the same course

**Methods:** About 850 students were exposed to the method in 2 medical schools in São Paulo, Brazil. Professors are in Public Healthy Departments who join Family Medicine. Students stay about 10 weeks with the professors. Before the students seeing the patients, they have a brief explanation about four quadrants, but the most important thing is that during all the rotation, the students are stimulated to reflective about your practice.

**Results:** Even very young students joined the program the results demonstrate understanding themselves comes before clinical action so they are capable to interact and take care of patients and understand better the patient and the disease. They

point out as core learning issues: how to develop communication skills, understanding the whole person and the family context, continuity of care. The students gain respect for the specialty and spread this “discovery” to their colleagues

## Oral Communication

### FAMILY MEDICINE CURRICULUM FOR UNDERGRADUATE: THE PRECEPTORS' PERCEPTION

Nita Arisanti, Elsa Pudji Setiawati, Insi Farisa Desy Arya  
*Faculty of Medicine Universitas Padjadjaran, Bandung, Indonesia*

**Introduction:** Family medicine rotation for undergraduate in Faculty of Medicine Universitas Padjadjaran, Indonesia has been implemented since 2010. To meet the goal in implementing curriculum, many improvements should be performed.

**Objective:** The study objective was to evaluate new family medicine curriculum for undergraduate from preceptors' perception.

**Method:** This was qualitative study with case study approach. The informants were preceptors from 5 primary health centers who assigned as preceptors for 5 years. Data were collected using in-depth interview. The domains for curriculum evaluation are student characteristics, practice setting, clinical teaching and assessment process. Data were analyzed by transcription and triangulation.

**Results:** The study findings are, (1) students' characteristics: most of students are not confidence enough to manage the patients, there were difficulties in communicate with patients and family, they were willing to learn more with conducting home visit; (2) practice setting: sufficient number of patient and various type of health problem to be studied, patient and family are willing to be visited by young doctor (students), encourage staff to perform prevention and promotion care; (3) clinical teaching: bed-site teaching should be performed separately due to patient preference, student's clinical skills should be enhanced in campus before practice in community; (4) assessment process: logbook and portfolio should be simplified but could meet the program objectives, there was no sufficient time to perform Mini CEX due to preceptors' activities in clinic.

**Conclusion:** The program could be implemented with many improvements especially in placing the students; modify clinical teaching and assessment process.

## Oral Communication

### HOW TO INTEGRATE A HEALTHY LIFESTYLE MODULE INTO THE MEDICAL SCHOOL CURRICULUM?

Yesim Uncu<sup>1)</sup>, Zehra Dagli<sup>2)</sup>, Zuleyha Alper<sup>1)</sup>, Pinar Topsever<sup>3)</sup>, Mehmet Akman<sup>4)</sup>, canan Tuz<sup>5)</sup>

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**Background:** Medical students should be trained to be competent in directing patients and prescribing physical exercise, as well as, to become role models for society in terms of their own lifestyle. Therefore, in development of health promotion activities, a compulsory healthy lifestyle module in medical school curricula and better sports activity facilities for medical students are recommended.

**Aim of the workshop:** To share the results of the previous workshop held at the WONCA Europe 2015 Istanbul Conference (e.g. about positive effects of physical activity and barriers to physical activity in medical students), to summarize the results of the survey conducted afterwards, and to draft a course description for a healthy lifestyle module to be incorporated into the medical school curriculum referring to experiences of different medical schools.

**Methods:** The workshop will start with a literature review about medical students and healthy lifestyle. After sharing the results of the first workshop held at the WONCA Europe 2015 Istanbul Conference, the participants will be divided into three groups, each working and giving a brief group presentation on one of the topics mentioned below.

#### TOPICS

1. Defining ways to integrate the lifestyle module into undergraduate medical curricula.
2. Defining the main topics, aims and learning outcomes
3. Determining stakeholders and infrastructure

**Results and conclusion:** The workshop will end with all participants engaging in drafting the main components for a healthy lifestyle module course description in order to be developed further and be piloted at medical schools.

## 2.10. Quality and safety of care

### Oral Communication

#### BETTER QUALITY AND SAFER HEALTH SERVICES-FAMILY MEDICINE EDUCATIONAL REQUIREMENTS AT THE UNIVERSITY OF ALBERTA

David Moores, Mirella Chiodo, John Chmelicek, David Ross, Michelle Morros  
*Department of Family Medicine-University of Alberta, Edmonton, Alberta, Canada*

**Introduction:** Initiatives to educate and train family physicians/general practitioners in key concepts and skills of quality and safety usually rely on acute care/institutional care data. However, the vast majority of health services are delivered outside these domains.

**Objective:** The development and maintenance of a family practice/primary care quality and safety database is our new initiative. Since 2013 the Dept. of Family Medicine requires all of its family medicine residents (postgraduate physicians) to complete six (6) learning modules (**Patient Safety in Primary Care-TVC U.K.**) and participate in documenting and analysing 'significant' primary care events. A significant event is described as "*any event thought by anyone in the team to be significant in the care of patients.*" (Pringle et al 1995 RCGP)

**Method/Measurement:** Evaluation of this initiative (rigorous comment and feedback) indicates the educational program and workshops are highly regarded. Participants attest to its changing how they plan to practice. Measuring subsequent behaviour (significant event documentation/analysis) that is part of daily clinical service and learner teaching would be another measure of continued uptake and impact.

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**Results:** To date over 150 physicians have received a certificate for completing the program. These physicians represent a newer generation of family physician, skilled in the identification and analysis of significant events in health service delivery. Learning from each other's successes, failures, mistakes, errors, close calls or less than optimal service provision is essential to quality and safety improvement. This initiative represents one of the first such postgraduate educational requirements in Family Medicine Residency education and training in Canada.

## Oral Communication

### SIGNIFICANT EVENT ANALYSIS REVIEW

Sibtain Hussain

*Pendleside Medical Practice, Clitheroe, United Kingdom*

**Introduction:** Significant event analysis (SEA) is a key area of medical practice. Its primary objective is to improve patient care, is an essential component of clinical governance and an integral part of the appraisal process. We are a 10000 list size GP practice in a semi-rural location. On our last CQC inspection we were rated as outstanding.

**Objective:** To analyse all significant events in our practice over the past 12 months.

To determine any common themes or areas that require improvement.

**Methods:** All significant events between May 2015 to May 2016 discussed in the SEA meetings were reviewed.

Each case was reviewed to determine if the following categories were present in each case as documented in the results below.

#### Results:

Of the total- SEAs Reviewed	36	
Positive		2
Negative		34
Further Review off the Negative SEAs		
Clinical		18
Administrative	16	
SEA breakdown		
Communication	15	
Prescribing/Medication	11	
Diagnosis/Management	8	
Potential Impact on safety	19	
SEA Meetings		
Team discussion		34
Date of incident		17
Date of meeting		34
Relevant parties present	21	
Quality of Events		
Description of event clear	34	

Roles of individual clear	20
Setting of the event clear	34
Impact of the event clear	34
Evidence of reflection	32
Changes identified to improve practice	23
Review actions/changes	20

## Conclusions:

- High number of SEA due to communication failure, followed by prescribing
- Low recording of SEA incident date, parties present and role of individual
- SEA's high levels of reflection and impact assessed
- Admin SEA's themes same patient booked again, missing script, confidentiality
- Recommendations
- SEA meeting every 2 months
- Encourage positive incidents
- Ensure date and details of relevant parties included
- Team involved to attend SEAs
- Communication training

## Oral Communication

### A WEBSITE TO OPTIMIZE DOSE ADJUSTMENT OF ORAL ANTICOAGULANTS AMONG PATIENTS WITH AN INR GOAL BETWEEN 2 AND 3

Isabelle Cibois-Honnorat, Jean-Claude Soulary  
*MGForm, PARIS, France*

**Introduction:** Vitamin K antagonists (VKA) remain well ahead in the prescriptions of oral anticoagulants. In practice, the dose adjustment by doctors remains empirical.

In France, a network named "GRANTED" offers adaptation algorithm, validated by the High Authority of Health.(same algorithms in other countries)

We realized a dose adjustment abacus for fluindione and warfarin from this algorithm, and realized a website .

**Objective:** To present a French website to optimize the dose adjustment of anticoagulants

**Methods:** Last year, a prospective, multicenter study, in which INR from two groups of patients were compared: one group of patients whose doctors used the abacus, and another group of patients whose doctors didn't.

Primary endpoint: INR Time in Therapeutic Range (TTR) for patients requiring at least one change during the course of the study. TTR from the group the chart: 70.1% TTR in the other group: 65.9%. (p = 0.001)

**Results:** Doctors said the chart was easy to use, but would have prefer a tool online, what we did.Using the abacus, the TTR is lengthened, compared to usual adaptation practice. A website "AVKclic" has been developed, and can be used all over the world

## Oral Communication

### FEASIBILITY OF A MULTIFACETED INTERVENTION TO IMPROVE THE SAFETY OF PRESCRIBING IN GENERAL PRACTICE

Katharine Wallis

*University of Auckland, Auckland, New Zealand*

**Introduction:** High-risk prescribing in general practice, adverse drug events (ADEs), and avoidable ADE hospital admissions are common, costing health systems billions of dollars every year. The most effective, cost effective, and practical approach to safer prescribing in everyday practice is not yet known.

Prescribing decisions involve balancing potential benefits and risks of medicines and the preferences of the patient. The individual circumstances of the patient may justify high-risk prescribing, but to minimise harm it is important that medicines are regularly reviewed and stopped or started as indicated. There are many potential barriers to regular medicines review and safe prescribing in everyday general practice. Translating research evidence into practice is difficult.

**Objective:** To test the feasibility of a multi-faceted intervention designed to improve the safety of prescribing in general practice.

**Methods:** The intervention comprised a practice audit to identify patients with high-risk prescribing, an outreach visit to provide education and patient-specific feedback to doctors, and patient activation through a practice mail-out to patients with high-risk prescribing encouraging them to discuss their medicines when they next see their doctor. Mixed method study. Two purposively sample general practices, one small and one medium size. Patients, general practitioners and pharmacists were interviewed to explore the acceptability and utility of the intervention, and the ability of the practice management software to audit practices to identify patients with high-risk prescribing for review, and to extract prescribing data to monitor the rate of high-risk prescribing.

**Results:** To be revealed in the presentation.

## Oral Communication

### CLINICAL PRACTICE IN THE PRISON SETTING IN NSW AUSTRALIA

Jacques Ette

*Justice Health & Forensic Mental Health Network, Sydney/ NSW, Australia*

**Introduction:** How justice health treat patient in custody.

The key learning objective is to develop confidence in the assessment and management of people who are or have been in custody.

**Methods** is a data from yet to be published 2015 network patient health survey

**The results** in delivering the clinical practice in the custodial setting is different because of the specific population, the specific environment, public health approach and the practitioner approach

## Oral Communication

### CHALLENGES IN PRIMARY CARE: CONSIDERING THE HIDDEN AGENDA AND QUATERNARY PREVENTION — A CASE REPORT

Isabela Freitas de Almeida<sup>1)</sup>, Mariana Maia da Fonseca<sup>2)</sup>, Alfredo de Oliveira Neto<sup>3)</sup>

<sup>1)</sup>State University of Rio de Janeiro, Rio de Janeiro, Brazil

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<sup>3)</sup>Institution Universidade do Estado do Rio de Janeiro, Rio de Janeiro, Brazil

**Introduction:** “Hidden agenda” is a term designating when a patient seeks medical help for seemingly well-defined issues, though their true complaints or concerns are hidden or revealed belatedly. This phenomenon occurs mainly in the presence of psychological or psychosocial issues and is commonly found in hyper-frequent patients with multiple complaints. Only around 41% of the individuals seeking care have clear somatic diagnoses. Quaternary prevention has been proposed as a fourth and final type of prevention. It is not related to the risk of the diseases themselves, but to the risk of iatrogenic illness and/or excessive or unnecessary diagnostic interventions.

**Method:** The present study is a case report about a patient who suffered a moderate depressive episode associated with alcoholism and cocaine abuse diagnosed at the comprehensive-medicine outpatient clinic at Pedro Ernesto University Hospital. She presented multiple complaints and nonspecific symptoms. For months she had been looking for a diagnosis, consulting various specialists, including a cardiologist, urologist and gynecologists at different healthcare facilities. She had undergone a series of inconclusive diagnostic and therapeutic procedures, such as CT scan, ultrasonography, mammography, radiography, biochemistry and serology exams; and different antibiotics and benzodiazepines were prescribed.

**Results and Conclusion:** It is clear that various professionals were unable to identify the true nature of the patient’s affliction. As a result, excessive medical interventions were performed, unnecessary testing procedures demanded, and overmedication prescribed, resulting in greater distress for the individual and her family and betraying one of the golden rules of medicine: *primum non nocere*.

## Oral Communication

### EXPECTATIONS OF PREGNANCY CARE SCALE FOR TURKISH WOMEN

Burçin Kavaklı Geriş, Çiğdem Apaydın Kaya, Saliha Serap Çifçili, Burcu Basaran Güngör  
Marmara University Faculty of Family Medicine, Istanbul, Turkey

**Introduction:** The period of pregnancy affects the child, family and community health. Pregnancy care is very important for prevention of complications in pregnancy and childbirth, and reduction of maternal and child deaths.

**Objective:** During pregnancy, perception and worries are not same in women, care and follow-up needs can be different. The aim of this study is to develop an Expectations of Pregnancy Care Scale with the perspective of pregnant women. **Method:** This is a methodological study. In the first stage, aged 15-49 pregnant volunteers from Marmara University Faculty of Medicine Obstetrics and Gynecology Clinic (MUFMOGC), Pendik Family Health Centers (PFHC) and a private hospital, were selected. Focus group interviews are made in order to find out the pregnancy care expectations, and then the items of the Likert scale

were developed. Results: Focus group interviews were completed with a total of 30 women and 8 focus groups. The items of the 30 items scale were developed with the revealed themes. Scale was administered to 321 people, Cronbach alpha was 0.942. The scale was considered suitable for factor analysis with Keiser-Meyer Olkin and Bartlett test. The items which have below 0,40 factor loadings are derived with factor an analysis and final scale was developed with 20 items. Spearman correlation coefficients was 0.783, Cronbach's alpha was 0.877. Factor analysis was applied to the scale which was considered as reliable, and 4 subscales were appeared: "education and information", "interest-communication", "privacy", "participation-confidence". Expectations were statistically higher in women whose educational status were high school and over than in the primary and less, in "education-information", "expectation of confidentiality" and "privacy" subscales ( $p = 0.01$   $p = 0.02$   $p = 0.004$ ). Expectations were statistically higher in 3. trimestre of pregnancy than 1. And 2. trimestre in "interest-communication" subscale. ( $p = 0.006$ )

One slide - 5 minutes presentation

## **BURNOUT PHENOMENON: WORK HARD, PLAY HARD**

Romina Martínez Liñares, Sandra María Ayude Díaz, Ruben Dominguez Fernández, Santiago Pérez Cachafeiro, Noa Otero Leiro  
*EOXI Pontevedra-Salnes, Pontevedra, Spain*

**Introduction:** Burnout phenomenon consists on the physical and mental exhaustion by health staff, caused by multiple factors such as the poor doctor-patient relationship.

**Aim and method:** Male of 46 years old with a history of substance abuse with multiple consultations in primary care and hospital admissions on psyquiatry by emotional instability of impulsive type F.60 CIE10 and harmful consumption. Diagnosis: politoxicoman disorder F19.1 CIE10. Currently to treatment with Diazepam 10mg, Zyprexa 5mg, 2mg Lormetazepam, Clopixol Depot 200 mg/ml. Follow-up consultations of Psychiatry until 2015.

He goes daily to consultations of emergency out demanding medication intramuscular by nervousness, not being observed in the physical or psychopathological examination. Doctors don't give him the medication he requests, replace it with placebo. We review 121 queries in the last 6 months, on 3 occasions went to their GP for same cause, once different cause. It wasn't necessary derivation nor income hospital in that period.

Health Center physicians are concerned about attendance and conflicting attitude toward their demands with medical personnel.

**Results:** How is could handle this type of patients to avoid conduct dependent? We improve the doctor-patient relationship? How to avoid the phenomenon of burn?

The burnout phenomenon is more frequent in health staff: overexposure to an activity labor that leads to the professional to a state of anxiety and, feeling exhausted, empty and with low tolerance to behaviors conflicting from colleagues or patients (each time more frequent).

Avoid it: search support, manage work stressors, assess your options, improve the work environment.

We should not grant whatever request made by the patient, avoid conflict and seek consensus attitude.

Oral Communication

## **PUTTING THEORY INTO PRACTICE: THE KOSOVO EXPERIENCE WITH QUALITY IMPROVEMENTS PROJECTS IN PHC**

Ariana Bytyci, Bajram Maxhuni

*Accessible Quality Healthcare (AQH) project, Prishtina, Kosovo*

**Introduction & Objective:** The Accessible Quality Healthcare (AQH) project in Kosovo aims to improve health of the Kosovar population through strengthening healthcare providers and managers to meet the needs of the patients (especially vulnerable groups), and making patients more aware of their rights and needs. In this context, AQH is supporting 12 project municipalities to design, implement and monitor Quality Improvement Projects (QIPs) with the overall aim to reduce quality gaps, improve institutional performance and increase the quality of patient, staff and community outcomes.

**Methods:** Relevant representatives of the 12 project municipalities are trained on Continuous Quality Improvement concept. A guide setting application procedure, evaluation and selection criteria, timetable and instructions for preparing QIPs is developed and distributed to municipalities. Coaching is provided throughout entire process of QIPs development. This process will be evaluated after completion of the first cycle of QIPs.

**Results:** Strengthened capacities of 12 project municipalities to design, implement and monitor QIPs. Developed clear process for application, evaluation and selection of QIPs. 14 QIPs are developed out of which 12 have been evaluated positively and supported by the project. Child health services improved in 3 health facilities (child friendly environment). Patient flow is improved in 3 health facilities. Emergency, including radiology services improved in 2 health facilities. In 3 different municipalities: access to PHC services, community services and immunisation services improved.

**Conclusion:** Defining the clear process for introducing concept of QIPs into primary health services in Kosovo is proven to be a very useful approach to put the QIPs concept into practice.

## Oral Communication

### MEDICATION CHANGES MADE IN THE HOSPITAL AND DOCUMENTATION IN THE MEDICAL RECORD OF THE GP: A MEDICAL RECORD REVIEW STUDY

Judith M Poldervaart, Marije A van Melle, Sanne E Willemse, Niek J de Wit, Dorien L Zwart  
*Julius Center, University Medical Center Utrecht, Utrecht, Netherlands*

**Introduction:** With increasing transitions of patients between different healthcare settings, keeping medication records accurate to prevent medication errors and adverse drug events is challenging.

**Objective:** To assess whether medication changes made in the hospital are adequately documented in the medical record of the general practitioner (GP).

**Methods:** A medical record review study was performed for which a database containing linked medical records of the hospital and the GP was used. A random sample of n=600 (43%) was drawn from all 1399 patients who visited the gastroenterology or cardiology department in 2013 of the University hospital Utrecht, the Netherlands as well as their general practice. Outcomes were the number of medication changes made in the hospital not documented in the medical record of the GP, timeliness of documentation, and number and characteristics of transitions and medication changes.

**Results:** In total, 390 patients medical records contained one or more transition and were of acceptable quality to be assessed, in which 1511 transitions from the hospital to the GP were

found. Among these, 408 medication changes were made in the hospital, of which 30.9% was not documented correctly in the GP's medical record. In case changes were documented, the median number of days between discharge and documentation was 3 (IQR 0-18.3).

**Conclusion:** One third of the hospital based medication changes is not documented adequately in the GP's file, which potentially puts patients at adverse health risks after discharge or specialists' visits. Pitfalls in the patient's transition process should be identified regarding medication to develop and test interventions that will improve documentation.

### Oral Communication

#### IDENTIFYING PATIENT SAFETY RISKS IN CARE TRANSITIONS: VALIDITY OF RECORD REVIEW IN MERGED PRIMARY AND SECONDARY CARE PATIENTS' RECORDS

Marije A van Melle, Dorien L Zwart, Judith M Poldervaart, Henk F van Stel, Niek J de Wit  
*Julius Center, University Medical Center Utrecht, Utrecht, Netherlands*

**Objective:** Aim of this study was to assess reliability and validity of a transitional medical record review (TMRR) method, in order to optimize the TMRR for future use in our TIPP intervention study.

**Methods:** A digital transitional medical record was created including the medical records of both the general practitioner and the hospital. In total, 301 patients were randomly selected, who had visited the departments of gastroenterology or cardiology and their GPs in 2013. Six reviewers, clinicians from either general practice or hospital, reviewed these transitional medical records on transitional incidents (TIs). To assess interrater reliability, 10% of medical records were assessed by two reviewers. To assess validity, the identified TIs were assessed by an expert and compared with two types of objectively identifiable TIs, namely incorrect or absent medication documentation and absent medical correspondence from hospital to the GP, which were systematically assessed by research assistants.

**Results:** The reviewers identified TIs in 52 (17.3%) of all transitional medical records. Variation between reviewers was high (range: 3 TIs/51 records to 27 TIs/48 records). Positive agreement between reviewers was 0%, negative agreement 82%, and Cohen's kappa -0.154. Expert opinion showed a positive agreement of 92% with the reviewer's identified TIs. Our research assistants identified 162 objectively identifiable TIs, of which our reviewers only identified 27 (positive agreement of 17%).

**Conclusion:** Our method of identification of TIs needs considerable improvement to become more reliable and valid. Our priorities are to make the transitional medical record more complete, to develop a more systematic identification process, improve training and to select a more homogenous group of reviewers.

### One slide - 5 minutes presentation

#### MEASURING TRANSITIONAL PATIENT SAFETY CLIMATE: PSYCHOMETRIC CHARACTERISTICS OF THE 'TRACE' QUESTIONNAIRE

Marije A van Melle, Henk F van Stel, Judith M Poldervaart, Niek J de Wit, Dorien L Zwart  
*Julius Center, University Medical Center, Utrecht, Netherlands*

**Introduction and Objective:** This study describes the validation of the TRACE (TRANSitional patient safety Climate Evaluation) instrument, which assesses the transitional patient safety climate from the perspective of the general practitioner and the hospital healthcare provider.

**Methods:** We adjusted questions of the SCOPE (acronym in Dutch for “systematic culture inquiry on patient safety in primary care”) and Dutch-HSOPS (Hospital Survey on Patient Safety Culture) questionnaire to develop the TRACE. This resulted in 20 items in three domains (collaboration, communication and behaviour towards incidents). TRACE was administered to general practitioners and hospital physicians in three regions in the Netherlands. Exploratory factor analysis (EFA) was performed. Internal consistency and correlations between factors and a global transitional patient safety rating were calculated.

**Results:** In total, 162 questionnaires were completed (estimated response 42%; general practice: N=97, hospital care providers: N=65). Analysis revealed 4 relevant factors: (1) Collaboration (8 items), (2) Speaking your mind (2 items), (3) Communication on transitional incidents and improvements (6 items), and (4) Transitional patient safety management (4 items). Internal consistency (Cronbach’s alpha) ranged from 0.71 to 0.77 and was lower for general practice than for hospital care. Spearman’s correlations between the subscales ranged from 0.14 to 0.56. The correlation between the overall mean TRACE score and a general transitional patient safety grade was acceptable (spearman’s rho: 0.59).

**Conclusions:** The TRACE adequately registers transitional patient safety climate from both the perspective of both general practice and hospitals. The questionnaire shows acceptable psychometric characteristics, although internal consistency was lower in the general practice setting, which suggests a slight difference in transitional safety climate between general practice and hospital.

## Oral Communication

### THE SAFETY CLIMATE IN PRIMARY CARE (SAP-C) STUDY: A RANDOMISED CONTROLLED FEASIBILITY STUDY

Sinéad Lydon<sup>1,2</sup>), Margaret Cupples<sup>3</sup>), Nigel Hart<sup>3</sup>), Andrew Murphy<sup>1,2</sup>), Ciara Curran<sup>1</sup>), Paul O'Connor<sup>1,2</sup>)

<sup>1</sup>National University of Ireland, Galway, Galway, Ireland

<sup>2</sup>HRB Primary Care Clinical Trials Network, Galway, Ireland

<sup>3</sup>Queen’s University Belfast, Belfast, United Kingdom

**Introduction:** Research on patient safety has focused primarily on secondary care and there is a dearth of knowledge relating to safety, and safety improvement strategies, in the context of primary care. This is problematic given the high rates of usage of primary care services and the myriad of opportunities for errors daily.

**Objective:** The SAP-C study is a feasibility study, employing a randomised controlled design, that is running in 10 general practices (five intervention, five control) in Ireland. Its aim is to evaluate the feasibility and effects of an intervention intended to improve patient safety in primary care.

**Method:** The intervention is derived from the Scottish Patient Safety Programme in Primary Care. The nine-month intervention consists of: 1) the administration of a safety climate measure to all staff members at each intervention practice at three timepoints and the provision of feedback on safety scores to each practice, and 2) the completion of two patient

chart audits using a specialised trigger tool intended to facilitate the detection of unidentified patient harm.

**Results:** This study will conclude in May 2017. It will provide useful data regarding the prevalence of undetected patient harm in Irish primary care and the safety of Irish general practices. Initial data suggest that safety climate in Irish primary care settings is quite positive. A discrepancy in the reports of “managerial” (i.e. senior GPs) and “non-managerial” (i.e. assistant GPs, administrative staff) staff has been noted however suggesting that managerial staff may overestimate the safety of their practices.

One slide - 5 minutes presentation

## COMPLIANCE WITH PATIENT SAFETY PROCEDURES IN A SAMPLE OF IRISH GENERAL PRACTICES

Dr. Ahmeda Ali, Dr. Niall Maguire

*Irish College of General Practitioners, Dublin, Ireland*

**Background:** Primary care services are more frequently treating older and sicker patients presenting with significant co-morbidities that demand increasingly difficult decision making. Patient safety plays a crucial role in prevention of errors and adverse effects.

**Aims:** The aim of this study was to assess the current aspects of patient safety within the training practices of the Dublin North-East Specialist Training Programme.

**Method:** An online and postal RCGP patient safety toolkit was distributed to GP practice managers at all twenty eight training sites of the Dublin North East Specialist training programme. The completed RCGP toolkit results were anonymous.

**Results:** Data will be presented on the extent of the following areas of General practice: safe systems, safety culture, communication, patient reported problems, diagnostic safety and prescribing safety.

**Conclusion:** The results of this study will contribute to a comprehensive assessment and check for compliance of patient safety procedures within the Dublin North East Specialist training programme.

Oral Communication

## RISK MANAGEMENT IN EMERGENCY CARE IN A RURAL HEALTH CENTRE IN SPAIN

Maria-Pilar Astier-Peña

*Centro Salud Tiuste, Servicio Aragonés de Salud + Spanish Society of Family and Community Medicine (SEMFYC), Zaragoza, Spain*

**Introduction:** Emergency care (EC) in rural health centres (HC) in Spain is provided 24 hours/365 days. Each HC is responsible for the care of a specific territory and its citizens. Patients may demand EC in the health centre or dialing 112. So primary care team have to be permanently ready for EC. If EC is very complex, a regional emergency service (061) is activated.

**Objectives:** To describe EC process in a HC and to implement a Failure Modes and Effects Analysis (FMEA) to identify and improve key activities to guarantee a safer EC

**Methods:** We carried out a FMEA of EC describing 1) every step in the process, 2) failure modes (what could go wrong?) 3) failure causes (why would the failure happen?) and 4) failure effects (what would be the consequences of each failure?). We did it in a systematic,

proactive method in order to identify the parts of the EC that need to be changed in the first place.

**Results:** A flow chart for EC was produced and 3 activities for improvement were selected: 1) description and verification of the Briefcase - first aid kit, (medications and equipment) for outdoor EC, 2) a list of relevant phone contacts to help in emergencies (civil protection, police, fire brigade,...), and 3) a plan for an adequate response to adverse events considering patient and family, healthcare professionals and healthcare organization.

**Conclusion:** This activity improved teamwork at HC and it help to increase safety in EC for both patients and professionals.

One slide - 5 minutes presentation

## CLINICAL PRACTICES TO AVOID LOW-VALUE PRACTICES IN PRIMARY CARE SETTING

Johanna Caro Mendivelso<sup>1)</sup>, Cari Almazán<sup>1)</sup>, Liliana Arroyo Moliner<sup>2)</sup>

<sup>1)</sup>Agency for Healthcare Quality and Assessment (AQuAS, Catalonia, Spain), Barcelona, Catalonia, Spain

<sup>2)</sup>Dept of Sociology (University of Barcelona, Spain), Barcelona, Catalonia, Spain

**Introduction:** Essential project was launched in Catalonia in 2013 as an initiative which promotes actions to avoid low-value practices (LVP) improving healthcare quality. As part of the implementation project, has begun a pilot experience in primary care (PC) which develops actions towards avoiding overdiagnosis and overtreatment and reducing unnecessary care.

**Objectives:** To identify clinical practices for uptake of recommendations to avoid LVP in PC.

**Methods:** Before the implementation of the Essential project, brainstorming approach was used to recognize clinical practices by leaders of primary care teams (PCT) participating in the implementations of the project. Brainstorming sessions were conducted in January of 2016 and included professionals from primary care teams (PCT). The discussion guide included the following topics: identification of solutions to avoid LVP (individual, organizational and external level).

**Results:** 42 PC professionals participated: 32 were women (76.2%), 41 general practitioners, 1 nurse, from PCTs in different regional communities. Professionals identified four groups of solutions: 1) patient empowerment (e.g. promote awareness of their health), 2) training for professionals (mainly providing tools to decision making, communication skills), 3) organizational change and 4) integrated pathways between PC settings and others healthcare settings.

**Conclusions:** This is the first study exploring the clinical practices to avoid low value practices by health care practices in PC. This exploration allowed identifying solutions barriers at individual, organizational and external level. These findings may help in fine-tuning the strategy for implementing the recommendations aiming at LVP avoidance. Therefore, not only healthcare professionals should be involved in its implementation but also healthcare organizations.

Oral Communication

## HEALTH LITERACY AND THE EFFECTING FACTORS

Ayşe Caylan, Kamil Yayla, Hamdi Nezih Dagdeviren

Trakya University Medical Faculty Department of Family Medicine, Edirne, Turkey

**Introduction:** Health literacy is an important factor affecting the health outcomes of adults.

**Objectives:** The aim of our study was to determine the health literacy level and the factors affecting the health literacy among 20-64 year old individuals who are registered to Family Health Centers in the city of Edirne, Turkey.

**Method:** The sample of the study is composed of 285 individuals aged between 20-64 years registered in 20 Family Health Centers in the city center of Edirne. In addition to the sociodemographic knowledge of participants, the Adult Health Literacy Scale was administered with 23 questions. Descriptive statistics, Spearman correlation analysis, Mann-Whitney U and Kruskal-Wallis H tests were used as statistical methods. The independent effects of different predictors on health literacy were examined using a highly variable linear regression model.

**Results:** Participants consisted of 143 women (50.2%) and 142 men (49.8%). The average age of participants was 39.42 years. When participants' Adult Health Literacy Scale scores were assessed, they were an average of 13.26. Women's health scores were higher. It was observed that as the level of education, the number of books read in one year, the number of days reading newspaper in a week, and the monthly income increased, the average scores of health literacy also increased. Findings from regression analysis showed that male gender had a negative impact on health literacy while to be married, being graduated from university or having higher education had a positive impact.

## 2.11. Rural care

One slide - 5 minutes presentation

### **DONEGAL GOING AGAINST THE FLOW: IRISH DIFFERENCES IN LONG-TERM URINARY CATHETERISATION RATES IN MEN WITH BENIGN PROSTATIC HYPERTROPHY (BPH)**

Rory Stewart<sup>1,2)</sup>, Karena Hanley<sup>3)</sup>

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<sup>2)</sup>Irish College of General Practitioners (ICGP), Dublin, Ireland

<sup>3)</sup>National Director of GP Training, ICGP, Ireland

**Introduction:** Donegal is a geographically removed county in the north west of Ireland. It is known to have high levels of social deprivation.

Feedback from both hospital and general practice (GP) colleagues indicate that there appears to be a high proportion of men in Donegal with long-term urinary catheters (LTCs). There is a perceived difficulty accessing Urology services for public patients in Donegal.

**Objective:** To (1) quantify and compare the rates of urinary catheterisation in men over the age of 65 across Ireland and (2) compare their access to Urology services.

**Methods:** A retrospective analysis of Primary care reimbursement Service (PCRS) data was carried out which demonstrated.

**Results:** 2.55% of Male GMS Patients in Donegal > 65 yrs have Long Term Urinary Catheters compared to Dublin South: 0.045% ; Wexford: 0.85 % ; NICE > 75yrs: 0.5%.

In Donegal: The Average wait for Urology review in Months: 43.75 months. Average duration since 1st Urinary Catheter insertion 1,585 days (4.4 years). Average patient Age: 80yrs.

Location: Nursing home 4 (21%) Community 15 (79%). Urology Referral Yes 17 (89%) No 2 (11%).

Urinary Catheter insertions in men over 65 yrs (2013): Donegal (161,107 GMS population) 907; Kerry (145,502) 282; Dublin South (265,205) 33; Dublin West (206,261) 28; Wexford (145,320) 245.

For many reasons Donegal has struggled with service

## Oral Communication

### THE IMPACT OF DEPRESSION ON PATIENTS' SATISFACTION FROM THE PRIMARY HEALTH CARE SERVICES OF A RURAL GREEK PREFECTURE

Georgios Tsiros<sup>1,2</sup>, Philip Domeyer<sup>1,3</sup>, Vasiliki Katsari<sup>4</sup>, Panagiota Voila<sup>1</sup>, Anastasia Tsirou<sup>2</sup>, Ioannis Lentzas<sup>5</sup>, Eleni Jelastopulu<sup>6</sup>, Panagiotis Bamidis<sup>1,7</sup>

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<sup>7</sup>*Medical School, Aristotle University of Thessaloniki, Thessaloniki, Greece*

**Introduction:** The patients' satisfaction from the health services is determined by factors mainly concerning organizational and operational issues and by the interpersonal doctor-patient communication and constitutes a way of valuation of their quality.

**Objective:** The aim of this research work is to investigate the impact of depression on patients' satisfaction from the Primary Health Care services of a rural Greek Prefecture.

**Methods:** Measurement of patients' satisfaction was done through a composite questionnaire, comprising basic sociodemographic parameters as well as the following scales: Satisfaction Questionnaire (VSQ-9 & PSQ-18), Self-Rating Depression Scale (SDS-Zung) and Morisky Medication Adherence Scale (MMAS). The study involved 612 adult patients and was carried out during the two months period March-April 2014 in six Health Care Centres and six selected Rural Clinics of the Iliia Prefecture.

**Results:** The prevalence of depression in our study sample was 25.2%. The score of our patients' satisfaction from health services was  $64.5 \pm 15.5$  for the questionnaire VSQ9 and  $3.5 \pm 0.53$  for the PSQ18. The multivariate analysis revealed, among others, that the degree of depression calculated from the Zung scale presents a strong negative correlation with the degree of patient satisfaction from the health services, expressed as total score of the scale VSQ9 ( $p < 0.001$ ) and the PSQ18 ( $p < 0.001$ ). Greeks, the elderly and women seem to declare a higher degree of satisfaction.

## Oral Communication

### KNOWLEDGE AND SERVICE GAP ON MENOPAUSE AMONG NON-COMMUNICABLE DISEASE PATIENTS IN RURAL HEALTH SETTINGS AT BASE HOSPITAL, ELPITIYA

Lasantha Krishan Hirimuthugoda<sup>1</sup>, Hasadari Pamoda Madarasinghe<sup>2</sup>, Sunil Pushpakumara Wathudura<sup>3</sup>

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<sup>3</sup>*Base Hospital, Panadura, Sri Lanka*

**Introduction:** It was aimed to assess, describe and explore the knowledge and practices of the aging people around NCDs and menopause in order to better understand the drivers and therefore develop more appropriate solutions to this growing disease burden.

**Objectives:** assess the prevalence, knowledge and service gap on menopause among Non communicable diseases (NCD) patients in base hospital, Elpitiya

**Methods:** A hospital-based, cross-sectional study was conducted on 422 female patient who were following medical clinic in base hospital, Elpitiya, Sri Lanka. A systematic sampling method was used for recruitment of the sample. Information was collected on demographic, socioeconomic, menstrual, and service gap using pre-tested interviewer administered questionnaire. Data were analysed to depict descriptive and inferential statistics.

**Results:** Of the sample, 58.4% were postmenopausal and 16.3% were perimenopausal; 80% of the sample had one or more menopausal symptoms. The most prevalent menopausal symptoms were joint and muscular discomfort (64.7%), physical and mental exhaustion (43.8%), and hot flushes (29.1%). Hot flushes, sleep problems, and joint/muscular discomfort showed an increase in prevalence from the premenopausal category to the postmenopausal category ( $P < 0.05$  for all). Poor knowledge on post-menopausal symptoms were 78%. There were only 12% of patients receiving minimum care related to their menopausal symptoms.

**Conclusion:** The majority of female patients with NCD reported one or more menopausal symptom and their knowledge on menopause is poor. There was huge gap in service delivery in curative sector for post-menopausal symptoms.

One slide - 5 minutes presentation

## RURAL GENERAL PRACTICE IN THE CZECH REPUBLIC

David Halata<sup>1)</sup>, Cyril Mucha<sup>2)</sup>, Kateřina Javorská<sup>3)</sup>, Jan Kovář<sup>4)</sup>, Petra Kánská<sup>5)</sup>, Jan Bělobrádek<sup>6)</sup>

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**Introduction:** Rural general practice worldwide provides its own diversity of contexts and characteristics. In the Czech Republic general practitioners have been perceived as homogeneous group, depending on the location of their action has not been examined closely. There has been no difference with regard to training, competence, equipment, offices and way of reimbursement.

**Objective:** The aim of the study was to analyse and describe the current state of rural medicine in the Czech Republic and compare the efficiency of care provided in rural and urban areas.

**Methods:** The analysis used data of largest health insurers in the country (General Health Insurance Fund, covering 70% of Czech population-7 mil. people). Particularly cost analysis of the care delivered by general practitioners was used for the study purpose.

**Results:** Data analysis showed greater efficiency of rural practices by 8-39%, respectively 7-29% of practices in smaller towns compared to practices in cities where there is a large hospital. Significant difference in competences and the scope of clinical activities were found;

rural GPs conduct more services beyond capitation, prescribe more, refer less and spend less on investigation and on induced specialist care.

**Conclusion:** Diversity of rural general practice in the Czech Republic has been proven.

Working Group for Rural Medicine within Czech GP Society was founded in order to keep the research going and possibly initiate or propose measures to improve the quality of rural care.

## 2.12. Cross-cultural medicine

### Oral Communication

#### THE WONCA MEETING POINT – A GATEWAY TO NEW COMMON TEACHING PROCESSES

Patrick Tabouring

*University of Luxembourg, Luxembourg, Luxembourg*

**Background:** The International Workshops are exemplary occasions of meeting and interchange. The replies of preceding experiences allowed our group to elaborate a recognized model of psychotherapy in primary care, which is actually taught at our Faculty

**Aim of the workshop:** Going out from this background, we try to confirm the hypothesis that international interchanges allow, in diversity, to grow together by synergy and to elaborate new pedagogic concepts together

**Methods:**

The workshop will be divided into 3 working groups which will elaborate different themes:

- immigration
- rare diseases
- exhaustion pathologies

Each group, going out from diverse approaches depending on different countries, will try to elaborate common looking-after-strategies, which might be usable for the whole GP community, in order to construct an optimal common teaching plan

**Results:** The results will be presented and discussed in plenary group. The synthesis of each theme will complete a project model which was elaborated before by the author of the workshop, and will illustrate the complementary contribution obtained by the regroupment of diversified experiences. After the workshop we could continue to co-operate in the project by mail or at future international meetings.

**Conclusion:** Confirmed by further experiences, we will try, through this workshop, to testify the gain of performance of groups issued by diverse nations and cultures, allowing to implement international co-operations in the whole interest fields of the actual general practice

# 22<sup>nd</sup> WONCA Europe Conference

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## Oral Communication

### WHERE THE EAST MEETS THE WEST: CROSS- CULTURAL MEDICINE FOR THE IMMIGRANT COMMUNITIES

Sunil Abraham

*Christian Medical College, Vellore, India*

**Introduction:** The influx of immigrants to Europe brings challenges not only with regard to new diseases that the Family Physicians of Europe may not have handled in the past, but also the challenges of understanding and relating to a cultural paradigm that is different from the Western society. This will have a significant impact on the doctor-patient relationship, understanding about the patients and their needs, explaining to the patients and their families about diagnosis and management and engaging the communities to empower them to be healthy in a country and culture that is alien to them. In addition to the linguistic difficulties that the Family Physician will face, there will be other hurdles including the understanding of their worldview, the illness-role of the patient, the influence of the family and the community in the management of diseases, patients' rights about their own health and gender issues. These issues are in to be addressed in the background of the emotional, social, cultural and economic trauma that many in these communities have gone through.

**Objective:** The presentation will focus on understanding the immigrant community, becoming sensitive to their cultural backgrounds and aware of the knowledge and skills needed to care for them in a patient and community centred manner which will be crucial for them as physicians in the forefront of health care.

## Oral Communication

### FAMILY MEDICINE FOR THE EASTERN CULTURE: "PATIENT CENTERED OR FAMILY AND COMMUNITY - CENTERED MEDICINE?"

Sunil Abraham

*Christian Medical College, Vellore, Vellore, India*

The understanding and practice of clinical medicine in the Western mindset is often individualistic with a focus on the patient who is engaged by the Family Physician to enable him or her to make the best of choices for health and for management of the health issues each person faces. This doctor- patient relationship and its sanctity is driven into our training and practice of Family Medicine. However the Eastern culture has a herd mentality and decisions of the individuals of the community is influenced significantly by the social fabric of the community and the extended family. Engagement of the community is essential for the Family Physician to provide appropriate health care for the whole community and the individuals there. Individuals can have limited say with regard to health issues that they face with the family making crucial decisions about their health. Effective care of the individual cannot be separated from effective engagement of the family and the community. This understanding of the migrant community and an approach to medicine that goes beyond the patient-centred medicine is a skill required to practice good medicine. The limitations of time and lack of experience in this field along with the cultural and linguistic challenges physicians face can be circumvented with the assistance of organisations that work among the migrant communities. The flexibility and generalist approach that is inherent in the Family Medicine

philosophy give Family Physicians a good foundation to care for them, understanding their culture and their challenges.

## Oral Communication

### CHRONIC DISEASE PREVALENCE AND UTILIZATION OF HEALTH SERVICES IN SYRIAN REFUGEES LIVING IN ŞANLIURFA

Duygu Karaçizmeli Altıparmak, Mehmet Akman

*Marmara university school of medicine, department of family medicine, istanbul, Turkey*

**Introduction:** Immigration has very important effects on health and health variables, that is more prevalent for refugees.

**Objective:** The aim of our work is to detect prevalence of chronic illnesses in Syrian refugees and to explore their health care seeking behavior for chronic conditions.

**Method:** We randomly selected 30 streets from a district of Urfa for this cross-sectional study. Randomly selected 7 houses were chosen from these streets and data of all people aged over 18 were collected. Communication was either Arabic or Kurdish. pre-prepared questionnaire was applied to householder or the wife of the householder after they gave informed consent.

**Results:** A total of 210 households were visited and data of 617 people were collected. 47.5% of the participants were female, the average age was 35.6 and 68.7% were primary school graduates. At least one chronic illness was found in 25.7% of participants over age 40 and 62.5% of participants over 65 years of age. This ratio is 15.2% among all participants. 67.6% of those who applied for health services because of chronic illness applied to state hospital and 15.2% applied to private health center. The rate of using primary care services for chronic illness is only 1%. 76.9% of the participants mentioned free health service as the main determinant for the choice of health care center.

In our study the prevalence of chronic disease was relatively lower than the rates reported in the literature. Immigrants have almost never received primary health care due to their chronic illnesses, and it seems that they meet their service needs from the predominantly hospitals.

## One slide - 5 minutes presentation

### MOZAMBIQUE – VALUE OF PRACTICING IN A LOW HEALTHCARE RESOURCES COUNTRY

Rafael Cunha

*UCSP Sete Rios, Lisboa, Portugal*

**Introduction:** Exploring new realities and face new challenges as a General and Family Medicine Resident is important for becoming a better qualified doctor.

Mozambique is a developing country that faces many health problems and has a big shortage of doctors. It was imperative to understand the sociocultural particularities of the local communities and difficulties they face with healthcare so it could be established educational and cooperation measures to promote development with the local health agents.

**Objective:** Share 2 month experience in a developing country by a Family medicine Resident and its importance to increase better clinical skills.

**Methods & Results:** The purpose of this work is to describe the conditions of a local healthcare center and regional hospital and to expose the advantages of choosing to work as a

General and Family Medicine Resident in these conditions. The local Healthcare center had maternity, HIV appointments, emergency room, pregnancy appointments, family planning, adolescents in risk appointment and adult and child appointments.

The lack of conditions meant that clinical skills and acumen were enhanced to meet the diseases/needs of the patients.

As time progressed it became clear the great importance of knowing the community support, especially in cases of poverty that required basic needs (food, electricity, fresh water).

It was a valuable learning opportunity experience, allowing to enhance anamnesis and diagnosing skills, decision making, resilience and teamwork, allowing a greater awareness of the value of the resources that are often taken for granted in modern healthcare countries.

## Oral Communication

### DIABETES TYPE 2 IN RAMADAN

Eliézer Cerdas<sup>1)</sup>, Sara Fernandez<sup>1)</sup>, Nivalda Pereira<sup>2)</sup>

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**Introduction:** The presence of diabetic Muslim patients is a reality today and their management during Ramadan is a real challenge not only because of cultural differences but also because of the difficult control of glycaemia. Ramadan lasts for one month and is defined by a food, water and drug restriction 75 minutes before sunset and 15 minutes before sunrise. Even though it is not frequent in our country (Portugal), some cases begin to appear in our clinical practice in primary care, hence the need of having a systematic review for their therapeutic approach, given the change in lifestyle inherent to this period.

**Methodology:** Bibliographic research restricted to articles published in the year 2016 in the PubMed database on November 8, 2016 under the MeSH terms "Diabetes" and "Ramadan" (n=44). Only systematic reviews were selected (n=8).

**Results:** Basic principles in diabetes management such as fractional and nutritionally adequate meals throughout the day, exercise and medication have to be reviewed and adjusted. The drug of choice will be the incretin class (GLP1 analogs and DPP4 inhibitors) as they have good glycemic control, weight control and safety in terms of adverse effects

**Conclusion:** Science and religion, two important pillars of today's society, are sometimes in conflict. The Family Doctor should include a holistic assessment to diabetic Muslim patients, to prepare Ramadan with a multifactorial, preventive, therapeutic and follow-up approach. Only in this way will it be possible to maintain the physical, mental and spiritual well-being of these patients.

## 2.13. Integrated care

One slide - 5 minutes presentation

### DOES STRUCTURED COMMUNICATION BETWEEN PRIMARY AND OTHER LEVELS OF HEALTH CARE HAVE NOTEWORTHY IMPACT ON FAMILY PHYSICIANS' JOB SATISFACTION?

Saliha Şahin, S.Serap Çifçili, Mehmet Akman

*Marmara University Faculty of Medicine Department of Family Medicine, İstanbul, Turkey*

**Introduction:** According to PHAMEU framework, ten core dimensions were identified to assess the strength of primary care. An international comparative study which used this framework defined Turkey's primary health care system as weak in terms of accessibility, continuity and coordination of care. However, there is no data on how family physicians are affected by this primary care structure.

**Objective:** To explore the effects of weak primary care structure, especially lack of integration and coordination, on family physicians job satisfaction.

**Methods:** A qualitative study aiming to explore family physicians' job satisfaction and how this is interacting with the structure of primary care is planned. In order to include physicians of different experience levels and different working conditions purposive sampling will be made. In-depth interviews with a set of semi-structured questions about following themes will be used: how satisfied are the family physicians with their job, quality and content of interaction between different levels of health care and how this effects family physicians' job satisfaction and other aspects of continuing medical education (physicians academic and educational activities, keeping up-dated) professional isolation (lack of professional interactions and stimulation, solo practices), professional identity (sense of clinical competence and self-efficacy).

**Results:** The results of qualitative data will be analyzed and the themes emerging from the interviews will be listed.

**Conclusions:** We hypothesized that integrated and coordinated care, itself and its outcomes have noteworthy impact on family physicians' job satisfaction.

## Oral Communication

### INDICATORS CONDITIONING BURNOUT IN THE HEALTH AND HEALTH BEHAVIORS OF CAREGIVERS TAKING CARE OF CANCER PATIENTS IN THE HOME ENVIRONMENT

Marta Gawlik<sup>1)</sup>, Donata Kurpas<sup>2,1)</sup>

<sup>1)</sup>Opole Medical School, Opole, Poland

<sup>2)</sup>Wroclaw Medical University, Wroclaw, Poland

**Introduction:** The interdisciplinary nature of palliative care aims to improve quality of life of patients and families struggling with problems associated with life-threatening diseases. Differences in home palliative care between EU countries are considerable, depending both on economic factors and access to specialized therapeutic teams.

**Objective:** To determine variables characterizing effective support systems for carers looking after patients with cancer, assessing their quality of life and severity of burnout.

**Methods:** The study included caregivers of patients with cancer in the home environment. The research tools were the Health Behavior Inventory, the modified Maslach Burnout Inventory for caregivers, and the authors' questionnaire.

**Results:** Consideration of studies on Polish patients and caregivers suggested variables conditioning carer burnout. The results revealed the impact on caregivers' care of their level of education regarding cancer, which is reflected in the screening performed. Burnout level was directly related to the daily health behaviors of caregivers.

**Conclusions:** Such carers experiencing lower quality of life and the possibility of burnout should be considered as at risk. The development of a coherent support system for families

affected by cancer by qualified interdisciplinary therapeutic teams, including family physicians, will prevent burn-out of caregivers, respond to their health needs, and improve their quality of life, reducing the risk of disease in that population.

## Oral Communication

### FOCUS: FRAILTY MANAGEMENT OPTIMISATION THROUGH EIPAHA COMMITMENTS AND UTILISATION OF STAKEHOLDERS' INPUT

Donata Kurpas<sup>1,2)</sup>, Maria Bujnowska-Fedak<sup>1)</sup>, Katarzyna Szwamel<sup>2)</sup>, Barbara D'Avanzo<sup>3)</sup>, Rachel Shaw<sup>4)</sup>, Holly Gwyther<sup>4)</sup>, Carol Holland<sup>4)</sup>

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<sup>4)</sup>Aston Research Centre for Healthy Ageing (ARCHA), Birmingham, United Kingdom

**Introduction:** The goal of FOCUS is to reduce the burden of frailty in Europe and the partners are working on advancing knowledge of frailty detection, assessment, and management in order to change the paradigm of frailty care.

**Objective:** Patients, caregivers, healthcare professionals and social care professionals in Italy, Poland and the UK were invited to express their experiences with frailty management.

**Method:** Qualitative – focus groups interview.

**Results:** The main areas detected for dealing with were limited access to care and continuity of care, insufficient communication with healthcare and social care professionals, lack of information about frailty, the need for psychological support for patients and their caregivers, the need for a person to act as a link between patients, their caregivers, healthcare and social care professionals, periodical practical training for caregivers, and the inclusion of volunteers. The dimensions recognized as most important were regular screening of biopsychosocial issues, education, physical activity, social interactions with younger people, efficiently dealing with loneliness, effective communication and support with and from health and social care professionals, regular and smooth access to and contact with physicians or nurses. Healthcare professionals underlined the lack of knowledge about frailty among healthcare and social care professionals.

**Conclusions:** The integration of health and social care support has been identified as a pivotal, though challenging, step. The implementation of a proactive primary care attitude in daily practice, as well as a strong interdisciplinary collaboration, is needed. A person-centered approach, encompassing knowledge of physical, social, and psychological aspects is recommended in care.

## Oral Communication

### ITINERARY OF THE CHRONIC, PLURIPATHOLOGICAL PATIENT IN THE HEALTHCARE SYSTEM: CAN WE OFFER A RESPONSE MORE HUMAN, EFFECTIVE AND SAFE?

M CARMEN FERNANDEZ-ALONSO<sup>1)</sup>, M Angeles Guzman Fernandez<sup>1)</sup>, Marta Menendez Suarez<sup>2)</sup>, Lydia Salvador Sanchez<sup>1)</sup>, Raquel Gomez Bravo<sup>3)</sup>

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# 22<sup>nd</sup> WONCA Europe Conference

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**Introduction:** Our region is one of the most scattered, underpopulated and aged in Spain. 23% of population is over 65, and 10 % 80; presenting several pathologies and social and healthcare needs which are not always covered. Patients use healthcare services, with frequent hospitalizations and increase of associated risks, high cost for the system and without relevant improvement of quality of life

**Objective:** To give a integrated healthcare and social response to of patients, in order to encourage their staying at home, avoid unnecessary hospitalization and guarantee the continuity of care

**Methodology:**

- Analysis of the socio-demographic situation, and of morbi-mortality, classification of patients using CRG system adapted
- Making of a population strategy for chronic patients
- Designing of an integrated social and healthcare process for pluripathological, chronic, complex patients
- Piloting in two healthcare areas and subsequent implementation in all the region (11 areas .2014)

**Results:** Initial results are promising, two years after the set-up of the process, confirm that only a process that combines healthcare services (primary care and hospital care) and social services is able to avoid the wandering of patients through the different services of the system, taking unnecessary risks, and at a hardly sustainable cost Obstacles: Resistance to change, more by professionals than patients are frequent.

**Conclusions:** Integrated care systems seem to be the best solution for CPPC patients, and the ones that best guarantee continuity of care. Having a clear vision of the problem, without hurry or improvisation is key. The management support and clinical leaderships, is necessary. The support and validation by the patients is essential.

## Oral Communication

### EVALUATING AND IMPROVING AN GROUP INTERVENTION FOR MIGRANT WOMEN. THE USE OF NORMALISATION PROCESS THEORY.

Feia Hemke<sup>1,2</sup>, Maria v.d. v.d. Muijsenbergh<sup>1</sup>

<sup>1</sup>*Pharos, Utrecht, Netherlands*

<sup>2</sup>*AMC, Amsterdam, Netherlands*

**Introduction:** Migrant women are at risk for feeling mentally unwell. Primary care offers them integrated, accessible and appropriate group interventions at neighborhood level. These mainly locally initiated interventions are however often not evaluated, nor implemented at a larger scale. This so called know-do gap between science and practice can be studied using qualitative, participatory research methods, leading to knowledge that can overcome implementation barriers.

**Objective:** The overall aims of this project were to further develop the training program for the target population, improve guidance towards the training and understand possibilities to scale-up. The research questions are: What are the experiences of diverse stakeholders about the mini intervention ' *stress, you can learn to relax* ', what are possible improvements and how can the intervention be integrated?

**Methods:** A qualitative approach, based on participatory learning action strategy was used. In total 6 course participants and 8 other stakeholders were interviewed. The model 'normalisation process theory' was used for data analysis. A key stakeholder team gave input throughout the research process.

**Results:** Migrant women as well as health workers were positive about the empowering effect of the training. Bottlenecks were accessibility and monitoring of the training. Involving more health- and social workers, requesting a deposit and adapting the content of the training are suggested. Monitoring could be improved by using simplified picture based questionnaires. The neighborhood team can be an important partner in increasing accessibility and sustaining participants to work on stress reduction. They however still lack proper financial and organizational infrastructure to do so

## Oral Communication

### HEALTH CRISIS IN VENEZUELA

Romina Martínez Liñares, Sandra Maria Ayude Diaz  
*EOXI Pontevedra Salnés,, Pontevedra, Spain*

As many you know the last months we have had news of serious health problems in Venezuela and the repercussion in mortality and morbidity that this supposes in the population.

The objective of this work is to show the health problems that exist today through data and experiences offered by workers in the health system of that country.

I contacted those workers to offer us their vision and experience on this situation, and I will do it initially showing data from their own records and later through a questionnaire designed specifically for this cause.

Data obtained from the National Epidemiological Bulletin (December 2016):

- Child mortality:

Neonatal mortality (0-27 days) is 68.08% of the total child deaths

Post-neonatal mortality is 31.91%

Until the 52<sup>nd</sup> week of 2016, infant mortality increased 30.12% compared to 2015, with a total of 11,466 cases.

Most frequent causes: Neonatal sepsis. Pneumonia. Hyaline membrane disease. Prematurity.

- Maternal mortality:

Until the 52<sup>nd</sup> week of 2016 there was an increase in maternal mortality by 65.79% compared to 2015, with a total of 756 deaths per year.

Causes: Hemorrhage. Hypertension in pregnancy. Infections.

A disease with a high prevalence in that country is malaria where by 52<sup>nd</sup> week of the year 2016 an increase of 76.4% was reported with respect to the year 2015, with a total of 240 613 cases.

Malaria is a disease that affects the population of all age groups and is directly associated with the incorporation of preventive measures for epidemiological control, which is a good index of hygienic-sanitary conditions.

In the same way several medical societies of Venezuela claim the difficulty to treat their patients by shortages of drugs neither in public or private health.

How can you help them? #yourproposalforvenezuela

## 2.14. Information and technology

### Oral Communication

#### **ELECTRONIC HEALTH RECORDS OF THE FUTURE. CHALLENGES SOLUTIONS AND ETHICAL DILEMMAS**

Cemal Kavasogullari, Isabella Roiatti  
*NHS Lanarkshire, Glasgow, United Kingdom*

**Introduction:** Electronic health records (EHR) are becoming the standard in healthcare and there are significant advantages of an efficient EHR system. Yet there are still massive problems around communication, integration, consent and sharing of these records. These problems increase cost and complexity in healthcare systems. We analysed various different systems, summarised challenges and proposed potential solutions together with current ethical challenges.

**Objective:** To showcase some of the electronic health records systems, discuss general challenges and describe possibilities of the EHR systems of the future. We aim to highlight some important ethical dilemmas when considering the future of EHR.

**Methods:** Reviews of available EHR systems.

Identified challenges discussed with software developers, user groups and healthcare professionals.

**Results:** We argue that EHR of the future is individual and personalised. We propose a different approach to current "central repository" systems where data is stored locally instead of centrally. We predict encryption and "bitcoin" like technologies to play an important role in the future of EHR as well as biometric authentication methods for consent and identification purposes. We envisage that with increasing patient generated data, artificial intelligence systems that actively monitor this input and provide trends and meaningful information rather than individual data points will be the norm.

### Oral Communication

#### **RESULTS OF A EUROPEAN SURVEY AND AN EXPERIMENTAL SCREENING REGARDING TO THE POINT OF CARE ULTRASONOGRAPHY APPLICATIONS IN FAMILY MEDICINE**

Mihai Iacob  
*Ultrasound Working Group (UWG) - The Romanian National Society of Family Medicine, Timisoara, Romania*

**Background:** The Point of Care Ultrasonography performed by the clinician 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.

**Methods:** Indications of PoC-US diagnoses are the detection of: stones, pathologic fluid accumulation, enlarged organs, digestive tube paresis, aneurysms and obstruction of vessels, enlarged heart, cardiac diseases, thyroid and breast pathology, pleural effusions etc. All these had presented a typical ultrasound pattern, and simple diagnostic criteria can be used. In connection with the clinical picture, the diagnosis could be very accurate and enough start the treatment. We did a brainstorming and conducted an online survey, about what we can apply

in primary care. We designed a questionnaire with PoC-US applications which we distributed to family physicians. Then we made an experimental PoC-US Screening to 2400 patients with acute and emergency pathology, who were examined first time by the family physician confirmed after by the specialist physicians.

**Results:** We had a total of 400 respondents to this survey. We made a descriptive and comparative analysis of their answers. We wanted to find out which PoC-US applications are of great interest to family physicians from Europe countries. Accuracy:94,54%, Sensitivity:96,43%, **Specificity:** 91,16%,  $p < 0,001$ .

In conclusion, because of a significant number of advantages, ultrasonography should be a diagnosis tool besides to the stethoscope in the general practitioner office. Early diagnosis can help to save many patients in primary care, based on notions of good clinical practice.

## Oral Communication

### CONTRIBUTION AND LIMITS OF THE THYROID ULTRASONOGRAPHY AS TRIPLEX DOPPLER ULTRASOUND OR STRAIN ELASTOGRAPHY IN PRIMARY CARE

Mihai Iacob, Remus Georgescu, Calin Bumbulut

*Ultrasound Working Group (UWG) - The Romanian National Society of Family Medicine., Timisoara, Romania*

**Background:** Ultrasonography used as a screening method can diagnose both: diffuse thyroid disorders and especially thyroid focal lesions. Our objective was early diagnosis and treatment of the diffuse thyroid diseases and focal thyroid lesions by screening in the high-risk population.

**Method:** We report a prospective thyroid ultrasound screening performed on 3100 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 show when fine-needle aspiration biopsy(FNAB) should be performed. We designed an Ultrasound Scoring System(USS) for predicting thyroid malignancy and a diagnostic algorithm software. All patients who entered these studies were stored and counted into our electronic database. Finally, we compared ultrasound scores designed by us, with the histological results.

We will demonstrate the utility of this diagnostic computerized algorithm to perform the thyroid ultrasonography.

**Results:** Prevalence of thyroid pathology was:29,6%(95%CI:26,99to32,31) with screening sensitivity:95,38% and specificity:94,78% and a high accuracy of 94,95%, PPV:88,47%, NPV:97,99%, statistically significant  $p < 0,01$ . The ROC statistical analysis confirmed a higher level of diagnostic accuracy of Strain Elastography,  $p < 0.001$ ,  $AUC = 0,995$ , 95%CI:0,97to1. To the ANOVA analysis- the significant methods used was USS,  $p < 0,001$ . Our cut-off value of SR was 2.5.

**Conclusions:** Performing Doppler 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.

## Oral Communication

### IDENTIFYING PATIENTS AT RISK TO BETTER TARGET CASE MANAGEMENT INTERVENTIONS.

Karen Kinder

*Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States*

**Introduction:** Understanding the morbidity profile of patients and identifying those most in need of care management interventions ensures more appropriate programs and better outcomes. While it is widely believed that family doctors are familiar with their patients most at risk, research has demonstrated doctors were not aware of up to 17% of patients identified by risk stratification and analytic tools. Case-mix helps reduce the uncertainty of which patients to intervene with care management programs.

**Objective:** Attendees will gain an understanding of how risk stratification can help identify patients at risk of high future utilisation of health care services, as well as the ability to recognise some of the challenges that may be encountered.

**Methods:** Recently developed innovations which push the envelope on population health analytics will be presented. These include the ability to identify:

- emerging risk populations,
- patients at risk of poorly coordinated care,
- patients at risk of hospitalization and readmission.

Evidence from applications of the Johns Hopkins Adjusted Clinical Groups® (ACG) System will be presented, exploring some of the challenges faced. Examples will reference experiences in the UK, Europe, the US, South Africa and Israel.

**Results:** As has been demonstrated in both public and private healthcare systems around the globe, case mix applications contribute to improved integrated health care delivery through identification of patients who would most benefit from targeted interventions and coordinating that care. However the success of such mechanisms is subject to a number of factors which clinicians can help address to improve the care of their patients.

## Oral Communication

### THE USE OF AN EVIDENCE-BASED HEALTH INFORMATION WEBSITE (THUISARTS.NL / HOMEDOCTOR) AND THE EFFECTS ON GP CONSULTATIONS

Ton Drenthen<sup>1)</sup>, Tobias Bonten<sup>2)</sup>, Niels Chavannes<sup>2)</sup>, Margot De Waal<sup>2)</sup>

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

<sup>2)</sup>Department of Public Health and Primary Care, Leiden University Medical Center, Leiden, Netherlands

**Introduction:** Many patients seek online for health information and could use this information to decide whether to visit a doctor. In 2012 the Dutch College of GPs (NHG) launched an evidence-based health information website, named Thuisarts.nl (HomeDoctor). Its content is based on evidence-based practice guidelines developed by NHG, and includes medical information and patient education. The information includes illustrations, short videos, patient decision aids and e-health self-management tools. Since its launch, the website has become the most visited health information website in the Netherlands.

**Objective:** To evaluate the use of the website and the potential effect on GP consultations.

**Methods:** We carried out a survey among GPs / members of the Dutch College in 2013, 2015 and 2017, and an interrupted time series analysis of observational primary care data of health care use in the Netherlands among users and nonusers of the website from 2009 to 2014.

**Results:** Over 90% of all Dutch GPs use *Thuisarts.nl* in their daily practice. In 2016 *Thuisarts* had 15 million unique visitors on a population of 17 million people. The GP consultation rate in the Netherlands showed a 12% decline two years after the launch of this website. The trend in consultation rate of the nonusers showed no change.

**Conclusions:** *Thuisarts.nl* is a well-known website that is used by most GPs in the Netherlands. These findings reveals that e-health can be effective to improve patient education and to reduce health care utilization in times of increasing health care costs.

## 2.15. Ethics and law

### Oral Communication

#### HEALTH CARE ACCESS FOR IMMIGRANTS IN PORTUGAL

Irene Trindade

*USF Descobertas, Lisboa, Portugal*

**Introduction:** Laws for foreign citizens' access to Portuguese National Health System (NHS) grant the right of individual health protection and public health promotion.

**Objectives:** Research and review legislation and official publications concerning foreign citizens' access to NHS.

**Methods:** Bibliographic research was carried out in electronic portals: Official Bulletin, Health Regulatory Entity, Central Health System Administration, General Health Department and Foreigners and Borders Service (FBS).

**Results:** Fourteen laws and three manuals published by Portuguese Government were included in the review. Health care financial costs provided to foreign citizens depend on their legitimation, asylum request or refugee status. Seven exceptional situations allow free access of illegal immigrants to NHS. Primary to secondary care referral is available for both legal and illegal immigrants. There are various types of international agreements related to health access for immigrants including cooperation agreements between Portugal and five Official Portuguese Speaking African Countries and bilateral agreements between Social Security Systems of Portugal and other 21 countries. Three public resources support health professionals in providing health care to immigrants.

Right to health is universal in Portugal only financial access conditions depend on foreign citizen legitimation status. As health care charging system also depends on international agreements and issue of documents by FBS or local authorities, its recognition by health care professionals is important to avoid inequality.

Health laws grant inclusive access and facilitate immigrants' integration: however, a single document compiling all information would facilitate health care professionals handling of immigrant health issues.

## Oral Communication

### DO WE HAVE THE RIGHT TO FORCE A PATIENT TO A TREATMENT?

Bojana Jovanovic, Petar Todorovic, Marija Tomic-Mijajlovic, Kristina Markovic  
*Primary Health Care Center "Dr Simo Milosevic", Belgrade, Serbia*

**Introduction and objective:** Breast cancer is the most common tumor in women. There are many campaigns in order to raise awareness about the necessity of self-examination to detect changes that require reporting to the doctor as soon as possible in order to promptly implement treatment. But what is the proper way to react when a patient refuses to deal with illness and refuses a treatment which can possibly save his life?

**Methods:** A 61 year old woman came to a general practitioner because of respiratory problems, a prolonged dry cough after minor viral infection. The patient had no history of chronic diseases and the last time she visited the doctor was three months ago because of urinary infection. During the examination and auscultation of the chest, the doctor noticed a tumorous change dimensions 5cmx4cm in the region of the upper right quadrant of the left breast. He asked the patient whether she noticed the change before, during the bath, or self-examination of the breast. The patient said that she noticed it about a year ago, but she decided not to go to the doctor because she is not ready to talk about it yet. She refused to do any other test, or to go to the oncologist.

**Results:** It happened 9 months ago. The patient still did not come to the doctor. It remains an open question whether the patient-doctor secret is more important than trying to save his life.

## Oral Communication

### CONSIDERATIONS ON REQUESTS FOR EUTHANASIA OR ASSISTED SUICIDE; A QUALITATIVE STUDY WITH DUTCH GENERAL PRACTITIONERS.

Katja ten Cate<sup>1)</sup>, Donald van Tol<sup>2)</sup>, Suzanne van de Vathorst<sup>1,3)</sup>

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<sup>2)</sup>*University Medical Center Groningen, department of General Practice, Groningen, Netherlands*

<sup>3)</sup>*Erasmus Medical Center, department of Medical Ethics and Philosophy, Rotterdam, Netherlands*

**Introduction:** In the Netherlands euthanasia or assisted suicide (EAS) are neither a right of the patient nor a duty of the physician. Physicians are to weigh their own considerations when they decide on a request for EAS. It is not known exactly on which considerations physicians base this decision.

**Objective:** We aim at a better understanding of the considerations that play a role when physicians have to decide on a request for EAS.

**Methods:** This was a qualitative interview study. We analysed 33 in-depth interviews held with general practitioners (GPs) from various regions in the Netherlands.

**Results:** The considerations found can be divided in three main types. (1) Perceived legal criteria, (2) individual interpretations of the legal criteria and (3) considerations unrelated to the legal criteria. Our study is the first to point out that in Dutch practice also considerations play a role that have no relation with the legal criteria. Examples are: the family should agree to EAS, the patient's attitude must reflect enough resignation, or conflicts must be resolved. We hypothesize that these considerations reflect GPs' views on what 'good dying' entails. Our

study can feed the ethical discussion on the tension that may arise between a physician's own views on death and dying, and the views and preferences of his or her patients. When considerations like 'no unresolved conflicts' or 'enough resignation' influence the decision to grant or reject a request for EAS this raises questions from an ethical and professional point of view.

## 3. Clinical management

### 3.01. Prevention and health promotion

#### Oral Communication

#### THE CARDIO-METABOLIC RISK FACTOR PROFILE OF MID-LIFE ADULTS WHO ADHERE TO A HEALTHY LIFESTYLE: THE "NEW NORMAL"

Dana King, Jun Xiang

*Department of Family Medicine, West Virginia University, Morgantown, West Virginia, United States*

**Introduction:** Despite the health benefits, only a relatively small proportion of mid-life adults adhere to multiple facets of a healthy lifestyle.

**Objective:** To determine whether adherence to healthy diet, exercise, and anti-smoking recommendations results in a normalized cardio-metabolic risk factor profile.

**Methods:** In a U.S. national sample representing over 20 million adults ages 40-64 (N=814) from the National Health and Nutrition Examination Survey (NHANES 2011-2014), we compared the cardio-metabolic profile of mid-life adults who adhered to three American Heart Association healthy lifestyle recommendations: exercising 150 minutes weekly or more, eating an average of 25g or more of fiber a day, and not smoking, to those who exercise 30 minutes weekly or less, eat an average of less than 15g of fiber a day, and smoke. Primary outcomes were blood pressure (BP), cholesterol, body mass index (BMI), and glycosylated hemoglobin (A1C).

**Results:** Adherent adults (31.7%) had a mean systolic BP of 119.8, diastolic BP of 71.7, cholesterol of 199.8, BMI of 27.3, and A1c of 5.7. Their systolic BP (p=0.02), BMI (p=0.009) and A1C (p=0.02) were significantly lower than the non-adherent mid-life adults. After adjustment for age, race, sex, health insurance status, and ratio of family income to poverty, BMI (p=0.01) and systolic BP (p=0.02) remained lower than non-adherent adults, but A1c did not. Mid-life adults who adhere to three important healthy lifestyle recommendations are healthier than their non-adherent counterparts; however, they are still overweight as a group, with borderline diabetes (the "new normal"). Further research is needed.

#### One slide - 5 minutes presentation

#### DR. ME: A PILOT EDUCATION PROGRAMME FOR SCHOOLS TO RAISE AWARENESS OF SELF-CARE AND USE OF NHS RESOURCES

Chee Yeen Fung<sup>1)</sup>, Charlie Williams<sup>2)</sup>, Karan Kanal<sup>3)</sup>, Salman Razzaki<sup>1)</sup>, Katherine Woolf<sup>4)</sup>

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**Introduction:** Dr. Me aims to improve patient awareness of self-care and when to access NHS services, as well as interest young people in to healthcare.

**Background:** With increasing demands on the NHS, Dr. Me encourages children to engage with self-care in the community and to promote responsible use of healthcare resources. The project also aims to generate interest in medicine in areas with traditionally low rates of application into medical school.

**Method:** One hour lessons were delivered to four Year 5 classes (n=89), each incorporating short workshops on vomiting, sore throat and minor injuries.

3 audit scenarios were asked before and after teaching, and the children decided whether to stay home, visit the GP or attend A&E. Correct responses before and after were compared. A feedback questionnaire gauged enjoyment, confidence in self-care and interest in the role of doctors.

**Results:** Correct responses after teaching improved by an average 18.7%. The vomiting scenario improved from 53% to 71%, sore throat from 58% to 76% and injuries from 72% to 92%. Feedback showed 100% of children enjoyed the sessions, 93% felt more confident in self-care and 93% were more interested in doctors.

**Conclusion:** Initial results suggest scope to teach children self-care and appropriate use of services, and feedback showed an increased interest in the role of doctors.

Further sessions are planned to refine teaching and gather more data.

We also aim to incorporate Dr. Me into medical school curricula as an optional module, and to recruit more volunteers.

## Oral Communication

### SEX EDUCATION - COMMUNITY INTERVENTION IN A MIDDLE SCHOOL

Ana Rita Luz, Raquel Barros, António Pinto, Liliana Coelho, Bruno Reis, Sofia Teixeira Pinto, Maria João Gonçalves, Pedro Alves

*USF St. André de Canidelo, Vila Nova de Gaia, Portugal*

**Introduction:** Sex education leads to fertility control and sexually transmitted diseases (STD) prevention and promotes healthy and safe sexuality, making it an essential subject to be taught in schools. In Portugal the rate of fecundity in adolescence is 11%, being the 8th highest rate in the European Union. In addition, 17% of the voluntary abortions in Portugal occur in the metropolitan area of Porto.

**Objectives:** Enhance and better understand the knowledge of some students in the geographic area of influence of our health unity about sex education.

**Methods:** We performed several sex education lectures and applied a multiple choice questionnaire before and after the sessions.

**Results:** As the questionnaires answered before these lectures were analyzed it was concluded that the greatest deficits of knowledge were the physiology of the female reproductive system, the transmission routes and prevention of STD and contraceptive methods overall. When comparing these answers to the ones given after these sessions it was demonstrated that there was an overall improvement in all evaluated parameters, especially in these deficit areas. However, it should be noted that, in areas as STD transmission and prevention the results remained low, with correct response rates under 50%. As the onset of sexual activity occurs at increasingly younger ages it is urgent to promote a healthy and safe sexuality in the early adolescence. Our role as family physicians is extremely important as we

are closer to the community and we have a unique opportunity to take action in order to avoid STD and unwanted pregnancies.

**One slide - 5 minutes presentation**

## **HEALTHY LIFESTYLES - COMMUNITY INTERVENTION IN A MIDDLE SCHOOL**

Ana Rita Luz, Raquel Barros, António Pinto, Liliana Coelho, Sofia Teixeira Pinto, Bruno Reis, Maria João Gonçalves, Pedro Alves  
*USF St. André de Canidelo, Vila Nova de Gaia, Portugal*

**Introduction:** Smoking, physical inactivity and inadequate diets are the main lifestyle causes of morbidity and mortality worldwide, being associated with malignancy, diabetes mellitus and other cardiovascular diseases. Adolescence is a conducive stage of life to acquire knowledge and develop skills that allow the establishment of healthy lifestyles.

**Objective:** Enhance and better understand the knowledge of some students in the geographic area of influence of our health unity about healthy lifestyles.

**Methods:** We performed several lectures about healthy nutrition, physical exercise and additive behaviors and applied a multiple choice questionnaire before and after these sessions.

**Results:** As the first questionnaires were analyzed it was concluded that the greatest deficits of knowledge were oral health and hygiene, physiology of exercise and weight loss and the consequences of tobacco and excessive alcohol consumption. When comparing these answers to the ones given after these sessions it was demonstrated that there was an overall improvement in all evaluated parameters, especially in these deficit areas.

A healthy diet and the regular practice of physical activity are essential to promote good physical and mental development and prevent certain pathologies, which can be promoted through small changes in the daily habits of adolescents. The avoidance of addictive behaviors should also be encouraged in schools, since it can lead to dependence and progressive physical and mental deterioration. Our role as family physicians is extremely important as we are closer to the community and we have unique opportunities to take action in order to promote the acquisition of healthy behaviors.

**Oral Communication**

## **NON-SEXUAL TRANSMISSION OF STIS WITH THEIR MANAGEMENT IN PRIMARY HEALTHCARE CENTERS**

Falak Mokhtar<sup>1,2,3)</sup>

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

<sup>2)</sup>*Lebanese Red Cross, Beirut, Lebanon*

<sup>3)</sup>*Society of Family Medicine, Beirut, Lebanon*

This study was performed due to the fact that while working in various medical centers I have encountered many cases of known sexually transmitted diseases, vulvar bacterial or fungal infections and protozoan infections including trichomoniasis among children who were not subjected to any sexual abuse, and adolescents who have not been active sexually. This study looked as well at cervical erosion caused by bacterial infections, trichomoniasis and fungus. During this study, various swab tests were taken from different schools restrooms in addition to swab tests from young girls' vulvar area.

As a result we made sanitary recommendations to be carried out in the schools with the help of sanitary workers and the kids. Hygiene promotion was taught in public lectures in schools. In medical centers, within the health campaign at schools, we added the requirements to highlight this subject of school hygiene and the risks of becoming an epidemic in the case of neglecting it.

## Oral Communication

### PRIMARY CARE: IDENTIFYING FAMILIES WITH AN INCREASED RISK OF DEVELOPING CANCER: THE NEED FOR GUIDELINES.

Riet Derycke<sup>1)</sup>, Sara Willems<sup>1)</sup>, Eric Legius<sup>2)</sup>, Piet Van Denbussche<sup>1)</sup>

<sup>1)</sup>Ghent University - Departement of general practice and primary health care, Ghent, Belgium

<sup>2)</sup>UZ Leuven - Center for human Genetics, Leuven, Belgium

**Introduction:** “I have cancer, what about my family?”

Indeed twenty-five to thirty percent of all cancer diagnoses occur in patients with an increased family susceptibility. Can they be identified and counseled correctly in general practice?

**Objective:** This Belgian study was realized in the period of September 2013 till November 2014, in the field of Family medicine and Primary Health Care, as thesis for a master's degree .

**Method:** First a literature review was conducted in Medline, trying to realise a set of criteria to identify families at risk.

The sensitivity and specificity of the criteria was tested in thirty-five cancer patients. All the information about each diagnosis was collected. A pedigree was drawn and the 5 criteria were applied, whereafter these pedigrees were judged by a geneticist.

**Results:** The literature search results in 5 simple criteria: 1. Younger age at diagnosis; 2. Cancer type in different gender; 3. multiple primary tumors; 4. two or more relatives with the same or related cancers; 5. rare tumor type, associated with other defects. If one of these 5 criteria is qualified as positive, after analyzing the pedigree, the patient has a medium to high risk. The pedigrees are also judged by the geneticist if referring is necessary. All data are included in a 2x2 matrix. The negative predictive value is 95,455%.

**Conclusion:** Genetic detection is not yet incorporated in today's general practice. We defined a reliable, easy to implement set of 5 criteria to find families at risk. The challenge is to integrate the risk stratification in the daily GP practice for all cancer patients.

## Oral Communication

### FALLS PREVENTION IN THE AGED PERSON

Rita Brochado, Madalena Rapazote

*Unidade de Saúde Familiar Monte da Lua, Sintra/Lisbon, Portugal*

**Background:** Falls and loss of balance are a common complaint in geriatric age, being associated with significant morbidity and mortality rates. According to WHO, health services, specially primary care providers, should act on all levels: raising awareness, individual approach during consultations and community interventions.

**Aim of the Workshop:** Review the clinical approach to falls on the aged person in primary care. Discuss prevention strategies to apply during consultations and house calls.

**Methods:**

# 22<sup>nd</sup> WONCA Europe Conference

June 28 – July 1, 2017 | Prague, Czech Republic

[www.woncaeurope2017.eu](http://www.woncaeurope2017.eu)

1. Opening. Introduction and settling of discussion groups (3 minutes)
2. Presentation: multifactorial approach to the prevention of falls in older adults (30 minutes)
  - “Finding balance Ontario/Alberta” algorithm
  - Demonstration: gait evaluation tests and scales
3. Discussion in groups: Prochaska model applied to the motivational interview (15 minutes)
4. Discussion: falls prevention strategies in the community
  - Our clinic’s experience - video (5 minutes)
  - Group brainstorming: new ideas? (5 minutes)
5. Let’s exercise: Otago protocol in practice (15 minutes)
6. Take-home messages and closing (2 minutes)

**Results and Conclusions:** With this workshop we intend to provide family physicians with tools to both manage the clinical aspects of falls, and empower elderly patients to engage in falls prevention activities. We hope the discussion raises awareness on this subject and sheds new light on how to adapt these strategies to different cultural settings.

One slide - 5 minutes presentation

## MINDFULNESS IN SMOKING CESSATION – AN ALTERNATIVE CASE IN POINT

Irene Trindade<sup>1)</sup>, Daniela Maça<sup>2)</sup>, Diogo Almeida<sup>1)</sup>

<sup>1)</sup>USF Descobertas, Lisboa, Portugal

<sup>2)</sup>ACES Lisboa Ocidental e Oeiras, Lisboa, Portugal

**Introduction:** Mindfulness is about paying attention to the present without judging or decision making. The following case refers to adaptation of some mindfulness techniques to smoking cessation consultation.

**Case description:** The patient is a 64-year-old Caucasian female who sought a primary care office for smoking cessation appointments with her family doctor. Regular smoker of 20 cigarettes a day with no relevant personal history. Six months before her last office visit, at her first smoking cessation motivational interview, she had an initial carbon monoxide (CO) assay value of 10 ppm. Anxiety was her main obstacle to smoking cessation. She was medicating herself with Varenicline and nicotine gums. After “D day” she occasionally smoked a cigarette, usually in context of anxiety outbursts which worsened craving. She wore dental prostheses and related worsening of her chronic gingivitis to nicotine gum chewing, however she kept using them because every time she had tried to quit nicotine gums, she started smoking regularly again. Nicotine gums would therefore not be a lasting resource. At one appointment she held a book about "Intuition" and after bringing it to conversation she seemed a candidate to some mindfulness techniques aimed at coping with craving. During five consultations we worked on some mindfulness techniques including anxiety control, emotional regulation, redirecting attention and identification of automatic gestures. Four months after starting this intervention, she remained non-smoker, with CO dosing of 5 ppm, maintaining Varenicline, no need for nicotine gums and improving from her gingivitis. Upon later withdrawal of Varenicline, she remained abstentious.

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One slide - 5 minutes presentation

## HOW TO MOTIVATE OUR PATIENTS TO BE HEALTH AWARE

Judit Nagy M.D., Edit Fekete

*Buda Health Center, Budapest, Hungary*

**Introduction:** The most important parts of medical practice is prevention which requires extensive observation and monitoring. In actuality, patients should see their family doctor yearly. Reports, photographs of new symptoms and computer communication will never replace the benefit of a doctor's experiences.

**Objective:** To update family and personal medical histories, physical examinations and immunization data yearly. Fifty percent of our time is taken up by the administration of screening examinations, checking medications and promoting health education. Our patients should notified by e-mail about recommended examinations.

**Methods:** At the end of 2014, as our pilot program, we designated one of our health care assistants with an advanced degree to monitor the follow-up examinations, the dates set for condition evaluation and vaccinations. We verify checkup times and vaccination data every 3 months and internal medicine condition evaluation every six months.

**Results:** In total, 1,932 patients were notified by email in 18 months, 106 were called back for general evaluation, 1,599 for specialty examinations. During the past six months, twenty percent of those called back appeared to date for the examinations recommended, of these more than 80% required further follow up. Gastrointestinal and urogenital disorders and vaccinations were the three main reasons for the call backs.

**Conclusion:** Patients contacted were pleased with our interest in their welfare and for the examinations recommended. Immunizations will not be in vain and the condition evaluations should make our Patients more health conscious.

One slide - 5 minutes presentation

## ORAL CONTRACEPTION AND TOBACCO, A REALITY THAT NEEDS TO BE CHANGED

Rita João

*USF Corgo, Vila Real, Portugal*

**Introduction:** According to the consensuses of contraception of the Portuguese society of gynecology, is an absolute contraindication combined oral contraception (COC) and smoking over 15 cigarettes per day in a women over 35 years of age.

**Objective:** Identify smoking women under COC and to propose smoking cessation. If that will not be possible, change the contraceptive method.

**Methods:** The MIM@UF program identified users who have the ICPC-2 coding for tobacco use (P17) and oral contraception (W11).

**Results:** From this preliminary study in the universe of 1732 users, found that there were 48 women under oral contraception who smoke. Giving that "oral contraception" does not exclusively mean COC, analyzed all these users having verified that 34 smokers were under COC. In more detail, found that only two meet the criteria of absolute contraindication (more than 35 years and more than 15 cigarettes per day). To them will be proposed smoking cessation and, if not possible, exchange of Contraceptive method. Taking advantage of this work, intends to replicate this study for the whole Team of USF Corgo and carry out a study of continuous quality improvement in the unit in the next year.

## Oral Communication

### OLFACTORY DYSFUNCTION IN PRIMARY HEALTH CARE

Telma Lopes, Carina Pereira, Cristina Costa, Susana Paiva, Susana Ribeira, Cristina Rodrigues  
*USF Oceanos - ULS Matosinhos, Matosinhos, Portugal*

**Introduction:** Olfaction is a very important sensory modality for basic functions, such as orientation, feeding, hazard recognition and social communication. At least 5% of the European population suffers from some sort of olfactory dysfunction. The sense of smell is a subjective phenomenon, therefore people are often unaware of their deficit.

**Objective:** The correct diagnosis of this condition is a challenge for the physician, not only due to the aforementioned subjectivity, but also because of the lack of diagnostic tools. With this review we pretend to recognize the main causes of olfaction disorders, to evaluate smell related symptoms and to manage properly these disorders in Primary Health Care.

**Methods:** We performed a literature search in the PubMed database using the MeSH terms: Olfaction disorders, Diagnosis, Primary Health Care. The search was limited to articles published in last five years, in English, Portuguese and Spanish.

**Results:** The most common causes of olfactory loss are viral infection, head trauma, neurodegenerative disease, toxic exposure, and sinonasal inflammatory disease. Olfactory function may serve as biomarker in adult neuropsychiatric disorders, allowing diagnosis years before the motor or cognitive disturbances become evident. Olfactory dysfunction significantly influences physical wellbeing, quality of life, nutritional status as well as everyday safety, and has been associated with an increase in mortality rate.

For all of the above, a greater emphasis should be given to these disorders and the physicians in primary health care should be aware of these conditions in order to provide a better and faster medical care.

## One slide - 5 minutes presentation

### DIAGNOSIS AND CLINICAL MANAGEMENT OF NARCOLEPSY IN PRIMARY HEALTH CARE – A PRACTICE PROTOCOL

Daniela Sá, Ana Luisa Marcelino  
*USF Ouriceira, Ericeira, Portugal*

**Introduction:** The Primary Health Care (PHC) is the first point of contact of the health system, being responsible for health status of the population. Narcolepsy is a clinical syndrome of chronic daytime sleepiness, cataplexy, hypnagogic hallucinations, and sleep paralysis. Early diagnose is important because of the association with morbidity and increased mortality. The goal of therapy is to maximize alertness at important times of the day. Early diagnose and treatment are the PHC aim.

**Objective:** Make a practice protocol, in order to improve narcolepsy handling at PHC.

**Methods:** A search in MEDLINE® using the keywords: “primary care”, “narcolepsy”, “attention chronic diseases”. Afterwards, a protocol was made.

**Results and Conclusion:** The most important tool in early diagnose is the interview, including a detailed sleep history. The Epworth Sleepiness Scale (ESS) is a useful standardized measure of subjective sleepiness. If any clue is presente, narcolepsy should be considered and both a polysomnogram and a multiple sleep latency test should be performed.

Patients with narcolepsy benefit from a regular and adequate sleep schedule, daytime naps, avoidance of drugs that produce daytime sleepiness, and a psychosocial support group.

Patients with severe sleepiness require stimulant medications, such as modafinil, methylphenidate, or amphetamines.

If cataplexy is present a sleep-suppressing medication should be considered.

Once therapy has been optimized, the severity of residual sleepiness should be assessed with the ESS or the Maintenance of Wakefulness Test.

Persistently sleepy patients should be counseled to avoid potentially dangerous activities and referral to Neurology.

## Oral Communication

### DRUG PRESCRIBING FOR OLDER ADULTS - HOW TO IMPROVE PRESCRIPTION PROCESS

Ana Luisa Marcelino<sup>1)</sup>, Filipa Bagulho<sup>2)</sup>, Constanca Ruiz<sup>3)</sup>

<sup>1)</sup>*USF Ouriceira, Lisbon, Portugal*

<sup>2)</sup>*USF Celasaude, Coimbra, Portugal*

<sup>3)</sup>*USF Costa do Estoril, Cascais, Portugal*

**Introduction:** With the increased of the elderly population and average life expectancy, significant challenges are faced based on a rising demand for healthcare services. Older people tend to suffer from multiple chronic diseases requiring multiple medications. Polypharmacy and inappropriate prescribing are well known risk factors to adverse drug reactions. It results in four times as many hospitalization in older, compared with younger adults. Under-prescribing appropriate medication is another concern that goes along with over-prescribing of inappropriate drug therapies. Several criteria sets have been developed to identify inappropriate drug prescriptions and potential prescribing omissions, such as: Beers criteria (1997, 2003, 2012, 2015), Screening Tool of Older Person's Prescription (STOPP) and Screening Tool to Alert doctors to Right Treatment (START) criteria. These criteria sets should be widely used by professionals. Early detection of inappropriate prescribing and potential prescribing omissions together with a stepwise approach involving primary care doctors, can prevent adverse drug reaction and improve geriatric care.

**Objective:** the aim is to describe what a stepwise approach should include: 1) periodic reviews of current drugs therapy; 2) discontinuation of unnecessary medications; 3) assessment of adverse drug effect for any new symptom; 4) consideration of nonpharmacologic alternative strategies and safer alternative medications; 5) usage of the lowest possible effective doses; 6) simplification of dosing schedules and 7) patients education.

**Results/ Conclusion:** Family doctors play an important role in the management of polypharmacy so it is therefore imperative that everyone is aware of the tools and evidence-based knowledge available in order to improve the quality of prescriptions and quaternary prevention.

## Oral Communication

### THE IMPORTANCE OF STRESS MANAGEMENT IN PREVENTION OF CARDIOMETABOLIC DISEASES

Alessandra Cimino

*ASL Lecce, Lecce, Italy*

**Introduction:** Talking about stress in Medicine is a challenge because it entails the comparison among things that happen on different levels: both at a microscopic level and at social/behavioural/psychological ones.

**Objective:** We aim to verify if there is any association between stress and cardiometabolic diseases and if stress has a causal relation towards any associated pathologies.

**Methods:** Data were collected from a sample of 269 people attending two doctors' offices in Lecce, Italy. Perceived Stress Scale (PSS) was used, as a validated international scale, to evaluate stress charge in people's lives. BMI was measured for each person. People were classified as affected by depressive disorder, diabetes mellitus type-2 (DMT2), hypertension, or as not affected.

**Results:** Half of the people affected by DMT2 have developed a depressive disorder. There is a statistical association between DMT2 and scores in PSS. Stress and depressive disorders towards diabetes can be seen as both consequential - due to pathology charge plus the amount of inflammation which influences stress axis - and causal.

Through linear regression, we verified the causal role of stress in DMT2 (together with BMI and age), due to intense stimulation of the hypothalamic-pituitary-adrenal axis - with overproduction of cortisol - plus the bigger amount of food intake.

Brain-derived Neurotrophic Factor (BDNF) has a crucial role in association among diabetes, stress and depression: it regulates glucose metabolism, it is implied in neurogenesis, and is sensitive to behavioural and metabolic stimuli.

So, physical activity, well-balanced amounts of food and relaxation techniques are important to control stress and its consequences.

## Oral Communication

### IDEAL CARDIOVASCULAR HEALTH AND QUALITY OF LIFE

Elina Bergman<sup>1)</sup>, Eliisa Löyttyniemi<sup>2)</sup>, Päivi Korhonen<sup>1)</sup>

<sup>1)</sup>*Department of General Practice, University of Turku, Turku, Finland*

<sup>2)</sup>*Department of Biostatistics, University of Turku, Turku, Finland*

**Introduction:** Ideal cardiovascular (CV) health has been defined by the American Heart Association as the absence of clinically manifest CV disease, together with the presence of both ideal health behaviours and factors (non-smoking, normal body mass index, a healthy diet, adequate physical activity, normal blood pressure, total cholesterol and fasting plasma glucose measurements). Achieving this ideal is difficult and little is known about its association with quality of life (QoL).

**Objective:** The aim of this study was to assess the association between a favourable CV health and the perceived overall quality of life.

**Methods:** A cross-sectional study was conducted in Finland among 836 employees (732 women, 104 men, mean age 48±10 years) from ten municipal work units in 2014. Ideal CV health metrics were evaluated with a physical examination, laboratory tests, medical history

and self-administrated questionnaires. CV health was categorized into meeting 0-2, 3-4 and 5-7 of the 7 ideals. QoL was assessed with the EUROHIS-QoL-8 questionnaire.

**Results:** The prevalence of having 5-7 ideals was 210 (25.1%), 3-4 was 448 (53.6%) and 0-2 was 178 (21.3 %). The EUROHIS-QoL mean among all participants was 3.92 (SD 0.54) and the mean score increased linearly according to the sum of ideal health metrics: 3.72, 3.91 and 4.10 among subjects with 0-2, 3-4 and 5-7 ideal metrics, respectively. A favourable CV health status with no consumption of CV medicines together with good quality of sleep had a significant positive association with the overall QoL among employees in municipal work units.

## Oral Communication

### DENTAL CARE IN PEDIATRIC POPULATION – A PRACTICAL WORKSHOP FOR FAMILY DOCTORS

Daniela Maça<sup>1,2)</sup>, Irene Trindade<sup>3,2)</sup>, Diogo Barata de Almeida<sup>3,2)</sup>

<sup>1)</sup>USF Ajuda, Lisboa, Portugal

<sup>2)</sup>ACES Lisboa Ocidental e Oeiras, Lisboa, Portugal

<sup>3)</sup>USF Descobertas, Lisboa, Portugal

**Background:** Dental caries are an important public health problem across the world. The World Health Organization lays emphasis on the fact that it affects about 60–90% of schoolchildren.

There was a decline in prevalence and severity of dental caries, particularly in countries with established public health program.

Promoting training of health professionals in the area of dental health is a way of preventing tooth loss and impaired quality of life in the future especially in developing countries.

**Aim of the Workshop:** Guide health professionals on international nomenclature, early detection and prevention of most frequent dental pathologies in childhood (namely caries, tartar, dental abscess, aphthous stomatitis, herpes, gingivitis, trauma, and occlusion problems).

Describe normal and pathological chronology of dental eruption.

Identify key ages for oral health surveillance.

Distinguish cases to be followed in primary health care from those requiring specialist referral and its urgency degree.

**Methods:** Presentation in PowerPoint format. Formation of work groups training oral hygiene techniques, physical examination and reference criteria using dental models and oral hygiene tools. Health professionals training for patient instruction for oral hygiene techniques application - patient empowerment. Clinical cases solved in an interactive way by the workshops 'participants with room for doubts' discussion. Document provision and delivery to participants for consult support with relevant practical summarized information.

**Results and Conclusions:** At the end of the workshop, participants should be able to identify, classify, treat monitor and refer major dental pathologies at pediatric age.

## Oral Communication

### DEPRESCRIBING IN THE ELDERLY

Pedro Augusto Simões<sup>1,2,3)</sup>, Luiz Miguel Santiago<sup>2,1,4)</sup>, José Augusto Simões<sup>2,1,5)</sup>

<sup>1)</sup>ACes Baixo Mondego, Coimbra, Portugal

<sup>2</sup>*Department of Medical Sciences, University of Beira interior, Covilhã, Portugal*

<sup>3</sup>*USF Pulsar, Coimbra, Portugal*

<sup>4</sup>*USF Topázio, Coimbra, Portugal*

<sup>5</sup>*UCSP Mealhada, Mealhada, Portugal*

**Introduction and objectives:** Medicines are a very common and highly effective form of medical intervention. However, there is often incompatibility between prescription guidelines and the clinical complexity of patients.

Polipharmacy, often defined as the simultaneous taking of five or more drugs, is not necessarily bad, so it's necessary to distinguish between appropriate and inappropriate polipharmacy.

Deprescription is the withdraw of drugs under medical supervision resulting from the weighting of the therapeutic goals and the therapeutic risk/benefit ratio.

Elderly patients are at increased risk of adverse drug events due to decreased renal function and muscle mass, and they are often excluded from clinical trials.

The objective of the present study is to find the best method of deprescription in the elderly.

**Methods:** A Pubmed database search with the term "deprescribing medication elderly".

**Results:** 54 articles were found, of which 25 were published in 2016. Very few of them were about the best deprescription's method. Only 3 clinical trials and 3 systematic reviews support a concrete methodology of deprescription. The STOPP/START criteria appeared to be useful tools for proper prescription in the elderly.

**Discussion:** The STOPP/START criteria are useful for weighting prescribing in the elderly. However, the decision to discontinue or deprescribe a particular drug results form a consideration of each patient's individual therapeutic goals and the therapeutic risk/benefit ratio. No studies reflect patients opinions, fears or intentions about deprescription so making this theme of very accurate need to be studied.

## Oral Communication

### DESIGN OF THE ZWOT-CASE STUDY: EFFECTIVENESS OF AN INTEGRATED PROGRAM FOR CARDIOVASCULAR RISK MANAGEMENT (CVRM) IN PRIMARY CARE

Suzanne Marchal<sup>1</sup>, Monika Hollander<sup>1</sup>, Arnoud Van 't Hof<sup>2</sup>, Marieke Schoenmakers<sup>3</sup>, Olof Schwantje<sup>4</sup>, Jorik Timmer<sup>2</sup>, Arno Hoes<sup>1</sup>

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<sup>3</sup>*Medrie, Zwolle, Netherlands*

<sup>4</sup>*Huisartsenvereniging Regio Zwolle (HRZ), Zwolle, Netherlands*

**Introduction:** Cardiovascular diseases (CVD) contribute importantly to mortality and morbidity. Therefore, prevention of CVD needs full attention.

In the Netherlands, many regions execute an integrated program for cardiovascular risk management (CVRM), based on the Chronic Care Model (CCM), but the effect has not yet been studied in a trial. In the ZWOT-CASE study we will analyze the effect of such integrated care for CVRM in the region of Zwolle, the Netherlands. We hypothesize that integrated care for CVRM leads to lower systolic blood pressure (SBP) and LDL-cholesterol levels in patients with a high cardiovascular risk (CVR) or with CVD as compared to usual care.

**Methods:** A pragmatic clinical trial among 400 CVD patients and 400 high CVR patients aged 40-80 years, conducted in 22 general practices. The index treatment is integrated primary care for CVRM, consisting of systematically inviting, controlling and treating patients at least once yearly. This yearly control includes evaluation of CVR, lifestyle and medication and easy accessible online consultation of a medical specialist. The age- and sex-matched control group receives usual care.

The follow-up time is one year and primary outcomes are SBP and LDL-cholesterol levels. Secondary outcomes are: 10-year CVD risk or mortality, smoking status, food habits, physical activity, risk factor awareness, adequate use of medication, cardiovascular morbidity, co-morbidity, mortality, health care consumption, self-management, patient satisfaction, quality of life, anxiety and depression, and cost-efficiency.

**Discussion:** The ZWOT-CASE study will provide insight in the effect of integrated care for CVRM.

One slide - 5 minutes presentation

## IT IS NEVER THE BEST TIME TO CHANGE

Alexandra Pinho, Ieda Paula, Catarina Fonseca, Patricia Mora  
*UCSP Casal de Cambra, Sintra, Portugal*

**Introduction:** Hypertension is an important chronic health problem and is associated with an increase in cardiovascular mortality. The fact that it is asymptomatic and at the same time needs a personal management over the years makes it a challenge for the family doctor's communication skills.

**Objective:** present and discuss a situation that is common, but whose management is difficult, as it requires a double-side agreement between the doctor and the patient.

**Methods:** case report.

**Results:** Male, 58 years old, nuclear family, Duvall VII.

May 2016: first appointment with his family doctor. Reported a personal history of uncontrolled hypertension, dyslipidemia and smoking (40 UMA). Normal BMI, CV risk 10%, LDL 178, microalbuminuria 778. The medication was changed and a great focus was made on lifestyle changes, as the possible consequences of non-adherence were explained.

July: behaviour counseling was not taken. Suspect of obstructive sleep apnea and a secondary cause of hypertension. Patient refused referral to a hospital speciality, as it was not the best time, for business reasons.

September: suffered a stroke with sequelae.

Effective chronic illness care requires a partnership in which physicians help the patient acquire the skills to manage their risk factors. But, ultimately, it is the patient who decides what recommendations to follow. The consequences, especially if they bring losses of independence, often generate deep sensations of grief. The continuity of care provided in family medicine provides the opportunity to reinforce the counselling.

Oral Communication

## MANAGEMENT OF ANEMIAS IN FAMILY MEDICINE

Panagiotis Andriopoulos, Lamprini Tina, Maria Tsironi  
*Department of Nursing, University of Peloponnese, Sparta, Greece*

**Background:** Anemia is one of the most common disorders in Family Medicine. Patients of all ages may address their physician with complaints of anemia. Apart from the most common causes, globalization and migration of populations due to refugee crisis may reveal causes that are not often encountered in Western Europe.

**Aim of the Workshop:** In this workshop we will focus on the management of the patient with anemia from the perspective of underlying mechanisms that have caused these symptoms. Case presentations will be presented, focusing on patient's history, clinical findings, diagnostic approaches and treatment modalities.

**Methods:** Three different areas are covered 1. Hemoglobinopathies in the era of migrating populations, 2. Infectious diseases induced anemia and 3. Anemia, inflammation and chronic disease.

**Results and Conclusions:** Aim of the workshop is to raise awareness for causes of anemia that become more and more often in the era of migrating populations in Europe. Diagnostic ability and clinical suspicion are vital in Family medicine and proper management of anemia a crucial part of everyday practice.

## Oral Communication

### WHY DO ADOLESCENTS SEEK PRIMARY CARE?

Raquel Soares Freitas<sup>1</sup>, Catarina Matos Morais<sup>1</sup>, Ricardo Barbosa<sup>1</sup>, Liliana Soares<sup>1</sup>, Luisa Couto<sup>2</sup>, Cláudia Cardoso<sup>1</sup>

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**Introduction:** WHO identifies adolescence as the period in human growth and development that occurs between childhood and adulthood (ages 10 to 19). While adolescence is a time of tremendous growth and potential, it is also a time of considerable risk during which social contexts exert powerful influences.

In 2013, *ACES Tâmega I* created a specialized consult ("Adolescent's Consult") in order to offer preventive healthcare to adolescents. There isn't any data published in Portugal concerning adolescent's principal complaints when they seek Primary Care.

**Objective:** To characterize the reasons for adolescent's consultation and to present the sociodemographic characteristics and behavioral habits of this population.

**Methods:** Descriptive, cross-sectional and retrospective observational study. The clinical records of all consultations conducted during 2014 and 2015 were consulted. Descriptive statistics were used through the Excel® program.

**Results:** 161 consultations were carried out to 102 adolescents (mean age was 15,65 years; 68% were female). The main reasons for consultation belonged to ICPC-2 chapters "W-Pregnancy and Family Planning" (38,7%), "X-Female Genital System" (12,1%), "S-Skin" (12,1%), "A-General and non-specific" (9,3%) and "D-Digestive" (6,9%). 6,9% of these adolescents drank alcoholic beverages weekly, 45,1% smoked daily and 22,6% had BMI  $\geq 25\text{Kg/m}^2$ . 56,9% didn't have Family Doctor.

Given that the main reason for consultation was family planning, this consult might have a role in diminishing risky sexual behaviors, eventually resulting in decrease of sexual transmitted diseases and unplanned pregnancy during adolescence. Also, it allows the screening of adolescents for substance abuse as well as psychological disorders that can occur during this phase of life.

## Oral Communication

### GETTING MORE KNOWLEDGE AND AWARENESS OF ALCOHOL ABUSE IN ELDERLY PATIENTS

Maike Eppens<sup>1)</sup>, Marta Velgan<sup>2)</sup>

<sup>1)</sup>University Leiden, Leiden, Netherlands

<sup>2)</sup>Tartu University Hospital, Tartu, Estonia

General practitioners think that alcohol abuse is less common in elderly people, however alcohol problems in elderly people are underestimated. In the Netherlands in 2008 71% of 65+ have been drinking more than one glass of alcohol (1,4 glas) a day and 8% more than three glasses a day. The amount of elderly patient with strong alcohol abuse changed from 3% to 5%. Elderly people are drinking more frequent and on daily bases compared to younger people. With the growing population of elderly people it is important to have more knowledge and awareness of the upcoming problems of alcohol abuse. Elderly patients do not talk about the subject. Mostly the family members are reporting the problems of alcohol abuse. General practitioners have difficulties remarking the problems in elderly people. Why do we find it difficult to recognise the alcohol abuse? What kind of tools are there to remark the problem? Why is it so important to have knowledge about the drinking problems in elderly people? The session will start with group discussion about why it is so important to have knowledge of alcohol abuse in elderly people? In the next part there will be a few slides of introduction of the problem. At the end of this session we will discuss in groups the different way of screening elderly people. How and when do we ask patient about alcohol drinking. What kind of questions do we use to recognise the problem?

## Oral Communication

### EFFECTIVENESS OF COMPLEMENTARY AND ALTERNATIVE MEDICINE IN PATIENTS WITH TYPE TWO DIABETES

Duygu Ilke Yildirim<sup>1)</sup>, Kamile Marakoglu<sup>2)</sup>

<sup>1)</sup>Health Sciences University, Konya Training and Research Hospital, Department of Family Medicine, Konya, Turkey

<sup>2)</sup>Selcuk University Faculty of Medicine, Department of Family Medicine, Konya, Turkey

Complementary and alternative medicine usage is prevalent among diabetic patients. Traditional herbal medicine, herbal remedies, medicinal plants, special foods and spiritual healing being the most common used. Therefore, health care providers should be aware of the potential benefits and risks related to complementary and alternative medicine use. In this study we aimed to investigate the effects of complementary and alternative medicine and the related factors in patients with Type two Diabetes Mellitus. 400 adult patients with type two diabetes mellitus, and under treatment admitted to Selcuk University Family Medicine Outpatient Diabetes Education clinic were included in the study. Data were collected from the patients through a face-to-face interview guided by a questionnaire. On the basis of patients responses, all participants were divided into 2 groups: CAM consumers and nonconsumers. All data were recorded into the SPSS 21.0 statistical

software package. Student-t test, chi-square and Mann Whitney U analysis were used to evaluate the data.

%41,5 of patients reported using herbal therapies mentioned most often were black cumin and black cumin oil. The most preferred herbal therapy was *Nigella sativa* L. The most preferred black cumin was using with black cumin oil for 63 times. %36,7 (n=147) of the patients reported the use of one or more type of CAM therapy. %63,3 (n=253) of the patients reported as disuse of any CAM methods.

There was a statistically significant difference between the usage of CAM status and blood parameters such as parameter of APG ( $p<0.001$ ), FG ( $p<0.001$ ) and Hba1C ( $p<0.001$ ). The CAM users blood parameters found lower than non-CAM users.

## Oral Communication

### PRESCRIPTION OF PHYSICAL EXERCISE IN PRIMARY HEALTH CARE – GUIDELINES FOR HEALTHY ADULTS AND PREGNANCY

Inês Teles<sup>1)</sup>, Mafalda Pereira<sup>2)</sup>, Teresa Mendonça Abreu<sup>3)</sup>, Bruno Mendes<sup>4)</sup>, Madalena Maia<sup>2)</sup>

<sup>1)</sup>USF Flor de Sal, ACeS Baixo Vouga, Aveiro, Portugal

<sup>2)</sup>USF Emílio Peres, ACeS Grande Porto III – Maia/Valongo, Valongo, Portugal

<sup>3)</sup>USF Lidador, ACeS Grande Porto III – Maia/Valongo, Valongo, Portugal

<sup>4)</sup>Centro de Medicina de Reabilitação da Região Centro – Rovisco Pais, Tocha, Portugal

**Background:** The benefits of physical exercise (PE) regarding primary and secondary prevention of organic pathologies are well established. General PE recommendations include aerobic exercise, muscular strengthening and flexibility training considering individual objectives and preferences. Identification of high risk patients for PE practice, who should be evaluated before engaging in sports activities, is possible using validated questionnaires. Even in pregnancy, despite the physiologic changes, there are few contraindications for practicing PE. Accomplishing the potential benefits demands a structured plan with prescription of exercise type, intensity, duration and frequency. Family doctors (FD), as healthy lifestyles promoters, should be aware of this topic and become acquainted with the available tools for individual prescription of PE.

**Aim of the Workshop:** Review recommendations and contraindications for PE practice in healthy adults and pregnant women. Provide tools for a correct counseling and prescription of PE.

**Methods:** Research on Pubmed of articles and guidelines of Primary Care and Sports Medicine associations, from the last 10 years, in English or Portuguese. Workshop divided in two parts: first part with a theoretical explanation concerning updated recommendations on PE and useful tools and a second one with group work over clinical cases with PE prescription practice and posterior open discussion.

**Results and Conclusions:** PE prescription is crucial in patient approach as part of the therapeutic plan. Patients and physicians should recognize detailed PE prescription as important as drug prescription. This session will raise the awareness over the topic and empower FD to prescribe PE in daily practice.

## Oral Communication

### MEMBERSHIP FORMS FOR GENERAL MEDICINE IN LOCAL HEALTH COMPANY. WHAT WILL BE THE FUTURE?

Addolorata Pastore

*ASL LECCE, Ruffano, Italy*

The reform of National Health Systems is a common feature in Europe as well as in other parts of the world. The changes in demography, medical advances, health care spending, the needs and expectations of patients are being sought new ways to offer and deliver healthcare. International data show that the health systems based on effective primary care with family medical professionals provide more clinically effective care and economically more efficient than other less oriented toward primary care systems. About Italy, national collective agreement (ACN) of 2000 regulates the possibility for the doctor to adhere to various forms of association enabling a major shift in its welfare activities, until then isolated and self-referential moment; Law 189/2012 Balduzzi regarding primary care imposes the obligation for a new reorganization with the creation of Combinations Territorial Functional (AFT) and Complex Primary Care Unit (UUCP). The study carried out is intended to outline the beginning situation in the Public Company existing in Lecce (Puglia, Italy) by which to change the ways and times of the family doctor work that operates in the territory of enterprises. It was underwent a research questionnaire to a sample of 296 operating professional. Results show us how many difficulties there are during the change management (with focus on legal and organizational infrastructure).

## Oral Communication

### DETECTION AND EVALUATION OF AWARENESS AND VACCINATIONS STATUS OF PATIENTS ATTENDING TO A UNIVERSITY HOSPITAL FAMILY MEDICINE OUTPATIENT CLINICS

Hilal Candan, Zehra Dagli, Kadir Özdemir, Tuğrul Bıyıklıoğlu

*Ankara University Department of Family Medicine, Ankara, Turkey*

**Objective:** To determine the level of knowledge about adult vaccinations, the rates of immunization with these vaccinations and increase the vaccination rates and awareness of the patients who applied to Ankara University School of Medicine Department of Family Medicine outpatient clinics.

**Materials and Methods:** Patients between the ages 18-65 were asked to participate to the descriptive study. The survey including 32 questions was applied to the patients who agreed to participate. The data were analyzed using Statistical Package for Social Sciences (SPSS) Version 15.0. Chi-square test was used for comparison between the groups. Any p-value less than 0.05 was considered statistically significant.

**Results:** Totally 279 patients (92 male, 187 female) participated. Mean age was  $38.35 \pm 10.637$ . The most commonly known vaccines were influenza, hepatitis B, and tetanus. Of the participants, 74.9% received at least one adult vaccination and the most common vaccines were tetanus, hepatitis B, and influenza.

**Conclusions:** Most of the participants thought adult vaccinations were necessary. Human papilloma virus and pneumococcal vaccination rates over 50 years were not been enough, and no one had ever had a zona zoster vaccination. It is clear that the family medicine, practicing a

multidisciplinary team work for the protection and promotion of health, has a key role in educating and raising awareness of individuals about adult immunization and providing necessary training to identify and remove obstacles to vaccination.

## Oral Communication

### RESULTS OF THE IMPLEMENTATION OF THE NEW COLORECTAL CANCER DETECTION PROGRAM AT AN URBAN HEALTH CENTER OF VALLADOLID, SPAIN

Roly Américo Ruiz Herrera, Luisa Hurtado Rebollo, Beatriz Castaño Torrijos, Alejandro Bendfeldt Midence, Leyre Teresa Pinilla Arribas  
*Barrio España Health Center, Valladolid, Spain*

**Introduction:** Colorectal cancer is one of the most common cancers in both men and women older than 50 years. It is a prevalent disease with high mortality if diagnosed late. For this reason, there is great interest in the development of screening methods to diagnose this disease early and reduce its mortality rate. A number of randomized controlled trials have identified the efficacy of colorectal cancer screening through fecal occult blood testing. According to some European clinical studies there was a reduction in CRC mortality of 15% to 18% with systematic screening every 2 years for fecal occult blood.

**Objective:** To study the coverage of the program for the early detection of colorectal cancer, the analysis of the variables obtained and the percentage of losses during the collection process, delivery of the kit for the study of fecal occult blood and the test. Analysis of the results obtained, colonoscopies performed, anatomopathological diagnosis and treatment. Quantification of the losses in the detection process and analysis of its causes. Positive Predictive Value Study and Analysis of fecal occult blood test. Estimation of the number of participants needed to screen for a neoplasm.

**Methods:** A descriptive, retrospective study of the results obtained in the patients studied through a fecal occult blood test performed for two years (from August 2014 to August 2016) to participants included in the new program for the early detection of colorectal cancer in the Basic health area of the Barrio España Health Center. Valladolid

**Results:** We are evaluating our results, which will then be presented.

## Oral Communication

### FACTORS RELATED TO EXCESSIVE DAYTIME SLEEPINESS USING THE EPWORTH SLEEPINESS SCALE AMONG ADULTS IN PRIMARY CARE IN SINGAPORE

Mui Suan Tan<sup>1)</sup>, Eileen Koh<sup>1)</sup>, Choon How How<sup>2)</sup>, Ngiap Chuan Tan<sup>1)</sup>

<sup>1)</sup>*SingHealth Polyclinics, Singapore, Singapore*

<sup>2)</sup>*Changi General Hospital, Singapore, Singapore*

**Introduction:** Sleep insufficiency is commonly encountered in primary care and affects an individual's mental and physical health. Inadequate sleep resulting in daytime sleepiness poses a health risk to the patient.

**Objective:** This study aimed to identify factors related to excessive daytime sleepiness in individuals who visited public primary care clinics in Singapore.

**Methods:** Standardised questionnaires were assistant-administered to adult patients and accompanying persons who visited two local public polyclinics. The first part, containing

questions from the National Sleep Foundation Sleep Diary, collected data on demography, self-reported sleep time, behaviour, and perceptions on sleep adequacy. The second part is the Epworth Sleepiness Scale (ESS), a validated tool to assess excessive daytime somnolence. Subjects with ESS score of  $\geq 9$  were deemed having excessive daytime sleepiness.

**Results:** 350 subjects were recruited. 60.9% of male subjects and 64.4% who slept <7 hours on weekdays were likely to have excessive daytime sleepiness. 85.6% of those with a regular sleep time and 92.4% with a regular awakening time, and regular exercise do not have daytime somnolence. Taking naps were 2.9x likely and drinking sweet beverages were 3.1x likely to have excessive daytime sleepiness. Other factors which are more likely to require medical advice include smoking, waking up feeling fatigued and the use of mobile devices in the bedroom.

**Conclusion:** Excessive daytime sleepiness is influenced by gender, sleep habits and perception of sleep sufficiency. Recognising these factors allows design of targeted intervention for sleep disorders and assist physicians to provide sleep hygiene advice.

## Oral Communication

### COMPARISON WITH OBJECTIVE CRITERIA AND MOTHER'S PERCEPTION ABOUT THEIR CHILDREN'S BODY WEIGHT AND APPETITE

Çisem Saygılı, Ayşe Gülsen Ceyhan Peker, Burcu Gürhan, Bahar Birinci  
*Ankara University Faculty of Medicine, Department of Family Medicine, Ankara, Turkey*

**Objective:** In our study, it is aimed to compare mother's verbal and visual perceptions of their children's body weight and judgements on their appetite with objective criteria.

**Materials and Methods:** Our study was carried out children aged between 2-17 and their mothers. A picture set designed by Albert J. Stunkard to assess body perception and a 22-questioned survey. Height and weight were measured of all the children and mothers. BMI was calculated with the obtained values. The data were analyzed by using SPSS version 11.5. Nominal variables were analyzed by Pearson Chi-Square or Fisher Exact test. Any p value less than 0.05 was considered statistically significant.

**Results:** 252 mothers and 252 children participated in the study. When obesity is classified according to BMI percentiles; 30 (11.9%) were overweight and 28 (11.1%) were obese. In our study, it was determined that 44.4% of the mothers misrepresented their children's body weight. The verbal perceptions of the mothers were determined to be substantially (38.9%) deviated from objective criteria to assess children as being thinner than they really were. For underweight children, the visual perceptions of the mothers were 100% compatible, while for obese children it was 3.6%.

**Conclusions:** Maternal perceptions about children's body weight and maternal judgments about children's appetite are far removed from reflecting the objective development of the child in many ways. It is understood that a significant part of the mothers are perceiving their children thinner than they really are, that is they normalize to be overweight.

## One slide - 5 minutes presentation

### 'USE THE WAIT, TO CHECK YOUR WEIGHT!' DO WEIGHING SCALES IN THE WAITING ROOM MOTIVATE PATIENTS TO SEEK GP ADVICE?

Christelle Oliver-Dussault, Niamh Scanlan, Anna Sheane, Emma Nolan, Matt Lynch, Edel McGinnity, Siobhan O' Kelly, Rita Doyle

*Trinity College Dublin/HSE GP Training Scheme, Dublin, Ireland*

**Introduction:** Obesity has reached epidemic levels worldwide. This study aims to use the waiting room 'wait' as an opportunity to help patients become weight aware whilst also assessing their motivation to seek GP advice about weight loss.

**Methods:** A two-week prospective study was carried out in four GP practices in Dublin. During the control week, adult patients who attended the surgery received an anonymised questionnaire after their consultation. During the intervention week, weighing scales were placed in each waiting room with posters inviting patients to check their weight and discuss any concerns with their GP. All patients received a modified questionnaire after their consultation.

**Results:** There were 281 control-week participants and 216 intervention-week participants with an average age of 49 years (range 18-78). 39.5% (control) and 49% (intervention week) of respondents perceived themselves as being overweight or obese.

22% (control) compared to 26% (intervention) discussed their weight with their GP. 52% stated they were motivated by the posters and weighing scales. Overall, 25% of patients weighed themselves. 8% patients were deterred from using the scales due to embarrassment. 60% of patients did not wish to discuss their weight with their GP. Various reasons cited included being happy with their weight, lack of motivation and time constraints.

**Discussion:** Our study showed that a low cost and well tolerated intervention motivated patients to raise their weight with their GP. Many patients were unhappy to discuss their weight with their GP highlighting the need for ongoing intervention at public health level.

## Oral Communication

### MAPPING NON-RESPONSE IN A PREVENTION PROGRAM FOR CARDIOMETABOLIC DISEASES IN PRIMARY CARE: HOW TO BOOST PARTICIPATION?

Ilse Badenbroek<sup>1,2</sup>, Marcus Nielen<sup>1</sup>, Monika Hollander<sup>2</sup>, Daphne Stol<sup>2,1</sup>, Astrid Drijkoningen<sup>1</sup>, Roderik Kraaijenhagen<sup>3</sup>, Niek de Wit<sup>2</sup>, François Schellevis<sup>1</sup>

<sup>1</sup>Netherlands Institute for Health Services Research (NIVEL), Utrecht, Netherlands

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<sup>3</sup>NDDO Institute for Prevention and Early Diagnostics (NIPED), Amsterdam, Netherlands

**Introduction:** The worldwide increase in cardiometabolic diseases (CMD) calls for effective prevention programs. Although a high participation rate is an important condition for effectiveness of these prevention programs, this is often not reached.

**Objective:** To define factors that influence the primary response to a selective CMD prevention program and to determine response-enhancing strategies that influence the willingness to participate.

**Methods:** We conducted a non-response analysis within a large randomized controlled trial evaluating a selective CMD prevention program. In this INTEGRATE study 5,616 patients without known CMD from 15 general practices were invited to complete a risk estimation (RE) as initial step of a CMD prevention program. Non-responders received a questionnaire containing items on risk factors for CMD and attitudes towards response-enhancing strategies.

**Results:** The response on the RE was 51% (n=2,878). From the 3,605 non-response questionnaires sent, 786 (25%) were returned. In multivariate analysis female gender, a higher BMI and a lower waist circumference were independently associated with a higher

response. A personal approach by the patients' own GP and using advertisements and informative campaigns are potentially the best methods to enhance the response. More information about CMD in the invitation letter could also positively influence participation. Organized meetings at the general practice and reminders by telephone seem to have a lower change of success.

**Conclusion:** Different strategies should be used to improve participation rates and future research should focus more on mapping non-response and test potential response-enhancing strategies.

## Oral Communication

### A Pedometer-based Walking Intervention with and without Email Coaching in General Practice: A Pilot Randomised Controlled Trial

Tomas Vetrovsky<sup>1)</sup>, Jozef Cupka<sup>2)</sup>, Martin Dudek<sup>3)</sup>, Blanka Kuthanova<sup>4)</sup>, Klaudia Vetrovska<sup>5)</sup>, Vaclav Bunc<sup>1)</sup>

<sup>1)</sup>Faculty of Physical Education and Sport, Charles University, Prague, Czech Republic

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<sup>4)</sup>Praktici Praha 6, s.r.o., Prague, Czech Republic

<sup>5)</sup>Humilitas s.r.o., Beroun, Czech Republic

**Introduction:** Despite compelling evidence of health benefits of regular physical activity, the majority of adults are not active at recommended levels. Pedometer-based walking interventions have been associated with significant increases in physical activity. General practitioners are ideally situated to offer pedometer-based interventions but insufficient time is a barrier. Email coaching has the potential to overcome this barrier and offer a cost-effective tool for physical activity behaviour change.

**Objective:** The main purpose of this 12-week randomised controlled trial was to assess whether email coaching added to a pedometer-based walking intervention in primary care settings provide additional benefit over the pedometer alone.

**Methods:** Twenty-three less active patients from four general practices were randomised to the pedometer-plus-email group or to the pedometer-alone group. All patients were instructed to gradually increase the daily number of steps up to 10,000. Patients in the pedometer-plus-email group received 8 coaching emails based on behavioural techniques. The primary outcome was change in average daily steps measured during 7-day period at baseline and at 12 weeks.

**Results:** Both groups showed a significant increase in average daily steps (pedometer-plus-email, +2119, P=0.002; pedometer-alone, +1336, P=0.03), but the difference between groups was not significant (P=0.18). When the two groups were analysed as a whole, there was a significant improvement in weight (-0.68 kg, P=0.04), waist circumference (-1.73 cm, P=0.03), and systolic blood pressure (-3.48 mm Hg, P=0.045).

A pedometer-based intervention offered by general practitioners increased physical activity levels of their patients but adding email coaching to the pedometer was not more effective than the pedometer alone.

## One slide - 5 minutes presentation

### PREVALENCE AND PATTERN OF SELF-MEDICATION WITH ANTIBIOTICS IN PRIMARY CARE SETTING RIYADH, SAUDI ARABIA

# 22<sup>nd</sup> WONCA Europe Conference

June 28 – July 1, 2017 | Prague, Czech Republic

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Abdullah AlQahtani, Mohammed AlQahtani, Hussein Amin  
*King Saud University, Riyadh, Saudi Arabia*

**Introduction:** Antibiotic was discovered accidentally by Professor Alexander Fleming in 1928. Antibiotics are one of the most beneficial drugs that help in getting rid of bacteria. But studies have shown there are increasing numbers of bacterial resistance to antibiotics and considered one of the most significant concerns to the all doctors. The more use of antibiotic the greater the chance of microbes resistant to antibiotics. Also, antibiotics may also cause different side effects such as allergies, upset stomach and abdominal cramps and diarrhea.

**Objective:**

- 1) Determine the prevalence of self medication with antibiotics.
- 2) Find out the pattern of use.
- 3) Measure knowledge about self medication.

**Methods:** A cross sectional study conducted in king Khalid university hospital from May 2015 to April 2016. A pretested self-administered questionnaire was handled to 519 participants attending the primary care clinics and selected randomly. Data was entered into SPSS version 20

Inclusion criteria: All participants were 18 years old and above, regardless of nationality or gender.

No exclusion criteria.

**Results:** The prevalence rate of self medication with antibiotics was 40.8%. Patients older aged and male group were most likely to use antibiotics without prescription. The most common disease led patients to use the antibiotics was upper respiratory tract infections 60.1%. Commercial pharmacies were the major source 74.2%. Only 16.6% patients consulted their physician about the correct dosage guidelines. The most common reason for self administration of antibiotics is previous experience with similar illness 52.1%. Improved health condition 54% is the main reason to stop the use of antibiotics while unimproved health status led to shift to another antibiotic in 58.7%.

One slide - 5 minutes presentation

## BURNOUT AMONG HEALTH CARE WORKERS

Nelva Mariela Gallardo Aguilar, Felipe Sebastián Villacis Stacey  
*Institut catalan de la salut, barcelona, Spain*

**Introduction:** Burnout is a common syndrome seen in healthcare workers, particularly who are exposed to a high level of stress at work; it includes emotional exhaustion, depersonalization, and low personal accomplishment.

Burnout has garnered significant attention because of the negative impact it renders on patient care and medical personnel. Physicians who had high burnout levels reportedly committed more medical errors. Stress management programs that range from relaxation to cognitive behavioral and patientcentered therapy have been found to be of utmost significance when it comes to preventing and treating burnout.

**Objective:** To describe the burnout syndrome among health care workers.

**Methods:** Bibliographical review in Pubmed.

**Results:** Evidence is insufficient to support that stress management programs can help reducing jobrelated stress beyond the intervention period, and similarly mindfulness-based stress reduction interventions efficiently reduce psychological distress and negative vibes, and encourage empathy while significantly enhancing physicians' quality of life. On the other hand, a few small studies have suggested that Balint sessions can have a promising positive effect in preventing burnout; moreover exercises can reduce anxiety levels an exhaustion symptoms while improving the mental and physical well-being of healthcare workers. Occupational interventions in the work settings can also improve the emotional and work-induced exhaustion. Combining both individual and organizational interventions can have a good impact in reducing burnout scores among physicians; therefore, multidisciplinary actions that include changes in the work environmental factors along with stress management programs that teach people how to cope better with stressful events showed promising solutions to manage burnout.

#### Oral Communication

### CONTENT ANALYSIS OF HYPERTENSION GUIDELINES USED IN GENERAL PRACTICE AND DETERMINATION OF VARIATIONS IN PROPOSALS AND COMPARISON OF REFERENCE BASES

Zeynep Simsek, Rabia Kahveci, Adem Ozkara, Irfan Sencan, Duygu Ayhan Baser  
*Ankara Numune Training and Research Hospital, Ankara, Turkey*

**Introduction:** As the access to scientific publications increases, it gradually becomes more difficult to follow and assess the quality of them.

It is possible to access the most right and practical way of doing this is through use of evidence-based guidelines.

The most frequent reason for consulting a doctor in our country was hypertension according to the Turkish Statistical Institute data for 2012.

**Objectives:** We aimed the content analysis of, and defining the evidence bases of the proposals of the hypertension guidelines that are proper for general practice, and the evaluation of the relevance between the variations among the proposals in the guidelines and the evidence bases.

**Methods:** The guidelines which have been prepared in the last 5 years were included. These guidelines were the Finnish Duodecim Hypertension Guideline, General Practice Diagnosis and Treatment Guideline of the Ministry of Health, EHS/ESC Hypertension, NICE Hypertension Guideline, JNC-8 Hypertension Guideline, and CHEP Hypertension Guideline. It was decided to define the health questions by using the PIPOH in the Scope and Purpose Model of the ADAPTE Guideline, and to prepare recommendation matrices, perform content analysis, and determine the evidences.

**Results:** Providing the evidences together with recommendations will accelerate the physician's decision-making process, while ensuring the usage of the most accurate evidence. While health questions have no standardization, the answers can show difference according to which issues considered important by the specialists preparing the guidelines. There is no possibility to apply some of the recommendations in our country, although they have strong evidence bases.

## Oral Communication

### HEALTHY EATING: IS IT BECOMING AN UNHEALTHY OBSESSION ?

Ayse Caylan<sup>1)</sup>, Hamdi Nezh Dagdeviren<sup>1)</sup>, Ayca Cetinbas<sup>2)</sup>

<sup>1)</sup>Trakya University Medical Faculty Department of Family Medicine, Edirne, Turkey

<sup>2)</sup>Trakya University Faculty of Health Sciences Department of Nutrition and Dietetics, Edirne, Turkey

**Background:** Orthorexia which starts as an innocent event slowly turns out to be a disease presenting symptoms which we think innocent.

**Aim of the workshop:** The aim of this workshop is to provide information and raise awareness about orthorexia nervosa and discuss behavioral and psychological aspects of orthorectic patients.

**Methods:** The format of workshop will start with a short introduction following with two short presentations, one about definition and diagnosing criteria and the second on behavioral and psychological aspects of orthorectic patients. Participants interested in orthorexia nervosa with little or no experience are welcome to join this workshop.

**Results:** After presentations following aspects will be discussed with the group:

- How much is it known in different countries?
- Can it be considered as an disorder?
- Should it be included in DSM-V, ICD-10, ICPC-2
- What about social security payment for this diagnosis?

## Oral Communication

### IMPLEMENTATION OF A PERSONAL VITALITY PROGRAM FOR PRIMARY CARE PROFESSIONALS

Karolien van den Brekel-Dijkstra, Niek de Wit, Martijn Pisters

*Julius Health Centers, Utrecht, Netherlands*

**Background:** Advocating a healthy lifestyle is an essential element of prevention and chronic disease management programs. Better awareness of one's personal lifestyle may contribute to signaling and discussing unhealthy lifestyle with patients. We introduced a personal vitality program among our Julius Health Centers (JHC) professionals.

**Methods:** JHC management invited 115 professionals, consisting of 26 general practitioners, practice nurses, physiotherapists, practice assistants and administrative staff to participate in a personal health and vitality project. The intervention aimed at improve personal lifestyle and started with a web-based health risk assessment, biometric measures, and a mental fit questionnaire. There was a possibility to be supported by a coach to set an individual 3 month health goal. All participants received a smart watch wearable to measure steps. After 3 months a questionnaire was done to evaluate the project.

**Results:** 55 professionals participated. At baseline 40% did meet the Dutch standard for adequate physical activity, which increased to 60% at the end of the intervention. 78% of the participants stated that the continuous steps measurement (smartwatch) helped to positively change their personal activity level. 49% of the participants were stimulated by the project to discuss unhealthy lifestyle with patients. The mean score for the importance of discussing lifestyle issues with patients was 7.8 (score from 0 to 10).

**Conclusions:** A personal vitality project can stimulate primary care professionals to increase physical activity and improve their lifestyle after 3 months. As a consequence of this experience they increase their effort to discuss the lifestyle of their patients.

## Oral Communication

### DESTRUCTION OF SYRIAN MEDICAL FACILITIES DURING THE SYRIAN WAR

Radwan Al Barbandi

*British General practitioner, Liverpool, United Kingdom*

I would like to present at WONCA-Prague about the destruction of Syrian medical facilities during the Syrian war. I would like also to address this issue in order to shed a light on the destruction of Syrian healthcare facilities, attacking Syrian healthcare professionals, violation of the international law.

The Syrian war presented new and unusual challenge to the principle and practice of medical neutrality during armed conflict. Syrian government and allies directly targeted and attacked Syrian healthcare professionals, health facilities. This war crime strategy of targeting healthcare personnel and facilities has translated to hundreds thousands of death, injuries and permanent disabilities.

This strategy leads to the large scale exodus of Syrian healthcare professionals from the country, along with destruction of the medical facilities, this lead to the total destruction of the healthcare system in Syria

According to research conducted by the Physician for Human Rights: 365 attacks been carried out on 259 separate health facilities between March 2011 and April 2016, were 91% of the attacks committed by the Syrian regime and its allies' forces.

Numbering the Destruction in Syria's Health Sector

738 medical professionals killed

365 attacks on 259 facilities

91% of these attacks were committed by Syrian regime and allied forces

Barrel bombs were used in at least 70 occasions to attack hospitals

75% decrease in pharmaceutical production

In conclusion, the Syrian war presents a real challenge to the international communities, as the notion of weaponisation of the healthcare, attacking the healthcare professionals and facilities has led to obliteration of the medical neutrality, violation of the international humanitarian law. Lessons to be learned from the Syrian conflict, as the international communities failed to protect the civilians. New approach and strategies are required in order to protects healthcare professionals and facilities in any conflict.

## 3.02. Cardiovascular disease

### Oral Communication

#### ASSESSMENT OF KIDNEY FUNCTION IN PATIENTS WITH HYPERTENSION

Danijel Atijas, Radoslav Nikolic

*Assotiation Of Family Medicine Republika Srpska-Health Centar Doboj, Doboj, Bosnia and Herzegovina*

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## **Introduction:**

- Hypertension have to be treated
- blood pressure can damage blood vessels of kidney
- this reduces their ability filtering fluid from the body

## **Objectives:**

- Assess the condition of glomerular filtration rate(GFR) in patients with hypertension in one team of family medicine
- highlight the importance MDRD formula in daily work of family doctors in treatment the patients with hypertension

## **Methods:**

- The study is retrospective analysis of data for the period of January 1 to December 31, 2014
- The respondents have been patients of hipertension in one team of family medicine in Health center Dobjo who have had the value of creatinine
- Data sources had been electronic health cardboards from Health Center Dobjo.
- The sample consisted of 115 patients with hipertension and values of creatinine from total number of 380 of patients with hypertension in a team .
- calculated glomerular filtration with MDRD Calculator (by hand calculator or online)

## **Conclusion:**

- In the study team of family medicine most patients have had mildly reduced GFR.
- . Patients with mild and moderately reduce GFR make up 76% of the respondents.
- In both sexes, with reduced GFR equally have dominated respondents by the age of 40-65 anno.
- In everyday practice of family doctor MDRD formula is a useful tool in determining GFR in patients with hypertension

## **Oral Communication**

### **STATIN NON COMPLIANT DIABETES/CAD PATIENTS IN PRIMARY CARE – CAN WE IMPROVE CURRENT REALITY AND BY WHAT MEANS?**

#### Ilan Heinrich

*Clalit Health Services Technion Medical School Haifa, Haifa, Israel*

**Justification:** 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 enduring 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.

**Oral Communication**

**CARDIOVASCULAR DISEASE PATIENTS HAVE INCREASED RISK FOR COMORBIDITY: A CROSS-SECTIONAL STUDY IN THE NETHERLANDS**

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**Introduction:** Comorbidity is a cause of increased mortality, decreased quality of life and increased use of healthcare services. It is important particularly for physicians in primary care settings to evaluate these patients properly. Cardiovascular diseases (CVD) are the most common cause of death from non-communicable diseases worldwide and are characterised by a high level of comorbidities.

**Objective:** This study addressed the distribution of CVDs and comorbidities across sociodemographic groups and associations between CVDs and comorbidities.

**Methods:** A cross-sectional study was conducted using data of 67,786 patients. Data were collected by the Registration Network Family Practices (RegistratieNet Huisartspraktijken, RNH). This network was developed in the Netherlands in 1988 to establish a computerised database containing basic sociodemographic characteristics of patients with all relevant past and current chronic health problems.

**Results:** At the time of study, 26.5% of the patients had at least one CVD and 10.5% of patients had two or more CVD diagnoses. The proportion of patients with CVD as well as the number of CVDs per patient increased with increasing age. Each of the CVDs showed an association with other CVDs and all CVDs were associated with a high level of comorbidity. To ensure optimal care for CVD patients with comorbidity, physicians should be aware of this and provide a patient-centred approach instead of a disease-specific treatment. Keeping comorbidity in mind when treating patients with CVD, especially in ageing Europe, can

prevent or slow down the progression of comorbidity and help physicians ensure a better health for their patients.

## Oral Communication

### SCREENING UNDESIRE INTERACTIONS AMONG CHRONICALLY USED MEDICATIONS IN CONGESTIVE HEART FAILURE PATIENTS IN A URBAN PRIMARY CARE CENTER

Ilan Heinrich

*Family Medicine, Technion School of Medicine, Clalit Health Services, Haifa, Israel, HAIFA, Israel*

**Introduction and Objectives:** Congestive heart failure medical treatment has become common primary care challenge in recent years related to both heart anatomical and pacing derangements.

Five medications constitute basic therapeutic approach – diuretics, Angiotensin converting enzyme inhibitors / Angiotensin II receptor blockers,  $\beta$ -adrenoceptor antagonists (blockers), potassium sparing diuretic (spironolactone)

cardiac glycosides. Nevertheless, optimized therapy nowadays confronts additional diseases in those patients making it crucial to prescribe more drugs.

A careful supervision inquiry by primary care manager will allow identification of possible unwanted drug interactions. We've conducted a "real life" survey in our clinic to analyze the extent of this phenomenon and its initiators.

**Methods+Results:** 150 e-files of CHF patients were screened. "Drug.com" review of all medications prescribed chronically revealed both severe (drug should be stopped and an alternative chosen unless not existed) and moderate (careful monitoring should be done and stop offending medication if needed) undesired interactions.

Moderate drug interactions 8.4 per patient (span 5-37).

Total severe drug interactions 114 (66-0, 60-1, 18-2, 6-3). Average 0.76 p/p.

Most common hazardous possible side effects: potentiating bleeding tendency, causing electrolyte derangement hyponatremia, elevation of statin levels causing relentless myalgia. Proper responsive adjustments were performed accordingly.

**Conclusions:** Polypharmacy among CHF patients makes it crucial to monitor hazardous drug interactions by accessible easy to operate software that enables compatible medical response to avoid harm in these complex situations.

Omitting unnecessary drugs or down dosage of those that may cause overdose when used in combination to other drug may be beneficial for quality management.

**Key words:** Primary Care, Polypharmacy, Drugs, Com. Congestive Heart Failure.

## Oral Communication

### THE COMPARISON OF THREE METHODS IN HYPERTENSION DIAGNOSIS IN PRIMARY CARE

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**Introduction:** Hypertension is very common in primary care patients.

**Objective:** The aim of this study was to compare the office and home blood pressure measurements with 24 hours ambulatory blood pressure measurement and decide about method which could be used in primary care.

**Methods:** This study was performed in a performed on primary care patients. Patients who had blood pressure measurements 140/90 mm Hg and over were included in the study. Subjects with initial high blood pressure were evaluated by using three office measurements, seven days home blood pressure measurement and 24 hours ambulatory blood pressure measurement. The ambulatory blood pressure gave us the percentage of measurements exceeding the normal blood pressure, non-dipper and dipper blood pressure values. This study was funded by the Scientific Research Council of Erciyes University (ERUBAP, Project No. TTU-2016-6645).

**Results:** The study started in July 2016 and ended in December 2016. Of the 29 subjects, 82.8% were women and 17.2 were men. The mean age was 50.65. The most common occupation was housewives with 62.1% followed by 13.1% government employees. Of the subjects 13.8% were smoking. Office measurements revealed 48.2% systolic, 62.0% diastolic hypertensive values, whereas these were 48.2% and 37.9% for home measurements and 24.1% and 51.7% for ambulatory measurements. The ambulatory measurements were compliant with 75.8% of the office measurements and 58.6% of the home measurements. The results of this study demonstrated that three office measurements were more compliant with the ambulatory blood pressure measurements than the mean value of the home measurements in the diagnosis of hypertension.

## Oral Communication

### EFFECTIVENESS OF A MEDICATION ADHERENCE TOOL WITH PERSONALIZED SUPPORT

Jan van Lieshout<sup>1)</sup>, Martina Teichert<sup>1)</sup>, Joyca Lacroix<sup>2)</sup>, Aart van Halteren<sup>2)</sup>

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**Introduction:** Medication adherence especially for prevention is low. In previous research a questionnaire to assess the risk for non-adherence and potential barriers for adherence was developed. Next, we developed instructions for counselling on these barriers based on patient centred communication techniques. Barriers are in three domains: cognitive, emotional, and practical.

**Objective:** To test the effectiveness of the application of the medication adherence tool on medication adherence in patients starting cardiovascular or oral blood glucose lowering drugs.

**Methods:** We perform a cluster randomized controlled trial, patients being clustered in pharmacies. Eligible patients are listed with GPs from one care group and visit pharmacies collaborating with the care group. In the Netherlands patients usually visit one pharmacy. Pharmacies are randomly allocated to the intervention or the control group. Patients are invited to participate in the pharmacy. After inclusion they receive a questionnaire. In intervention pharmacies, relating to patients with an increased risk for non-adherence a patient profile is generated showing barriers for adherence. Based on this profile patients are counselled to overcome barriers at the second dispensing. The primary outcome

measure is the percentage of patients with at least 80% of days covered (PDC) assessed by dispensing data at 8 months follow-up.

Assuming 14 pharmacies participating, sample size calculations show that we will need to include 39 patients at high risk for non-adherence per pharmacy to detect a 20% improvement of patients with a PDC>80%.

**Results:** To date, we included 15 pharmacies and 236 patients. We will present interim analyses relating to patients who completed follow-up.

## Oral Communication

### PERSONALIZED SELF-MANAGEMENT SUPPORT BASED ON AN ASSESSMENT OF BARRIERS FOR SELF-MANAGEMENT AND THE SOCIAL SUPPORT NETWORK

Jan van Lieshout<sup>1)</sup>, Michel Wensing<sup>2,1)</sup>, Juliette Cruijsberg<sup>1)</sup>

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**Introduction:** In two previously conducted projects we developed, validated and tested an instrument to assess barriers for self-management (SeMaS) and we developed a tool to assess and visualize a patient's network (EU-WISE). In this new project we will further develop these into one instrument to provide personalized self-management support based on an individual's barriers for self-management and social support possibilities. The tool will consist of a patient questionnaire and an infographic showing barriers for self-management and the network. Examples of barriers are an emotional coping strategy, an external locus of control, and depression.

**Objective:** To develop and test an integrated instrument for assessment of barriers to self-management and the social support network.

**Methods:** In this pilot test we planned to perform barrier and network assessments in 40 patients visiting general practices for cardiovascular risk management. In an iterative process with input from patients we will develop the final instrument and collect information on the best way to apply the instrument. At least 20 patients will be interviewed individually and we will organize a focus group interview with patients.

**Results:** To date we tested the instrument in 20 patients from one practice. Patients were invited to fill in the questionnaire in various ways: on a tablet in the waiting room; in the consultation room by themselves or together with the health care professional; and at home either paper based or on a website. In the conference we will demonstrate the infographic and we will present the results of the individual and focus group interviews.

## One slide - 5 minutes presentation

### COST-EFFECTIVENESS OF AMBULATORY BLOOD PRESSURE MONITORING IN THE MANAGEMENT OF ARTERIAL HYPERTENSION - AN EVIDENCE-BASED REVISION

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**Introduction:** The prevalence of arterial hypertension in Portugal is between 29.1% and 42.2%. International studies show that 13% are masked and 13% of diagnoses based

on clinic blood pressure measurements correspond to white-coat hypertension. More sensitive

and specific blood pressure measuring methods can avoid costs associated with misdiagnosis.

**Objective:** The aim of this study was to perform a review on the cost-effectiveness of ambulatory blood pressure monitoring (ABPM) comparatively to other methods in the management of arterial

hypertension.

**Methods:** We performed a literature search on CMA Infobase, Guidelines Finder, NGC, Bandolier, Clinical Evidence, Cochrane Library, DARE, Medline, Trip Database, SumSearch and Índice de Revistas Médicas Portuguesas We researched articles published between January 2005 and August 2015 in Portuguese, English and Spanish, using the MeSH terms “Hypertension”, “Blood Pressure Monitoring, Ambulatory” and “Cost-Benefit Analysis” and the DeCS “Hipertensão”, “Monitorização Ambulatorial da Pressão Arterial” and “Análise Custo-Benefício”. Levels of evidence and grade of recommendation were given according to the Oxford Centre for Evidence-Based Medicine scale.

**Results:** Five hundred twenty-five articles were identified. We included five original studies and one clinical practice guideline. All of them state that ABPM is the most cost-effective. Some relate it to a better blood pressure control. A Portuguese study revealed an economization of 23%. Evidence shows that ABPM is cost-effective, avoiding iatrogenic effects and expenses on treatment (grade of recommendation B). Included studies provide a solid basis, but further reproducibility is needed in investigations not based mainly on analytical models.

## Oral Communication

### OPTIMAL THRESHOLD OF GLOMERULAR FILTRATION RATE TO BETTER IDENTIFY PATIENTS WITH TYPE 2 DIABETES AT HIGHER RISK OF CARDIOVASCULAR EVENTS

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**Introduction:** An estimated glomerular filtration rate (eGFR) < 60 mL/min/1.73 m<sup>2</sup> is generally considered abnormal, though optimal thresholds for clinical diagnosis are under debate.

**Objective:** Investigate whether an optimal threshold of eGFR can be identified to discriminate those patients with DM2 at higher risk of cardiovascular events (CVE).

**Methods:** Prospective cohort study of 17955 patients with DM2, free of CVE in 2007 was followed by 5 years (2007-2012). CVE: hospitalization by ischemic heart disease or stroke or death. Participation of 954 doctors and nurses from Primary Care (Spain). eGFR was calculated by Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) equation. Odds Ratio (OR) Crude and adjusted were calculated. Receiver Operating Characteristic (ROC) and Chi<sup>2</sup> statistic were evaluated to identify an optimal threshold.

**Results:** Mean of 3.2 years of follow-up. The incidence of CVE was 7.5% (n=1348). Patients with CVE showed lower eGFR (74.2 vs 80.9; p<0.001) and eGFR below 60mL/min/1.73m<sup>2</sup> was associated to CVE (OR=1.96; CI95% 1.71-2.24; p<0,001). In a non-adjusted setting, an eGFR equal to 76 mL/min/1.73m<sup>2</sup> showed the highest discrimination capacity and the best goodness of fit (ROC area 0.56, Chi<sup>2</sup> 98.8). In a multivariable setting (including age, gender, blood pressure, body mass index, glycosylated hemoglobin A1c, dyslipidemia, hypertension, insulin and anticoagulants treatment), an eGFR equal to 71mL/min/1.73m<sup>2</sup> (ROC area 0.73, Chi<sup>2</sup> 850) maximized both the discrimination and calibration. eGFR is associated to CVE in patients with DM2 once adjusted by confounders. We speculate that a higher threshold of eGFR (71 to 76mL/min/1.73 m<sup>2</sup>) might be more informative to identify those subjects with DM2 diabetes at higher risk of CVE.

## Oral Communication

### ULTRASONOGRAPHICAL DIAGNOSIS OF SUBCLINICAL ATHEROSCLEROSIS AND ASSESSMENT OF VULNERABILITY AT ATHEROMATOUS PLAQUES WITH THE STRAIN ELASTOGRAPHY IN PRIMARY CARE

Mihai Iacob

*Ultrasound Working Group - The Romanian National Society of Family Medicine, Timisoara, Romania*

Atherosclerosis is a chronic inflammatory disease of the arterial wall induced from endothelial injury followed finally by the complications of plaque and its obstruction. It is the leading cause of morbidity and mortality from heart attacks and strokes in Romania.

**Methods:** We did a randomized clinical trial, controlled, on 500 Caucasian patients, aged 40-80years, sex ratio1:1. Inclusion criteria were asymptomatic patients with high-risk lipid profile (LDL>160mg%) with or without statins and antiplatelet therapy in the past two years. Exclusion criteria were target organ damage. We formed two groups: first under treatment with statins and antiplatelet agents and second as control group with untreated patients. All patients were examined with Doppler ultrasound and SE in three regions: carotid, abdominal aorta, and femoral arteries. We monitored following: IMT, velocity, RI, PI, stenosis. We have established some criteria of elastography, for classification of atherosclerotic plaque in "stable-uniform elasticity" or „unstable–mosaic stiffness", and designed an ultrasound score to diagnose the vulnerable plaque.

**Results:** Increase of carotid IMT between 0.9-1.5 mm had meant: mild and moderate atherosclerosis in 42% of patients in the first and 33% in the control group. IMT over 1.5 mm had meant severe atherosclerosis in 58% of the first and 67% in the second group. Cut off value of the aorta and femoral IMT>0.5 cm. Sensitivity:96.2%, specificity:88%, 95%CI:79.97%to93.64%, prevalence:83%. The relative risk was:0.86 with 95%CI:0.75to1, Odds Ratio:0.68, p<0.05.

**Conclusion:** Ultrasound measurement of IMT in three regions, when assessing subclinical atherosclerosis and assessment of the atheroma plaque stiffness, was important for primary prevention of cardiovascular events.

## Oral Communication

### ABPM WORKSHOP

Ines Tinoco, Joana Oliveira Ferreira, Brigitte Ferreira

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**Background:** Arterial hypertension (HTN) affects 30-45% of the population. Measuring blood pressure (BP) isn't easy, due to its variability with physical and mental activities. Office BP is frequently measured without the needed controlled ideal environment. ABPM (ambulatory blood pressure monitoring) is the gold standard for diagnosis and follow-up of HTN, recommended by the main reference entities in HTN, such as ESH/ESC, Nice, etc. ABPM allows to classify HTN in white-coat (30% of hypertensive patients), masked (10-15%) real HTN or normotension. It also allows diagnosing a higher risk group – nocturnal HTN –, adjusting medication and assessing the risk of hypoperfusion in the elderly.

**Aim of the Workshop:** Knowledge in performing and interpreting ABPM

**Methods:**

Length in minutes and activities:

10 – Brief introduction (HTN, measuring BP procedures, ...); Presentation of support material

10 – Application of ABPM on a volunteer

15 – Interpretation of ABPM results and elaboration of its report

20 – Group work: discussion of ABPM results and report elaboration

15 – Discussion of group results

5 – Removing ABPM of the volunteer and result's brief analysis

**Conclusion:** ABPM isn't funded by the National Health Service and frequently it inhibits its request. Due to high prevalence of HTN it is justified to make it available in primary care units. In long term, this will represent cost savings, lesser overdiagnosis and lesser iatrogenic overmedication. But for that, it is necessary to provide the professional with the required knowledge.

One slide - 5 minutes presentation

## **RISK FACTORS FOR THE CHRONIC PERIPHERAL ARTERIAL OCCLUSIVE DISEASE: ETHNIC DISPARITIES**

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**Introduction/Objective:** The chronic peripheral arterial occlusive disease (PAOD) is an important issue of public health because it can influence the quality of life and may cause amputation of limbs. The objective of this study is to determine the ethnic disparities and identify the risk factors of chronic PAOD between aborigines and non-aborigines.

**Methods:** Between 2001 and 2015, the patients with first diagnosis of chronic PAOD in our hospital were enrolled in the study. Our hospital, Puli Christian Hospital, is located in the central area of Taiwan which surrounding by mountains and aboriginal tribes. The risk factors such as hypertension, diabetes mellitus, dyslipidemia, chronic kidney disease and chronic obstructive pulmonary disease (COPD) were compared. Chi-square test and two sample t-test were used to analyze the difference between aborigines and non-aborigines.

**Results:** A total of 380 patients (26 aborigines and 354 non-aborigines) were enrolled in the final study. The mean age at diagnosis of chronic PAOD was younger in aborigines than in non-aborigines (63.7 vs 70.4,  $p=0.009$ ). Comparing to non-aborigines, aborigines had

significantly higher rates of dyslipidemia (73.1% vs 40.1%,  $p=0.001$ ) and COPD (69.2% vs 37.0%,  $p=0.001$ ). Biochemical survey revealed the aboriginal patients had significantly higher levels of triglyceride (247.1 vs 156.7 mg/dL,  $p=0.003$ ) and Hb<sub>A1c</sub> (9.1 vs 7.8 mg/dL,  $p=0.039$ ) than non-aboriginal patients at diagnosis of chronic PAOD.

**Conclusions:** Aborigines had a earlier age to develop PAOD than non-aborigines. In addition, aborigines had significantly higher incidences of dyslipidemia and COPD. We recommend health education such as weight control or smoking cessation may be provided in aboriginal tribes.

One slide - 5 minutes presentation

## CONTRIBUTION OF ABPM FOR PRIMARY CARE

Joana Oliveira Ferreira, Ines Tinoco, Brigitte Ferreira  
*USF Serra da Lousa, Coimbra, Portugal*

**Introduction:** Arterial hypertension (HTN) affects 30-45% of the population. Cardiovascular disease is the main cause of death worldwide. Diagnosis consists in two measurements of HTN in different occasions. This method limits diagnosis in “White-Coat” and “Masked” hypertension. Home measurements aren’t always calibrated or available. Diagnosing HTN with ABPM (ambulatory blood pressure monitoring) requires 24 hour average blood pressure (BP)  $\geq 130/80$ mmHg, systolic BP  $\geq 135$  and/or diastolic BP  $\geq 85$  during the day or systolic BP  $\geq 120$  and/or diastolic BP  $\geq 70$  during the night. It became mandatory to start performing ABPM in our primary care unit (PCU), given that it is not funded by the Portuguese national health system (NHS).

**Objective:** Assess effect of ABPM in HTN diagnosis and treatment adjustment in a PCU

**Methods:** Analysis of ABPM results in patients’ medical records, performed in the PCU, and interventions guided by results, from January to November 2016

**Results:** We performed 50 ABPM: 26 (52%) for diagnosis and 24 (48%) for therapeutic efficacy assessment. 15 patients had true HTN (58%), 1 of which “masked”; 4 (15%) “white-coat”; 7 (27%) were normotensive. Of the patients already medicated for HTN, only 8 (33%) were properly controlled. 16 (67%) needed medication adjustment, being 2 (13%) overmedicated and 14 (87%) undermedicated. ABPM enhanced the accuracy of the diagnosis, avoiding 15% of the patients to be labelled and medicated when presenting only “white-coat”. It presented useful for the therapeutic adjustment in 67% of the patients. As ABPM is a useful method for diagnosis and follow-up, we consider that it should start to be widely performed.

One slide - 5 minutes presentation

## NON-PHARMACOLOGICAL INTERVENTIONS POST STROKE – A BASED EVIDENCE REVISION

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**Introduction:** Stroke is a major cause of death and dependence. About 30% of the survivors present significant and permanent neurological consequences leading to complications that can compromise the patient's prognosis, as well as from the care providers. The Patient Educational Therapy (PET) is presented as the medical treatment of these patients.

**Objectives:** To determine non-pharmacological interventions to adopt in the Primary Care follow up of a post stroke patient.

**Methods:** A based evidenced revision was made using the PICO: P-Patients post stroke, I-Observation of non-pharmacological intervention, C-without non-pharmacological interventions, O-improvement in the limitations post stroke. Articles were searched in the *Pubmed* database using the terms *Non Pharmacological* and *Stroke*. Inclusion criteria were publication in the last five years, in Portuguese, Spanish and English, and with the words used in the research in the titles. Articles without abstract and about pharmacological procedures were excluded. SORT scale was applied.

**Results:** Non-pharmacological interventions description is unclear, which prevents their applicability in daily practice. The objective of PET is to give patients capabilities in self-care and rehabilitation, focusing on risk factors and post stroke general effects, being patients and care providers its target. Programs to help daily activities in the primary care field are demanded.

**Conclusion:** In the post stroke, PET must be part of the therapy, individually adapted to the patient's status, as to the care provider. It is crucial the practice training and professional support, besides a program content universality. Therefore, health providers should promote psycho-social and educational support to these patients.

## Oral Communication

### IMPACT OF THE EUROPEAN AND AMERICAN GUIDELINES ON THE MANAGEMENT AND TREATMENT OF DYSLIPIDEMIA IN A SPANISH WORKING POPULATION

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**Introduction:** Accurate risk assessment of cardiovascular diseases is essential to effectively balance the benefits and risks of therapy in primary prevention.

**Objective:** To assess the impact of the use of American guidelines (AHA-ACC) compared with the application of European guidelines (SCORE) in a Spanish working population.

**Method:** Observational study conducted among Spanish workers. We included all workers visited by occupational doctors between 2004 and 2007 all over Spain whose cardiovascular risk could be evaluated. Cardiovascular risk was calculated for each worker using the Systematic Coronary Risk Evaluation cardiovascular risk tables for low-risk countries (SCORE), as well as the tables recommended by the ACC/AHA (American College of Cardiology/American Heart Association American guidelines).

**Results:** A total of 210,750 workers were included (75.66% men; mean age, 47,96 years). High cardiovascular risk was found in 4.46% of the population according to the SCORE tables and in 26.26% according to ACC/AHA tables, respectively. Treatment with lipid lowering drugs would be needed in 52,033 workers according to the American guidelines and in 7,969 according to European guidelines.

The utilization of ACC/AHA recommendations would result in identifying more high-risk patients (about 6 times) and in treating a larger fraction of the population with lipid-lowering drugs than with the European recommendations.

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One slide - 5 minutes presentation

## ACUTE PULMONARY EDEMA IN PRIMARY HEALTH CARE

Mara Vucurevic

*Dom Zdravlja Zvezdara, Belgrade, Serbia*

**Introduction:** Acute pulmonary edema (APE) is form of clinical manifestation of acute hearth insufficiency and as urgent condition, requires urgent hospitalization. Causes of APE are numerous, however, in most cases those are acute coronary syndrome as well as rhythm and electrical input severe disorders. Urgent taking care of patients with APE, on primary care level, is based on maintaining vital functions, treatment of symptoms and stabilization of hemodynamic status of patient, until ER cruel arrives.

**Objective:** Determine the most frequent risk factors for APE development and significance of proper treatment, stabilization of patients.

**Methods:** Retrospective study included 90 patients with developed APE, between 60 and 85 years old, both genders in period between 01.01.2014. and 31.12.2016.

Results: Patients with APE were divided into groups by their age:

16.7% were patients between 60-70 years

35.6% were patients between 71-80 years

47.7% were patients between 81-85 years

And relationship of frequency and appearance by gender:

55.6% were male patients and 44.4% were female patients

New urgent condition, without previous chronic hearth insufficiency, was seen in 6.8% of patients.

Most frequent causes of APE were: rhythm disorders in 27.8%, hypertension crisis in 24.4%, anemia in 21.1%, acute coronary syndrome in 13.3%, infections in 10% and worsening of COPD in 3.4%.

Urgent hospitalization occurred in 87.8% of patients with APE, while lethal outcome occurred in 2.2% patients.

**Conclusion:** APE requires acknowledgment of most frequent risk factors that contribute its development so that we can prevent its onset as well as efficiently stabilize such patient.

**Key words:** acute pulmonary edema, risk factors, frequency.

One slide - 5 minutes presentation

## THE ATTITUDE OF HYPERLIPIDEMIC PATIENTS TOWARDS HYPOLIPIDEMIC DRUGS

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**Introduction:** Significant percentage of hyperlipidemic patients does not follow the recommended treatment, despite the comprehensive briefing about its benefits and reassurance about its safety.

**Objective:** To record these cases, investigate the causes and potential correlation with socio-economic parameters.

**Method:** We recorded 226 patients, 125 men, 101 women, aged 42-74 years, that were under no treatment for hyperlipidemia, who visited our office for laboratory lipidemic control during the first semester of 2016 and presented pathological lipidemic values according to the Revised Greek guidelines for treatment of Dyslipideimia. Total cholesterol, HDL, Triglycerides were controlled, while LDL was calculated with Friedewald equation. The blood sampling was collected after 12-hour fasting and all patients were recommended hypolipidemic treatment.

**Results:** 39 patients (24 men and 15 women) denied treatment by the start, while 38 (23 men-15 women) did not finally applied to it. 24 patients invoked liver damage based on information from relatives/ friends, 7 were influenced by the media, 1 by another health professional, while 6 (3 men and 3 women) stated that they often forgot their medication thus they quickly interrupted treatment. 75% of patients with co-morbidities marked the increased risk of side effects from the hypolipidemic therapy. The education level of patients who finally did not take hypolipidemic medicines was: 16 unlettered, 12 elementary school, 8 secondary and 3 graduates of high school and colleges.

A negative attitude towards hypolipidemic medicines especially in graduates of elementary education was observed. Their side effects were considered as major reason. Noteworthy is that more than half of patients were of low education level, which increases the need for different approach of these patients.

One slide - 5 minutes presentation

## AMBULATORY 24-H HOLTER MONITORING OF BLOOD PRESSURE WITH SPECIAL REFERENCE TO NIGHT TIME FALL

Draženka Pašalić-Mirčić

*JU DZ VAREŠ, VAREŠ, Bosnia and Herzegovina*

**The Aim:** To examine whether there is a significant difference between day time/night time falls(Dipper) and insignificant fall(Non-Dipper) of BP in relation fo gender,age,BMI,and total average systolic and diastolic BP,total pulse and pulse pressure,maximum daily systolic and diastolic BP,maximum night time systolic and diastolic pressure.

**Methods:** A sample of 40 patients diagnosed with hypertension in their medical record and under medical treatment with antihypertensives has been treated "NORAV Medical LTD NBP-24" devise for 24-h Holter monitoring of blood pressure has been used.

**Results:** 62% females and 38% males were included in the recording of ambulatory monitoring blood pressure (AMBP) 24-h Holter monitoring has successfully recorded values of day time and night time pressure at 35 patients. There is no difference with insignificant fall(Non-Dipper) in relation to the significant (Dipper) day-night (D/N) BP fall,in relation to:age,gender,BMI,total average systolic BP and overage diastolic BP,the overall pulse and overall pulse pressures,maximum daytime systolic and diastolic maximum daytime BP. A significant difference between the values has been observed with patients who achieved significant D/N drop (Dipper) i.e.113/75 in comparasion to patients who did not have a fall (Non-Dipper) i.e.136/86.

**Conclusion:** On the basis of the total average daytime and night time blood pressure values, we were not able to make a prompt assessment of cardiovascular diseases risk. It is of major importance to promptly get the value of insignificant D/N falls (Non-Dipper) so that a family medicine practitioner can undertake all the activities as to reduce the incidence of myocardial infarction and the stroke.

One slide - 5 minutes presentation

## POSTMENOPAUSAL STATUS AS A RISK FACTOR FOR MYOCARDIAL INFARCTION IN WOMEN

Irune Mantiñán Vivanco<sup>1)</sup>, Maria Hermosa de la Llama<sup>2)</sup>, Elena Bustamante Estébanez<sup>1)</sup>, Maria Cruz Martínez Pérez<sup>3)</sup>, Silvia Pardo del Olmo<sup>1)</sup>

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Myocardial infarction is defined as a clinical event caused by myocardial ischemia in which there is evidence of myocardial injury or necrosis.

Cardiovascular disease (CVD) is the leading cause of death in women. The incidence of MI in women, although lower than in men, increases dramatically following menopause.

Our patient is a 60 year old woman with no diseases, without usual treatment, smoker of ten cigarettes a day, at postmenopausal status.

She came to the consult worried about an abdominal pain she had been suffering. First episode occurred 10 days before consisted in epigastric burning pain that lasted for one hour, followed by a vomit, after which the pain ceased. The following 7 days she had 2 more similar episodes, that she attributed to indigestion.

After physical exam, had an ECG done which showed elevation of the ST segment in V1 V2 V3 and mirrored image in II-III-aVf derivations. The suspicious diagnostic of anterior acute myocardial infarction was established, she was urgently drifted to the coronary emergency unit for reperfusion treatment.

In conclusion, although our patient seemed at first a healthy woman with only smoking as a cardiovascular risk factor, and her symptoms could seem digestive, the determination of having an ECG done was decisive for reaching an accurate diagnosis and therefore treatment. So we must take in consideration the research about postmenopausal status and cardiac events in women which recognize as a risk factor for CVD, assigning it the same weight as male sex.

One slide - 5 minutes presentation

## PERIPARTUM DILATED CARDIOMIOPATHY. A CASE STUDY OF SHORTNESS OF BREATH

Liviu-Nicolae Ghilencea<sup>1,2)</sup>, Andreea-Catarina Popescu<sup>1,2)</sup>, Serban Balanescu<sup>1,2)</sup>

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**Introduction:** Breathlessness is a common symptom during pregnancy. Up to 60% of the women experience breathlessness during exercise, but less than 20% experience this at rest, while daily exercise is not reduced. Investigations should be considered if exercise tolerance is significantly reduced or other symptoms and signs suggest a pathological cause.

**Objective:** This is a case presentation of a 32 years old woman, who following an emergency C-section of the 36 weeks second to pregnancy became short of breath. This proved to be a postpartum cardiomyopathy. The goal was to identify the cause of shortness of breath, and to treat it.

**Methods:** In this case, urgent chest X-ray and echocardiography were indicated in view of the increasing breathlessness and markedly reduced exercise tolerance and signs of congestive cardiac failure.

**Results:** Peripartum cardiomyopathy is a rare dilated cardiomyopathy of unknown cause with an incidence of 1 in 3000 gestations. It is a diagnose of exclusion which should be considered if the heart failure develops during the last trimester of pregnancy within 5 month of delivery. Pregnant women with shortness of breath at rest may need to be investigated to document or to rule out peripartum dilated cardiomyopathy as the cause of of it.

## Oral Communication

### ATHEROSCLEROSIS, THE INVISIBLE FOE, EXPOSED BY NEW COMPLEMENTARY IMAGING TECHNIQUES. PERSONAL EXPERIENCE

Liviu-Nicolae Ghilencea<sup>1,2)</sup>, Serban Balanescu<sup>1,2)</sup>, Doina Dimulescu<sup>1,2)</sup>

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**Introduction:** The atherosclerotic plaque of the coronary artery disease, can show in the early stages an outward growth, known as positive remodeling, without luminal compromise which cannot be detected by coronary angiography. Since the beginning, the coronary angiography has played the role of gold standard for coronary artery disease detection by providing two-dimensional projections of the contrast-filled coronary artery lumen. It also guided the treatment.

**Objective:** Our aim was to provide more details regarding the atherosclerotic plaque, by assessing in vivo the microstructure of the coronary artery, as the fibrous cap and the atherosclerotic pool of lipid, and to evaluate the characteristics of the stenosis.

**Methods:** We used Optical Coherence Tomography (OCT), a relatively new intravascular catheter-based imaging technique, using near-infrared light, with high-resolution. OCT can assess not only the structure of the coronary artery walls, but also the structures inside the coronary artery (struts of the stents, thrombus developed during the myocardial infarction). OCT has IIb class of recommendation, with level of evidence B, to assess the atherosclerotic plaque, according to the ESC guidelines on the management of coronary artery disease.

**Results:** OCT, as a high resolution intravascular imaging procedure, allows a better characterization of the atherosclerotic plaque and of the results of intracoronary preparation of the vessels for percutaneous coronary intervention, but also the final evaluation of the stents apposition.

## 3.03. Respiratory problems

### Oral Communication

#### COMORBID DISORDERS AND HEALTHCARE UTILIZATION IN OVERWEIGHT AND OBESE PATIENTS WITH MILD TO MODERATE CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Lisa Verberne, Mark Nielen, Chantal Leemrijse, Ilse Swinkels, Christel van Dijk, Dinny de Bakker

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**Introduction:** A low Body Mass Index (BMI) among patients with Chronic Obstructive Pulmonary Disease (COPD) is associated with a higher mortality rate. Conversely, overweight and obesity are also highly prevalent, mainly in patients with milder stages of COPD. The implications of overweight and obesity specifically in patients with mild to moderate COPD are not well established.

**Objective:** To investigate the prevalence of comorbid disorders, medication use, and consultation rate with the general practitioner (GP) in overweight and obese patients with mild to moderate COPD.

**Methods:** A cross sectional study, using data from electronic health records of GPs. For the analyses, 4,938 patients were included who had a GP diagnosis of COPD, mild or moderate COPD based on spirometry data, and a BMI  $\geq 21$  kg/m<sup>2</sup>. The prevalence of comorbid disorders that are known to be associated with COPD and/or obesity, COPD-related drugs prescriptions, and the number of GP-consultations were evaluated by comparing overweight (BMI 25-30 kg/m<sup>2</sup>; n=2,212) and obese (BMI  $\geq 30$  kg/m<sup>2</sup>; n=1,192) patients, to those with a normal weight (BMI 21-25 kg/m<sup>2</sup>; n=1,534).

**Results:** Compared to normal weight patients, hypertension, osteoarthritis, diabetes, and heart failure were significantly more prevalent, and osteoporosis and psychological disorders were significantly less prevalent in overweight and/or obese patients. Overweight and/or obese patients had significantly more prescriptions for bronchodilators and more consultations with their GP, compared to normal weight patients. Conclusion: Similar to the general population, overweight and obesity in patients with mild to moderate COPD is associated with adverse health consequences.

### Oral Communication

#### EFFECTIVENESS OF ANTI-SMOKING DRUG TREATMENT IN HEALTHY POPULATION AND IN PATIENTS WITH PSYCHIATRIC COMORBIDITY

Pedro J Tarraga Lopez, Raul Godoy Mayoral, FJavier Callejas Gonzalez, Javier Cruz, M<sup>a</sup> Loreto Tarraga Marcos, Carmen Celada Roldan, Ibrahim M. Sadek, Maria Jose Villar Inarejos  
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**Introduction:** There is a relationship between smoking and psychiatric disorder. In addition, it was presupposed that anti-smoking treatment will be more difficult due to the psychiatric disorder.

**Objectives:** To analyse the differences in treatment success rates among the general population and patients with psychiatric disorder who have received complete pharmacological treatment and to make an assessment according to gender distribution.

**Material and Methods:** A retrospective, descriptive and comparative cohort study of patients completely treated at Albacete University Hospital Complex during 2011. We analysed the variables: gender, age, age at smoking onset, previous quitting attempts, cigarettes per day, CO-oximetry, Fagerström test, Richmond, alcoholism, treatment distribution, treatment failure, success and relapse. Chi-square and Fisher's F were used for the qualitative variables and Student t's for the quantitative variables. Success and psychiatric disorder were compared together and according to gender distribution.

**Results:** 293 patients in total, 73 treated patients, 43 were men and 30 were women. 27 (37%) with psychiatric disorder, 5 men and 22 women; Treatment was successful in 51 patients (70%). There were no differences between the characteristics of the two groups - except for gender ( $p < 0.05$ )-, nor for success, failure or relapse, nor for success analysed separately according to gender distribution.

**Conclusions:** Smoking cessation treatment is effective in our two populations. The characteristics of the patients with psychiatric disorders who completed the pharmacological treatment do not differ in intensity, motivation or dependence of those with no psychiatric comorbidity. Smoking women have more psychiatric morbidity, however the treatment is effective.

## Oral Communication

### APPROACH TO COMMUNITY-ACQUIRED PNEUMONIA IN A PRIMARY HEALTH CARE UNIT – ASSESSMENT AND QUALITY IMPROVEMENT

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*USF Mondego, Coimbra, Portugal*

**Introduction:** According to portuguese guidelines the diagnosis of community-acquired pneumonia (CAP) is based on anamnesis and physical exam. The treatment is empirical, with amoxicillin being the first line antibiotic (AB), in combination or not with macrolides. Clinical reassessment is recommended 72h after initiation of AB therapy and chest X-ray 6 weeks after diagnosis.

**Objective:** Improve the quality of care provided for CAP management in a primary care unit.

**Methods:** Retrospective study of patients of both genders,  $\geq 18$  years, with diagnosis of R81 (Pneumonia) according to ICPC-2, from January-December 2014 (1st evaluation) and from November 2015-October 2016 (2nd evaluation). Presentation and discussion of results occurred in October 2015. Patients addressed in hospital context and with coding errors were excluded. Variables: gender; age; referral to emergency service; comorbidities; chest X-ray at baseline and reassessment; type and duration of AB; supportive therapy; time to reevaluation; change/association of AB. Quality criteria: prescription of 1st line ABs; recommended duration of AB therapy; reduction of quinolone prescription; reassessment up to 72h post-antibiotic therapy; chest X-ray reassessment.

**Results:** 66 patients were included in the 1st evaluation (66.7% female, mean age 55.2) and 57 patients in the 2nd evaluation (59.6% female, mean age 61.0). There was an increase in prescription of 1st line ABs (19.3% vs 56.6%) and in the proportion of patients undergoing AB therapy in the recommended duration (26.3% vs 52.8%); reduction in the prescription of quinolones was observed (15.8% vs 9.4%). The reassessment using chest X-ray was reduced (39.4% vs 28.1%). The proportion of patients reassessed after AB onset increased (21.1% vs 41.5%), but there was only a slight increase in reassessment at 72h (16.7% vs. 22.7%).

One slide - 5 minutes presentation

## IS ASSESSMENT OF GENOTYPE TESTING USEFUL FOR THE CASES OF INTERMEDIATE SWEET TESTS?

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**Introduction:** CF is the most common fatal hereditary disease in the White race, which is transmitted by autosomal recessive genes, effects exocrine glands of all systems and encountered in one of every 2500 live births.

**Objective:** Upon the cloning of the CFTR gene, a high number of studies emerged focusing on the relation between the genotype and the phenotype in CF. This led to the development of new patient groups that represent atypical findings of CF with normal and/or medium levels of the sweat test.

**Methods:** In the present study, we aimed to demonstrate the relation between phenotype and genotype in patients who are clinically considered to have CF and who have medium levels of the sweat test.

Forty six patients with clinically suspected CF and indefinite sweat test results, who referred to the Pediatrics clinics and/or polyclinics of the Suleyman Demirel University Medical Faculty between June 2010 and December 2013, and their 47 siblings were evaluated in this study.

**Results:** Although one of the enrolled patients had no CFTR mutation, the patient was diagnosed with atypical CF. Heterozygous G542X gene mutation was detected in one sibling, despite the absence of CF associated clinical findings and normal sweat test results.

The results of the present study support that there may be patients with atypical CF findings but no CFTR mutation, and presence of a mutation does not always imply that the patient will definitely have the disease.

Oral Communication

## DO HUNGARIAN FAMILY PHYSICIANS AND RESIDENTS SCREEN SLEEP APNOEA DURING THE GENERAL MEDICAL CHECKUP FOR THE DRIVING LICENCE?

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**Introduction:** Obstructive sleep apnoea syndrome (OSAS) without treatment can cause serious cardiovascular, cardiorespiratory, neurological and other complications. Family physicians have an important role in recognizing the disease.

**Objective:** To assess the knowledge and attitude of family physicians related to OSAS. Whether OSAS screening is realized during the general medical checkup for drivers.

**Methods:** In the cross-sectional study we used a validated OSAKA questionnaire in mandatory continuous medical education courses, supplemented with four additional questions.

**Results:** 116 family physicians and 103 family medicine residents filled out the questionnaire. Hungarian family physicians, especially male doctors lack the adequate knowledge of sleep apnoea. The average score of female physicians was significantly higher than that of males ( $13.4 \pm 1.8$  vs.  $11.7 \pm 2.6$ ,  $p = 0.005$ ). The more specializations the doctor has, the higher the score. Zero or one special examination holders reached  $12.5 \pm 2.3$  points, two special examination holders  $12.7 \pm 2.2$  points. three or four special examination holders reached  $14.0 \pm 2.1$  ( $p = 0.05$ ). Residents' average score was  $12.1 \pm 2.4$  points, which is higher than that of family doctors ( $p = 0.012$ ). Female residents also had higher average points than male residents ( $12.6 \pm 2.0$  vs.  $11.3 \pm 2.7$ ;  $p = 0.008$ ) and there was a correlation between gender and medical knowledge. In terms of attitude female GPs had higher average scores than male GPs ( $3.5 \pm 0.6$  vs.  $2.9 \pm 0.6$ ,  $p < 0.001$ ). Despite the modification of the 13/1992 regulation only 39% of the practices carried out regularly the required OSAS screening as part of the medical examination for a driving licence.

**Conclusions:** Despite the high prevalence and clinical importance of OSAS, GPs often do not recognize sleep apnoea and they have difficulty in treating their patients for this problem.

One slide - 5 minutes presentation

## AUSCULTATORY PHENOMENA IN PATIENTS WITH PARTIALLY CONTROLLED BRONCHIAL ASTHMA WITH INTRAPULMONARY AUSCULTATION

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It is specified in the report of the European respiratory society that goose breathing belongs to key symptoms of bronchial asthma. Now still there are problems of registration of the whistling rhonchuses, and also pathophysiological mechanisms of their generation up to the end aren't installed.

**Materials and methods:** In a traditional bronchoscopy is performed the bronchoscope video intrapulmonary with simultaneous registration of acoustic phenomena using a specially designed microphone that attaches to the instrument channel of the bronchoscope and at different levels of the tracheobronchial tree, up to 3-4 orders of the bronchi, which allows for remote analysis of acoustic phenomena on the computer. The microphone has the following acoustic characteristics: sensitivity 30-40 dB, frequency range – Hz 17-20000.

**Results:** By recording in 20 patients with partially controlled asthma (GINA 2015). The main characteristics, which evaluated abnormal noises were a range of received frequencies and duration of which depend on the sensitivity of the sensor and the proximity to the site of occurrence of wheezing. This was traced frequency correlation on the cause of wheezing. Thus, the average duration of wheezing during intrapulmonary auscultation was about 250 ms, the prevailing average rate of wheezing 400 Hz, the bass - 200 Hz ( $p < 0,05$ ). Frequency range wheezing - 80-1600 Hz ( $p < 0,05$ ). The highest rate was observed in the presence of mucus and, especially, the spasm, which were recorded using the received video and flutter to give more bass version of wheezing. When registering the sounds on the body surface average duration was 100 ms, the prevailing average frequency - 150 Hz, and the range was only 350-950 Hz ( $p < 0,05$ ). A clear correlation when it was received.

**Conclusion:** Intrapulmonary auscultation is a promising direction of Pulmonology, able to lift himself auscultatory method to a higher level of development both by improving the quality of the diagnostic process, and due to a wider range of diagnostic information.

### 3.04. Digestive problems

One slide - 5 minutes presentation

#### LYMPHOID NODULAR HYPERPLASIA - RARE ABDOMINAL PAIN

Patrícia Costa<sup>1)</sup>, Anne-Marie Ferreira<sup>1)</sup>, Rita Nunes<sup>1)</sup>, Joana Gonçalves<sup>2)</sup>, Rafael Sousa<sup>3)</sup>, Luís Infante<sup>4)</sup>, Ana Patrícia Cardoso<sup>5)</sup>

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**Introduction:** Lymphoid Nodular Hyperplasia is a rare disease of uncertain etiology characterized by the presence of pseudopolyps with a characteristic anatomopathological appearance. In adults it most commonly affects the Proximal Small Intestine, and may be related to Common Variable Immunodeficiency, Gastrointestinal Lymphoma or Giardia Injury. The most common symptoms are diarrhea, weight loss and periumbilical pain.

**Objective:** Describe a relevant case report in clinical health care.

**Methods:** Case report study, based on patient interview and computerized clinical process. Informed consent obtained.

**Results:** A 21-year-old male, Caucasian, single, student and enrolled in a nuclear family in phase VI of the Duvall cycle, highly functional according to Smilkstein's Family Apgar and Graffar's middle class. No relevant personal or family history. The Adult Consultation is performed in July 2013 for severe colicky pain and liquid drops for 2 days about 3 weeks ago. Refers to changes in stool consistency and colicky abdominal pain since the age of 16 years. Initially 2x / week, but with aggravation in the last 2 years (4-5 days / week with 3 to 4 liquid / pasty drops per day). Improvement with milk abstinence and aggravation with sauces, seasoned foods and vegetables. The Family Doctor is faced with clinical situations whose diagnosis can be difficult to ascertain from the resources available in Primary Care. The bidirectional interconnection with the Hospital Services accelerates the provision of good health care, and it is important the continuous follow-up of the users and their families before diagnoses that cause anxiety.

One slide - 5 minutes presentation

#### ABDOMINAL PAIN: A CASE OF INTESTINAL VASCULITIS IN AN ESSENTIAL MIXED CRYOGLOBULINEMIA PATIENT

Karen Lopez Sandoval

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**Introduction:** Intestinal involvement is an uncommonly reported manifestation of mixed cryoglobulinemia syndrome (type II), the prevalence is less than 8%, and its presence is associated with a severe vasculitis but is unrelated with poorer survival. The clinical symptoms are abdominal pain, diarrhoea and rectal bleeding; its treatment involves corticoids, plasmapheresis/cyclophosphamide, and when hepatitis C virus (HCV) coexist virus treatment should be add.

**Objective:** Emphasise the suspicious of intestinal vasculitis in an HCV or cryoglobulinemia history patient.

**Methods:** Description case is a 74 years old women with a history of 10 years mixed cryoglobulinemia, 25 years of untreated and stable HCV, 2 months of abdominal pain and weight loss. She arrived to emergency suffering of acute abdominal pain, rectal leading, diarrhoea, vomiting, fever and an increased purpura skin lesions since 3 days. Physical examination revealed tachycardia and diffuse tenderness abdomen. Exams show: negative blood and stool cultures, C Difficile toxin negative, HCV Genotype 2, colonoscopy: ascending colon mucosal sloughing with dusky pigmented lesions and aphthous ulcers, but pathology did not show alterations.

Initially, the patient received empiric antibiotic treatment for C Difficile and high doses of corticoids. After colonoscopy results, cryoglobulins presence, elevated rheumatoid factor, normal complement levels and the fastest clinical improvement led to ruling out infective colitis. Therefore, intestinal vasculitis was diagnosed.

**Results:** After resolution of symptoms, the patient was discharged from the hospital. As an outpatient control, hepatology appointments were requested to start HCV treatment.

## Oral Communication

### THE GP IN SEARCH FOR THE UNUSUAL

Nico Haas

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Banal/ Frequent symptoms are usually due to frequent and typical medical problems. Differential diagnosis is build on the paradigm that frequent maladies produce typical symptoms and after present with unusual symptoms.

Sometimes, a rare malady presents with a common symptom, like swollen legs.

We describe such a rare malady presenting initially with swollen legs, a frequent symptom of different frequent (frequency), well known pathologies.

We will elucidate in which circumstances the GP should be aware of an eventual rare pathology which is not immediately apparent.

We will elucidate which extensive investigations are worthwhile and appropriate first not to miss something important or serious and second to avoid unnecessary tests and investigations.

We aim to end with a practical algorithm giving pragmatic clues to when and how proceed in order to elucidate something rare or even exceptional.

## 3.05. Diabetes and metabolic problems

### Oral Communication

#### CLINICAL IMPLICATIONS OF INDIVIDUALIZED GLYCEMIC GOALS USING AN ALGORITHM BASED ON LEADING WORLDWIDE DIABETOLOGISTS OPINION

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**Introduction:** Clinical guidelines and experts recommend individualization of glycemic (A1c) targets. Recently, a paper from Cahn A and colleagues (Diabetes Care 2015;38(12):2293-300), published an algorithm based on leading worldwide diabetologists opinion to calculate glycemic targets (CGT) according to eight parameters pertaining to individual patient characteristics and comorbidities.

**Objective:** The aim of our study is to compare the proportion of patients on target with A1c<7% for all patients vs individualized targets.

**Methods:** A random sample of 402 patients were selected in 40 primary care settings from Spain. Individualized target based on 8 parameters from the CGT algorithm, was calculated: risk of hypoglycemia from treatment; life expectancy; important comorbidities; macrovascular and advanced microvascular complications; cognitive function; adherence and motivation; disease duration and resources and support system.

**Results:** Female (48.6%), age (68.9±11.3 years), disease duration (<5years, 24.5%; 5-20years, 64.6%, >20years, 10.9%); A1c (6.9±1.2%). Comorbidities and risk of hypoglycemia from treatment are the most frequent issues that modify A1c target. Life expectancy and cognitive function are the characteristics that have less influence on individualized targets. According to CGT algorithm the target of A1c remains 7% in 53.7% of patients. In 39.7% target increases to 7-7.5% level; in 6.1% increases to 7.5-8% and in 0.6% of patients increases to >8%. More patients reach control when individualized targets are calculated (56.3% vs 65.9%;p=0.004).

**Conclusions:** Applying individualized targets increases the proportion of patients with good glycaemic control. Nevertheless there is still a chance for improving glycaemic control and prevent diabetic complications. Individualized target must be promoted in clinical practice as they can change the attitude of physicians toward treatment intensification.

### Oral Communication

#### OUR PRIMARY CARE SWEETEST DIABETIC PATIENTS – CHARACTERISTICS AND POINTS OF CONCERN

Ilan Heinrich

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**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 and 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.

**Key words:**

Diabetes mellitus, HBA1C>10%, Personal profile, Treatment contract

**One slide - 5 minutes presentation**

**ANALYSIS OF THE RESULTS OBTAINED AFTER A MOTIVATIONAL INTERVENTION WITH OBESE OR OVERWEIGHT CHILDREN AND THEIR FAMILIES.**

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**Objective:** To evaluate the evolution of anthropometric parameters and the quality of the diet of overweight or obese children and their families.

**Method:** children aged 6 to 12 years, all overweight or obese.

The program is grouped in two simultaneous and separate spaces, one for children and one for parents.

Evaluated, at the beginning and end of the course, with the following instruments:

Anthropometric measures: weight, height and BMI. KIDMED questionnaire STAI anxiety questionnaire for the assessment of anxiety trait and anxiety status.

The data obtained were entered into a computerized database using the SPSS (Statistical Package for Social Sciences) version 20.0.

**Results:** In the 11 children BMI decreased from a mean (SD) of 26.34 (3.18) to 25.13 (3.6) ( $p < 0.001$ ) and from 2.20 (0.69) to 1.97 (0.91) ( $p < 0.001$ ). At the beginning of the course the average score on the KIDMED was 7.33 (DT = 0.87) (needs to improve) while at the beginning of the course the average score on the KIDMED was 7.33. The mean score was 9.78 (SD = 0.32) (the optimal diet), and the diet of the children who participated in the program improved at the end of the program, and the differences were statistically significant ( $p = 0.006$ ).

In the relatives, the weight decreased significantly in 7 cases, 2 was not modified and others could not be calculated because they did not come to the last consultation.

They improved their state of anxiety and trait status. They also increased their adherence to Mediterranean diet.

**Conclusions:** The application of the "Families in Motion" program led to a decrease in BMI and an increase in the quality of the Mediterranean diet.

One slide - 5 minutes presentation

## CHILDHOOD OBESITY APPROACH IN PRIMARY CARE

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**Introduction and objectives:** Obesity is a chronic disease with prevalence has been raising. This work aim to characterize attitudes and practice of family doctors in what concern childhood obesity.

**Methods:** Descriptive and cross-sectional study, with self-administered anonymous and confidential survey, directly and online, to a sample of 216 family doctors (114 interns, 102 specialists). The data was analysed, via SPSS 20. Frequency analysis and t-test (two-independent samples) were performed.

**Results:** 216 surveys were included in the study. 73.6% professionals report a percentage higher than 25% of overweight / obese children in their consultation but 51.9% don't feel competent in the diagnosis and follow-up of these children. 82,9% calculate BMI, but 42.1% never measure the waist circumference. Although 98.6% professionals provide advice on diet and physical activity, 67.1% only have 5 minutes to address this issue. Statistically significant differences were found in this variable ( $p=0.003$ ), showing that specialists are those who seem to provide more physical activity advice compared to the internal ones. 79,2% of doctors don't have nutritionist support at health center and although 69.4% have a psychologist, 75% don't request their support.

The most requested complementary tests are lipid profile (78.2%), glucose (75%) and thyroid function (63%), 15% don't assess dyslipidemia in children.

72.7% referred these children to the pediatrician if they failed follow-up. Most professionals (94.9%) feel they need to expand their knowledge and training in this area, yet 84% never requested this training.

**Conclusions:** Respondents acknowledge childhood obesity as a significant health problem, not everyone recognizes that they have the skills to approach it, pointing to the need to expand knowledge and provide training in this area.

One slide - 5 minutes presentation

## CLINICAL EVOLUTION AFTER TWO YEARS OF TYPE 2 DIABETIC PATIENTS FOLLOWED IN TWO HEALTH CARE CENTERS FROM SPAIN AND PORTUGAL

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**Introduction:** In a previous study we found differences, both in the profile and treatment, among patients with type 2 diabetes controlled in primary care in Spain and Portugal. Objective: To know changes after 2 years in the degree of control of patients with type 2 diabetes mellitus in a Spanish (public, SESCAM) and a Portuguese (Functional Health Unit) health center.

**Methods:** Cohort study. Patients with type 2 diabetes were reviewed two years after a first control (July and November 2014, respectively in Portugal and Spain). Data were obtained from the computerized clinical records: sex, age, body mass index (BMI), glycosylated hemoglobin (HbA1c), lipid profile, complications, treatment. The information was entered into a computerized database (SPSS 17.0). Descriptive statistics and comparison of proportions and means/medians were performed for related data.

**Results:** 200 Portuguese patients and 278 Spanish patients were studied in 2014. Information on its clinical follow-up was available two years after for 135 Portuguese and 248 Spanish. The mean age of these patients in 2016 was 71.2 years (SD: 11.0), with 46.0% of women. There were no differences in the distribution by age and sex in both centers. The median of variation of HbA1c after 2 years was 0.0 (interquartile range: -0.4 to 0.5), differences not statistically significant (NS) for Portuguese and moderate increase ( $p=0.05$ ) for Spanish patients. Portuguese presented a mean BMI decrease of 0.05 (95%CI: -0.27 to 0.37) and Spanish patients had a mean increase of 0.07 (95%CI: -0.27 to 0.41), NS differences.

One slide - 5 minutes presentation

## HEALTH BEHAVIOUR MODIFICATIONS AS THE CORNERSTONE IN MANAGING DIABETES: A CASE REPORT

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**Background & Aim:** Most international guidelines advocate health behaviour modifications as a critical step in the management of patients with type 2 diabetes mellitus (T2DM). Systematic reviews showed that structured physical exercise combined with dietary advice reduced HbA1c by 0,6-0,9% in T2DM. However, in Portugal, only 40% of the individuals with T2DM report practising any type of exercise. The aim of this case report is to highlight the importance of patient involvement in managing T2DM with exercise and healthy diet.

**Case Report:** We report a case of a 40-year-old obese male, part of a nuclear family (Duvall cycle stage IV). He presented to his first programmed appointment after a newly-diagnosed T2DM (fasting glucose 250mg/dL and HbA1C 8.3%). Together with the patient, we established an intensive treatment program focusing on diet adjustments and combined aerobic and resistance exercise training of  $\geq 150$ min/week. We also introduced metformin titrated to 1500mg/day. We followed the evolution of the implemented exercise strategies

through regular email contacts. After 9 months of T2DM diagnosis, the patient was practising exercise daily and eating healthier, had lost weight (5kg) and had HbA1C level of 4.9%. In this context, we gradually stopped metformin and motivated the patient to maintain his health behaviour.

**Conclusion:** This case report illustrates how engaging patients in the active treatment of diabetes through lifestyle modifications can lead to discontinuation of pharmacologic therapy. It also shows the importance of promoting patient empowerment for self-management of chronic diseases such as diabetes.

## Oral Communication

### APPLICATION OF TELEMEDICINE IN OBESITY MANAGEMENT

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**Introduction:** Obesity is a growing global pandemic. To manage it requires new strategies. An increasing number of eHealth interventions are available however, it is yet unclear if these technologies are effective at improving weight loss.

**Objective:** To evaluate the effectiveness of obesity intervention with telemedicine support in overweight or obesity patients, in comparison to usual protocols.

**Methods:** Randomized, controlled, double-blind, parallel clinical trial comparing 2 arms, multicenter study in overweight/obese patients with a 12-month follow-up. Patients were randomized into two groups: Intervention in Primary Care Centers with a telematic platform support (G1) and a control group (G2). Variables were collected: Weight, height, BMI, waist circumference, lipid parameters, blood pressure and glycemia. After the interventions were conducted, indicators of clinical relevance were studied, i.e.; relative risk (RR), absolute risk reduction (ARR), relative risk reduction (RRR) and number needed to treat (NNT) both by intention to treat and by biological efficacy.

**Results:** 116 patients were included in the study where 61 were randomized to Group 1 and 55 to Group 2. 58.6% of the study population were women and 41.4% were men. Patients' weight in both groups descended in each of the visits, observing an overall average weight reduction at the end of the study of 3.06 kg, being 4.3 kg in Group 1 and 1.8 kg in the control group. Regarding of clinically relevant parameters were G1 versus G2: RR, 1.21 to 3.57; RRR, 21.3 to 256.8; ARR, 8.7 to 42.4, and NNT, 3 to 12.

**Conclusions:** Both groups were able to reduce the weight while the group with the telemedicine support based on Medtep digital platform showed significant differences.

## Oral Communication

### MEDITERRANEAN DIET BETTER ADHERENCE BY DIGITAL INTERVENTION (MEDADIS STUDY) ON OVERWEIGHT AND OBESE PATIENTS

Josefa Panisello

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**Objective:** To evaluate the impact of based behavioral interventions delivered by digital platform to increase adherence to Mediterranean diet and physical activity in overweight or obese patients detected by laboral health service.

**Methods:** Randomized, controlled, double-blind, parallel clinical trial comparing 2 arms, multicenter study in overweight and obese patients with a 12-month follow-up. Patients were randomized into two groups: Intervention in Primary Care Centers with a telematic platform support (G2) and a control group that was allowed to evolve under normal conditions (G1). Variables were collected: Weight, height, BMI, waist circumference, lipid parameters, blood pressure and glycemia.

**Results:** 120 patients were included in the study where 60 were randomized to Group 2 and 60 to Group 1. 58.6% of the study population were women and 41.4% were men. In the intervention group, the subjects reduced their weight by an average of 6.5 kg, while the control group increased slightly more than 1.5 kg. It is observed that total cholesterol was reduced in both groups. On the other hand Triglycerides were significantly reduced more in the study group, without achieving significant differences in the control group ( $p = 0.710$ ). HDL cholesterol was increased in both groups.

**Conclusion:** With a simple follow-up of both diet and physical activity through a telemedicine portal that can be easily accessed with a Smartphone, not only is it possible to stop gaining weight (+ 1,5 kg), but reduce it (-6.6 kg), thus preventing the serious consequences of obesity in the very near future.

## Oral Communication

### THE EFFECT OF SHORT INTERVIEW TECHNIQUE IN TYPE 2 DIABETIC PATIENTS IN PRIMARY CARE IN TURKEY - RANDOMIZED CONTROLLED TRIAL

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**Introduction:** Chronic illness like type2 diabetes is an important problem not only primary care but also every steps of the health care. In Turkey the prevalence of type 2 diabetes is 13,7% according to TURDEP and according to WHO the prevalence of type2 diabetes is 8,5%. The medical treatment is useful for decreasing HbA1c levels about 0,5-1,5%. The life style changes decreased HbA1c about 1,5-2% for changing life style the psychicans can use fear, rules, empathy, short interviews which includes empathy.

**Objective:** The aim of this study is to develop diet and exercise regimens in type2 diabetic patients. This study designed for the primary care practitioners and chronic care.

**Method:** A randomized control trial. The form for the short interview designed at duration of 10 months. Literature search for 6 months, patient interviews with supervisor for 3 months, patient interviews with voice record supervision at primary care for 1 month. Time of the study was 6 months and every patient followed for 3 months. The primary outcomes of our

study are, increasing 1300steps/one week mean, increasing EPAQ2 levels up to category 2 and decreasing 300 kcal/day. In interview group there were 3/4 interviews planned.

**Results:** At the beginning there were 217 patients, after the drop outs there were 79 patients at control group and 84 patients at intervention group. In our study the motivational short interview technique found effective for *primer targets* both increasing EPAQ2 levels ( $p < 0,01$ ) and increasing 1300 pedometer/day ( $p < 0,001$ ). At *secondary targets* the study is significantly effective with  $p < 0,01$  at MDDQ self efficacy subscale, motivational scale self efficacy for exercise and diet, eating frequencies in a day, weight and BMI.

One slide - 5 minutes presentation

## CONTINUOUS GLUCOSE MONITORING IN PATIENTS WITH DIABETES MELLITUS TYPE 2

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**Introduction:** The key to optimal diabetes management is tight glucose control. In cases of unrecognized hypoglycemia, confusing nighttime events or in cases of large variations in blood glucose, a haemoglobin A1c can not detect specific movement of blood glucose. Continuous glucose monitoring (CGM) provides informations of glucose levels in a real-time format and can help in situations that require detailed information about blood glucose fluctuations.

**Objective:** Our aim is to analyse the benefit of tracking patterns of glucose values by using continuous glucose monitoring (CGM) in patients with T2DM in family medicine office. We also aim to answer if it helps to facilitate adjustments in therapy to improve control.

**Methods:** A total of 20 family physicians from four Croatian regions will recruit up to five T2DM patients of both sexes from May 2016 till the end of January 2017, diagnosed at least one year prior to study entry, aged  $\geq 40$  years, with no insulin in therapy and with clinical suspicion of hypoglycemia or with disproportion in actual glycemia na haemoglobin A1c findings. While having CGM device all patient will keep six day diary with four daily standard home blood glucose monitoring. Sociodemographic data, along with clinical data and habits will be collected.

**Results:** The study will include total of 100 patients with T2DM treated in family medicine and provide us the detailed data on glucose excursions with episodes of hyperglycemia and hypoglycemia and the impact of lifestyle modifications on glycemic control.

One slide - 5 minutes presentation

## CHARCOT FOOT IN PRIMARY CARE SETTING: A CASE REPORT

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**Introduction:** Family doctors involved in the management of patients with diabetes are likely to encounter diagnostic and treatment challenges of Charcot foot. Early diagnosis and treatment helps prevent deformity, decreased function and eventually amputation.

**Objective:** To review essential aspects of the diagnosis and management of the Charcot foot and to address the importance of communication and educational programs for therapeutic success.

**Methods:** Pubmed advanced search using the terms MeSH "Charcot foot" and "Diabetes mellitus", limited to publications of the last 10 years.

**Results:** The present case concerns a 66 year-old woman, which comes to the family doctor due to an infected ulcer of the 3rd left toe that arose after an incident at pedicure.

Medical history: type 2 diabetes mellitus with generally suboptimal glycaemic control, diabetic retinopathy, Charcot's neuropathy, hypertension and colorectal adenocarcinoma (2010). There have been several interurrences derived from the Charcot foot syndrome, with episodes of ulcers of the affected limb. The last episode was in November 2016, despite the trauma that caused the wound, the patient presented worse metabolic control at that time. It was instituted treatment with ciprofloxacin and antimicrobial absorbent dressings, with complete resolution of the ulcer within 1 month.

Effective management of patients with diabetes can reduce the associated complications. It is fundamental to have a good patient-physician communication, regular appointments and educational programs. The examination of the foot in each appointment and the self-care of the feet are essential for early detection of diabetic foot and its complications.

One slide - 5 minutes presentation

## LIRAGLUTIDE IN THE MANANGEMENT OF OBESITY – EVIDENCE-BASED REVIEW

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**Introduction:** Obesity is associated with multiple comorbidities and increased mortality. The glucagon-like peptide 1 receptor agonist liraglutide, primarily used for glycaemic control, at a daily subcutaneous dose of 3.0 mg, has recently been approved for weight management in the United States, Canada and Europe.

**Objective:** Review available evidence about efficacy and safety of liraglutide in overweight and obesity management, in diabetic or non-diabetic populations ( $\geq 18$  years).

**Methods:** Research of clinical guidelines (CG), meta-analysis (MA), systematic reviews (SR), randomized controlled trials (RCT) and original studies in the databases Pubmed, Cochrane Library, National Guideline Clearinghouse, Scielo and Trip Database (December 2016), published in the last 10 years. MeSH terms "liraglutide" and "obesity" and the terms "overweight" and "weight loss" were used. The Strenght of Recommendation Taxonomy scale of the American Family Physician was used to assign levels of evidence and recommendation forces.

**Results:** 104 articles were obtained of which 26 were selected: 1 CG, 1 MA, 14 RS, 6 RCT, 3 prospective and 1 retrospective studies. Liraglutide can increase weight loss among overweight and obese patients, with or without type 2 diabetes, with daily doses of 1.2-3.0 mg, in addition to lifestyle modifications (SOR B); a higher proportion of patients experienced 5% and 10% weight loss from baseline compared with placebo and orlistat (SOR B). Liraglutide has a potential benefit among overweight and obese patients with prediabetes and women with polycystic ovary syndrome. Gastrointestinal adverse effects are relatively

common with the high dose of liraglutide; cost and inconvenience of subcutaneous injections may be disadvantages. Larger and more robust studies are needed to evaluate longer-term efficacy and safety.

## Oral Communication

### DOES INADEQUATE OR INSUFFICIENT PRESCRIPTIONS DETERMINE THE PROGRESS OF DIABETIC PATIENTS?

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**Introduction:** Inadequate or insufficient prescriptions have been tested in elderly patients who meet the STOPP/START criteria. We hypothesize diabetic patients with non-optimal treatments will have poor progression, increased use of healthcare services and mortality rate.

**Objective:** To assess if inadequate or insufficient prescriptions, according to STOPP/START standards, are associated with worse metabolic control and increases in: hospital admissions, affected target organs, and mortality.

**Methods:** A retrospective cohort 9-year study (2007-2015) with 315 adult diabetic patients at a health center. Utilizing the STOPP/START specifications for each annual period, counting them per patient and year.

**Results:** Mean age of 73.8 years, 54% female. With time, patients develop more STOPP criteria (25.7% have >1 STOPP in 2007 compared to 29.5% in 2015) or START (10.0% to 11.8% respectively).

Women have more criteria STOPP (1.26 to 1.42, compared with men 0.65 to 0.81) and drug consumption (10.8 to 12.6, men 7.6 to 9.1), but not more START.

Older patients have increased STOPP-START criteria (in 2015, 70.1 years saw 0-1 STOPP, 76.4 saw  $\geq 2$  STOPP).

Positive correlation between drugs and STOPP-START criteria ( $\geq 2$  STOPP = 13.6-15.6, 0-1 STOPP = 7.52-9.45).

Deaths have more STOPP-START criteria and increased drug treatments the year prior to death. Chronic nephropathy and ischemic heart disease have more drugs and more STOPP, but not more START criteria.

No relationship between the number of STOPP/START criteria and the average visits to General Practitioner, HbA1c, cholesterol-LDL, nor hospital admissions.

**Conclusions:** Diabetics with more STOPP-START standards consume more drugs and have a higher mortality rate, including higher rates of chronic nephropathy and ischemic heart disease. However, we did not detect an increased use of services.

## One slide - 5 minutes presentation

### THERAPEUTIC EDUCATION OF PATIENT WITH TYPE 2 DIABETES IN GENERAL PRACTICE

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Therapeutic patient education is one of the components of good quality of diabetes care in general practice. It focuses on combination of patient teaching with pharmacological treatment that improves outcomes. The aim - to compare the effectiveness of methods of patient education in diabetes.

**Methods:** We compared 2 methods of self-control teaching of patients with type 2 diabetes: traditional method with structured program among 536 patients (age  $50 \pm 2,8$  years), and a new interactive method with 4 game-maps, developed by European IDF (2008) among 255 patients (age  $52 \pm 3,1$  years). The effectiveness of methods was assessed by survey and medical indexes. Statistical analysis was performed using Excel 2007.

**Results:** The experience of teaching using traditional method showed that passive perception of knowledge makes middle efficiency to patient compliance with recommendations, survival of knowledge was rather low - 10-15 %, medical indexes had no significant changes. The use of interactive game cards by "ping-pong" system under management of supervisor allowed to involve all patients in learning process, to share their experience of self-control diabetes. After this the survey showed that patients were more interested and motivated to participate in diabetes self-control, which resulted in better understanding goals of treatment and level of knowledge. It was followed by further improving their medical indexes (significant reduction in levels of glucose, glycated hemoglobin, lipids, blood pressure), improving control of lower limbs, kidney and eyes.

**Conclusions:** Therapeutic diabetes education with interactive game cards, developed by the European IDF (2008) is more effective in contrast to traditional method that was proved by better level of knowledge, compliance and medical indexes of patients

## Oral Communication

### CHRONIC PAIN IN PATIENTS WITH TYPE 2 DIABETES: A CROSS-SECTIONAL STUDY IN PRIMARY CARE

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**Introduction:** Chronic pain makes diabetes self-management much more difficult and has been shown to interfere with sleep, physical functioning, work, family relationships, mood, and quality of life.

**Objective:** This work aimed to evaluate chronic pain in patients with type 2 diabetes and to analyze its determinants.

**Methods:** Chronic pain was evaluated using the Portuguese version of the Brief Pain Inventory (short-form) in 48 individuals with type 2 diabetes (30 women;  $63.21 \pm 7.17$  years of age) candidates to *Diabetes em Movimento*<sup>®</sup>, a community-based lifestyle intervention program developed in Vila Real, Portugal (NCT02631902).

**Results:** Proportion of individuals with chronic pain was 75%. On those who reported pain the most painful areas were shoulders (22.2 %), knees (19.4 %), cervical spine (16.7 %), lumbar spine (16.7 %) and feet (11.1 %). Significant differences in chronic pain proportions were identified between genders (women, 86.67 % vs. men, 55.56 %;  $p = 0.016$ ) and different levels of diabetes duration (< 5 years, 64.29 % vs.  $\geq 5$  years, 90.00 %;  $p = 0.043$ ). No

significant differences were observed between different levels of age (< 65 years, 75 % vs. ≥ 65 years, 75%; p = 1.000), HbA1c (< 7 %, 77.78 % vs. ≥ 7 %, 66.67 %; p = 0.441), and BMI (< 30 kg/m<sup>2</sup>, 68.00 % vs. ≥ 30 kg/m<sup>2</sup>, 82.61 %; p = 0.243).

**Conclusions:** The proportion of patients with type 2 diabetes that report chronic pain is alarming. Female gender and higher diabetes duration seem the most important risk factors.

One slide - 5 minutes presentation

**HBA1C: 17,3?**

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**Introduction:** As one of the most common chronic diseases, diabetes and its control are affected by the patients' psychological condition. Extraversion and conscientiousness can help control blood sugar while anxiety and negative emotions have detrimental effects on glycemic control. HbA1c variability may also be a predictor of CVD incidence and all-cause mortality in type 2 diabetes patients.

**Objective:** 54 years old woman was hospitalised as pneumonia diagnosis. She was diagnosed as DM for approximately 3 years ago but she couldn't use metformin properly. Blood glucose: 433mg/dl, GGT:85 UL, TRG:390 mg/dl, CRP:13,5 mg/dl, HbA1C:17,3%. Insulin therapy began and inspection of end-organ damage has been managed. Her affect was depressed but she couldn't answer Beck-Depression Test.

**Methods:** She was literate and was living with her family in a rural part of city. Diabetes and insulin therapy education has been given her. Before she was discharged from hospital, her family invited to the hospital to consider her chronic disease and management of treatment.

**Results:** Extraversion and conscientiousness can help control blood sugar while anxiety and negative emotions have detrimental effects on glycemic control. Lifestyle interventions significantly can improve fasting plasma glucose, HbA1c, fasting insulin, homeostasis model assessment-estimated insulin resistance. To consider patients' psychological conditions such as anxiety and/or depression beside chronic diseases' interventions may help better treatment. Chronic disease management should be organised with patient and/or caregivers and/or the ones who are cared by the follow-up of primary care.

Oral Communication

**EARLY AND MENOPAUSAL WEIGHT GAIN, AND THEIR RELATIONS WITH DIABETES AND HYPERTENSION**

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**Background:** Previous (4-8 years long) studies found relations between weight gain and metabolic diseases developed later. We aimed collecting decades long, often life-long anthropometric data for better comparison of this relation.

**Methods:** A retrospective international study was planned and organized to compare data of self-recorded lifelong weight gain of persons between 60y-70y, to analyze its correlation with developed metabolic diseases, with special attention to women's weight gain around pregnancy, delivery and menopause within primary care settings in Germany, Hungary, Italy, Slovakia and Ukraine.

**Results and discussion:** There were 815 participants recruited (286 men/447 women) of them presented completely all the required data. The weight and BMI of the whole study population increased till their seventies, less after their fifties. Changes over decades were higher among patients with hypertension than within "healthy" group. Weight increase in the first decades (20-30y by men, 30-40y by women) was a significant risk factor for the development of diabetes (OR=1.49; p =0.017;95%;CI:1.07-2.08). Significantly higher weight gains were recorded in the last decade before diabetes has been diagnosed. Among patients with diabetes and hypertension, both diagnoses were set up earlier, than by patients with one morbidity.

By females, weight increases around delivery and menopause correlated significantly with higher odds for the diagnoses of diabetes and/or hypertension, without significant correlations with the numbers of children.

**Conclusions:** Primary care physicians during their decade-long contact with their patients are expected to identify the weight gain of the patients still in their early decades and provide intervention, if necessary.

One slide - 5 minutes presentation

## EVALUATION OF PREVALENCE AND SEVERITY OF SEXUAL DYSFUNCTION IN PATIENTS WITH DIABETES TYPE II

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**Introduction:** Diabetes constitutes the most common cause of erectile disorder, resulting in 28% of patients presenting for erectile disorders being diabetics, 51% of diabetics to develop erection problems, while in combination with hypertension, the percentage approaches 78%. Basic etiopathogenic role play the diabetic angiopathy and neuropathy.

**Objective:** The aim of this study is to evaluate the severity of erectile disorder in diabetic men and establish a possible difference in its prevalence between the two genders.

**Methods:** We studied diabetics who visited the Health center of Agia Barbara in Heraklion-Crete for their regular medical prescription, laboratory exams or dysregulation of diabetes and medical intervention.

The Female Sexual Functioning Index (FSFI) and the International Index of Erectile Function (IIEF), were calculated with use of questionnaires for evaluating female and male sexual function respectively.

**Results:** 210 diabetics were studied, 108 women and 102 men, with average age  $65,8 \pm 10,4$  years. Sexual dysfunction was present in 79,6% of men, and 21,3% of women ( $p=0,04$ ). Regarding men, 46% developed serious, 15% medium and 39% mild erectile dysfunction. Sexual dysfunction is present in the majority of diabetics, and prevalence differs statistically significantly in favor of men. It is interesting that half of men with Diabetes who develop erectile dysfunction present serious impairment, to the contrary to what is observed in other diseases that consist cardiovascular risk factors, where erectile dysfunction is mild. This conclusion probably points out other factors apart from atherosclerosis which coexist in diabetics and contribute to the more severe form of dysfunction, a fact that has to be studied in the future.

One slide - 5 minutes presentation

## HOW THE ECONOMIC CRISIS IN GREECE INFLUENCED THE ALIMENTARY HABITS OF DIABETIC PATIENTS

Theodoros Vasilopoulos<sup>1)</sup>, Dionysios Varthalis<sup>1)</sup>, Georgia Arseni<sup>1)</sup>, Paraskevi Zampakidou<sup>2)</sup>, Dimitrios Vasilakis<sup>1)</sup>, Panagiotis Kottaras<sup>1)</sup>

<sup>1)</sup>Health center of Agia Barbara, Herakleion Crete, Greece

<sup>2)</sup>Venizeleio G. Hospital, Herakleion Crete, Greece

**Introduction:** Proper diet for diabetics constitutes fundamental step in their treatment, however their compliance remains unsatisfying, while the new economic situation contributes to its quality reduction.

**Objective:** The estimation of alimentary habits of type 2 Diabetes patients, who presented for examination during the first semester of 2016, and how they were influenced by the economic crisis experienced in our country.

**Method:** We studied 282 diabetics, aged 40-79 years, 178 men and 104 women. They answered a structured questionnaire regarding their alimentary habits.

**Results:** Olive oil constitutes basic element of diet because of local production. 38% mainly unemployed or third-age pensioners, consumed white bread. 62,8% take breakfast. 74,1% consumed dairy daily and 63,6% fruit/vegetables. 24,7% cultivate products themselves, while 45,4% were supplied products of doubtful quality because of low price. 41,2% consumed meat 1-2 times/week, mainly chicken and pork, while 39,3% fish. 34,7% consumed legume 1-2 times/week, while 46,9% used >2 times/week pasta –potatoes. 71 patients of third age because of bad oral hygiene or other gastrointestinal problems, consumed tea, dairy products, bread and soft foods daily. The last months, 76 diabetics aged 40-50 years, consumed weekly junk food, because it was cheaper compared to homemade. 34 unemployed or elder received regularly food (fried or sauces) as sidedish to alcohol in local cafes.

The majority of diabetics even today follow the Mediterranean healthy diet. However in the last period the new economic reality in Greece has influenced the age-group of 40-50 years and the diet of individuals of third age.

Oral Communication

## EVALUATION OF THE EMPOWERMENT LEVELS OF TYPE 2 DIABETES PATIENTS SEEN IN AN OUTPATIENT DIABETES CLINIC OF A UNIVERSITY HOSPITAL

Tuğrul Bıyıklıoğlu, Mehmet Ugan

*Ankara University School of Medicine, Department of Family Medicine, Ankara, Turkey*

**Introduction:** Management of chronic diseases is one of the most important challenges that health care systems are facing today. Patient empowerment is proposed as an effective solution for challenges caused by chronic diseases via promoting self-management and self-care activities, particularly in diabetes. However, especially in Turkey, the concept is not assessed thoroughly.

**Objective:** Aim of this study is to assess the empowerment levels of type 2 diabetes patients (T2DM) seen in outpatient diabetes clinic of a university hospital, and evaluate the relation between empowerment levels and clinical outcomes.

**Method:** This descriptive study included T2DM patients between 30-65 years of age and at least 1 year of disease duration without severe mental disorders, cognitive impairment, and dementia. Study setting is the outpatient diabetes clinic of a university hospital.

Questionnaires were conducted to assess socio-demographic data, diabetes related specifics and empowerment levels of the patients. Following clinical parameters were identified; BMI, waist circumference, waist-hip ratio, HbA1c, blood lipid profile and status of diabetes complications.

**Result:** 248 T2DM patients were included in the study. Empowerment levels were higher in patients with “HbA1c  $\leq 7\%$ ” than in patients with “HbA1c  $> 7\%$ ” ( $p=0,03$ ). There were no significant differences in empowerment levels regarding BMI, waist circumference, waist-hip ratio, blood lipid profile and diabetes complications. Patients attended a diabetes education program had higher empowerment levels compared to patients who did not attend a diabetes education program ( $p<0,001$ ). Empowerment levels were higher in patients who had higher education ( $p<0,001$ ), and patients who had higher income ( $p=0,004$ ).

## Oral Communication

### EVALUATION OF LIPID MANAGEMENT IN PATIENTS WITH TYPE 2 DIABETES

Vitor Esteves<sup>1)</sup>, Melanie Ferro<sup>2)</sup>

<sup>1)</sup>*USF Buarcos, Figueira da Foz, Portugal*

<sup>2)</sup>*UCSP Montemoe-O-Velho, Montemor-O-Velho, Portugal*

**Background:** Dyslipidemia is one of the major risk factors for cardiovascular disease in type 2 diabetes mellitus (T2DM). Management of diabetic dyslipidemia is essential to prevent cardiovascular disease CVD in these patients. Diabetic dyslipidemia is characterized by high low-density lipoprotein cholesterol (LDL) levels, high triglyceride levels and low high-density lipoprotein cholesterol (HDL) levels. In this study we aimed to evaluate the degree of control of dyslipidemia in patients with T2DM in primary care.

**Methods:** Cohort study including patients with T2DM followed by two physicians in a primary care setting. Patients were grouped by SCORE risk (Very High/High) and classified according to the following criteria: proper control of dyslipidemia (LDL $<70$ /LDL  $<100$ mg/dl) or poor control of dyslipidemia (LDL $>70$ /LDL $>100$  mg/dl. Data about lipid lowering drugs was also collected.

**Results:** 165 patients were included, with a mean age of  $60.2 \pm 7.9$  years (59.7% women). Using the control criteria, we were able to identify that 36% of patients with very high SCORE value had proper control of dyslipidemia and 49% of patients with high SCORE value had

proper control of dyslipidemia. Associated lipid-lowering treatment was present in 94% of patients in the very high SCORE value group and 81% in the high SCORE value group.

**Conclusions:** Treatment goals for diabetic dyslipidemia must be given equal importance and be as aggressive as those for hyperglycemia. Although the high rate prescription of lipid lowering therapy, a significant percentage of patients do not achieve recommended lipid goals. The goal of initiating drug therapy should be to achieve optimal levels of LDL levels to prevent CV events.

### 3.06. Genito-urinary problems

#### Oral Communication

#### ERECTILE DYSFUNCTION AND CARDIOVASCULAR RISK FACTORS IN PRIMARY CARE

Engya-Anikó Jakab, Remus Sebastian Şipos

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**Introduction:** Erectile dysfunction (ED) is defined as the inability of the male to attain and maintain an erect penis with sufficient rigidity at a sufficient level to permit satisfactory sexual intercourse.(1) ED has been associated with cardiovascular risk factors such as hypertension, hyperlipidemia, diabetes mellitus and smoking. The aim of this study is to highlight the positive relation between ED and cardiovascular risk factors, and to prove the importance of this condition which can be evaluated in primary care practice.

**Material and method:** It is a retrospective study collecting data from 2005 to 2014. The analysis sample consisted of 1385 patients with erectile dysfunction. The collected information includes cardiovascular risk factors like hypertension, hyperlipidemia, diabetes mellitus, age and smoking.

**Results:** The study group consists of patients aged between 18-86 years. In the age group 18-60 the distribution of patients was approximately equal. The majority of cases were from urban area 70.3%. 70.8% of them were diagnosed with hypertension, 35.23% with dyslipidemia, 20.5% with diabetes and 33.6% were smoking. 74.59% of the patients with dyslipidemia and 60.21% with diabetes were newly diagnosed. A high proportion, 73.3%, stopped smoking after the diagnosis of ED.

**Conclusions:** ED is common at all ages and must be evaluated in primary care practice. Patients with ED had in different proportion hypertension, dyslipidemia and diabetes. ED had a better influence on stopping tobacco use. The early detection and optimal management of erectile dysfunction can improve cardiovascular health by reducing the cardiovascular risk.

1. Journal of Interdisciplinary Medicine 2016;1(1):18-22

#### One slide - 5 minutes presentation

#### THE GENERAL PRACTITIONER FACING NEPHROLITHIASIS

Susanne Folschette-Tomaszewski

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The picture of urinary calculi is becoming increasingly important globally and is omnipresent in the everyday practice of general practitioners (GPs). Its treatment and prevention requires adequate and continuous patient care. However, clear and applicable guidance for GPs on how to approach this disease is lacking.

The aim of the paper on which the presentation is based, is the creation of a guideline which allows the GP to offer appropriate care to his urinary stone patient.

This paper is based on a literature review on the subject of nephrolithiasis in the field of general medicine.

Literature unequivocally shows a global, steady increase in the incidence and prevalence of nephrolithiasis. Based on new guidelines from the German "Akademie der Deutschen Urologen" (2015) and the "European Association of Urology" (2015), options for diagnosis, therapy and relapse prevention (metaphylaxis) are explained. Detailed information on each type of urinary stone is provided to outline the underlying pathogenesis of individual stone types and for the initiation of an adapted diagnostic-therapeutic process.

It is shown that the GP has many possibilities to deal with the pathology actively and successfully by applying care continuously and persistently via adapted diagnostics, the explanation to and motivation of the patient to prevent a stone recurrence using dietary- and lifestyle changes and individually tailored drug therapy. Patient-friendly instruction leaflets enable implementing dietary recommendations in everyday life. The paper concludes to improve specialist-GP coordination and to revisit the issue of aftercare of nephrolithiasis in more detail.

## Oral Communication

### MANAGING LOWER URINARY TRACT SYMPTOMS IN PRIMARY CARE

Ana Beatriz Figueiredo<sup>1,2)</sup>, Carla Rodrigues<sup>3,2)</sup>, Manuel Gonçalves<sup>4)</sup>, Sibila Amaral<sup>4)</sup>, Sara Rocha<sup>5,2)</sup>

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**Background:** Lower urinary tract symptoms (LUTS) are one of the main reasons for seeking a primary care consultation amongst men, due to their considerable impact on the quality of life. An aging population and an increase in the average life expectancy predict a demand for better medical care regarding LUTS.

LUTS can be divided into two categories: storage symptoms (urinary urgency, pollakiuria and nocturia) and obstructive symptoms (hesitation, thin, weak, incomplete, leaky or interrupted voiding). In relation to their severity, these symptoms can be quantified in accordance with a validated questionnaire: the International Prostatic Symptom Score. The treatment of the underlying bladder or prostate condition includes conservative and medical approaches that should be provided according to an algorithm.

**Aim:** To provide a practical primary care oriented approach to the management of LUTS.

**Methods:** The session will start with a brief presentation of the intervenients and then proceed to the exposition of contents:

- Define the workshop objectives and purpose (5 minutes);
- Definition, classification and assessment of LUTS (15 minutes);

- Available treatment, efficacy and recommendations (10 minutes);
- When to refer to secondary care - Urology (5 minutes);
- Examples of case reports: benign prostatic obstruction, prostatitis, ureteral stone, bladder cancer, etc (15 minutes);
- Brief discussion regarding doubts and difficulties (5 minutes);
- Review strategies and present key points/ take home messages (5 minutes).

**Results and conclusions:** The present workshop aims to promote a practical approach to the management of LUTS. Participants are expected to feel confident about the management of LUTS in their daily consultations by the end of the workshop.

### One slide - 5 minutes presentation

### OUTPATIENT ANTIBIOTIC CONSUMPTION FOR URINARY INFECTIONS IN CROATIA 2005 2014: CHANGES IN PRESCRIBING PRACTICE AND ANTIBIOTIC RESISTANCE PRELIMINARY RESULTS

Željko Vojvodić<sup>1</sup>, Danijela Daus Šebek<sup>2</sup>

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<sup>2</sup>Family Practice "Danijela Daus Šebek, dr med" Podvinje, Podvinje, Slavonski Brod, Croatia

**Introduction:** Overall antibiotic utilization in Croatia is high (23,51 DDD TID in 2014). The development of antimicrobial resistance complicates treatment of all common infections in primary care.

**Objectives:** The primary aim was to determine quantities of antibacterial utilization for urinary infections in Croatia between 2005 and 2014, and to compare them with utilization in several neighbouring countries. Utilization trends were compared with frequencies of antibiotic resistance of most the important uropathogens.

**Methods:** Antibiotic utilization data were obtained from annual reports of both Croatian Drug Agency (data source from pharmacies, hospital and outpatient use) and Croatian Academy of Medical Sciences (a participant in EARSS and ESAC projects, data source from wholesale suppliers). Antibiotic consumption was expressed in ATC DDD rates (DDD/1000 inhabitants/ day, DDD TID), and microbial resistance for six pathogens (*E. coli*, *E. faecalis*, *E. faecium*, *P. aeruginosa*, *Klebsiella spp.*, *P. mirabilis*) in percentages of unsusceptible isolates, obtained from the network of laboratories throughout the country, according to the EARSS standardizing methodology.

**Preliminary results:** Utilization of antibacterials for urinary infections decreased by 4,8% - from 3,35 DDD TID in 2005 to 3,19 DDD TID in 2014, while trends of individual agents varied substantially - from 87% decline for ceftibuten to 160% rise for levofloxacin. Consumption of quinolones as a group increased by 32,3%, mostly at the expense of ciprofloxacin - by 144%. Sulfamethoxazole trimethoprim use was reduced by 57%, nitrofurantoin increased by 86%. Antimicrobial resistance of *E. coli* increased against quinolones by 54.5%, and against nitrofurantoin by 2-3%. Quinolone resistance of other pathogens (*Klebsiella spp.*, *Proteus mirabilis*), increased variably - between 17.2% (*Klebsiella*) and 90% (*Proteus*), while for *P. aeruginosa* remained at 22%.

## Oral Communication

### THE PREVALENCE OF URINARY INCONTINENCE AND BARRIERS TO HEALTH SEEKING BEHAVIOUR IN WOMEN ABOVE 45 WITH CHRONIC DISEASES IN SINGAPORE

Jietong Lim, Pei Lin Hu, Duo-ying Cheng, Ruiting Chen, Cheryl Lim, Audrey Lim, Shu Fen Lim, Meera Ravindran, Sangeeta Kaur Sekhon, Adrian Tan, Sinead Wang  
*Singhealth Polyclinics, Singapore, Singapore*

**Introduction:** Urinary incontinence (UI) is a common condition with a female predominance. The Singapore Continence Society estimates UI prevalence amongst community-dwelling women to be 30%; fewer than half of the affected seek help. Timely diagnosis and treatment of reversible causes can maintain dignity and prevent long-term consequences.

**Objectives:** Our primary aim was to determine the prevalence of UI amongst older women with comorbidities. The secondary aims were to identify common presenting symptoms, factors associated with UI, and its health impact.

**Methods:** We conducted a cross-sectional study of women aged  $\geq 45$  yrs attending SingHealth Polyclinics for chronic disease. An interviewer-administered questionnaire was performed, incorporating the International Consultation on Incontinence Modular Questionnaire (ICIQ). Patients scoring  $\geq 1$  on the ICIQ were classified as having UI.

**Results:** 413 women (aged  $66.3 \pm 13.4$  years) were recruited in May 2016. The prevalence of UI was 54.6% (mean ICIQ score  $5.9 \pm 3.6$ ), of whom 63 (27.9%) and 21 (9.3%) experienced moderate UI (ICIQ score 6-12) and severe UI (ICIQ score  $\geq 13$ ) respectively. 71 (31.4%) women required protection for urine leakage. The commonest type of UI was stress UI (45.6%). On multivariate analysis, prior stroke was associated with UI (OR 4.56,  $p=0.054$ ). Calcium channel blocker use was protective (OR 0.622,  $p=0.026$ ). 84 (37.1%) women reported that UI had adversely impacted their life. However, only 38 women (16.8%) had ever reported their UI symptoms to a doctor. Top reasons for not seeking professional help were: not thinking their condition was serious (64.6%), and assuming UI was a normal part of aging (27.9%).

## One slide - 5 minutes presentation

### BENIGN PROSTATIC HYPERPLASIA - THE ROLE OF PROSTATE SPECIFIC ANTIGEN TESTING

Raquel Carmona Ramos, Margarida Gil Conde  
*USF Vasco da Gama, Lisboa, Portugal*

**Introduction:** Benign prostatic hyperplasia (BPH) is the most common benign neoplasm in aging male therefore it constitutes a highly prevalent pathology in General Practice consults. Formerly the diagnostic approach to lower urinary tract symptoms (LUTS), which are the main feature of BPH, started by detecting the level of the prostate specific antigen (PSA) and according to the levels encountered the management, would be adjusted.

Nowadays the role of PSA has become controversial and less clear and creates a difficulty in the diagnosis and management of BPH according to Evidence Based Medicine.

**Objective:** To determine the guidelines for diagnosis and management of Benign Prostatic Hyperplasia and the role of PSA testing in this approach.

**Methods:** Systematic review of the most updated evidence concerning benign prostatic hyperplasia including original studies, reviews and existing guidelines.

**Results:** The diagnostic approach to BPH is primarily based on history of symptoms and physical examination with rectal examination being the first option.

In a secondary step it is important to exclude the possibility of cancer which leads us to conflicting results and recommendations regarding the need for PSA testing. Besides the aforementioned contradictions there was consensus in which there is no place for PSA testing in BPH follow-up leaving as main indicator of adequate management the evaluation of symptoms and urinary flow.

One slide - 5 minutes presentation

## WHEN LUTS DOESN'T REALLY MEAN BHP - A CASE REPORT

Pedro Cardoso Ferreira, Diana Jardim, David Costa

*Unidade de Saúde Familiar Dunas - Unidade Local de Saúde de Matosinhos, Matosinhos, Oporto, Portugal*

**Framing:** Benign Prostate Hyperplasia (BHP) is the main etiology of lower urinary tract symptoms (LUTS). It is often to see the association with depressive or anxious frames.

**Description:** 52 years old, married man. Ex-smoker; Dyslipidemia. Patient asked for an appointment with his family physician after a renal colic episode at the ER. It was made an additional study and all the results were normal. After two recurrences of renal colic and also LUTS, renal and prostatic ultrasounds were repeated. Both normal. Due to the maintenance of symptoms, patient asked about the possibility of somatization. He has an history of anxious personality which was exacerbated by smoking cessation. We prescribed sertraline, analgesia in SOS, and scheduled follow-up. On reassessment, he was calm and LUTS were less common. He was oriented to psychotherapy and started tamsulosin. One month later, he asked for an appointment with lower back pain with hypogastric irradiation. He was referred to the ER, where it was detected hydronephrosis with occlusive calculus. He is following-up with urologist and psychologist, under sertraline and alprazolam.

**Discussion:** Liaising with pathologies in an early and undifferentiated stage, a family physician decides based on local epidemiology. Towards the biopsychosocial context, functional symptoms presented themselves as a potential diagnosis. Psychomedicine institution revealed clinical improvement. The unexpected expression of renal colic with confirmed lithiasis took a non-user patient to contact his doctor, after more than four years without appointments.

This case highlights the importance of longitudinal care of patients as a core competence of a family doctor.

### 3.07. Women's health

Oral Communication

## VULVODYNIA IN GENERAL PRACTICE: BREAKING THE VICIOUS CYCLE OF PAIN

Peter Leusink<sup>1)</sup>, Vera Pires da Silva<sup>2)</sup>

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*<sup>2)</sup>Special Interest Group on Women's Health of the Portuguese Association of General Practice and Family Medicine, Lisbon, Portugal*

**Background:** Provoked vulvodynia (PVD) affects woman throughout lifespan and significantly impacts patients' quality of life (QoL). Its etiology is not yet clear but 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 15%, PVD is underdiagnosed in family practice. Studies show that GP's may diagnose a 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 extra medical care.

**Aim of the Workshop:** As clinicians may experience frustration in diagnosing and treating vulvodynia, this workshop aims to provide a basic framework to help identifying, diagnosing and managing PVD in the differential diagnosis of vulvar 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.

## Oral Communication

### LONG-ACTING REVERSIBLE CONTRACEPTION

Raquel Coimbra<sup>1)</sup>, Ana Fraga<sup>2)</sup>, Joana Castro<sup>2)</sup>, Ana Clara Moreira<sup>2)</sup>, Joana Barreira<sup>2)</sup>, Nuno Parente<sup>2)</sup>

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*<sup>2)</sup>USF Viver Mais, Maia, Portugal*

**Background:** Promotion of family planning – and ensuring access to preferred contraceptive methods for women and couples – is essential to securing the well-being and autonomy of women, while supporting the health and development of communities. Primary Care Physicians/General Practitioners (GPs) are uniquely positioned to promote family planning and to help reduce unplanned pregnancy. Long-acting reversible contraceptive methods (LARC) - subdermal implant and intrauterine devices - are highly effective and safe methods. They have the greatest potential to decrease the rate of unintended pregnancy, but have been underused.

**Aim of the workshop:** The authors intend to provide an opportunity for GPs to improve knowledge about these contraceptive methods and also improve their skills by practicing implant and IUD insertion.

**Methods:** The authors will start with a short introduction (15 minutes), about the different methods, the equipment and techniques needed for implantation/insertion and removal of

devices and also the management of side effects of LARC. The remaining time period will be dedicated to a skills lab with hands-on training.

**Results and conclusions:** After participating in this Workshop, GPs should be able to apply clinical evidence regarding eligibility to the use of LARC and also apply the correct techniques to insert and remove LARC devices.

## Oral Communication

### EVALUATION OF RELATIONSHIP BETWEEN HEALTH BELIEF AND BREAST CANCER SCREENING

Meryem Baştürk<sup>1</sup>, Merve Yekta Ateş<sup>1</sup>, Gizem Dağ<sup>1</sup>, Esra Meltem Koç<sup>1</sup>, Melih Kaan Sözmen<sup>2</sup>

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<sup>2</sup>*Katip Celebi University, Faculty of Medicine, Department of Public Health, Cigli/Izmir, Turkey*

**Introduction:** Breast cancer is the most common type of cancer among women. Support and communication can improve compliance to breast cancer screening; however information and support needs of women are not adequately met by health workers. Also health belief defined as application of a healthy lifestyle by taking education or self-learning is another determinant for screening uptake.

**Objective:** The aim of the study is to investigate the relationship between the health beliefs of women on breast cancer screening and the health anxiety.

**Method:** Participants aged 20 years and older who applied to Family Medicine outpatient clinic were included in the study. The questionnaire included socio-demographic properties, The Champion's Health Belief Model Scale and Health Anxiety Scale.

**Results:** The mean age of 87 participants was 42.7±13.2 years, 72.4% were married, 33.3% had an education level of a primary school or lower. Primary school and lower educated patients had significantly higher health anxiety points. Patients who received information and the ones who were willing to receive information about breast cancer had significantly lower seriousness, self-efficacy and mammography barriers scores than their counterparts. Patients with breast cancer in their first-degree relatives have higher seriousness scores. Seriousness (0.329) and motivation (0.325) were weakly correlated with total score of health anxiety. The scores of seriousness and mammography barriers were significantly higher among patients who were ever screened with mammography or breast ultrasound. Scores did not significantly differ by marital status. The study is still going on.

## Oral Communication

### HOW TO DEAL WITH HPV +

Özden Gökdemir<sup>1</sup>, Ülkü Bulut<sup>2</sup>, Ceren Akkol<sup>3</sup>, Seval Yaprak<sup>4</sup>, Nilgün Özçakar<sup>3</sup>

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<sup>4</sup>*Ministry of Health, European Primary Care Sexual and Reproductive Health Group, Konya, Turkey*

**Background:** Human papillomavirus (HPV) is considered a primary cause of uterine cervical cancers. To reduce the incidence of cervical SCC, first step is diagnose and treat SIL through and also to go further co-factors should be discovered. Evaluation of STIs is important to diagnose and treat patients with abnormal cervical cytology.

**Aim of the Workshop:** The objective of the project is to improve clinical care.

**Methods:** We will use an interactive approach for this workshop. Presenters will alternate clinical cases and more theoretical points as medical and the legal parts as also. To manage this issue by protecting time will be held during the workshop.

To manage with the patients who diagnosed as "HPV +" by using cervical screening. Sexual Transmitted Diseases (STDs) and HPV + cases are also part of GPs/FMs daily practice that should not be ignored.

The presentation of the group works;

1. Physicians recognize themselves: What kind of screening program could be used in their country and what about the opportunities and obstacles?
2. Understand the Patient: The health care needs of STDs and HPV + individuals and the duties of primary care
3. How to approach different types of the patients
4. Ethical and legal issues

**Results and Conclusions:** We think that this workshop, specifically will be useful for the GPs/ FMs". The knowledge and skills to deal with patients who are diagnosed as STDs and HPV + to inform patients and GPs/FMs due to giving no harm and not be harmed. This would be an important learning opportunity.

## Oral Communication

### ADEQUACY OF CONTRACEPTIVE METHODS IN WOMEN WITH CARDIOVASCULAR RISK FACTORS IN TWO FAMILY HEALTH UNITS IN PORTUGAL

Melinda Séra<sup>1)</sup>, Annamária Mohácsi<sup>2)</sup>, Ana Lúcia Soares<sup>2)</sup>, Marta Renda<sup>1)</sup>

<sup>1)</sup>USF Lauroé, Loulé, Portugal

<sup>2)</sup>USF Farol, Faro, Portugal

**Introduction:** In some medical conditions the use of some contraceptive methods (CM) increases health risks. The medical eligibility criteria for contraceptive use from the World Health Organization does not recommend the use of combined hormonal contraception (CHC) in women with specific pathologies due to increase in cardiovascular events associated with the use of estrogens.

**Objective:** Evaluate the adequacy of contraceptive methods in women with cardiovascular risk factors (CVRF) in two portuguese family health units.

**Methods:** Observational, retrospective study. Population: women from two family health units, ages [15; 49] with diagnosis of hypertension, diabetes, dyslipidemia and with smoking habits. Exclusion criteria: unmonitored women, pregnancy, menopause.

**Results:** According to the medical eligibility criteria for contraceptive use, 24.9% of 177 women with hypertension, 10.3% of 29 women with diabetes, and 30.7% of 436 women with smoking habits used an inappropriate CM, in this case CHC. Regarding women with dyslipidemia 55.4% of 267 women used CHC.

**Conclusion:** The most commonly used CM in all groups was CHC. The majority of women with CVRF use an inadequate CM. In women with dyslipidemia individual assessment is important.

The main limitation of our study is that it is based on the consultation of clinical records. Verification of the adequacy of CM may allow the identification of cases with inadequate CM and the establishment of the appropriate CM. Changing clinical attitudes may result in better counseling for women with CVRF. It may also delay the onset of complications. By presenting this data we hope to improve the standard of care in these two family health units.

## Oral Communication

### EXPANDING HEALTH CARE ACCESS TO WOMEN: THE AFRICAN VIEW

Randolph Quaye

*Ohio Wesleyan University, Delaware, United States*

The health care systems in developing countries are woefully under-funded, and access to healthcare has been a major problem for African women. In the past decade and half, several African countries have experimented with a nationwide national health insurance with mixed results. In Ghana, the scheme went into effect in 2003. So far as can be ascertained, relatively little research has been done to assess the impact of these systems of health care financing on women's access to health.

**Method:** Drawing upon the most current research and case studies as well as recent work by the author himself, the paper seeks to analyze the implications of the National Health Insurance Scheme (NHIS) on the health status of women.

**Results:** The Ghana Demographic and Health Survey concluded that 39% of women are members of NHIS. The free maternal health care program introduced in 2008 as part of the MDGs expanded coverage to women. Provision of services, including cervical and breast cancer treatments are having positive impact on women. My study suggests that Ghanaians enthusiastically support the scheme and are willing to join and contribute to the system provided they can be guaranteed better quality of care. Several commented on the attitudes of health care providers and argued that greater sensitization should be undertaken to ensure that health care providers are fully integrated into the delivery of health services.

The evidence suggests that Ghana is making strides in incorporating health insurance as a viable system that is in some cases complementary to the already established user-fee mechanism in promoting health of vulnerable groups. The study is limited by its reliance on secondary sources and some observational data. A wider study evaluating the perspectives of current users of NHIS would yield valuable information for evaluating the effectiveness of NHIS in improving the health of women.

## 3.08. Maternal and child health

### Oral Communication

#### BREASTFEEDING: A PRACTICAL WAY TO PROMOTE AND HELP PREGNANT WOMEN IN FOLLOW-UP VISITS

Liliana Castanheira, Ana Carlota Dias

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The health benefits of breastfeeding for infants and mothers are undisputed. Despite this fact, the WHO estimates that fewer than half of newborns are put to the breast within the first hour after birth and even fewer are breastfed exclusively for the first six months of life. This finding illustrates the need to implement strategies to promote and support breastfeeding worldwide. Since Family Physicians are the only doctors who follow women both in prenatal and postnatal care, they are in a special position to promote and support breastfeeding. This is why it is so important to have continuous formation in this area. Apart from the importance of formation, it is also important to define a structured way to deliver the essential information to pregnant in the various stages of pregnancy. Since pre-natal follow up visits have to focus on many aspects of pregnancy it may be hard to identify the correct moment to introduce the different aspects of breastfeeding.

The aim of this workshop is to provide formation about breastfeeding and to establish a practical guide on how to address the topic during follow up visits in pregnancy.

This session will have two parts: the first will be an introduction, and the second will focus on working groups that will think of strategies to address breastfeeding to pregnant women. In the end, we will put together the ideas from the groups to build a practical guide on how to promote breastfeeding during pre-natal follow-up visits in a primary care setting.

**One slide - 5 minutes presentation**

## **THE FAMILY INFLUENCE – A CASE OF AUTISM**

Ana Rita Coutinho, Felisberta Leal  
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**Introduction:** Autism is a chronic neurodevelopment disease characterized by dysfunction on neurologic acquisitions in social interaction, language/communication, thoughts and behavior. Etiology is unknown; formerly associated to emotional factors.

Family doctors must keep a close surveillance of risk families, be aware of typical signs and symptoms and available screening tests, to timely identify the condition and ensure a proper development to functional adults.

**Objective:** To describe a case of autism in a child with risk factors for neurodevelopment conditions, who early started typical behavior abnormalities.

**Case Report:** “Joana” (fictional name), feminine, 3 years old.

Unplanned pregnancy. Mother: 34 years; G7/P5; under methadone for opioid withdrawal. Father: 37 years, drug addicted. Complications: heroin consume (first trimester); violence episodes; preterm labour threat at 25 weeks. Birth: 38 weeks, normal biometry, Apgar 9/10/10.

Joana underwent surveillance with her family doctor according to national protocols. Regular growth and neurodevelopment. No pathologic antecedents.

18 month’s visit: parents were concerned because Joana “had a strange walk”; reference to bizarre behaviors, as spinning on herself, walking on her back; language skills regressed. On examination she showed obvious deficits in socialization and language, as well as abnormal behaviors, as walking with paced and stereotyped movements.

Reassessment, 3 weeks later: Joana kept the behavioral abnormalities. M-CHAT was applied – she failed 9 total items, including 5/6 of the critical items. Referred to the Pediatric Hospital for Development Visit.

She was diagnosed with autism associated with global neurodevelopment impairment. Maintains surveillance; under Risperidone for behavior abnormalities control. Attends a nursery home with special educational needs support; very modest development evolution.

One slide - 5 minutes presentation

## PHYSICAL EXERCISE IN PREGNANCY

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**Introduction:** Exercise is part of many women's lives, however, there are many doubts about their safety during pregnancy.

There should be some precautions due the physiological changes that occur during the pregnancy and the body's hemodynamic response to exercise.

**Objective:** Review of literature about physical exercise in pregnancy.

Identify absolute and relative contraindications to physical exercise practice during pregnancy. Discuss safe sports and those to avoid during pregnancy.

Recognize warning signs that should lead to immediate interruption of the exercise.

**Methods:** Data Sources: PubMed. Eligibility criteria: Randomized controlled trials, review articles and observational studies about exercise in pregnancy written in English or Portuguese.

**E-portal:** The American College of Obstetricians and Gynecologists Guidelines

**Results:** In women without any contraindication to exercise during pregnancy, there are numerous advantages to its performance, namely prevention of overweight, glucose intolerance and pre-eclampsia, among others.

Women with medical or obstetric complications should be evaluated prior to physical exercise.

Oral Communication

## VITAMIN D-LEVELS DURING PREGNANCY AND ASSOCIATIONS WITH BIRTH WEIGHT AND BODY COMPOSITION OF THE NEWBORN: A LONGITUDINAL MULTIETHNIC POPULATION-BASED STUDY

Åse Ruth Eggemoen<sup>1)</sup>, Anne Karen Jenum<sup>1)</sup>, Ibrahimu Mdala<sup>1)</sup>, Kirsten V Knutsen<sup>1)</sup>, Per Lagerløv<sup>1)</sup>, Line Sletner<sup>2)</sup>

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**Introduction and Objective:** We investigated associations between serum-25-hydroxyvitamin D [25(OH)D] in pregnancy and birth weight and other neonatal anthropometric measures.

**Methods:** Population-based, multiethnic cohort study of 823 pregnant women (59% ethnic minorities) attending the Child Health Clinics for antenatal care in Oslo, Norway and their offspring. Birth weight of 719 singletons, neonates born at  $\geq 37$  weeks was measured,

including study representative anthropometric measurements. At gestational weeks (GW) 15 and 28, maternal S-25(OH)D was measured. Ethnicity was categorized according to country of birth and information of explanatory factors was collected. Women with 25(OH)D <37nmol/L at GW 15 were recommended vitamin D<sub>3</sub> supplementation. Maternal 25(OH)D was categorized: consistently deficient, consistently sufficient, increasing and decreasing. Separate linear regression analyses were performed to model the associations between 25(OH)D and each of the outcomes: birth weight, crown-heel length, head circumference, abdominal circumference, sum skin folds, mid-upper-arm circumference and ponderal index. **Results:** In early pregnancy, 51% of the women had 25(OH)D <50 nmol/L. In univariate analyses maternal 25(OH)D in early pregnancy was significantly ( $p < 0.05$  for all) associated with birth weight, crown-heel length, head circumference, abdominal circumference and ponderal index. After adjusting for maternal age, parity, educational level, pre-pregnancy BMI, season, gestational age, neonate gender and ethnicity, 25(OH)D was no longer associated with any of the outcomes. The same was found for those with consistently deficient or sufficient 25(OH)D, and for those which had an increase or decrease in 25(OH)D during pregnancy. **Conclusions:** Maternal 25(OH)D in pregnancy is not associated with birth weight or neonatal anthropometric measures after adjusting for ethnicity.

## Oral Communication

### SCREENING FOR AUTISM SPECTRUM DISORDERS – CONTINUOUS QUALITY IMPROVEMENT

Patrícia Costa<sup>1)</sup>, Rita Nunes<sup>1)</sup>, Anne-Marie Ferreira<sup>1)</sup>, Ana Patrícia Cardoso<sup>2)</sup>, Joana Gonçalves<sup>3)</sup>, Rafael Sousa<sup>4)</sup>, Luís Infante<sup>5)</sup>

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**Introduction:** According to the portuguese “National Child and Youth Health Program”, autism spectrum disorders should be screened between 16 and 30 months of age using a brief questionnaire regarding development and behavior, the Modified Checklist for Autism In Toddlers (M-CHAT). Suspicious quotation can help in the diagnosis of a developmental disorder and allow early referral to a more specialized service.

**Objective:** Introduce screening for autism spectrum disorders; Evaluate the completion of the M-CHAT questionnaire.

**Methods:** Dimension studied: technical-scientific quality; Unit of Study: 24-month-old children who had a child health surveillance visit. Data type: process. Source of data: interview. Type of evaluation: internal and retrospective, institutional basis. Criteria: 24-month-old children who underwent child and juvenile health surveillance consultation in 2015 and 2016 with completion of the M-CHAT questionnaire. 1st evaluation in December 2015 and 2nd evaluation in April 2016. Quality standard: Unsatisfactory: <30%; Satisfactory: ≥30% and <40%; Good: ≥40% and <50%; Very Good: ≥50%. Type of intervention: educational.

**Results:** In the first evaluation of the study, a sample of 74 24-month-old children who had a consultation during the year 2015, of which 50% were male, were obtained. Of the children included in the 1st evaluation, none had completed the M-CHAT questionnaire. After the

intervention, a sample of 26 children (61.5% female) who had a consultation from January 2016 to April 2016 were reassessed. Of the children included in the 2nd evaluation, 12 had the completed M-CHAT questionnaire (46.2%) - Good quality standard. With the results obtained we can conclude that there was an improvement in the quality standard of the records from unsatisfactory (0%) to good (46.2%).

## Oral Communication

### FEVER IN THE UNDER FIVES: IMPROVING CLINICAL ASSESSMENT

Felicity Cooksey, Katharina Burry, Richard Loveless, John Beaven  
*Beckington Family Practice, Frome, United Kingdom*

**Introduction:** Beckington Family Practice, a semi-rural general practice in the UK, had not previously evaluated how it managed children with fever. An audit in April 2016 highlighted documentation of routine observations required improvement. Interventions introduced included a sick child template, teaching, NICE guidance and paediatric vital sign normal range prompts. A re-audit was then undertaken.

**Objective:** Evaluate and improve how children with fever are managed, using the NICE Feverish Children guideline<sup>1</sup> as a standard.

**Methods:** An EMIS search found children under the age of five with a temperature of 38 degrees or higher who had a consultation in the previous six months. The patient encounters were analysed against the NICE guideline.<sup>1</sup> This process was repeated six months later, following the interventions.

**Results:** Respiratory rate documentation improved from 35% to 65%, heart rate 40% to 71%, capillary refill time 12% to 59% and assessment of hydration 26% to 59%.

Documentation of all four areas improved from 5% to 35%. Seven children assessed in the first audit should have had urgent referrals to hospital based on the guideline, two of which did not take place. This compares to the second audit in which all children were referred. Clinical assessment of young children can be challenging, leading to delays in the recognition of serious illnesses such as sepsis. Results show a trend towards improvement suggesting the sick child template and prompts can aid clinicians to give standardised care and ensure routine observations are completed in the community.

1. National Institute for Clinical Excellence (2013) Feverish Children- Risk Assessment. London: National Institute for Clinical Excellence

## One slide - 5 minutes presentation

### SUCCESSFUL BREASTFEEDING IN A WORKING MOTHER: A CASE REPORT

Ana Carlota Dias, Liliana Castanheira  
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**Background and aim:** The World Health Organization recommends exclusive breastfeeding of infants during the first 6 months of life. However, in Portugal, only 22,4% of infants meet this goal, mostly because of maternity leave restrictions. The aim of this case report is to

illustrate the importance of considering psychological factors for the success of exclusive breastfeeding in working mothers.

**Case presentation:** We report a case of a 36-years-old woman, part of a nuclear family (Duvall cycle stage II). She presented with her husband and 4-month-old son to a routine child appointment. The infant was on exclusive breastfeeding, having an optimal development. The mother was returning to work in 4 weeks and wanted to maintain exclusive breastfeeding. Therefore, she wanted to store breast-milk, but was having difficulties with the pumping process. When we explored her feelings towards returning to work, the patient reported anxiety, sadness, and fear that by being away from her son and allowing other person to feed him, it could lead to disruption of their bonding process. We tranquilized the mother and presented her relaxing strategies to help pumping breast-milk. Three days after the appointment we received an email reporting that pumping breast milk was successful.

**Conclusion:** This case report illustrates how maintaining exclusive breastfeeding when returning to work can be challenging. The person-centered approach of family medicine allows the identification of psychological factors that can influence the success of breastfeeding in working mothers. Family doctors should be qualified to help mothers with strategies that promote breastfeeding.

## Oral Communication

### SCREENING FOR DYSLIPIDEMIA IN CHILDREN WITH OVERWEIGHT OR OBESITY - A QUALITY IMPROVEMENT STUDY

Vanessa Susana da Cunha Alves da Silva Alejos<sup>1)</sup>, Carlos Diogo Gonçalves Carvalho<sup>1)</sup>, Antony Fernandes Nogueira<sup>2)</sup>, Joana Rita Vidal Teixeira<sup>2)</sup>, Vasco Duarte<sup>3)</sup>, Ricardo Torre<sup>4)</sup>

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**Background & Aim:** Screening for pediatric dyslipidemia remains a controversial issue, although it is recognized that children who are overweight or obese should be given special attention because of the increased risk they present. The objective of this study is to evaluate and guarantee the quality of screening for dyslipidemia in children aged 2 to 7 years who are overweight or obese, enrolled in 4 Family Health Units in the north of Portugal.

**Method:** This is a quality improvement study, which includes a retrospective and descriptive study. *Type of evaluation:* internal evaluation. *Units of study:* 4 Family Health Units in the north of Portugal. *Patients in study:* all children aged between 2 and 7 years old with at least one BMI register showing overweight or obesity. *Data sources:* electronic patient records were consulted and registered in a Microsoft Excel® database. *Study variables:* BMI and lipid profile analysis prescription. *Intervention:* results of the first evaluation were presented and discussed at each Family Health Unit; the authors provided specific training to the health professionals of the 4 units and developed and distributed a decision flowchart for lipid profile analysis prescription.

**Results:** The prevalence of overweight and obesity in the study units was 47% among those children screening for dyslipidemia was performed in only 2% at 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 2017.

## Oral Communication

### SHOULD SUBCLINICAL HYPOTHYROIDISM DURING PREGNANCY BE TREATED? – AN EVIDENCE BASED REVIEW

Rui Neto Fernandes<sup>1)</sup>, Rita Pombeiro Silva<sup>2)</sup>

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**Introduction:** Subclinical hypothyroidism (SCH) is defined as an elevated serum TSH level with a normal free T4 level. Studies reported an association between SCH and adverse pregnancy outcomes and impaired neuropsychological development of the offspring. Others, however, found this association to be inconsistent. Unlike overt hypothyroidism, the necessity of medicating pregnant women with SCH is still in discussion.

**Objective:** The purpose of this review is to determine whether SCH during pregnancy should be treated.

**Methods:** Research of guidelines, meta-analyzes, systematic reviews (SR) and randomized controlled trials (RCT) published in the last 15 years using the key words “hypothyroidism/subclinical”, “pregnancy” and “treatment”. The search was conducted in National Guidelines Clearinghouse, Cochrane Lybrary, DARE and Pubmed databases and the Strength of Recommendation Taxonomy Scale was used to assess levels of evidence and force of recommendation.

**Results:** The research found 240 articles of which 7 were included in this review. Three guidelines recommend the treatment of SCH during pregnancy, however one of them only in women with positive antiperoxidase antibodies. A recently published RCT related the treatment with reduction of the risk of miscarriage. Two SR and one guideline determined that the data are insufficient to reach a conclusion.

These results suggest that SCH during pregnancy should be treated, considering the possible adverse effects of this condition and the apparent low risk of hormone treatment.

This information is important for family doctors, who are often responsible for the follow-up of pregnant women and have to decide about initiating treatment and referring to hospital.

## One slide - 5 minutes presentation

### SURVEILLANCE OF LOW-RISK PREGNANCY IN A FAMILY HEALTH UNIT IN PORTUGAL

Patrícia Costa<sup>1)</sup>, Rita Nunes<sup>1)</sup>, Ana Patrícia Cardoso<sup>2)</sup>, Joana Gonçalves<sup>3)</sup>, Rafael Sousa<sup>4)</sup>, Luís Infante<sup>5)</sup>, Pedro Vasconcelos<sup>3)</sup>

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**Introduction:** Pregnancy should be considered as an opportunity to identify and modify risk situations, and thus reduce maternal-infant morbidity and mortality. Portugal is among the countries with the best indicators in maternal and child health, which has contributed a national pregnancy surveillance and the articulation of the work carried out in Primary Health Care (PHC) and in Hospital Care.

**Objective:** To describe low-risk pregnancy surveillance in a Family Health Unit (FHU) in Portugal.

**Methods:** Clinical experience report, based on the routine of a FHU and the National Program for Low Risk Pregnancy Surveillance.

**Results:** Before an ideally planned pregnancy, we should schedule and promote the importance of a preconceptional consultation in order to perform some screenings and initiate supplementation with folic acid and, eventually, potassium. After the diagnosis of pregnancy, the first consultation should be performed until 12 weeks (1st trimester) with prescription of analysis and ultrasound. Surveillance frequency after the first consultation is: 4-6 weeks up to 30 weeks; 2-3 weeks between 30 and 36 weeks; 1-2 weeks after 36 weeks until delivery. During the consultations we have the opportunity to address issues such as changes in eating habits, physical exercise and smoking cessation. The pregnant women followed in PHC are referred to the prepartum consultation. The Pregnancy Health Bulletin is a fundamental tool for transmitting data and all pregnant women carry one. The analyzes are performed: <13 weeks (1st trimester), 24-28 weeks (2nd trimester) and 32-34 weeks (3rd trimester). Pregnant women with adequate surveillance perform 3 ultrasounds. The puerperium should be reviewed between the 4th and 6th weeks postpartum.

## Oral Communication

### INFLUENZA VACCINATION IN PREGNANCY – HEALTHCARE PROVIDERS' KNOWLEDGE ATTITUDES AND PRACTICE

Edel McEntee<sup>1)</sup>, Aisling O'Shea<sup>1)</sup>, Tina Barrett<sup>2)</sup>, Brian Cleary<sup>2)</sup>, Fiona O'Reilly<sup>1)</sup>, Austin O'Carroll<sup>1)</sup>

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**Introduction:** Influenza infection during pregnancy is associated with an increased risk of complications for mother and fetus. The MBRRACE report 2014, reported that 1 in 11 maternal deaths were due to influenza. Half of these deaths could have been prevented by vaccination. Despite the benefits of vaccination during pregnancy uptake remains variable. Recommendation from a healthcare provider (HCP) is associated with increased uptake rates, though few studies have looked at HCPs views of vaccination in pregnancy. In Ireland, responsibility for discussion and recommendation of vaccination remains unclear as women undergo shared care between their general practitioner and obstetric staff, which may result in an ad-hoc approach.

**Objectives:** The aim of this study was to understand HCPs knowledge, attitudes and behaviours regarding influenza vaccination during pregnancy. In addition, uptake rates during pregnancy were quantified and patient's knowledge and attitudes regarding vaccination were assessed.

**Methods:** HCPs completed an online questionnaire. The questionnaire was distributed to General Practitioners, Pharmacists, and Rotunda Hospital clinical staff. Uptake rates were quantified via paper questionnaires on the post-natal ward, and maternal views were assessed via in-depth interviews.

**Results:** The overall response rate by HCPs was 20%. Knowledge tended to be better amongst females, those five to fifteen years qualified, and amongst vaccinated HCP's. HCPs were less knowledgeable about the potential consequences of infection on the developing fetus versus

those on the mother. 12% of HCPs overall, reported they lacked confidence in recommending vaccination because of concerns about safety.

The results of this study will help direct future public health campaigns regarding vaccination.

## Oral Communication

### DEVELOPMENTAL EXAMINATION: BIRTH TO 5 YEARS

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**Background:** Developmental examination is part of the process of identifying children at risk of poor developmental outcomes. It's a rapidly changing process with large variations within the population and for the same child, which limits the sensitivity and specificity of any examination method. The main components of this examination are concerns on social and biological risk factors, structured observations of spontaneous and elicited behavior and interpreting findings with knowledge both of the features which raise concerns and common behavioral phenotypes of developmental disorders. The interpretation of findings, guidance and management plan should be shared through good communication with parents, careers and other agencies.

**Aim of the Workshop:** Revision, based on pertinent bibliographic sources, of a developmental examination method which combines the scientific knowledge of developmental progression and social and biological risks with the tools of systematic enquiry and observation. Providing a practical stepwise approach on normative and qualitative aspects of developmental abilities to differentiate children with typical development from children who with significant developmental impairments.

#### Methods:

- Videos summarizing the systemic developmental examination (children with typical/impaired development)
- Mary Sheridan Evaluation Scale
- Appropriate material suitable to evaluate child's abilities
- Practical guides
- Systematic enquiry to parents, methods and practical skills

**Results and Conclusions:** Our aim is to empathize the importance of a structured and proper developmental examination in children as family doctors. The need to identify impairments in their development, to involve other professionals and the importance of an early intervention.

## One slide - 5 minutes presentation

### VEGETARIAN DIET IN PAEDIATRICS – HOW TO?

Catarina Neves, Ana Madeira, Inês Pinhão, Luís Batista

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**Background:** There is a growing interest on vegetarian diets, as it became usual to see this diet in young children. A correct feeding in childhood and adolescence is crucial to a normal psychomotor development. It is essential to know the principal nutritional deficits expected in paediatric population with a vegetarian diet.

**Objective:** Contribute to a correct planning of a vegetarian diet in children and young people.

**Methods:** Brief introduction regarding nutritional deficits in a vegetarian diet. Paediatric development stages and its main nutritional deficits. Health assessment of a vegetarian child and management of eventual diet related pathology.

**Conclusion:** A well planned vegetarian diet is appropriated to individuals in every stages of life cycle, according to important scientific societies. Scientific evidence has showed that people enrolling vegetarian diets have a lower risk of chronic pathologies such as diabetes, obesity, hypertension or certain types of cancer. The regular surveillance of the nutritional status by the primary care professionals is vital, identifying early nutritional deficits and nutritional supplementation needs.

One slide - 5 minutes presentation

## EVOLUTION OF THE AGE OF THE PARTURIENTS IN THE VALENCIAN REGION AND ITS IMPACT ON THE PREGNANCY AND NEWBORN

Jose A. Lluch-Rodrigo, M<sup>a</sup> Gracia García-Barrue, Mercedes Goicoechea-Saez  
*Dirección General de Salud Pública. Conselleria de Sanitat Universal i Salut Pública, Valencia, Spain*

**Introduction:** The age of the mother at the time of delivery affects the weeks of gestation (WG) and the weight of the newborn (WN), factors that affect the child's health. In the Western world, there is a progressive delay in the ages in which women give birth, fundamentally related to social and economic factors.

**Objective:** To analyze the evolution of the mother's age at the time of delivery and its relationship with the WG and WN over a 5-year period in the Valencian Region (VR)

**Methods:** From the computerized records, the mean age (MA) (and the 95% confidence interval) at the time of delivery of the women who gave birth in the CV from 2011 to 2015 was calculated.

The mean WG and the mean WN for each age (years) have been calculated from 15 to 50 years. Twin births were ruled out.

**Results:** We analyzed information on 220,053 women with a global MA of 31.92 years (95% CI 0.12). From 2011 to 2015 it has gone from 31.56 (95% CI 0.25) to 32.34 (95% CI 0.28).

A good correlation has been found between the age of the mother at birth and the WG and WN. Both descend sharply from the age of 40 maternal age.

It confirms the displacement of the age at the time of the birth and the decrease of the WG and the WN in the older women at delivery. These changes force the design of specific strategies aimed at this group of women.

One slide - 5 minutes presentation

## PARENTAL COUNSELING IN FAMILY DOCTOR'S OFFICE FOR SUPPORT - CHILD ERGONOMIC WEARING

Laura Comnea<sup>1)</sup>, Lidia Soldea<sup>2)</sup>

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**Introduction:** Carrying systems for toddlers 0-3 years, depends on historical period, culture. Data from the literature, reveal high risks of incorrect devices use for wearing babies. Similar international situation, can also be found in our country.

**Objective:** The paper aims to present data on the role that a correct device plays in the shaping of the osteo-articular system of infant.

1. Short history of carrying systems
2. Pro- and against of carrying systems
3. Advantages of healthy carrying systems

**Methods:** A short review of these systems allow an age&weight classification, thus having adapted material, breast feeding capabilities, the system being also adapted to the mother's height, weight and osteoarticular conformation. On average, a mother that uses the correct carrying system will breastfeed with almost 6 to 8 months longer than mothers that carry their babies in a baby buggy.

**Results:**

1. Using baby ergonomic support, maintaining the close mother-child relationship for a longer period (being vital in the case of premature babies), has a positive impact on breastfeeding, thus giving movement liberty for the mother.
2. The GP should advise the parents regarding the healthiest carrying system and for the negative effect brought by an inadequate carrying system
3. After GP's advise, parents should know the pluses and minuses brought by an carrying system and can correctly choose the one for their needs

## Oral Communication

### KEEP UP WITH THE CHILDREN - WHAT TO THINK IN EACH AGE (ANATOMICAL, HEALTH AND DEVELOPMENT)

Floriano Jaime Duarte Cruz<sup>1)</sup>, Carolina Gonçalves<sup>2)</sup>

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**Background:** Children are the most wonderful thing in the world, but for many of family doctors that have to be aware of medical news, drugs and therapies between 0 and 100 years it's hard to keep up with everything.

The Family doctor deals with a diversity of situations throughout his daily activity, which implies an extended focus to various age groups and to the most frequent health problems in each area. The short time of each consultation often makes it difficult to approach all the areas that involve the child.

**Aim of the Workshop:** Provide a holistic child health vision with a normal physical / anatomical and mental / social growth approach. Realize the importance of developing children's skills and projects, and watch for delays. To point out some of the most frequent pathologies in each age group, which should be part of screening during the consultation.

**Methods:** to execute a chronological line of growth from 0 to 18 years, where it will be pointed out main anatomical changes, such as intellectual, cognitive and social capacities of the child, and strategies to support their adequate development.

**Results and conclusions:** kids are really the best and this workshop helped me a bit more to keep up with what they need.

## Oral Communication

### PRENATAL SCREENING AND DIAGNOSTIC TESTS FOR FETAL ANEUPLOIDY – WHAT THE GP/FAMILY DOCTOR SHOULD KNOW

Mónica Fonseca<sup>1)</sup>, Inês Perdigão Venâncio<sup>2)</sup>, Maria Rosário Novo<sup>1)</sup>, Inês Calvino<sup>2)</sup>, Benedita Abreu Lima<sup>2)</sup>

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**Background:** The number of pregnant women who are screened for fetal aneuploidy despite the age is rising. Trisomies of chromosomes 21, 18 and 13 are responsible for 70% of all prenatally detected aneuploidies. In order to minimize maternal and fetal risks related with prenatal diagnosis, screening tests can be offered.

**Aim of the workshop:** We aim to promote an update of the knowledge about pre-natal screening for fetal aneuploidy in order to provide tools to the GP/family doctor for an adequate counseling.

**Methods:** The workshop will have three parts. It will begin with a theoretical and practical review (45 min) of the different prenatal screening tests and their effectiveness: first-trimester combined test, serum integrated test, step-wise sequential screening and analysis of free fetal DNA in maternal blood. Moreover, it will be addressed the criteria for performing chorionic villus sampling and amniocentesis. The aspects which must be taken into account when interpreting the different test results will be discussed in the second part (15 min), as well as how to adequately inform the pregnant women about these results. In the last part (15 min), some clinical cases will be presented and discussed by the participants.

**Results and conclusions:** There is no prenatal screening for fetal aneuploidy model which can be adequate for all the universe of pregnant women. We pretend to improve the empowerment of the GP in terms of their knowledge about the available screening and diagnostic prenatal screening for fetal aneuploidy for an adequate, objective and impartial counseling.

## Oral Communication

### EVALUATION OF DRUG UTILIZATION OF PREGNANTS WHO ADMITTED TO CLINICAL PHARMACOLOGY AND TOXICOLOGY UNIT IN A UNIVERSITY HOSPITAL

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**Objective:** The aim of the study is to determine the sociodemographic characteristics of pregnant women who admitted to Izmir Katip Celebi University Atatürk Training and Research Hospital Clinical Pharmacology and Toxicology Unit and the drug exposure during pregnancy.

**Materials and Methods:** In this cross sectional study, data of the pregnant women who admitted to Izmir Katip Celebi University Atatürk Training and Research Hospital Clinical Pharmacology

and Toxicology unit because of drug usage are evaluated retrospectively. The necessary information was obtained from patient's registration form. The data form included information on; day of admission, patient record number, name and surname, address, demographic attributes, medical background, status of kin marriage, consumption of alcohol and cigarette, illegal and herbal drug and folic acid consumption, obstetric history of patients, exposure to radiation and the drugs used during pregnancy and their usage periods.

**Results :** 222 pregnant women were included to the study. The mean age was  $30.52 \pm 5.64$ . The drug usage prevalence 89.6% (n:199) and 14% (n:22) during first and second trimester respectively. The drug exposures of the pregnant according level 1 ATC index were 77.02% (n:171) for respiratory system drugs, 74.3% (n:165) to neural system drugs, 59.9% (n:133) to digestive system and metabolism drugs and 56.75% (n:126) to systemic antienpthetic drugs respectively. 30.18% (n:67) of the pregnant women were exposed to paracetamol, 11.26% (n:25) to chlorpheniramine, 10,81% (n:24) to diclofenac, 9.9% (n:22) to amoxicilline, 9.4% (n:21) to pseudopherine, 8.1% (n:18) to clavunate, 7.6% (n:17) to flurbiprofen, 6.7%(n:15) to metrofin, 6.3% (n:14) to ciprofloxacin, 5.8% (n:13) to estradiol, 5.8% (n:13) to ibuprofen, 5.4% (n:12) to medroxyprogesterone, 5.4% (n:12) to pantoprazole and the 4.9% (n:11) to phenylephrine.

### 3.09. Eye problems

One slide - 5 minutes presentation

#### LOSS OF SIGHT IN PATIENT WITH MACULAR DYSTROPHY, HYPERTENSION AND DIABETES MELLITUS

Adrian Barreiro Gago, Isabel Palomino Cobo  
*Servicio Andaluz de Salud, Marbella, Spain*

**Introduction:** Clinical case: Male patient, 70 years old referring loss of sight trough both eyes

**Objective:** Differential diagnose

**Methods:** Anamnesis, exploration and complementary tests

-History of present illness: 70 years old male, on holidays in the area and without clinical records, refers worsening of his previous visual condition the previous night and throughout this morning. Vision is blurry and makes it difficult to locate objects. No present fever, no headache or nausea associated, nor any other subjective signs of neurological on infectious condition.

Medical History

- None known allergies
- Non smoker
- DM type 2
- Hypertension
- Macular Dystrophy since the age of 50
- None previous surgeries

**Exploration:** Conscious, good general condition, Cardiac and respiratory auscultation normal. No external eye alterations.

Neurological exploration: Pupils normoreactive and simetric. Cranial nerves without alteration. No ataxia, no disartria, Global and segmentary strength V/V. No sensorial deficit. Confront Campimetry: possible temporal left homonimal hemianopsia.  
**Results:** Right occipital acute cerebrovascular accident of more than 5 hours

## 3.10. Infectious diseases

### Oral Communication

#### COMPARISON OF OUT-OF-HOURS WITH OFFICE HOURS ANTIBIOTIC PRESCRIBING QUANTITY AND QUALITY IN PRIMARY CARE

Alike van der Velden, Vera Debets, Theo Verheij

*Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, Netherlands*

**Introduction:** Irrational antibiotic prescribing is a significant problem in primary care. Without evidence, it is often argued that unnecessary- and non-1<sup>st</sup> choice prescribing is higher during out-of-hours consultations than in office hours practice.

**Objective:** To obtain insight in the quantity and quality of out-of-hours antibiotic prescribing for frequently presented infectious diseases, in comparison to office hours.

**Methods:** We evaluated nationally dispensed antibiotic courses and types according to the moment of prescription (data: Dutch Foundation of Pharmaceutical Statistics). At a regional level, we compared prescribing rates, choice of antibiotic and the appropriateness of prescribing for otitis media, sinusitis, tonsillitis, bronchitis, cystitis and impetigo between office- and out-of-hours practice. Appropriateness of prescribing was assessed by comparing information from electronic medical files (patient characteristics, symptoms, clinical investigation) to the guideline recommendations.

**Results:** Only 6% of GP-prescribed antibiotics were prescribed out-of-hours, with relatively more amoxicillin, amoxicillin/clavulanate and nitrofurantoin, and less tetracyclins and macrolides. For all indications 1<sup>st</sup>-choice prescribing was comparable between the two settings, whereas prescribing rates were higher out-of-hours, especially for tonsillitis and sinusitis. Evaluation of patient files, however, revealed that over-prescribing was comparable or even lower than determined earlier for daily care.

The assumption that out-of-hours antibiotic prescribing quality is worse than in daily practice doesn't seem to be correct. The higher prescribing rates found out-of-hours can be explained by the triage system selecting for patients needing urgent care. The appropriateness of prescribing, therefore, is the best quality measure.

### Oral Communication

#### REDUCING ANTIBIOTIC PRESCRIBING FOR CHILDREN WITH RESPIRATORY TRACT INFECTIONS BY A CONCISE ONLINE INTERVENTION TARGETING GPs: A CLUSTER RCT

Anne R.J. Dekker, Berna D.L. Broekhuizen, Peter N.P. Zuithoff, Theo J.M. Verheij, Alike W. van der Velden

*Julius Center, Utrecht, Netherlands*

**Introduction:** Respiratory tract infections (RTIs) in childhood are mostly mild and self-limiting. Antibiotics have limited effectiveness and cause side-effects, medicalization and resistance, but are however too often prescribed.

**Objective:** We assessed the effect of an online training for general practitioners (GPs) and information booklets for parents on antibiotic prescribing for children with RTIs in Dutch primary care.

**Methods:** We performed a cluster RCT in 33 general practices with a baseline measurement. The intervention consisted of a concise online training for GPs (guidelines and communication skills) and an information booklet for parents. The primary outcome was antibiotic prescribing during the GP visit, registered by GPs. Secondary outcomes were reconsultations within the same disease episode, new RTI presentations and hospital referrals in the following 6 months. Antibiotic prescribing after the intervention between the two groups was compared using generalized estimating equations, with adjustment for clustering within the GP practice and baseline GP prescribing.

**Results:** At baseline the total prescribing rate was 29.6%. After the intervention, the chance of antibiotic prescription was lower in the intervention group (0.23, n=471) compared to the control group (0.34, n=530) (RR 0.66, 95%CI 0.46-0.95). Number of reconsultations (range 0-8) was lower in the intervention group compared to the control group (RR 0.60, 95%CI 0.37-0.97). Number of new RTI presentations and hospital referrals did not differ.

**Conclusion:** A concise online training for GPs in combination with an information booklet for parents showed relevant reductions in antibiotic prescribing for RTIs in children, even in a low prescribing country as the Netherlands.

One slide - 5 minutes presentation

## GENERAL PRACTITIONERS' KNOWLEDGE AND ATTITUDES ABOUT HCV DIAGNOSIS AND MANAGEMENT

Romina Martínez Liñares, Santiago Pérez Cachafeiro, Sandra María Ayude Díaz, Rubén Domínguez Fernández, Noa Otero Leiro  
*EOXI Pontevedra e O Salnés, Pontevedra, Spain*

**Introducción:** HCV is a health problem that affects more than 185 million people in the world which geographical distribution is not homogeneous.

In Europe in 2012, 30,607 cases of hepatitis C were reported in 27 member countries of the EU.

**Objective:**

- To describe the level of knowledge that GPs have about the HCV and the natural history of the disease.
- To Detect the attitudes of GPs in the area regarding the diagnosis and management of Hepatitis C.
- To evaluate the state of the knowledge of the new therapies against the HCV by the GP.

**Method:** It is a qualitative study through open interview and closed survey covering a period of 6 months in our health area to assess more specific aspects.

The interviews will follow a script common to all of them.

We conducted 17 interviews in the area after obtaining the informed consent of the patients. These will be analyzed from the point of view of the content. A descriptive analysis of the results of the survey will be carried out.

One slide - 5 minutes presentation

## SERUM HEPcidIN-25 LEVELS REFLECT THE SEVERITY OF SYSTEMIC INFLAMMATORY RESPONSE SYNDROME AND THE PRESENCE OF BACTEREMIA

Hiroaki Wakakuri, Tatsuya Degawa, Taro Saigusa, Makoto Suzaki, Hideya Hyodo, Toshihiko Ohara, Makoto Kawai, Masahiro Yasutake

*Department of General Medicine & Health Science, Nippon Medical School, Tokyo, Japan*

**Background:** Hepcidin-25, the key regulator of iron homeostasis in humans, is a liver-derived peptide hormone. The aim of this study is to investigate the role of serum hepcidin-25 in patients with systemic inflammatory response syndrome (SIRS).

**Methods:** Of all patients who were admitted to our department of general medicine between August 1, 2015 and August 31, 2016, 70 consecutive patients (aged 64±21, male 34, female 36) with 2 or more SIRS criteria were enrolled. We measured complete blood cell count, hepcidin-25, iron, iron-binding capacity, ferritin, blood urea nitrogen, creatinine, albumin, and C-reactive protein at day 1, 2 and 3 after admission. The patients were divided into 2 groups for comparison: Bacterial infection group (57 patients) and Non-bacterial infection group (13 patients).

**Results:** Hepcidin-25 levels on day1 were significantly higher in order of increasing numbers of SIRS criteria (129±118 at 2, 181±113 at 3, and 211±100 ng/ml at 4, P<0.05). Stepwise multivariate logistic regression analysis revealed a significant relationship between hepcidin-25 level and SIRS score (R=0.252 Adjusted R square=0.05 P=0.037). There was no significant difference in the maximum hepcidin-25 levels between the Bacterial infection group and the Non-bacterial infection group (189±117 vs 167±163 ng/ml, P=0.56). However, hepcidin-25 levels in the Bacterial infection group were significantly higher in the patients with positive blood cultures for bacteria than those without (263±129 vs 163±101 ng/ml, P<0.05).

**Conclusions:** Our findings suggest that hepcidin-25 is a useful marker for determining the severity of SIRS and bacteremia.

One slide - 5 minutes presentation

## CLINICAL PRESENTATION OF 1,050,792 EPISODES OF UPPER RESPIRATORY TRACT INFECTIONS

Leonard Mada<sup>1)</sup>, Madalina Cosoreci<sup>2)</sup>, Roxana Tilea<sup>2)</sup>

<sup>1)</sup>*Department of Research, Syonic SRL, Timisoara, Romania*

<sup>2)</sup>*Student West University, Timisoara, Romania*

**Introduction:** Upper Respiratory Tract infections (URT) are the most frequent cause of acute disease in patients visiting the GP.

**Objective:** To evaluate the clinical presentation of cases with URT infections presenting to GP practices across Romania.

**Methods:** We identified 577,060 unique patients presenting with a URT infection between 01-09-2013 and 01-09-2014 to 2148 Romanian GPs using the icMED medical information system. We included all types of URT infections (1,050,792 medical visits, including tracheitis and influenza), excluding only pneumonia. Patients were split into age groups: 0-1 year (58,954 visits), 1-5 years (227,915 visits), 5-12 years (264,772 visits), 12-18 years (150,764 visits) and over 18 years (348,387 visits). Results are presented only as descriptive statistics; p-values were omitted (highly significant due to the large population sizes).

**Results:** Clinical symptoms were recorded for 512,649 cases (49%). The most common presenting symptoms were cough (194,253, 38%); fever (142,250, 28%); dysphagia (61,093, 12%); pharyngeal symptoms (45,855, 9%); rhinorrhea (30,833, 6%); and headache (17,897, 3%). Cough was further documented as dry (6%), productive (6%), irritative (1%) and spastic (1%), but most cases were unspecified (57%). Cough was most frequently associated with fever (109,507), dysphagia (37,867) and rhinorrhea (37,749). Fever was associated similarly with cough, dysphagia and rhinorrhea. Temperature was documented in 15,251 cases and the mean varied between 38.2 - 38.5 Celsius for the 5 age groups. The proportion of temperatures above 38 Celsius varied between 76% (in the 0-1 age group) and 85% (in the 1-5 age group), while only 19% to 32% had a temperature above 39 Celsius.

**Conclusions:** URT infections are important conditions in the GP practice. However, complete medical information was not available for all cases. Improving documentation remains an open issue. Further analysis will focus on measuring clinical severity and developing the methodology to study specific outcomes.

One slide - 5 minutes presentation

## IMPORTANCE OF DIFFERENTIAL DIAGNOSIS BETWEEN TRAUMATIC PENILE ULCER VERSUS SYPHILIS CHANCRE IN A 43-YEAR-OLD MAN

Maryi Angélica Granados Silva

*Hospital Clínic, Barcelona, Spain*

**Background and aim:** One of the daily challenges of a family physician is making correct differential diagnosis. The main purpose of this paper is to present the difficult differential diagnosis between a penile traumatic ulceration and a penile syphilis chancre.

**Results:** A 43-year-old homosexual man, in the VII stage of Erikson's stages, living in Barcelona's homosexual neighborhood. Personal history of lymphocytic colitis. He presented himself to primary care complaining of a very painful non-exudative ulcer on his penis, that he attributed to a bite during sexual intercourse with his regular partner. He denied any sexual risk contacts. Thinking of a traumatic ulceration, topic treatment and oral antibiotics were given without healing of his lesion. Two weeks later he started with fever, odynophagia, adenopathies and a mild rash in trunk, respecting palms and soles. Given the patient's sexual behavior, blood tests including sexually transmitted diseases (STDs) serologies were performed, yielding a positive result for acute syphilis. A weekly treatment with intramuscular benzathine penicillin during three weeks was given, leading to full recovery of the rash and the penile ulceration, interpreted now as a syphilis chancre.

**Conclusions:** With this case I intend to emphasize the importance of a complete anamnesis together with social data in making a correct diagnosis. Although, we encounter unusual presentations of a painful chancre and a rash of a secondary syphilis, this case leads us to an important dilemma: should syphilis serologies be performed to every patient presenting a penile ulceration?

## 3.11. Vaccination

One slide - 5 minutes presentation

### WHAT DO THE PARENTS KNOW ABOUT CHILDHOOD VACCINES? WHY DO THEY REJECT VACCINATION OF THEIR CHILDREN?

Minel Akgün<sup>1</sup>, Süleyman Albaş<sup>1</sup>, Esra Meltem Koç<sup>1</sup>, Gülseren Pamuk<sup>1</sup>, Hüseyin Can<sup>2</sup>, Melih Kaan Sözman<sup>1</sup>

<sup>1</sup>*Katip Celebi University, Faculty of Medicine, Department of Family Medicine, Cigli/Izmir, Turkey*

<sup>2</sup>*Family Medicine, Karsiyaka/Izmir, Turkey*

**Introduction:** Vaccination is the most effective, safest and cheapest way to protect child and adult's health and prevent infectious diseases. In recent years, parents refuse to vaccinate their children for a variety of reasons and as a result of this children have been exposed to vaccine-preventable diseases. Also, vaccination rejection can cause epidemics that affect public health and increase the mortality of children.

**Objective:** The aim of our study is to evaluate knowledge and attitudes of the parents about vaccinations and to investigate the reasons for rejection of vaccination.

**Methods:** A survey consisting of 28 questions was applied to the parents in pediatric outpatient clinics of a medical faculty in Izmir, Turkey. To collect data we reached 235 parents but only 94 of them accepted to participate to the study.

**Results:** The mean age of mothers and fathers were  $32.85 \pm 8.63$  and  $36.94 \pm 8.12$  respectively. 93.7% of the parents stated that all of their children have been vaccinated. Only 6.3% of the children had adverse effects because of a vaccine. 91.6 % of the parents received information about the vaccines from their family physician. 93.6 % of the children have been vaccinated in the family health center. 81.1% of the families have sought for routine vaccination programme of the Ministry of Health by their family physician. 31.6% of the parents didn't know the vaccines located in the vaccination programme. 55.8% of the parents didn't approve vaccination rejection because it could cause an increase in the infected diseases among community.

One slide - 5 minutes presentation

### VACCINATION AGAINST MENINGOCOCCUS C IN ADOLESCENTS (COHORTS 1994-2003). VALENCIA REGION

Gracia Cascales-Guerrero<sup>1</sup>, Ana Maria Alguacil-Ramos<sup>2</sup>, Javier Diez-Domingo<sup>2</sup>, Antonio Portero-Alonso<sup>1</sup>, Jose Antonio Lluch-Rodrigo<sup>1</sup>, Pastor-Villalba Eliseo<sup>1</sup>, Sanchis-Ferrer Amanda<sup>1</sup>

<sup>1</sup>*Dirección General de Salud Pública. Conselleria de Sanitat Universal i Salut Pública, Valencia, Spain*

<sup>2</sup>*FISABIO, Valencia, Spain*

**Introduction:** In 2014, a dose of vaccine against meningococcus C at 12 years of age was included in the children's immunization schedule in the Valencian Region. Meningococcal C vaccine uptake was implemented target to the birth cohorts 2000- 2002 and opportunistic

vaccination for the 1994-1999 cohorts. Ensuring high vaccination coverage is a highlight for the control of vaccine-preventable diseases and a reduction in the number of cases.

**Objective:** The objective of the study is to evaluate the vaccination against meningococcus C in the birth cohorts between 1994 and 2003.

**Methods:** A retrospective descriptive study of the meningococcal C vaccines administered in birth cohorts from 1994 to 2003 in 2014 and 2015 in the Valencia region was done. Data source: Vaccine Information System. Variables: birth cohort, sex, vaccination year, health area, recruitment (yes/no), recruitment method (letter/telephone).

**Results:** Vaccination coverage achieved in the study was high, it was registered an increase in younger birth cohorts (89.12% for 2003). Between 19.5% and 24.7% used the method of active recruitment, using mainly the letter (between 15.43% and 24.44%). In the 2000 cohort, the vaccination uptake had a result of 52%.

In conclusion, the vaccination strategies against Meningococcus C have allowed high vaccination coverage for the dose administered after 10 years of age in the adolescent population. Among the methods of recruitment, the letter has been the most successful achieving the best results.

## 3.12. Alergology and imunology

### Oral Communication

#### COLD URTICARIA

Tânia Bairos, Vanessa Aguiar, Filipe Estrela, Maria Teresa Albergaria, Filipa Rebelo  
*Unidade de Saúde da Ilha de São Miguel, Azores, Portugal*

**Introduction:** Cold contact urticaria, is a subtype of physical urticaria, in which cold triggers the symptoms. Clinically it's characterized by pruritic and burning wheals, erythema and possibly systemic reactions. Triggers include skin contact with cold (objects, liquids or air). The cause is unknown. It is rare and remission occurs in 50% of patients, after which recurrence is rare. Swimming is the activity that most commonly induces life-threatening systemic reactions (generalized urticaria or anaphylaxis). Evaluation consists of a cold stimulation test which, if positive, in a patient with a compatible clinical history confirms the diagnosis. Referral to an allergy/immunology expert is crucial in cases where management is difficult. Management consists of education about systemic reactions and treatment of acute symptoms, avoidance of cold exposure and antihistamine therapy. Primary prophylaxis with H1-antihistamine therapy up to four times the daily recommended dose restores patient's quality of life.

**Objective:** To share a case of cold urticaria.

**Methods:** search on UpToDate® and PubMed® with MeSH term urticaria.

**Results:** This case reports a cold urticaria in a 27 year old nurse. Upon cold water exposure after swimming, the patient noticed pruritic wheals and erythema of exposed sites, without systemic reactions. A natural exposure test was performed confirming the diagnosis. The patient was instructed to avoid cold exposure, to be accompanied when swimming and to make gradual contact with cold water, as was educated about severe reactions and the use of an epinephrine autoinjector. H1-antihistamine therapy was initiated with no other

urticariiform reactions. The authors conclude that cold urticaria is manageable on a Primary care setting.

### 3.13. Travel and tropical medicine

One slide - 5 minutes presentation

#### **BOUNTY'S END: THE PHYSICAL EFFECTS OF TRYING TO RECREATE CAPTAIN BLIGH'S NOTORIOUS OPEN SEA JOURNEY IN AN OPEN 23-FT BOAT**

Luke Kane

*Windfall Films/Channel 4, London, United Kingdom*

**Introduction:** In August 2016, nine men set off on a televised project to retrace, in faithful eighteenth century conditions, the journey that Captain Bligh made after the mutiny on the Bounty. The journey starts in Tonga and finishes in West Timor, Indonesia, a journey of over 4,400 miles in a 23-foot open sailing boat. Rations were limited to a finite amount of plain-flour biscuits and beef jerky. Water was found on islands and stored in wooden barrels.

**Objective:** The objective of the study is to describe the physical effects on the journey participants and to compare pre-voyage blood tests with post-voyage blood tests.

**Methods:** Of the nine participants, one was a GP trainee who acted as the crew's medic. A doctor's log was kept daily describing the physical effects of the journey and documenting any medical problems as they arose including treatment received. A full panel of blood tests was taken pre-voyage. These were compared to post-voyage serology which was taken moments after completion of the voyage.

**Results:** Whilst on the voyage, the crew encountered conditions including extremes of temperatures, both hot and cold, extended periods in tropical downpours, storms and associated large waves, dehydration, mental stress and exposure. Such extreme conditions, combined with a very low daily calorie intake, lead to universal physical deterioration in the crew including profound weight loss and muscle wasting. Injuries and minor operations are described. The effect of the journey on the blood tests showed deranged liver function, hyperglycaemia and anaemia in participants.

Oral Communication

#### **COMING SOON TO YOUR GP SURGER - ZIKA, LATENT TB AND PARASITES! TROPICAL MEDICINE IN PRIMARY CARE IN EUROPE**

Rebecca Hall

*Junior International Committee RCGP, London, United Kingdom*

**Background:** Family doctors had to be prepared and on alert for Ebola, we are advising regarding the Zika virus and in the UK, we are starting to test for latent TB. Tropical medicine may not be a priority for primary care physicians in Europe, however with our increasingly mobile and diverse populations, the emergence of infectious diseases and its significant consequences, it needs to be.

**Aim of Workshop:** To facilitate key discussion and learning in tropical diseases that may be seen in primary care in Europe and how these challenges are best managed.

**Method:**

An interactive and engaging workshop is purposed with the following format:

- Key emerging themes in tropical medicine affecting Europe will be initially discussed by participants and then challenges will be presented.
- Case based discussions based on real patients will be discussed in tables with a facilitator and then discussion by the wider audience. Key speakers will then present best practice and/or relevant guidelines with questions.
- Conclusion discussion on the role of primary care in global health and how this can be delivered in the context of our different settings and populations.

### **Results and Conclusion:**

Key learning objectives by participants will include:

- The current emerging tropical medicine in the context of the primary care in Europe appreciating the differences between countries.
- How these can be best managed in primary care.
- How participants can implement best practice within their own practice.

## **3.14. Mental health**

### **Oral Communication**

#### **COMPARISON OF ANTIDEPRESSANT USE BETWEEN ADULT POPULATIONS LIVING IN URBAN AND RURAL COMMUNITIES IN ISRAEL**

Sharon Leventhal Perek<sup>1,2)</sup>, Katherine Thomas<sup>1,2)</sup>, Doron Hermoni<sup>1,3)</sup>, Andre Matalon<sup>1,2)</sup>, Hanni Yeshua<sup>1,2)</sup>

<sup>1)</sup>Sackler Faculty of Medicine, Tel Aviv University, Tel-Aviv, Israel

<sup>2)</sup>Clalit Health Services, the Family Medicine Department Rabin Medical center, Beilinson Campus, Petah Tikva, Israel

<sup>3)</sup>Clalit Health Services, Sharon-Shomron District, Israel

**Background:** Depression is one of the most prevalent disorders in primary care. City-dwelling is commonly cited as a risk factor for depression, but epidemiological evidence for this relationship is inconclusive.

**Objective:** To compare the prevalence of antidepressant use between patients in Israeli urban and rural communities.

**Methods:** A cross sectional study, based on data drawn from the registry of the largest health maintenance organization in Israel. The prevalence of antidepressant purchase during 2014 was evaluated for 581,291 patients living in urban and rural communities. Data was also collected for potential confounding variables: age, gender, co-morbidity and socioeconomic status.

**Results:** Results showed a higher rate of antidepressant use among patients living in urban (11.8%) compared to rural communities (8.1%) ( $P < 0.001$ ). The difference becomes smaller after the removal of confounding variables ( $OR = 1.093$ ,  $P < 0.001$ ). A particularly high rate of antidepressant use was found in kibbutzes (15.9%), (a unique form of collective rural community in Israel), compared to both urban and other rural communities. (Kibbutz compared to other rural communities  $OR = 1.73$ ,  $P < 0.001$ ; urban communities compared to non-kibbutz rural communities  $OR = 1.21$ ,  $P < 0.001$ ).

**Conclusions:** Antidepressant use varies significantly between communities in Israel.

As opposed to other studies which demonstrated higher antidepressant use in urban communities, our study showed the highest rate of antidepressant use in the kibbutz followed by that in urban communities, with the lowest rate in non-kibbutz rural communities. This difference may derive from different depression rates, as well as other factors such as the stigma of mental illnesses and awareness of mental disorders.

One slide - 5 minutes presentation

## DIETARY SUPPLEMENTS AND DEPRESSION: WHAT IS THE EVIDENCE?

Daniela Correia<sup>1)</sup>, Pedro Lopes<sup>2)</sup>

<sup>1)</sup>*USF Tornada, Caldas da Rainha, Portugal*

<sup>2)</sup>*Centro Hospitalar do Oeste, Peniche, Portugal*

**Introduction:** Major depressive disorder (MDD) is difficult to treat and has a great rate of recurrence. According to the World Health Organization, depression will become the second most common cause of morbidity by 2020. Identification of modifiable behavioral and environmental factors that may help prevent depressive disorder is critical from a public health viewpoint. Dietary factors constitute a promising target.

**Objective:** The purpose of this review is to determine the effectiveness of dietary supplements in reducing depressive symptoms in people aged  $\geq 18$  years.

**Methods:** We searched on Pubmed and evidence-based medical websites for articles published between January 2011 and August 2016 in English, Portuguese or Spanish, using the MeSH terms “omega-3 fatty acids”, “folate”, “vitamin B12”, “magnesium”, “vitamin E” and “depression”.

**Results:** Several studies suggest a role for polyunsaturated fatty acids in depressive symptoms, but the evidence is not conclusive [Level of evidence (LE) 2]. The epidemiological evidence behind the association between folic acid/vitamin B12 and depression are limited and there are contradictory results (LE 2). No articles match the search criteria to examine the association between supplementation with magnesium or vitamin E and depressive symptoms. The overall benefit of using these supplements in reducing depressive symptoms is questionable. The available evidence regarding the supplementation of polyunsaturated fatty acids and folic acid/vitamin B12 was considered limited (strength of recommendation B). Nevertheless, before recommending its use, new and more rigorous studies are needed to clarify the role of these supplements.

Oral Communication

## BULLYING: NOT A CHILD'S GAME

Madalena Rapazote<sup>1)</sup>, Rita Brochado<sup>1)</sup>, Maria Inês Lima<sup>1)</sup>, Gonçalo Envia<sup>1)</sup>, António Branco<sup>1)</sup>, Vera Costa<sup>1)</sup>, Rita Rapazote<sup>2)</sup>

<sup>1)</sup>*USF Monte da Lua, Sintra, Portugal*

<sup>2)</sup>*Hospital Dona Estefânia, Lisbon, Portugal*

**Background:** Bullying is a public health issue of increasing importance. Concerns on this matter extend far beyond the victim/aggressor duality, as its relation to depression and suicide rates is well known. Family physicians (FP) are in a privileged front-line position to

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both prevent and identify such cases, due to the family-centered nature of their practice and their role as community networkers.

**Aim of the workshop:** This workshop aims to enable FPs to successfully recognize and approach childhood bullying in the office.

**Methods:**

Introduction and settling of discussion groups (5 minutes)

1. Presentation (10 minutes)
2. Definition of bullying, red flags and portrayal of the most usual victim and aggressor profiles
3. Approach to the problem during the FP appointment and plans of action
4. How to manage the conversation with the child
5. Intervention in the family and school
6. Group discussion of real bullying cases (30 minutes)
7. Case description
8. Suggestions of approach during the appointment and with the family
9. Interactive debate of possible courses of action (25 minutes)
10. Disclosure of the cases' real outcome
11. Brief description of the referral institutions in Portugal
12. Exchange of ideas and existing community structures in several countries
13. Take-home messages and closing (5 minutes)

**Conclusion:** After this workshop participants will hopefully be able to address the issue of bullying both at the doctor's office and by establishing partnerships with community resources.

One slide - 5 minutes presentation

**A NEW ON-LINE MEDICAL COURSE FOR GP AT KAROLINSKA INSTITUTE/SWEDEN:  
MASTER'S COURSES IN DEMENTIA CARE FOR PHYSICIANS**

Jean-Claude Leners

*LTCF ALA § Pontalize, Ettelbruck, Luxembourg*

**Introduction:** Since five years now, this Master Course is organized for GP mainly in order to get more familiar with these increasing diseases in neuro-cognition. Most patients with a form of dementia are cared by the family doctors either at home or in institutions.

**Objectives:** To get more accurate in diagnosing and caring people with a form of neuro-cognitive deficit.

**Method:** This web-based course in English is a two years' course including very specific topics, which I will develop, as I was finishing this course some months ago.

The list of content, not limited to the following, includes:

“The cognitive and emotional functions of the brain. Nerve cell structure, functions and effects of ageing.

Basic knowledge of light cognitive impairment, the different types of dementia, confusion, behavioural and psychological symptoms of dementia. Medical, social and functional investigation of suspected dementia.

Continuous treatment as the disease progresses. Medication, rehabilitation and nursing care and the palliative approach and ethical problems or conflict during the progression of the disease.”

We worked in groups for some tasks as well as in an individual manner .  
Every month some new tests have to be passed on-line and at the end a final work is needed for every participant.

**Conclusion:** We think this unique European-wide course of 60 ECTS credits (corresponding to some 1500 hours of student's work), should interest a lot of GPs in their daily practice to improve the care for people with neuro-cognitive deficits.

## Oral Communication

### GPS' GUIDELINES: COMMUNICATION AND MEDICATION FOR PEOPLE WITH NEURO-COGNITION DISEASE AND BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS IN DEMENTIA (BPSD)

Jean-Claude Leners

*LTCF ALA § Pontalize, Ettelbruck, Luxembourg*

**Objectives:** T.Kitwood was one of the first implementing a specific tool to communicate with people suffering from dementia. Through positive person work and malignant social psychology, GPs change communication with their patients , at home or in institutions. As the most challenging situations for GPs are the BPSD (behavioural and psychological symptoms in dementia), we stratified our medical approach for specific attitudes in these situations.

**Method:** For depression, apathy, aggressive behavior or psychotic events, we have a check list (following recommendations of international societies) in order to progress in the research of the reason for the abnormal attitudes. The mapping consist in observation of patients in their normal surroundings with a specific encoding system for different types of activities.(feeding, leisure, etc). We wanted to find out, if the stratified approach as well by medication and by verbal interaction, had a better outcome after 6 months.

**Results:** The population examined: 30 persons were mapped after our intervention strategies in order to find out, how far we had a positive result on the patient's behaviors: a) acceptance of proposed actions: 71%;  
b) acquiescence: 17%;  
c) expressed wishes: 6%;  
d) apathy: 4 % and  
e) opposition: 2%

**Conclusions:** BPSD in dementia can be influenced by some standardized ways of communication and medications . The care mapping is a useful tool for GPs to understand the unusual behavior of persons in several stages of dementia.

## Oral Communication

### FACTORS MODIFYING THE EFFECT OF HYPERTENSION ON DEPRESSIVE SYMPTOMS

Ansa Rantanen, Päivi Korhonen

*University of Turku, Turku, Finland*

**Introduction:** Hypertension and depression are both independent risk factors for cardiovascular disease. It has been suggested that hypertension, in particular the awareness

of it, is a risk factor for depression because of the labelling effect and that the unawareness of hypertension would even be protective of depressive symptoms.

**Objective:** To assess the relationship between hypertension and depressive symptoms.

**Methods:** In this cross-sectional population-based study, we assessed depressive symptoms using Beck's Depression Inventory among 2673 cardiovascular risk persons (mean age  $58 \pm 7$  years, 55.7% women) who had no established cardiovascular or renal disease or type 2 diabetes.

**Results:** Of the 1282 (48.0%) hypertensive subjects, 442 (16.5%) had previously undetected hypertension confirmed by home blood pressure measurements, and thus were unaware of the disease. There were no statistical differences in the prevalence or severity of depressive symptoms between normotensive subjects and subjects unaware of their hypertension. Medicated hypertensives ( $n=840$ ) had more mild ( $p=0.002$ ) and moderate ( $p=0.005$ ), but not severe ( $p=0.60$ ) depressive symptoms than subjects unaware of their hypertension. In multivariable logistic regression model, female gender, higher age, higher body mass index, low physical activity, use of beta-blockers and harmful alcohol use remained independent factors associated with depressive symptoms among medicated hypertensives.

## Oral Communication

### UNDERSTANDING THE ADOLESCENT PATIENT

Enda Murphy

*Health Service Executive, Navan, Co Meath, Ireland*

**Background:** Teenage mental health is seen as one of the most crucial areas that need to be addressed in our health care system today.

Learning the fundamentals of what adolescent mental health is and educating GPs in how to foster mental health in adolescents is as important to healthy growth as is learning and practicing physical health.

Failure to achieve this can result in adolescents developing structural and functional vulnerability in their adolescent brain which is uncovered when various stressors are encountered in adulthood leading to Anxiety, Depression and most of the common mental health problems presenting to GP's today.

**Aim of workshop:** This workshop focus's on giving GPs insight into the the challenges faced by young people in today's fast-paced technology - saturated world and provides advice for GP's on dealing with these challenges.

Discussing everything from Anxiety and Depression to peer pressure and cyber bullying this work shop will answer the most frequent questions asked by both parents and adolescent patients of GP's, and addresses what GP's can do to help stabilise young people's mental health through their journey through adolescence and young adulthood

**Methods:** Participants are invited to bring along case histories of adolescent presentations for discussion at the workshop.

**Results and Conclusions:** The workshop is designed to facilitate lively discussion and debate into the most common presentations of adolescent patients and provide practical insights and skills in handling adolescent consultations.

## Oral Communication

### THE RELIABILITY, VALIDITY AND PREDICTIVE VALIDITY OF THE SCREENING VERSION OF THE DIZZINESS HANDICAP INVENTORY (DHI-S) IN DUTCH GENERAL PRACTICE

Vincent Van Vugt, Gülsün Bas, Otto Maarsingh

*VU University Medical Center/ Amsterdam Public Health research institute, Amsterdam, Netherlands*

**Introduction:** The dizziness handicap inventory (DHI) is the most commonly used instrument to quantify the impact of dizziness. The 25-item self-report questionnaire for dizzy patients is used to assess impairment, evaluate treatment success and predict continued impairment in the future. However, the completion time of 10 minutes limits its usefulness in daily practice. The DHI-S, an abbreviated 10-item questionnaire derived from the DHI, may be a less time-consuming alternative.

**Objective:** To assess the reliability, validity and predictive validity of a Dutch version of the DHI-S in a general practice population.

**Methods:** We conducted a ten years follow-up of a sample of 210 dizzy patients aged  $\geq 65$  years. Patients filled out a DHI at baseline, two weeks follow-up, six months follow-up and ten years follow-up. DHI-S scores were derived from the DHI. We analysed test-retest reliability and internal consistency of the DHI-S and assessed correlation between the DHI and DHI-S. We performed logistic regression analysis to assess if a DHI-S score could predict substantial impairment after ten years (defined as DHI-score  $>30$ ).

**Results:** The Dutch DHI-S showed good internal consistency (Cronbach's Alpha 0.79-0.89), good test-retest reliability (ICC 0.82) and an excellent correlation with the DHI ( $r=0.91-0.97$ ). In a univariate prediction model a high DHI-S score ( $>16$ ) was shown to be a predictor for substantial impairment ten years later. The DHI-S could become an important tool for GPs in daily practice to swiftly assess dizzy patients and predict which patients are at risk for substantial impairment in the future.

## Oral Communication

### DEPRESSIVE SYMPTOMS AT 13 YEARS AS PREDICTOR OF DEPRESSION IN OLDER ADOLESCENTS: PROSPECTIVE 4-YEAR FOLLOW-UP STUDY IN A NONCLINICAL POPULATION

Cláudia Bulhões<sup>1</sup>, Elisabete Ramos<sup>2,1</sup>, Sónia Dias<sup>3</sup>, Henrique Barros<sup>2,1</sup>

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**Introduction:** Adolescent depression is a growing public health concern, the most important source of disability within individuals with 10-24 years, corresponding to 8% of their incident disability-adjusted life-years, mainly due to the high levels of recurrence.

**Objective:** To analyze the role of depressive symptoms in an early phase of adolescence (13 years) as a determinant of depressive symptoms at 17 years.

**Methods:** Urban adolescents born in 1990 and enrolled in schools of Porto, Portugal, in 2003-2004 (EPITeen study) were evaluated at 13 and 17 years ( $n=1106$ , 55.9% females) and completed a questionnaire comprising health behaviours and Beck Depression Inventory-

Second Edition (BDI-II). Data were analysed separately by sex. BDI-II>13 was the cut-off indicated to define significant depressive symptoms. Regression coefficients ( $\beta$ ) and 95% confidence intervals (CI) were calculated using simple linear regression.

**Results:** The prevalence of depressive symptoms was 11.9% at 13 years (17.1% among girls; 5.3% among boys) and 10.8% at 17 years (14.7% among girls; 5.7% among boys). 6% of girls and 2% of boys were depressed in both assessments. Among the adolescents with depressive symptoms at baseline, 35% had depressive symptoms at the follow-up assessment. Depressive symptoms at age 13 were independently associated with depressive symptoms at 17 ( $\beta=0.35$ , 95%CI 0.28-0.42 among girls;  $\beta=0.37$ , 95%CI 0.30-0.44 among boys). Depressive symptoms at baseline were one of the most significant predictors for later depression, highlighting the relevance of identifying depression at an early phase of adolescence, when “moodiness” is often considered as part of the natural process of maturation.

## Oral Communication

### THE PREVALENCE OF BENZODIAZEPINES IN ONE PRACTICE OF FAMILY MEDICINE

Sanja Bekić, Vjenceslav Martinek

*Family medicine M.Sc. Sanja Bekić, M.D., Višnjevac, Croatia*

**Introduction:** Benzodiazepines are anxiolytics and sedatives – widely used hypnotics. Even though clinical guidelines recommend their short-term application (4-6 weeks), there is an increasing number of patients who take them long-term, for months and even years. A prolonged use of benzodiazepines is becoming a significant public health problem, in the world and in Croatia.

**Objective:** Investigate the prevalence of initial and long-term prescription of benzodiazepines in patients of the one practice of family medicine in a two - month period.

**Methods:** A cross-sectional study was carried out during a two-month period, from March 1 – April 30, 2016. and in 283 (13,65 %) out of 2074 insured health patients some of the following benzodiazepines were prescribed: lorazepam, diazepam, oxazepam, alprazolam, zolpidem and nitrazepam. The data was analysed manually, by counting. The data sources were e-charts.

**Results:** Benzodiazepines are mostly taken by males 50-59 years of age – 27 (29%), and women 70-79 years of age – 46 (24%). Most of them are prescribed to patients diagnosed with diseases under groups F40 - F41.9 according to ICD -200 (70,67%). Alprazolam is the most frequently prescribed benzodiazepine, with 32,34% patients. The longest consumption period was noted with lorazepam - 2,5 mg – 36 years, and the longest period per patient lorazepam a 1 mg – 17,3 years. The average benzodiazepines per patient consumption period is 5,99 years. 21 (7,42 %) patients stopped taking benzodiazepines, most patients – 4 (18,18%) stopped using nitrazepam.

## One slide - 5 minutes presentation

### SLEEP DISORDER IN OLDER WOMAN WITH MULTIMORBIDITY

Sanja Bekić<sup>1)</sup>, Ljiljana Majnarić<sup>2)</sup>

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<sup>2)</sup>*Department for Internal Medicine, History of Medicine and Medical Ethics, School of Medicine University of Osijek, Croatia, Osijek, Croatia*

**Introduction:** Sleep disorder is common in older women, however, associated medical conditions are not fully known, especially in older persons with multimorbidity.

**Objective:** The aim of the study was to identify diagnoses and medications associated with sleep disorder in older women.

**Methods:** Data on the number and types of chronic diseases and medications with impact on mental functions were used from electronic health records of three practices, in the town of Osijek, eastern Croatia. Study duration was 3 months. Sample consisted of 105 women, aged 60-80 y (average  $68.7 \pm 5.1$ SD), consecutive GP attendances, who gave their informed consents. Sleep disorder was identified by the standardised Pittsburgh Sleep Quality Index.  $\chi^2$ -test and Fisher's exact test were used for analysis of differences.

**Results:** The results showed that 73 (78.5%) women had 4 and more diagnoses, indicating a high proportion of multimorbidity. A high proportion of women also had sleep disorder (78 or 74.2%). These women more often suffered from dyspepsia (39 vs 6, or 50% vs 23%) ( $p=0.22$ ) and urinary tract infections (17 vs 0, or 21.8%) ( $p=0.006$ ). Also, a greater number of these women used two or more medications with the impact on mental functions (41% vs 28.2%) ( $p=0.044$ ). Of these medications, significant difference was found for antidepressants (12 vs 0, or 15.4%) ( $p=0.035$ ) and borderline difference for analgesic drugs (27 vs 4, or 34.6% vs 15.4%) ( $p=0.064$ ).

One slide - 5 minutes presentation

## MINI MENTAL STATE EXAMINATION: A USEFUL TOOL OR A BURDEN FOR PRACTICE?

Manuel Gonçalves

*USF do Parque, ACeS Lisboa Norte, ARS LVT, Lisboa, Portugal*

**Introduction:** The concept of dementia includes a group of neurodegenerative disorders characterised by a progressive loss of cognitive function and ability to perform everyday activities. It can also be associated with neuropsychiatric symptoms.

There is a significant global disease burden that is predicted to grow to over 115 million by 2050.

People with symptoms usually go to their primary care practitioner first. The Mini Mental State Examination (MMSE) is a test commonly used as part of the evaluation for possible dementia. However, little is known about the accuracy of this test, especially in primary care.

**Objective:** To determine the diagnostic accuracy of the MMSE in primary care settings as a clinical triage tool.

**Methods:**

- Access "The Cochrane Database of Systematic Reviews" in order to find high quality systematic reviews and meta-analysis addressing the terms "dementia", "MMSE" and "primary care".
- Perform a critical reading of the literature and deliver the results to a broader public.

**Results:** Of the six systematic reviews obtained, only one matched the entire criteria.

The review and meta-analysis appraised the accuracy of the diagnostic test in previously unevaluated people, with or without symptoms, in community and primary care settings.

The results support the use of MMSE as part of the process for diagnosing dementia in low prevalence settings. However, it should not be used alone to confirm or rule out disease and should be interpreted in the context of the individual patient and its daily life.

**Keywords:** Dementia; MMSE; Primary care.

## Oral Communication

### A DIALECTICAL BEHAVIOR THERAPY NATIVE APP AND WEB PLATFORM FOR BORDERLINE PERSONALITY DISORDER PATIENTS AND THEIR FAMILY PHYSICIANS AND THERAPISTS

Eudald Castell

*FUFOSA Health Foundation, Madrid, Spain*

**Introduction:** 6% of primary care patients are diagnosed with Borderline Personality Disorder (BPD), being the main treatment is psychotherapy, individually or/and in groups.

**Objective:** To describe the development process of Medtep DBT, a native app and web platform, based on Dialectical Behavior Therapy (DBT) for BPD patients and their health professionals.

**Materials and Methods:** Development involved five steps: Analysis of the current mobile apps related. Development of a beta version of Medtep DBT in collaboration with family physicians, nurses, psychiatrists, psychologists and BPD patients in knowledge of DBT. Testing the beta version. Content validation of the final version by mental health professionals.

**Results:** Content validity has been granted by psychologist and psychiatrist whose experience with the use of the platform has been satisfactory. Feedback from BPD patients has also been positive.

**Discussion:** Medtep DBT can be very useful for both, BPD patients and health professionals, including not only psychologists and psychiatrists, but nurses and family physicians.; besides being built on evidence-based DBT standards, it is reinforced by BPD patients' and mental health professionals' feedback and collaboration. Even though its content validity has been granted, a pilot study is being carried out to assess its effectiveness.

**Conclusion:** Medtep DBT facilitates BPD patients the accessibility to digital therapeutic tools to register all the information related to the therapy in a more patient-friendly manner versus paper. Moreover, therapists can provide personalized care in a timely manner. So far, Medtep DBT provides a health professionals approach like no other app available in the market.

## Oral Communication

### DEALING WITH THE PSYCHOSOCIAL DISTRESS OF COUPLES WHO ARE FACING FERTILITY PROBLEMS

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**Background:** Individuals dealing with infertility problems are shown to have chronic stress, which can cause various psychological problems. Although the physical aspect of infertility predominates the treatment process, the difficulties and needs which arise from the emotional aspects are more important for family physicians. Certain coping strategies have different impacts on individuals' mental health, and it is important for family doctors to know about and consult the research on those strategies.

**Aim of the Workshop:** To learn how the stress varies among different socio-cultural contexts, to understand different coping strategies that are available in different cultures and societies, and to investigate how family physicians deal with this problem

**Methods:**

Following video clips of *'Twice Born'* directed by Sergio Castellito, there will be a brief presentation of the literature review about infertility and related psychosocial distress. After getting feedback from the audience, the answers to the questions below from each country will be noted.

Questions for the audience:

- What do you think about the relationship between infertility and stress? Are you aware of the patients' stress?
- In what ways do the perceptions of males and females about infertility differ in your culture?
- What kind of coping strategies do couples use?
- Do you give any support to your patients?
- What can be done to address the issues raised by infertility-related stress?

**Results and conclusions:** A road map will be developed through mutual sharing of the experiences.

## Oral Communication

### CHILD AND ADOLESCENT MENTAL HEALTH: FROM BAD BEHAVIOR TO PSYCHOPATHOLOGY

Ana Madeira<sup>1)</sup>, Liliana Moita<sup>2)</sup>, Ana Prata<sup>3)</sup>

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<sup>3)</sup>*Unidade da Mulher, Criança e Adolescente | CHLC, Lisboa, Portugal*

**Background:** Studies estimate that 10-20% of children and adolescents have some kind of mental health issue. Only a small part of those receive appropriate treatment. Initial assessment and orientation of these children represent a common challenge for the family doctor. Considering that child development is an unstable and complex process, it might be difficult to differentiate age-appropriate behaviour from pathology.

**Aim of the Workshop:** To raise awareness for mental disorders in paediatric patients. To share information and techniques which aim to facilitate the recognition, diagnosis and management of behaviour disorders throughout the development stages.

**Methods** Brief introduction about behaviour and psychopathology in paediatric age. Child anamnesis and psychiatric examination. Children approach techniques, doctor-family joint intervention and possible treatment routes. Brainstorm approach to specific clinical cases in order to increase knowledge and stimulate the debate in the audience.

**Results and conclusions:** There are some behavioural symptoms that are common in specific development stages but they are usually transient, less intense, restricted to a specific area of the child's life and do not affect their development or family life. However, symptoms that do not have these characteristics are a matter of concern. It is essential that family doctors know how to identify and characterize behavioural symptoms, to promote early diagnosis and intervention, preventing the development of mental illness.

## Oral Communication

### THE ROLE OF THE GPs IN EARLY IDENTIFICATION OF THE PSYCHOSOMATIC DISORDERS AS BEING THE CONSEQUENCE OF CHILD MALTREATMENT

Irina Angela Radu<sup>1,2)</sup>, Ileana Anca Efrim<sup>1)</sup>, Camelia Bakri<sup>1,3)</sup>, Laura Toc<sup>2)</sup>

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**Background/Aim of the Workshop:** The workshop aims to open the discussions about the GPs' strengths and difficulties in prevention and early detection of the child maltreatment, highlighting the psychosomatic disorders as starting point symptoms.

#### Methods/Results:

The discussions will take place by using clinical cases cards and there will be four topics of awareness:

- 1) The magnitude of the problem and the consequences;
- 2) The link between the child maltreatment and psychosomatic disorders;
- 3) Highlighting the GPs strengths and difficulties in prevention and early detection of the child maltreatment, as one of the main causes of the psychosomatic disorders - sharing the Romanian key facts;
- 4) Highlight on the role of the GPs in prevention of the child maltreatment starting since the preconception period.

**Conclusions:** At the end of the workshop GPs have to find the tips and tricks to identify the link between the psychosomatic disorders and the child maltreatment. And so the GPs may better integrate the prevention interventions for consequent mental health disorders that may result in high morbidity and mortality and future supplementary costs.

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## Oral Communication

### HOW TO APPROACH HEADACHE IN PRIMARY CARE SETTINGS

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**Background:** Occasional headache is regarded as normal for most people, and it becomes a problem at some time in the lives of 40% of Europeans. This brings these disorders amongst the top ten causes of disability. Migraine, tension-type, cluster and medication-overuse headaches account for 99% of the diagnosis. Primary-care physicians should be proficient in

this matter, since unnecessary use of complementary methods of diagnosis and referrals to other specialties are frequent. This delays the diagnosis and is economically demanding.

**Aim of the Workshop:** Share knowledge about the most common types of headache and its diagnosis method. Through clinical cases and role-playing activities we intend to involve the audience. A pocket information tool we will be provided as an instrument to easily guide throughout the workshop.

**Methods:** Brief introduction of the most common headaches and its classification. A systematic approach to patient anamnesis and physical examination. Differential diagnosis of life threatening causes of headache. Methods of evaluation the disease burden and its evolution through time. Brainstorm approach to specific clinical cases in order to increase knowledge and stimulate the debate in the audience.

**Results and conclusions:** Patient's clinical history is the primary diagnostic tool and should be applied in the initial assessment of headache. When thoroughly taken, it is often sufficient to determine if there is a potentially threatening secondary cause of headache. Demographic differences between patients, its comorbidities and symptoms can guide the patients' assessment and help in the right diagnosis and management of headache.

One slide - 5 minutes presentation

## PSYCHOTHERAPY PILOT PROGRAM FOR BENZODIAZEPINES DEPRESCRIPTION IN ANXIETY DISORDERS

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CAPSBE, Barcelona, Spain

**Introduction:** Anxiety disorders are one of the most frequent causes of consultation in primary care, with a prevalence that range 9 to 20%. There is an important variability in the pharmacologic treatment of anxiety disorders that contributes to the excessive medicalization. Psychotherapy has proven effective to decrease benzodiazepines.

**Objective:** Deprescribing benzodiazepines in patients with anxiety disorders through a psychotherapy program.

**Methods:**

Design: before-after clinical trial without control group.

Period: July 2015 to October 2016.

Area: Two urban primary care health centers.

Selection criteria: patients aged 18 to 60, diagnosed with an anxiety disorder over the last 5 years, on current treatment with benzodiazepines.

Exclusion criteria: current follow-up by mental health professional, active drug addiction.

Sample size: Was estimated in 120 patients.

Intervention: Each individual received seven sessions of individual psychotherapy, one-hour-long, Goldberg test, QoL test were used to quantify anxiety and quality of life respectively, and performed at the first, third and last session. Consumption of benzodiazepine gradually reduced in each session with a withdrawal schedule.

Statistic analysis: Univariate analysis, to compare pre and post intervention results, Wilcoxon paired t test was used for quantitative variables and McNemar test for qualitative data.

**Results:** We recruited 123 participants, 107 (87%) of whom completed the study.

Goldberg's test decreased from 90 (84.1%) at baseline to 39 (36.4%) cases at the end. In the QoL, a linear increase of 10 units was observed in the mental component.

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At the end of the program, 61 (57%) patients withdrawn benzodiazepines intake, 34 (31.8%) decreased it and 12 (11.2%) remained on the same regime.

Our study suggests it may help to reduce benzodiazepines prescription.

## Oral Communication

### WHOLE PERSON HEALTH: INTEGRATED PRIMARY/BEHAVIORAL/SOCIAL CARING

Kim Griswold<sup>1)</sup>, Meghan Chambers<sup>1)</sup>, Joan Kernan<sup>1)</sup>, Dianne Loomis<sup>2)</sup>, James Butcher<sup>3)</sup>

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<sup>3)</sup>Lakeshore Behavioral Health, Buffalo, NY, United States

**Introduction:** “Whole Person Health” is an integrated primary care/mental health clinic within behavioral health; serving patients with SMI in Assertive Community Treatment (ACT); and patients with less severe behavioral/substance use disorders enrolled in a Medicaid “health home”. A health home is care management whereby all of an individual's caregivers communicate, addressing needs comprehensively. We report on differences found between patients served.

**Objective:** Determine if collaboration of care management, physical and psychiatric expertise, social services and peer supports improve health outcomes.

**Methods:** With consent, patients are interviewed at intake and at 6-month-intervals. Levels of need (LON) are based on condition severity, housing status, and other social parameters. Health outcomes include blood pressure/Hemoglobin A1C/substance use/lipids/patient satisfaction.

**Results:** Preliminary analysis: based on 150 Health Home & 50 ACT clients. Patients form a diverse consumer group: 40% African American, 27% Hispanic, 8% multiracial, 62% ages 35-64, 54% Male, 38% have less than high school degree, 7% employed, 11% homeless. ACT clients present higher levels of need. Between baseline and 6 months, trends indicate improved housing situations and better blood pressure control in both groups. ACT clients have higher rates of DM2 and tobacco use at both time points. The majority of clients in each group expressed satisfaction with clinic provision/ancillary services. The approach supports a triple aim of improving the health of all individuals with mental and physical illnesses: enhancing the consumer experience of care (quality, access, and reliability); and reducing the per capita cost of care.

## Oral Communication

### SAILING ON FOGGY WATERS

Oana Sever-Cristian, Boros Melinda

Centrul Medical Matei Basarab, Bucuresti, Romania

**Introduction:** In primary care 40% of the patients could not get a “diagnostic label”.

The unspecific symptoms make a “foggy” clinical picture.

The doctor has to navigate through this fog in search of a positive diagnosis.

**Objectives:** Average recognition rates of psychiatric illness in primary care is less than 50%. Why do the GPs fail so often to identify a psychiatric condition compared with a physical one?

**Methods:** In this prospective, small scale investigation (12 GPs and 26383 patients visits in 12 months), we used the interview method and a questionnaire for assessment of the diagnostic skills for anxiety, depression and alcoholism. We also had access to the data concerning the number of visits, referrals and investigation per patient in the previous 6 months and initial diagnosis established by the doctors.

**Results:** Most of these patients presented with medically unexplained symptoms. All of them were thoroughly investigated and reassured. Most of them (64%) were not offered a „psychiatric” explanation for their symptoms at the first visit and were not referred to psychiatric services.

All the doctors fared at least satisfactory at a questionnaire about the diagnosis of anxiety, depression and alcoholism.

**Conclusions:** We might conclude in an optimistic mood that, in spite of these difficulties, the performance of the GPs is actually not so bad. Yet, it is a lot to be done to improve their psychiatric diagnostic skills.

## 3.15. Musculoskeletal problems

### Oral Communication

#### THE A, B, C OF PEDIATRIC ORTHOPAEDICS

Inês Domingues Teixeira<sup>1)</sup>, Elisabete Ribeiro<sup>2)</sup>, Ana Menezes Sanches<sup>1)</sup>, Patrícia Rodrigues<sup>3)</sup>

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**Background:** Orthopaedic complaints are one of the main concerns of parents and, consequently, one of the main reasons in children’s medical appointment. Most of orthopaedic problems are related to structural changes that can be controlled by surveillance or conservative treatment in Primary Health Care Units. However, some of them require an early diagnosis and the application of the appropriate treatment in order to alter the final prognosis. Due to the impact on children’s quality of life, it’s important for the Family Doctor to understand and distinguish between physiological and pathological situations.

**Aim of the Workshop:** Our main objective is to supply knowledge to allow a structured approach to the main pathologies of pediatric orthopaedics: identification of the main symptoms and red flags, conducting an oriented physical approach, the main maneuvers, differential diagnosis practice, providing initial treatment and the application of the reference criteria.

**Methods:** Summary approach of each of the following conditions: dysplastic hip disease, axial deviations of the lower limbs, main foot deformities, postural deviations and osteochondrosis. In each pathology, a brief theoretical introduction will be made, focused on clinical presentation, anamnesis, objective examination, complementary diagnostic exams, therapeutic options and referral procedures. A take-home message will be provided with the main points addressed to trainees.

**Results and Conclusions:** We believe that the transmission of core theoretical concepts and the discussion of the main difficulties experienced in clinical practice can demystify myths and

overcome some problems, enabling Family Doctors to adopt a systematic and assertive approach to orthopedic pathology.

One slide - 5 minutes presentation

## OVER-TREATMENT: MENISCECTOMY IN OVER-FIFTY-YEARS-OLD PATIENTS

Ernesto Mola<sup>1)</sup>, Giulia Cusmano<sup>1)</sup>, Fabrizio Quarta<sup>2)</sup>

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**Introduction:** Overtreatment, in the strict sense, may refer to unnecessary medical interventions, including treatment of a self-limited condition (overdiagnosis) or to extensive treatment for a condition that requires only limited treatment. It is very challenging for current medicine to avoid the risk of over-medicalization, because constantly improving technology causes a massive increase of the number of diagnostic exams, surgical and medical treatment.

Arthroscopic meniscectomy is not usually indicated in people with cartilage degenerative alterations but, in recent years, an increasing number of adults has been undergoing that kind of surgery.

**Objective:** Verifying how many arthroscopic meniscectomies occurred in people over-fifty-years-old in the last years in the Lecce health district (Southern Italy).

**Methods:** From collecting data of Lecce Health District we obtained some information concerning: the number of knee MRI or CT in the last 9 years in patients over-fifty-years-old, and the number of interventions of meniscectomy in the last 3 years for the same category of patients.

**Results:** Despite meniscectomy guide-lines, a significative number of over-fifty-years-old patients, who are expected to have at least initial cartilage degenerative alterations, underwent arthroscopic surgery during the analyzed period. operated in arthroscopy. Many of these surgical interventions can be considered overtreatment because the patients will likely develop, after that, a more severe knee arthrosis in the surgically treated knee.

Oral Communication

## SLEEP DISTURBANCE RELATED TO NOCTURNAL LEG CRAMPS IN GENEVA: A PROSPECTIVE OBSERVATIONAL STUDY

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**Introduction:** Cramps are involuntary painful muscle contractions. They affect almost one in two people over 60 in primary care. In declarative retrospective study performed among different types of setting, cramps were shown to cause severe pain and sleep disturbance. At present, in order to relieve cramps, no intervention is known to be both effective and without danger. Further studies are needed to assess therapeutic options, but before considering a randomized controlled trial, we wanted to confirm the burden related to cramps in a primary care setting.

**Objective:** The objective of this study was to prospectively explore the cramps, frequency, duration, severity and sleep disturbance.

**Methods:** We prospectively enrolled 102 patients aged 50 years and older at 14 general practices in Geneva – Switzerland between March 2014 and September 2015. Questionnaires and daily log were distributed to patient to prospectively obtain information about demographics, cramp frequency, severity, sleep disturbance, and treatment. A research assistant realized 3 telephone interview during the the study. All documents were send-back to our team at the end of the study.

**Results:** Among the 102 people included, 86 (86%), reported cramps during the 2 weeks of the study. Overall cramp frequency was 2,26/week, overall duration was 5 minutes. Overall severity was 4,17 on analog numerical scale from 0 to 10, overall sleep disturbance was quoted 5,28 on analog numerical scale from 0 to 10. Overall Pittsburgh sleep quality index was 7, while 28 patients reported a score >8 and 46 reported a score >5. These results confirm the severe pain and sleep disturbance already showed in previous studies and open the door to further research in this field.

## 3.16. Emergencies and trauma

### Oral Communication

#### RETROSPECTIVE EVALUATION OF THE HEART RISK SCALE IN PATIENTS WHO DID ACCESS TO URGENCIES WITH NON-TRAUMATIC ACUTE THORACIC PAIN

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**Objective:** To assess the efficacy of the clinical risk score of HEART in patients who presented with non-traumatic acute chest pain to an emergency department by means of the prevalence of diagnostic error of major adverse cardiac event (MACE) in the next 6 weeks.

**Methods:** The independent variable includes patients who presented with non-traumatic acute chest pain suggestive of ACS without ST elevation in the first ECG (NSTEMI-ACS), who will be stratified with the HEART score based on data from the clinical history, First troponin and ECG. The main dependent variable that is the MACE within the next 6 weeks will be obtained later: AMI, death from any cause, Percutaneous Coronary Intervention (PCI) and Coronary Revascularization Surgery (CABG). The performance of the HEART score will be reflected in the stratification performed and the MACE within the next six weeks, through the retrospective follow-up according to the record in the SAP clinical file of the Hospital.

**Results:** Low HEART scores (0-3) were calculated in 37.5% of patients, MACE occurred in 1.8%. In patients with scores of 4-6, MACE was diagnosed in 17.1%. In patients with high scores (7-10), MACE occurred in 51.1%. The c-statistic of the HEART score (0.85) was significantly higher than that of TIMI (0.75) and Grace (0.70), respectively (p < 0.05).

### Oral Communication

#### NURSEMAID'S ELBOW: APPROACH CONSIDERATIONS

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**Introduction:** Nursemaid's elbow (NE) or radial head subluxation represents one of the most common trauma pathology meet in pediatric practice. The therapeutic management it is an interdisciplinary team work. 27% of all trauma presentations between 0 -6 years of age are NE, according to international literature.

**Objective:** Optimizing interdisciplinary GP- pediatric ortopaedist team results in healing and patient safety procedures reducing NE in children 0-6 years.

1. NE in children 0-6 years-diagnosis elements
2. Observational study results
3. Practical training done with the GP's by a Pediatric Orthopaedist, the Interdisciplinary team –to obtain optimized results and patient safety

**Methods:** Many patients that come to E.R. for radial head subluxation went first to the GP then to the Pediatric Orthopaedist. Reducing the Nursemaid's elbow can be done also in the GP's office, if a correct case history is done and the reduction is correctly applied. In 6 months of study we had 20% of all trauma presentation between 0-6 years of age with NE. We trained 150 GP's to learn and to be able to apply the correct reduction technique.

#### **Results:**

Placing this reduction technic in the GP's office:

1. The patients suffering is reduced faster. NE is an important pathology that occurs to childrens 0-6 years.
2. Making: correct case history, full clinical exam, checking if no other trauma exist, GP can establish diagnosis and performing treatment. A correct case study can easily obtain the diagnostic.
3. Cost efficiency-The number of patients that are forwarded to the E.R. are reduced. Good communication and training between GP and pediatric ortopaedist allows fast reducing patient pain and healing.

#### **Oral Communication**

#### **PILOT STUDY ON UTILITY OF OTTAWA ANKLE RULES IN AN EMERGENCY DEPARTMENT**

Vanessa Martinetti, Francisco Campillo Palma, Carlos Avilés Hernández, Francisca María Parra Martínez, Alba Castañeda Pérez-Crespo, Jorge Zieleniewski, Natalia Aguilar Lorente, María Rodríguez Romero

*Jesús Marín" Primary Care Centre, Molina de Segura, Murcia, Spain*

**Aim:** Exploring the usefulness of the Ottawa rules (OR), to indicate radiography and to rule out ankle/midfoot fracture, in patients treated at hospital emergency departments.

**Methodology:** Pilot study of validation of diagnostic tests (observational, descriptive, prospective). Criteria Inclusion: Patients treated with acute traumatic foot in hospital emergency department (December 2015-February 2016). Exclusion criteria: age <18 years, neuropathy, associated skin lesions, policontusionate, TBI, evolution > 10 days and intoxication.

Variables: OR points:

Malleolar pain, and one of following: bone tenderness at 6cm posterior edge or tip of lateral/medial malleolus, inability to support weight after injury or during 4 complete steps

Midfoot pain, plus one of following: pain on base of 5th metatarsal or navicular, inability to support weight after injury or during 4 complete steps.

Positive Ottawa if malleolar and/or midfoot pain and at least another point of OR.

Gold standard: Fracture (radiographic validation by emergency radiologists). Interobserver kappa index (KI) performed. Analysis of sensitivity, specificity, predictive values and likelihood ratio for OR.

**Main results:** 65 patients attended, 48 included. Mean age=39.6 ± 16.6 years. 50% women.

KI: moderate-good >0.4. Frequency of fractures: 10%. Sprain grade1: 54.2%

OR reached for diagnosis of fracture: Sensitivity=100%, Specificity=65% (IC95 54-75%),

Positive Predictive Value=25% (IC95 6.03-43.9%), Negative Predictive Value=100%,

Probability Ratio Positive=2.86.

#### **Conclusions:**

- Application of OR, seems to be a reliable indicator to rule out ankle /midfoot fracture in hospital emergencies.

- OR would entail less number of radiographic tests, with the consequent economic saving and would avoid unnecessary radiations.

### 3.17. Skin and soft tissue problems

One slide - 5 minutes presentation

#### **A RETROSPECTIVE ANALYSIS OF THE PATIENTS WITH PRESSURE ULCERS FOLLOWED-UP BY A GOVERNMENTAL HOME CARE SERVICE**

Serap Cifcili, Saliha Sahin, Arzu Uzuner, Pemra Cobek Unalan, Mehmet Akman, Cigdem Apaydin Kaya

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**Introduction:** Pressure ulcers (PU) compose a great burden on health services. There are several studies on PUs in institutional settings yet not in the home care patient population.

**Aim:** We aimed to evaluate the natural history and socio-demographic risk factors of PUs among home care patients.

**Methods:** Home care unit of Marmara Medical School Pendik Teaching Hospital, which is directed by Family Medicine department is providing service to a socially deprived district of İstanbul. All patients' (n=936) files recorded by this unit between 2012-2015 were screened. Patients who had PUs were included in the analysis. Following information were gathered from the patient files: socio-demographic characteristics; information about the household and caregiver; clinical and functional status of the patients, information about PUs, duration of follow-up and outcome of each episode were recorded. Besides descriptive analysis; chi-square, Student's t-test and Mann-Whitney-U tests were used.

**Results:** Of 99 (10%) patients 174 PUs were recorded. Sixty-five (%65,7) were women. Median age was 80 (9-95) and 64,6% had a very low income (<500 Euros). Half of the patients had more than one PU. Most common wound sites were sacral and both ischial areas. Of the PUs 18(10%) was grade 4. A wide range of treatment modalities according to the most recent guidelines was used. Most of the wounds 116 (67%) were healed. However, 15 (8%) patients developed new PUs. Majority (63,6%) of the patients died during follow-up. Older age and

lower income were predictors of death. In conclusion; a greater effort should be given to provide prevention of PUs especially to the patients with low socio-economic status.

## Oral Communication

### SKIN PIGMENTATION AND MORE - AN USUAL PRESENTATION OF POLYNEUROPATHY, ORGANOMEGALY, MONOCLONAL GAMMOPATHY AND SKIN CHANGES (POEMS) SYNDROME

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**Introduction:** Patients presenting with different skin pathologies are commonly encountered by physicians. Often times these are primary skin conditions however, it could be a manifestation of an underlining medical pathology.

**Objective:** This case portray the importance of careful and calculative approach to diagnosis and management of patients presenting with atypical symptoms. Skin pathology might be a manifestation of an underlining disease and shouldn't be dismissed.

**Methods:** We obtained the clinical history, laboratory results, radiological investigations and biopsy results.

**Results:** A 62 year old woman presented with 1 year history of generalised skin pigmentation and was referred to the rheumatology clinic. In the 3 months prior to her presentation, she had also developed lower limb symptoms consistent with a progressive ascending neuropathy. Her background medical history was notable for hypothyroidism, spontaneous angioedema and type II diabetes mellitus. She was admitted for further investigations including serum and urine protein electrophoresis revealing moderate non-selective proteinuria. Nerve conduction studies confirmed a generalised length dependent sensorimotor neuropathy. She proceeded to imaging investigations with an MRI spine revealing a destructive expansile 7.5cm soft tissue mass centre within the body of the sacrum with invasion into the pre-sacral soft tissue. A guided biopsy performed showed light chain plasma cells in keeping with a plasmacytoma. Given clinical presentation and result of investigations, a diagnosis of POEMS syndrome was made and was commenced on treatment by the Radiation Oncology and Haematology team.

## Oral Communication

### ABOUT A CLINICAL CASE: RECURRENT MOUTH ULCERS

Maria Filipa Figueiredo, Ana Rita Aguiar, Gustavo Santos  
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**Introduction:** Recurrent aphthous stomatitis occurs in 20% of the population, commonly in higher socioeconomic groups and women between 10-19 years old. Oral lesions can be classified into: minor (80%), major and herpetiform. The main factors are trauma, iatrogenic, food allergy, nutritional deficits and stress. However, may also appear as a manifestation of a systemic disease. In this situation, holistic and continuous approach of the patient, characteristics of family medicine, are especially important.

**Description:** Female patient with 33 years old. Past medical history: chronic gastritis, GERD, depressive syndrome, intestinal fistula, G2P2+0. She sought medical help at 7/11/2016 for generalized joint pains, with morning stiffness, with more than 1 year of evolution, appearing

after second pregnancy. Additionally, she describes almost daily episodes of aphthous oral ulcers, since her childhood, often debilitating and, easy fatigue with years of evolution. There was also a documented chronic anemia and several prior doctor's appointments because of nonspecific abdominal pain and rectal bleeding. Physical examination showed discoid, erythematous lesions in the dorsal region of the forearms. Analytical study with hemogram, PCR, VS, biochemistry and immunological study was requested given the long-term cumulative symptoms and suspicion of an autoimmune disease.

**Discussion:** Recurrent oral aphthosis has a significant prevalence in the general population with several and multifactorial causes. They can represent simple painful lesions but, they may also integrate an underlying and underdiagnosed systemic disease. This highlights the importance of the continuity of care provided by the family doctor, in which the combination of complaints, often unspecific and time-spaced, led to a presumptive diagnosis.

One slide - 5 minutes presentation

## HERPES ZOSTER AS A CLUE – A CASE REPORT

Inês Pereira, David Neves, Isabel Nunes  
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**Introduction:** Hesper-zoster is an acute viral infection caused by the reactivation of Varicela Zoster Virus, with a lifetime incidence of 10-20%, increasing with age. Factors as anxiety, immunosuppression and others, promote the reactivation of the disease. Atypical presentations could mandate further evaluation, especially when there are confounding factors.

**Objective:** Emphasize the importance of clinical investigation on atypical presentations of common diseases in older people.

**Methods:** We describe the case of a 78 year old man, with multiple chronic morbidity. He started manifesting a vesicular exanthema, starting from the left lumbar region, progressing through the medial surface of the ipsilateral thigh and leg until the medial malleolus. He starts with pain complaints at day 4 in the left iliac region, irradiating to the groin and anterior surface of the left thigh. This was an inaugural zoster infection, which occurred while the patient was waiting for the results of a prostatic node biopsy. Being an atypical zoster presentation, and with the suspicion of a regional carcinoma, we asked for an analytic study and an abdomino-pelvic CT, which were inconclusive. Soon after, the prostatic biopsy confirmed the presence of a prostatic adenocarcinoma.

**Results:** This case describes an unusual presentation of zoster. The affected dermatomes (L3-L4) and the timeline and characteristics of the neuralgic pain are not the most frequent. In this patient, its characteristics could be due to a paraneoplastic manifestation of a probable cancer. Considering the multiple co-morbidities, we considered it was justified further investigation, which is usually not necessary in most cases of zoster.

One slide - 5 minutes presentation

## DISSEMINATED HERPES ZOSTER IN CHILDHOOD - CASE REPORT

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**Introduction:** Herpes zoster inflames the sensory root ganglia, the skin of the associated dermatome, and sometimes the posterior and anterior horns of the gray matter, meninges, and dorsal and ventral roots. Disseminated Herpes Zoster (DHZ) is more severe and frequent in immunocompromised patients. In this case we discuss a rare occupation of DHZ on a child with no risk.

**Case:** 15-year-old adolescent boy presented with a five day history of pain on his right upper chest, right upper dorsal side and lower arm associated with vesicular dermal lesions (filled with dark green mucus especially on the right upper chest). There were mild ALT and AST elevation. The diagnosis was DHZ according to anamnesis and clinical findings. Intravenous Aciclovir and intravenous Cefazolin (for secondary infection) were given. The patient completely recovered in 15 days and discharged with cure.

**Discussion:** Zona is usually a self-limited, but can be far more serious; in addition, acute cases often lead to postherpetic neuralgia (PHN). Symptoms tend to resolve over 10-15 days and complete healing may require up to a month. DHZ usually are noted as pain or less commonly, itching or paresthesias. Other symptoms may accompany like malaise, myalgia, headache, photophobia, and, uncommonly, fever. 5% of patients with varicella may have secondary bacterial infections (Group A Streptococcal or Staphylococcus aureus). The disease mostly seen on thoracic region. Antiviral treatment may decrease duration of illness and possibility of postherpetic neuralgia. As a result even DHZ is common in immunosuppressive children, all children may have this disease.

### 3.18. Occupational health

One slide - 5 minutes presentation

#### ELEVATION OF LIVER ENZYMES - BESIDES ALCOHOL AND VIRAL INFECTIONS

Annamária Mohácsi<sup>1)</sup>, Ana Sardo<sup>2)</sup>, Joana Guerra<sup>2)</sup>, Melinda Séra<sup>3)</sup>, Ana Rita Correia<sup>4)</sup>

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**Introduction:** Elevated liver enzymes (LE) in routine blood tests are frequent findings in primary care. Gamma-glutamyl transferase (GGT), Alanine transaminase (ALT), Aspartate transaminase (AST) and Alkaline phosphatase (ALP) are sensitive, but not specific markers regarding etiology. The most common causes for elevated LE are alcohol, viral infections and drugs.

**Objective:** To highlight the importance of a detailed clinical history in order to obtain correct diagnosis and treatment.

**Method:** Case study.

**Results:** Female, 51 years old, nurse, personal history of dyslipidemia. A routine investigation revealed elevated GGT and ALT levels, with normal AST and ALP, without any history of recent alcohol or drug intake. Later investigation revealed a normal liver ultrasound scan, negative hepatitis serologies and normalized liver function, but high GGT levels. A complete medical history revealed that the patient was an operating room (OR) nurse, complaining about

sleepiness at work. She also said that she took the last laboratory tests while on holiday. The patient repeated the liver function tests while working, only to confirm the elevated LE.

**Conclusion:** Evaluating a patient with elevated LE consists of laboratory investigations and detailed medical history. It is important to ask about exposure to chemicals, not forgetting the more obvious questions about alcohol and drug intake. In this case the probable cause of the elevated LE were the inhalatory anesthetics of the OR and a complete medical history, including the occupational exposure to anesthetic gases was fundamental to reach diagnosis and implement proper treatment.

### 3.19. Oncology and palliative care

One slide - 5 minutes presentation

#### RANDOMIZED CLINICAL TRIAL ON EFFECTIVENESS OF TRANQUILIZING CLASSICAL MUSIC ON PAIN, ANXIETY AND MOOD MODULATION IN CANCER PATIENTS

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**Introduction:** Pain is the commonest and most distressing symptom suffered by cancer patients. It is closely associated with anxiety and depression and is also frequently not alleviated with pharmacotherapy alone. Although a myriad of therapeutic effects of music have been known for years, they have not been studied on Sri Lankan cancer patients.

**Objective:** To assess the short-term effect of tranquilizing classical music on pain, anxiety and mood modulation in cancer patients.

**Methods:** A randomized crossover clinical trial was carried out in institutionalized cancer patients (n = 23). Statistical comparison of subjective (Visual Analogue Scale) values for pain, anxiety and mood as well as objective measurements of sympathetic over-activity (vital parameters and pupillary size) which are closely correlated to pain was carried out on two consecutive days without and with administration of music. Effect was assessed immediately following administration.

**Results:** Statistically significant improvements were noted in all three subjective parameters; namely pain, anxiety and mood; (p < 0.05) with administration of music when compared to regular symptomatic medication alone. There have also been statistically significant reductions in surrogate endpoints; the pupillary size and diastolic arterial pressure (p < 0.05). Declines noted in the heart rate and the systolic blood pressure were insignificant. Tranquilizing classical music shows a significant effect as an adjunct to on-going therapies in the management of pain, anxiety and low mood in cancer patients. Further studies are required to determine the duration that these favourable effects last.

Oral Communication

#### THE DICKENS STUDIES - DURATION OF THE DIAGNOSTIC CANCER CARE PATHWAY IN THE NETHERLANDS

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**Introduction:** To improve the diagnostic process and reduce disease burden, shortening the diagnostic cancer care pathway is largely pursued.

**Objective:** We set out to chart the duration of the diagnostic cancer care pathway for the Netherlands.

**Methods:** Retrospective cohort study using cancer patients' anonymized routine primary care data (free text and coded) linked to the Netherlands Cancer Registry. We determined median (interquartile ranges, 90<sup>th</sup> percentile), and mean (standard deviations) duration of the: 1. Primary Care Interval (IPC) i.e. first cancer related GP consultation to corresponding referral. 2. Referral Interval (IR); referral to histological diagnosis. 3. Treatment Interval (IT); diagnosis to treatment initiation, 4. Diagnostic Interval (ID): first GP presentation to diagnosis.

**Results:** We included 465, 309, 197, 237 and 149 patients for breast-, colorectal-, lung-, prostate cancer and melanoma, respectively. IPC, IR and ID durations were shortest for breast cancer and melanoma and longest for colorectal and prostate cancer. IPC duration was 1 day (IQR 1-1) for breast cancer, 8 days (IQR 1-59) for colorectal cancer, 13 days (IQR 2 – 36) for lung cancer, 14 days (IQR 3 – 153) prostate cancer and 1 day (IQR 1 - 1) for melanoma. Median ID durations were one to eight weeks, with 25% of durations over two to 17 weeks. For all cancers ten to 25 percent of patients shows substantially long duration of intervals.

## Oral Communication

### TIME TO REFERRAL AFTER ALARM SYMPTOMS FOR COLORECTAL CANCER IN PRIMARY CARE

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**Introduction:** Alarm symptoms are pivotal for recognising colorectal cancer (CRC) in primary care.

**Objective:** To assess the time to referral after presentation of alarm symptoms for CRC patients in Dutch primary care.

**Methods:** Retrospective observational study among CRC patients presenting in primary care with 'established alarm symptoms' or 'alarm symptoms according to Dutch guideline for rectal blood loss (RBL)', registered with CRC in both routine primary care data and the Netherlands Cancer Registry between 2007 and 2011. Duration (median days, IQR, P90) and reason for long duration (>P90) were extracted from free text routine primary care data.

**Results:** Among CRC patients presenting in primary care, 62% presented with an 'established alarm symptom': 43% of all patients reported RBL; 21% weight loss and 15% a palpable mass. 'Alarm symptoms according to Dutch guideline' included; RBL combined with age over 50: 37%, RBL and changes in bowel habit: 30%, RBL and absence of perianal abnormalities: 36%. Median duration from alarm symptom to referral was one day, except for weight loss (five days). In cases with RBL and "perianal abnormalities present", median duration was 47

days (IQR: 1 to 117). Longest duration (>P90) started at 9 days (palpable tumour), 128 days (RBL) and 225 days (weight loss). Main reason >P90: 'non-cancer diagnosis more likely' or 'patient induced'. The main obstacle hampering fast diagnosis of CRC in primary care is the masking effect of perianal abnormalities.

## Oral Communication

### TIME SERIES ANALYSIS OF QOL OF THE CANCER PATIENTS: THE CORRELATION BETWEEN DAILY LIVING SYMPTOMS AND SYMPTOM DISTRESS

Namiko Hamada<sup>1)</sup>, Tadashi Miyamori<sup>2)</sup>, Hiroshi Ishiguro<sup>2)</sup>, Kazuo Ieki<sup>3)</sup>

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**Background:** In palliative care, it is very important to monitor patient QOL so that it is reflected in a positive way during daily care. However, studies have shown how much the activities of daily living and symptom distress affect QOL and that estimated the mutual relations are rare, while patients' condition changes every day.

**Aims:** To study the correlation between daily living symptoms (DLS) and symptom distress (SD) over time, which affects general QOL changes. **Methods:** We conducted an epidemiological investigation of clinical data from Kawasaki Municipal Ida Hospital collected using objective evaluations from October 1998 to April 2014. We investigated 584 patients with terminal cancer that had survived more than 30 days after hospitalization in palliative care. The chronological change of both SD and DLS factors are analyzed. DLS factors included intake, conversations, ambulation and pastime. On the other hand, SD factors related to pain, fatigue, respiratory symptoms, abdominal symptoms, psychotic and/or neurological symptoms. Their mutual causation was analyzed.

**Results:** The correlation of DLS (RC=0.91-0.97) with QOL was stronger than that of SD (RC=0.26-0.74) with QOL. All individual factors are correlated to the DLS total. Regarding SD factors, especially two factors (pain and fatigue) have a significant correlation to total SD. As for breast cancer patients, psychological symptoms show correlation with SD total.

**Conclusion:** That is, if you improve 1 DLS factor, all factors are affected, improving the QOL. On the other hand, for the management of symptoms, pain and fatigue contribute to the overall total of SD. For terminally ill patients, DLS factors have more effective than SD factors on the general conditions of terminal cancer patients. In other words, maintenance and improving of the patients' DLS – namely helping them to live independently – may improve the QOL of patients.

## Oral Communication

### SCREENING AND DIAGNOSING OF COLON CANCER AT THE PRIMARY CARE

Margaret Palka

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**Justification:** The struggle against colorectal cancer (CRC) is one of the health priorities worldwide. Currently CRC is the third leading cancer worldwide. The World Health Organization predicts a rise in its incidence by of 77% and 80% increase in mortality by 2030.

Wide educational services must be improved, given that currently 55% of patients with a strong indication for early CRC screening are not referred for it.

**Content:** Population-based CRC screening has been proven to be effective in reducing mortality has been adopted in a majority of countries where two CRC screening programmes exist: the fecal occult blood test (FOBT) followed by colonoscopy in positive patients and colonoscopy alone. Czech Republic uses the first one, while Poland practices the latter. In workshop led by European Society for Primary Care Gastroenterology (ESPCG) members updated epidemiological data, invitation methods, participation strategies and insights into the reasons for non-participation will be presented in various health care systems. Finally, educational cases will be introduced and analyzed. A space for discussion on future GP involvement, attitudes to CRC screening will be provided.

**Keywords:** future CRC screening, primary care, FOBT, colonoscopy.

## Oral Communication

### CHOOSE WISELY, A CONSULTATION WITH THE GENERAL PRACTITIONER BETWEEN DIAGNOSIS AND THERAPY CHOICE FOR CANCER PATIENTS

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**Introduction:** After cancer diagnosis, patients often experience an emotional rollercoaster in which complex choices have to be made quickly. A time out at the GP between diagnosis and therapy choice, entitled the 'Choose wisely consultation', possibly improves decision making. Particularly if it succeeds at facilitating a personalised approach to weighing therapy options in the light of personal preference and context.

**Objective:** For the Choose wisely consultation, this study aims (1) to assess the desirability-, the effect on shared decision making and satisfaction with therapy choice, (2) to optimise and personalize the content of the Choose Wisely consultation for a variety of cancer populations, (3) to chart the conditions for successful implementation and the main determinants of treatment choice.

**Methods:** We used a mixed methods approach, including semi-structured interviews, focus groups and questionnaires. Outcomes were determined for three different cancer patient groups: 1) 70 years or older treated with curative intent, 2) 70 years or older receiving palliative treatment, and 3) age between 18 and 70 receiving palliative treatment.

**Results:** The first interviews, among patients treated with curative intent and their health care providers, show that the consultation is appreciated by both patients and their health care providers. For this population, the main determinant of treatment choice was 'the physicians advice'. The main facilitator of success is the possibility to provide a tailored approach for each patient. Evaluations for each population are ongoing and will be presented at the conference.

One slide - 5 minutes presentation

## ANTIMICROBIAL PRESCRIBING AMONG THE DYING PATIENTS IN A PALLIATIVE CARE UNIT WITH DYING PREPARATION.

TsaiFan Chen

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**Introduction:** The decision whether to treat an active or suspected infection or to withhold or withdraw an antimicrobial treatment in end-of-life care may be difficult. “Dying Preparation” (DP) would be initiated while the patient’s approaching death is recognized by the palliative care team, which includes breaking bad news, explaining the dying symptoms and signs, and providing the guide of death preparation to the caregivers.

**Objective:** We sought to characterize antimicrobial use among patients receiving DP, as well as the impact of DP on the medical decision making among antimicrobial treatments.

**Methods:** Retrospective chart review of patients expired in the palliative care unit of one southern regional teaching hospital in Taiwan from January 2015 to December 2016.

**Results:** Of 516 patients expired in the palliative care unit, DP was initiated in 495 (95.9%). The mean duration between dates of DP initiation and the death was 7.1±9.3 days. Among the patients with DP, 266 (53.7%) received antimicrobial treatments. Although many focuses of infection couldn’t be identified (44.1%), the main indications for antibiotics were lower respiratory tract infection (31.2%) and urinary tract infection (15.6%). Empiric therapy was most commonly prescribed (71.5%), and Levofloxacin and Ceftriaxone were two of the most frequently used agents (13.2% and 10.6% respectively). Out of 316 patients receiving antibiotics before DP initiation, 66 (20.9%) withdrew antibiotics while DP initiation and 74 (23.4%) withdrew antibiotics within three days after DP initiation. Our results suggest that DP has the impact on the medical decision making of antimicrobial treatments and may facilitate antibiotic withdrawal among the dying patients.

One slide - 5 minutes presentation

## CONTINUOUS BEREAVEMENT CARE IN PALLIATIVE CARE - INTEGRATION OF HOSPITAL-BASED PALLIATIVE CARE TEAM AND COMMUNITY VOLUNTEERS

Mu Huan Koung

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**Introduction:** Family physicians provide health care for people from birth to death. Anticipatory grief and further bereavement care is an important task for palliative team, who provide comprehensive care for terminal patients and their family who suffer from physical, psychological, and spiritual distress.

**Objective:** This continuous care is provided to relieve not only the distress of patients' but also the burdens of their family. This study is to evaluate integration of hospital-based palliative care team and community volunteers in long term continuous bereavement care.

**Methods:** A patient with cancer diagnosis is registered to our social service system and will be followed up by our team. We use Brief Symptom Rating Scale (BSRS-5) to evaluate patients' family, who then stratified into different categories of bereavement care services include basic care (level I), special care (level II), and long-term continuous care and high risk

referral (level III). According to the categories, we coordinate staffs and volunteers for further care delivery in the community.

**Results:** From 1990 to 2016, we provided continuous bereavement care over 1,305 person-year follow-up, including (1) Basic support (level I): 5,107 telephone counseling. Annual supporting group activities have been held with 872 participants since 2008, the overall satisfaction is over 90%. (2) Special support (level II): 2,622 home visits with reciting, supportive interviews, life-review video or book, memorial gathering. (3) Long-term follow and high risk referral (level III): continuous visiting and counseling of 134 families. The longest family we followed is over 15 years. Furthermore, 3 of the long-term family members we cared became our volunteers, who devoted themselves to our bereavement care service.

## Oral Communication

### ACTIVELY APPROACHING WOMEN WITH A HISTORY OF OVARIAN CANCER FOR GENETIC COUNSELLING BY GP, DESIRABLE AND FEASIBLE?

Liesbeth van Vliet<sup>1</sup>, Charles Helsper<sup>2</sup>, Mary Velthuis<sup>1</sup>, Alexandra van Dulmen<sup>3,4,5</sup>, Ronald Zweemer<sup>6</sup>, Els Witteveen<sup>6</sup>, Els Butter<sup>7</sup>, Marleen van Gent-Wagemakers<sup>8</sup>, Roy Beijaart<sup>9</sup>, Niek de Wit<sup>2</sup>, Margreet Ausems<sup>1</sup>

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**Introduction:** According to recent guidelines, genetic counselling and DNA testing is recommended to all women with ovarian cancer. However, currently the majority of ovarian cancer survivors remains deprived of adequate follow-up.

**Objective:** We aim to assess the desirability and feasibility of two strategies directed at actively approaching women with a history of ovarian cancer for genetic counselling by their GP.

**Methods:** The first strategy informs GPs of the new guideline by letter, and asks to identify relevant patients in their practice. In the second strategy, beside the informational letter, GPs are offered information on which patients in their practice had ever been diagnosed with ovarian cancer based on the regularly extracted routine care data from their practices. For each strategy, 'Acceptable feasibility' was defined as (1) 'active follow-up of ovarian cancer patients by more than 25% of notified GPs' and (2) 'if over 50% of patients eligible for follow-up visit the clinical geneticist'. Furthermore, feasibility and desirability was assessed using questionnaires sent to GPs and their ovarian cancer patients.

**Results:** Preliminary results indicate that both conditions for 'acceptable feasibility' were reached by both strategies, at 31% and 46% active follow-up by GPs for strategy one and two,

respectively, and 71% and 63% compliance with the advise to visit a clinical geneticist. Both patients and GPs considered the strategies desirable, mainly because of the relevance and workability of the strategies. Technical obstacles were the most important barrier for strategy two.

## Oral Communication

### HOW SIGNIFICANT IS THE ASSOCIATION BETWEEN METABOLIC SYNDROME AND PREVALENCE OF COLORECTAL NEOPLASIA?

Norbert Král<sup>1)</sup>, Bohumil Seifert<sup>2)</sup>, Štěpán Suchánek<sup>2)</sup>, Tomas Grega<sup>2)</sup>, Gabriela Vojtechova<sup>2)</sup>, Petra Minarikova<sup>2)</sup>, Miroslav Zavoral<sup>2)</sup>, Ondrej Ngo<sup>3)</sup>, Ondřej Májek<sup>3)</sup>, Ladislav Dušek<sup>3)</sup>

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**Introduction:** The incidence and prevalence of metabolic syndrome (MS) and colorectal cancer (CRC) has been rising in developed countries. MS is not currently considered a high-risk CRC factor and is therefore not included in the guidelines of organized screening programs.

**Aims and Methods:** To study relationship between metabolic risk and colorectal neoplasia and to compare the prevalence of colorectal neoplasia and non-advanced adenomatous polyps (adenomas) in a target group (patients with diabetes mellitus type 2 and/or cardiovascular risk) and a control group. 2070 asymptomatic patients with average risk of colorectal neoplasia aged 45-70 years were enrolled in the study. Before the colonoscopy, blood samples, anthropometry and medical history were taken. The SCORE system was used.

**Results:** As the main finding, a significantly higher prevalence of advanced adenomas was observed in the target group (18%, 95%CI: 15%-21%) compared to the control group (9%, 95%CI: 7%-11%); the OR was 1.8, and P = 0.002. Similarly, the prevalence of all adenomas was higher in the target group (48%, 95%CI: 44%-51%) than in the control group (35%, 95%CI: 32%-38%); the OR was 1.2, but the difference was not statistically significant (P = 0.179). The prevalence of cancer was the same in both groups. Advanced adenomas were more likely in patients aged 65-75 years.

**Conclusion:** Individualized CRC screening should be considered in individuals aged 65-75 years with a in individuals in metabolic risk (SCORE ≥ 10).

## Oral Communication

### TUMOR LYSIS SYNDROME THE MAIN SUSPICION FOR A CLUELESS DEATH

Irene Mantiñán Vivanco<sup>1)</sup>, Elena Bustamante Estébanez<sup>1)</sup>, Maria Hermosa de la Llama<sup>2)</sup>

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Tumor lysis syndrome (TLS) is an oncologic emergency that is caused by massive tumor cell lysis with the release of large amounts of potassium, phosphate, and nucleic acids into the systemic circulation. Catabolism of the nucleic acids to uric acid leads to hyperuricemia, and

the marked increase in uric acid excretion can result in the precipitation of uric acid in the renal tubules and can also induce renal vasoconstriction, impaired autoregulation, decreased renal blood flow, and inflammation, resulting in acute kidney injury. Hyperphosphatemia with calcium phosphate deposition in the renal tubules can also cause acute kidney injury.

TLS most often occurs after the initiation of cytotoxic therapy in patients with high-grade lymphomas (particularly the Burkitt subtype) and acute lymphoblastic leukemia. However, TLS can occur spontaneously and with other tumor types that have a high proliferative rate, large tumor burden, or high sensitivity to cytotoxic therapy.

Taking this in consideration for the case of a 92 year old male, with personal history of Hypertension, Dyslipidemia, Pacemaker carrier due to sinoauricular dysfunction, and epilepsy. Who came to the ER presenting bradypsychia as the main symptom, was diagnosed of Metabolic Acidosis and Hyperpotasemia with no acute renal failure and no other justifying cause for the diagnosis. Leads us to think of TLS as the main diagnosis for a patient who died during the income despite the efforts to solve the Metabolic Acidosis he suffered, because he also presented thrombocytopenia, anemia and hypercalcemia, which leaves a high probability for lymphoma.

**One slide - 5 minutes presentation**

**I NOTICE A LUMP AND NOW WHAT?**

Gianna María Peralta Díaz<sup>1</sup>, Guinamarys C Núñez Almonte<sup>2</sup>, Carolina Vanessa Calle Tello<sup>2</sup>, Evelyn Gaité Pereira<sup>3</sup>, Olga Tugueva Buzarova<sup>2</sup>, Rosa Cuenca<sup>4</sup>, David Díez<sup>1</sup>, Antonio Gil Gil<sup>2</sup>

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**Introduction:** To describe a case of rhabdomyosarcoma with clinical and surgical features.

**Objective:** Revision of a rhabdomyosarcoma using as main variables the symptoms, clinical and image tests, diagnosis, treatment and evolution of the disease.

**Methods:** A 77-year-old man with a history of hypertension, diabetes, and smoker of 30p/a consults his family physician for noticing a lump on the right side of his neck that causes neuropathic pain since the last 3 months. The first diagnostic suspicion was of a sebaceous cyst. The clinical examination shows pain in the right supraclavicular region with a painful 3cm tumor, which irradiates to his right arm. The first diagnostic suspicion was of a sebaceous cyst. The blood test was normal, tumor markers negative.

Ultrasound refers heterogeneous nodular structure of 35x25x14mm. The biopsy shows malignant neoplasia of high grade, sarcoma concordant with rhabdomyosarcoma. The MRI confirms the diagnosis and the TAC shows there is no extension of disease to other locations. He is admitted to the surgery department performing radical surgery and subsequent chemotherapy by oncology with good results.

**Discussion and Results:** Rhabdomyosarcoma is a very rare malignant tumor, originating from normal skeletal muscle cells, present throughout the organism, can be located at any location. It is the most common tumor of the soft tissues in children, very rare in adults.

## 3.20. Traditional and alternative medicine

### Oral Communication

#### THE EFFECTS OF PHYTOESTROGENS FOR DEPRESSIVE SYMPTOMS IN CLIMACTERIC WOMEN: META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

Belinda Yuh-Wen Su, Wu-Hsiung Chien, Tao-Hsin Tung  
*Cheng Hsin General Hospital, Taipei, Taiwan, Province of China*

**Introduction:** Phytoestrogens as natural selective estrogen receptor modulators like compounds may consider as an alternative treatment for ameliorating depressive symptoms associated with natural menopausal status.

**Objective:** To perform a meta-analysis examining the effects of phytoestrogens in the treatment of depressive symptoms in climacteric women.

**Methods:** A thorough search was conducted using PubMed and Cochrane Library for relevant studies written in English between 1 January 1990 and 30 June 2016. The search key words included phytoestrogens, isoflavones, soy isoflavones, depression and depressive symptoms. Inclusion criteria were (1) randomized controlled trial (RCT), (2) women experiencing menopausal symptoms without any hormone replacement therapy, and (3) intervention with an oral phytoestrogen. Data were extracted using a predefined form.

**Results:** Of 101 potentially eligible publications identified, there were 11 studies met the selection criteria and 3 randomized controlled trials were eventually included. The number of participants in the studies ranged from 10 to 59, with a total of 316 participants (149 participants in the phytoestrogen group and 167 participants in the placebo group), and the intervention periods ranged from 3 to 6 months. Compared with the placebo group, phytoestrogen group had significant treatment benefit on reducing depressive symptoms in climacteric women (standardized mean difference = -0.48(95% CI, [-0.68,-0.29])). This meta-analysis of clinical trials suggests that phytoestrogens appear to alleviate depressive symptoms in climacteric women.

### One slide - 5 minutes presentation

#### A COMPLICATION OF WET CUPPING THERAPY: VEZICULOBULLOSIS PLACS ON GROUNDWORK ERYTEMATOSIS

Ali Ramazan Benli, Habibullah Aktas  
*Karabuk University, Karabuk, Turkey*

**Introduction:** Wet cupping therapy (WCT) is used as an alternative and complementary medicine. Side-effects of WCT such as dermatitis, localized infection, scar and abscess rarely occur. A case is here presented of vesiculobullous lesions after wet cupping.

**Case:** A 56-year old male patient presented at the Research Clinic for WCT. Over the previous 3 months the patient had lost 12 kg in body weight by doing sport. WCT was applied to the DU14 and BL41 accupoints areas. The patient presented on the following day because of painless vesicles in the application region. On inspection, 10-12 vesiculobullous lesions and lancet scars were seen on an erythematous area in the DU14 and BL41 regions. Triticum vulgare aqueous extract cream was applied and covered with a light dressing. On the seventh day, all the lesions had disappeared.

**Discussion:** WCT complications were reported to be anaemia, factitial panniculitis, and herpes viral infection. Histological changes following WCT were reported as mild oedema, vacuolization and longitudinal fissure. Generally, the formation of oedema in the sublayer of the dermis following WCT indicates the development of bullae. In the case, a factor affecting the formation of vesiculer lesions may have been the suction treatment when skin integrity was disrupted by scarification. Weight loss of the patient may have contributed to the formation of bullae in this case.

**Conclusion:** It must be emphasised that cupping treatment practitioners need to be aware of complications before and after therapy.

## Posters

### 1. Global issues

#### 1.01. Hygiene / epidemiology

##### UNEXPECTED DEATH OF GERIATRIC REGULAR HEMODIALYSIS PATIENTS

Satoshi Furukawa, Marin Takaso, Satomu Morita, Masahito Hitosugi  
*Shiga University of Medical Science, Otsu, Japan*

**Introduction:** Most patients with end-stage renal disease on maintenance hemodialysis receive treatment on a thrice-weekly pattern. Almost all outside-clinic deaths are examined in the medical examiner's office.

**Objective:** We examined outside-clinic death cases in geriatric (over 65 year old) hemodialysis patients for three years (2013-2015) in Osaka city.

**Methods:** The number of geriatric dialysis patients who died was 26 (male; 22, female; 4) in 2013, was 45 (male; 31, female; 14) in 2014, and was 42 (male; 29, female; 13) in 2015. The mean age of 113 patients was 74.6 years in male and 76.1 years in female.

**Results:** First discoverer of the deceased were family (47.8%), care taker (13.3%), clinic worker (10.6%) and others. Hemodialysis patients have to attend their scheduled treatment. The deceased were increased Mondays associated with about 39.5% in the Mon-Wed-Fri schedule, and Mondays and Tuesdays with 50% in the Tue-Thu-Sat schedule. 22.1% deceased were found because they didn't come to the hemodialysis clinic. The common cause of death was chronic renal failure and ischemic heart disease. The number of suicide death was 7.

##### SLEEP DISORDERS: I HAVE A CLEAR CONSCIENCE, WHY CAN NOT I SLEEP DOCTOR ???

Ana Cristina Menéndez López<sup>1</sup>, Lázaro De Castro peral<sup>2</sup>, Alicia Sánchez Martínez<sup>1</sup>, Juana Jiménez Martínez<sup>3</sup>, Laura Ubeda Cuenca<sup>1</sup>, Aránzazu Sánchez de Toro Gironés<sup>1</sup>, Almudena Carrasco Angulo<sup>1</sup>, Francisca María Aceituno Villalba<sup>1</sup>

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**Introduction:** According to epidemiological studies the 30 - 35% of adults have insomnia (10 -15% severe or chronic). without forgetting that is a frequent consultation in Primary Care. Insomnia can be precipitated by daytime siestas, excessive time in bed, alcohol, caffeine, nicotine or other stimulant, close to bedtime strenuous exercise, inadequate bedroom with respect to temperature, light and noise ...

**Objectives:** *Primary objectives:* Assess if there is relationship between insomnia and sex and sleep and age. *Secondary objectives:* To assess the influence of chronic diseases and sleep hygiene standards

**Methods:** It is a descriptive cross-sectional study to total young adult patients (20-65 years) attending two primary consultations (126) for two weeks and which they participated voluntarily. We use a questionnaire with 21 items, previously validated. Statistical analysis of student T, G-stat 2.0 software, considering significant  $p < 0.05$ .

**Results:** Sex: 42.86% men / women 57.14%. Nationality: Spanish 76.18%, (10.32% North African, Central and South Americans 5.56%, 7.94% other European ). 46% sleep poorly, 44% reported having no sleep and affect their performance. 82% do not eat dinner stronger, 70.63% don't have stimulants. 31% do sport. Hypnotics 20%. 70% bothered by noise. 53% chronic diseases. 67.46% do not know tryptophan.

Statistically significant relationship between sleep well and younger age ( $p 0.0004$ ), be healthy ( $p < 0.0001$ ), lie at the same time ( $p 0.0459$ ), don't having stimulants ( $p 0.0332$ ), good mattress ( $p 0.0405$ ). No relationship between sleep and sex, sports, dinner strong or lie down immediately after dinner.

Insomnia in Primary Care is a frequent consultation. It affects both sexes equally, it goes to worse with age and chronic diseases We must not make a complete anamnesis (shift work, food and drug...) and health education.

## FECONDITY IN MURCIA. DREAM OR REALITY.

Ana Cristina Menéndez López<sup>1</sup>, Lázaro De Castro Peral<sup>2</sup>, Laura Úbeda Cuenca<sup>1</sup>, Alicia Sánchez Martínez<sup>1</sup>, Almudena Carrasco Angulo<sup>1</sup>, Aránzazu Sanchez de Toro Gironés<sup>1</sup>, Sonia Falla Jurado<sup>1</sup>, Sara Isabel Roncero Martín<sup>1</sup>

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**Introduction:** Reviewing the population pyramids in Spain, we can observe that the national rate of Global Fecundity (TGF) is calculated in 2014 in 1.3 and in Murcia in 1.56. This apparent recovery of fertility in Murcia may be due to the natalistic behavior of immigrants, being the province with the highest birth rate (11.12 per thousand) compared to Asturias (6.26 per thousand). A low TGF, as in rich countries could mean a decrease in population (stagnation of longevity and absence of migratory movements). And conversely as in Latin America, assuming an alteration in our population pyramids

### Objectives:

- 1.- Analyze in our consultation the average number of children and what they would like to have each woman of childbearing age.
- 2.- Its relation with number of siblings, level of studies and work.

**Method:** It is a cross-sectional descriptive study. It shows enough 100 women, from a total of 618 women of childbearing age (15-49 years), exhaustion sampling in Primary Care

consultation. Questionnaire with 8 items, previously validated. Statistical analysis of Student t and Anova, p significant <0.05 .G-Stat 2.0.

**Results:** Average age 32.9 years. Nationality: 57.58% Spanish, 27.27% Arabic, 13.13% South American, and 2.02% rest of Europe. Mean of actual children 1.36, they would like to have 2.47. The 23.23% do not want more for money, 7.07% for time, most other reasons 40.40%. They have 2.98 brothers on average. They work 47.47%. Without studies 24.24%, basic 38.38%, Vocational Training (PF) 18.18%. University students 19.19%. Statistically significant numbers of children and siblings, as well as among fewer children and having studies.

## CLINICAL AND EPIDEMIOLOGICAL ASPECTS OF A TUBERCULOSIS DEDICATED CENTER 'S PATIENTS IN THE NORTH OF PORTUGAL

Marlene Silva, Teresa Gomes Pereira, Ivo Figueiredo, Sandra Matapa  
*USF Baião, Baião, Portugal*

**Introduction:** Tuberculosis is an important world health problem. According to OMS, in 2014, 9.6 millions were infected and 1.5 million died due to this disease. Portugal presents worrisome numbers, it was reported an incidence of 20/100000 being the most affected regions Oporto, Lisbon and Setubal. Our region health coverage (Tâmega e Sousa) has increasing numbers that are not according to the decreasing national tendency.

**Objetive:** Characterize clinically and epidemiologically the tuberculosis cases in a Tuberculosis Dedicated Center (TDC) in Portugal.

**Methods:** We retrospectively reviewed all the cases sent to a TDC between 1/1/2013 and 31/12/2015. The inclusion criteria were patients followed with active disease. Exclusion criteria were patients not diagnosed in this unit and/or transferred to other units and with other Mycobacteria. The variables included were age, gender, profession, personal history, risk groups, tuberculosis type, diagnosis findings/procedure and HIV co-infection.

**Results:** Our database encompassed 105 cases. We found a significant male predominance (79,8%), most situated in an age range of 40-59 years (51,4 %) and working in construction (42,9%). In terms of associated pathology the most significant findings were silicosis (19%) and HIV co-infection (3%). The dominant form was pulmonary (72,4%) with 78,9 % presenting with positive bacilloscopy and 43,5 % with cavitation in imaging. The most common form of threatment was HRZE (77 % cases) during 6 months in 49,5 % of cases. We had 7 cases of recurrence (6,7%).

**Conclusion:** Our study was according to the literature in the prototype patient but it also demonstrates the variety of this patients in terms of presentation. Characterizing this patients is important, to alert the health professionals to this disease and prevent doctor's delay.

## KNOWLEDGE AND ATTITUDES IN ORAL HYGIENE AT PEDIATRIC AGE IN PORTUGAL

Mara Marques<sup>1)</sup>, Ana Esteireiro<sup>2)</sup>, Sofia Ferreira<sup>2)</sup>, Sara Santos<sup>2)</sup>

<sup>1)</sup>*USF Salinas de Rio Maior, Rio Maior, Portugal*

<sup>2)</sup>*Centro Hospitalar do Oeste, Caldas da Rainha, Portugal*

**Introduction and objectives:** Due the high prevalence, oral diseases are one of the main health problems of the pediatric population. In Portugal, The National Oral Health Promotion Program was implemented in 2005 and revisited in 2011.

The objective of the study was to evaluate the National Oral Health Promotion Program knowledge and application in a sample of family doctors and pediatricians in Portugal.

**Methods:** Observational, descriptive and cross-sectional study with self-administered anonymous and confidential survey, directly and online, to a convenience sample of family doctors and pediatrician specialists and interns.

Frequency analysis and one-way ANOVA were performed, complemented with the post-hoc tukey test. The analysis was performed using SPSS 20.0.

**Results:** We obtained 113 valid surveys. Although 99.1% addressed oral health, only 50% of professionals answered correctly the parts per million (ppm) of fluoride recommended before age 3.

34.5% of doctors do not know the indication of fluoride supplementation in children with caries or high risk of caries.

14.2% of the family doctors give the dentist's check only when asked by their parents.

Regarding the toothpaste to be used only 52.2% of the doctors refer the (PPM) of fluoride.

This was the only variable where we found statistically significant differences between the groups, revealing the family doctor specialist the best knowledge.

**Conclusions:** This study reveals flaws in the knowledge and compliance of the Portuguese National Oral Health Promotion Program, so it is essential to improve the training of professionals in this area, given the high prevalence of oral diseases.

## NON-SPECIFIC LOW BACK PAIN IN MEDICAL PERSONNEL - AN ANALYSIS OF NEW PREDICTIVE FACTORS

*Anna Citko, Stanisław Górski, Ludmiła Marcinowicz, Anna Górka  
Medical University Of Bialystok, Bialystok, Poland*

**Introduction:** Non-specific low back pain (NSLBP) is one of the most common problems encountered in a practice of general physicians. The paper discusses contribution of various predictive factors, including NSLBP association with other disorders.

**Objective:** The aim of the study was to evaluate frequency and analyse predictive factors for recurring (rNSLBP) and chronic (cNSLBP) NSLBP in the group of medical personnel.

**Methods:** 609 randomly selected people from medical personnel working in Poland, aged 30–55 years (40.99 +/- 6.66 years), participated in the study. A low back pain questionnaire, designed and validated in accordance with the guidelines of the International Epidemiological Association [Bączkiewicz et al., 2011], was used in the research.

**Results:** rNSLBP and cNSLBP affected 253 (41.54 %) and 102 (16.75 %) respondents, respectively. The multiple logistic regression model showed that factors contributing to rNSLBP included: drinking at least one cup of coffee a day (OR 4.247; p<0.001), type 2 diabetes (OR 8.494; p<0.01), and hypertension (OR 7.403; p<0.05). In the analysed predictive model for cNSLBP, those factors included: allergy (OR > 100 000; p<0.05), depression (OR 2030; p<0.05), and hyperlipidaemia (OR > 100 000; p < 0.05). No statistically significant effect of risk factors associated with physical work on rNSLBP and cNSLBP frequency was found. Prevention of NSBLP requires a holistic approach of the doctor, with patient's lifestyle, psychosocial factors and concurrent chronic diseases considered. The effect of risk factors associated with physical work on NSLBP frequency should not be overestimated. Evidence

confirming presence of new predictors for LP may be used as a basis for development of improved prevention strategies.

## DENGUE EPIDEMIC IN A CITY WITH A HIGH HDI IN THE SOUTHEAST REGION OF BRAZIL IN 2015

Leonor Loffredo<sup>1)</sup>, Walter Manso Figueiredo<sup>1)</sup>, Bruno Segantini<sup>1)</sup>, Christian Maurencio<sup>1)</sup>, Fabiano Galego<sup>1)</sup>, João Ramalho Borges<sup>1)</sup>, Társis Benevides<sup>1)</sup>, Rodolpho Telarolli Júnior<sup>2)</sup>

<sup>1)</sup>UNIARA- School of Medicine, Araraquara, SP, Brazil

<sup>2)</sup>UNESP- School of Pharmacy of Araraquara- Public health Department, Araraquara, SP, Brazil

**Introduction:** In 2015 there was a dengue epidemic in Araraquara.

**Objective:** To identify the incidence of dengue and to describe its epidemiological and clinical features during the epidemic period.

**Method:** It was used the digital data file of the Special Health Service of Araraquara- SESA, as well as population data from IBGE. For the year 2015 it was calculated the incidence and it was obtained the characteristics from patients according to sex, age, education, ethnicity, symptoms, circulating serotype, laboratory results for leukocytes and platelets and evolution of cases.

**Results:** Araraquara presented, in 2015, 8,296 confirmed cases of dengue, with an incidence of 3,660 per 100,000 inhabitants of which 99.5% were autochthonous. The majority occurred in female sex (53.9%), 11.5% of the cases occurred among children under to 14 years old and 16.1% were elderly. Most of the patients were white, corresponding to 54.8% with low educational level. Fever, headache, retro-orbital pain, and myalgia were the prevalent signs associated to dengue, that could be isolated or together. Den1 was the predominant circulating serotype. There were 9 deaths, thus the lethality rate was 108 per 100,000. For patients with laboratory results, it was observed that 73.3% presented leucopenia and 50% thrombocytopenia. Because it is a reemerging disease in the current days and represents an urban occurrence with high infestation of the vector, it is attributed to the lack of permanent actions by the state and its own population which must participate effectively in these actions, being one of the main components for dengue community control.

## SUSAC SYNDROME: A RARE DISORDER

Lilián Tomás Ortiz<sup>1)</sup>, María Dolores Navarro Miralles<sup>1)</sup>, Soraya López Zacarez<sup>1)</sup>, Ana Esther Pérez Díaz<sup>2)</sup>, Ana María Fernández López<sup>3)</sup>, Montserrat Sánchez Alaminos<sup>4)</sup>, Daniel Martínez Antequera<sup>4)</sup>

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**Introduction/Background:** A 36-year-old man from Morocco with right-sided temporal headache, of the pulsatile kind, associated with ataxia, black spot on lower right eye field, disoriented in space and time, and left-hand paresthesias. Family history: father dead of progressive neurological disease not affiliated. We recommend him to go to hospital emergencies.

**Objective/Methods:** The initial approach was to work toward a possible multiple sclerosis. In the hospital was evaluated by an ophthalmologist and a neurologist. Neurological exam is not compatible with cerebral ictus. Ocular fundus: arteriolar blockage in right-eye. Tomography by optic coherence (OCT): normal. Right-eye angiography: delay in arteriolar filling. Autoimmunity: negative. Supra-aortic trunks, transcranial, orbits ecodoppler: normal. Echocardiogram: normal. Cranial-CT: normal. Within a month, the patient returns for exacerbation of neurological symptoms given by tinnitus in both eyes and hearing loss in right ear, starting with an acute confusional syndrome. Admission in ICU. Lumbar-puncture: normal. Cranial-RM: demyelinating lesions in corpus callosum, septal nucleus and one infratentorial.

**Results:** The complementary tests arose the suspicion of an acute disseminated encephalomyelitis which was treated with methylprednisolone pulse and rituximab. The differential diagnosis that was given was Devic's disease and Multiple-Sclerosis. Finally the patient had the diagnosis of Susac Syndrome.

**Conclusion:** Susac syndrome is an uncommon neurologic disorder of unknown cause. It has been described as a clinical triad of encephalopathy, hearing loss, and branch retinal artery occlusions. The clinical course of Susac syndrome is usually self-limited, fluctuating, and monophasic. Although some patients recover with little or no residual disease, others are profoundly impaired with cognitive deficits, gait disturbance, and hearing loss. Usually, vision is not seriously impaired. Clinically the diagnosis is difficult. Actually the level of increased clinical evidence has been demonstrated with the use of systemic corticosteroids and immunosuppressive agents.

## SCREENING OF CERVICAL CANCER IN A HEALTH CENTER

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Cervical cancer is the second most common cancer in women after breast cancer. It is one of the few cancers that can be diagnosed early. Graceful to the screening of cervical cancer in health centers, the incidence and mortality of this type of cancer has been reduced. The main method for this, is the cytology every three years in women with sexually active lives up to 70 years. The importance of all this, has led us to carry out a descriptive transversal study with which we have been able to analyze the main sociodemographic characteristics, gynecological antecedents and the consequent cytological results of the 1198 females, belonging to a Health Center, to which the screening, during the study period between January 2014 and December 2015.

There is predominance of Spanish nationality followed by South American and Moroccan nationality with a range between 26 and 50 years old, followed by contraceptive treatment, 38%. There is a history of gestation in 74% of which 34% corresponds to abortions. Women who undergo some type of gynecological surgery, in particular curettage or cesarean section, occupy 33%. In the results obtained in the cytologies, the majority are in the limits of the normality. Among the pathological results morphological alterations that required a new study at six months (inflammation) and microbiological (bacterial and fungal), whose proportion increases in the summer months, are more frequent. Finally, the screening for cervical cancer with a positive result occurred in a very small number of cases, requiring gynecological treatment.

## EPIDEMIOLOGY OF DENGUE INFECTION IN TAIWAN

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**Introduction:** Dengue is one of the most common viral infections transmitted by mosquitoes in the world. Dengue outbreaks in Taiwan include sources from foreign labor, immigrants and travellers in the beginning with widespread local infection recently.

**Objective:** To explore the correlation between dengue infection and risk factors.

**Methods:** By reviewing data collected from the Center of Disease Control in Taiwan with focus on epidemiology.

**Results:** Imported cases usually played an important role in the beginning of winter. The epidemics in nearby areas used to affect Taiwan such as South East Asia, however the number of imported cases dropped to about few dozens a year in recent years. The epidemiologic seasons for local dengue were mainly between June and August, however it might be earlier or later subject to temperature or rainfall increase. The first local case in 2015 occurred in Tainan city in May, leading to the most severe outbreak of Dengue in the history of Taiwan with 22752 confirmed cases and 112 deaths. From August 2015 to November 2015 in the city high-risk areas, using big data provided by Geographic Information System and Global Positioning System were implemented with chemical control, from the periphery and gradually encircled. The breeding source and mosquitoes were reduced to prevent from further spread. The epidemic began to regress at the 38th week of the year, and cases declined significantly.

Tainan city government prevention protocols were established during this severe outbreak with great success as in the year of 2016 only 3 mild cases of dengue infection in Tainan.

## BIG DATA IN SYSTEMIC LUPUS ERYTHEMATOSUS: PHENOTYPIC DISEASE EXPRESSION OF 171,000 ADULT PATIENTS

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**Introduction and Objective:** Studying the distribution of SLE across geographic regions using a big data-driven approach may facilitate understanding of the corresponding genetic and environmental underpinnings.

**Methods:** We explored the potential of the Google search engine to collect and merge cohorts (over 100 patients) of patients with systemic lupus erythematosus (SLE) reported in the Pubmed library. We made a search in Google between 8th and 15th May 2015 using SLE and -

100...100000000 patients- and PubMed site. We collected the available data about study design, country, ethnicities, age and gender, clinical features and immunological markers.

**Results:** We merged the data of 133 SLE cohorts including 171,000 patients; gender was detailed in 130 cohorts:88% women(female:male ratio, 8,4). mean age at onset ( $29.89 \pm 3.48$ ), at diagnosis ( $32.33 \pm 2.99$ ).The countries contributing the most cohorts were the USA (31), Japan (8) and Spain (5). The main clinical features included arthritis in 72%,hematological abnormalities in 62%,malar rash in 50%,photosensitivity in 48%, renal involvement in 38%, oral ulcers in 34%, serositis in 30% and neurological involvement in 14%. Hematological abnormalities included lymphopenia in 43%,leukopenia in 38%,thrombocytopenia in13% and hemolytic anemia in 4%.Positive autoantibodies included ANA in 91%, dSDNA in 62%, anti-Ro/SSA in 35%, antiRNP in 25%, antiSm in 21% and anti-La/SSB in 15%.

**Conclusions:** This is the largest reported study in SLE including nearly 200,000 cases that provides a big data picture of the worldwide expression of the disease, with a female:male ratio of 8,4, a mean age at diagnosis of 32 years, and with joints, hematological, skin and kidneys being the most frequent organs involved.

## TO DETERMINE THE CONTROL OF DIABETIC PATIENTS IN PRIMARY CARE

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Glycosylated hemoglobin (HgbA1c) has been shown to be a good index of metabolic control, since it offers a view of the glycemia levels of the last 120 days, it is stable at room temperature and does not require fasting prior to extraction. Is more comfortable and less expensive.

The importance of all this has led us to conduct a cross-sectional observational study in the Health Center of Cartagena Casco Antiguo in the period of June-December 2016, where through a simple random sampling have included 135 patients with the previous diagnosis of diabetes mellitus in their medical history, older than 18 years and who signed informed consent, and excluded patients who were immobilized, pregnant and those who did not wish to participate.

In our study:

53.3% are women and 46.6% are men.

68.8% are older than 64 years, 14.08% are between 55-64 years, 14.08% are between 45-54 years and 2.96% are under 45 years of age.

82.22% are Diabetics type 2 and 17.78% are Diabetics type 1.

37.77% have an HgbA1c of less than 6.5, 27.40% between 6.6-7.5, 20% between 7.6-8.5 and 14.81% greater than 8.5.

76.29% are hypertensive in pharmacological treatment and 23.70% are not hypertensive.

50.37% have a body mass index between 25-29.99, 31.11% between 30-34.99, 14.81% between

35-40 and 3.70% greater than 40.

56.29% have a low Cardiovascular Risk, 37.03% moderate, 2.90% high and 3.70% very high.

69.62% are treated with oral antidiabetics alone, 18.51% are mixed insulin therapy and oral antidiabetic agents, 5.18% with insulin alone and 6.66% with diet alone.

We conclude that a greater health intervention should be performed in diabetic patients, since there is a high percentage that does not have an adequate metabolic control that over time will lead to associated pathologies of high morbidity and mortality.

## STUDY OF THE CONSULTATION OF THE ELDERLY PATIENT IN ER

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**Introduction:** In view of the evident progressive increase of the elderly population in relation to the increase in the level of survival, it has been proposed to evaluate the frequency and the reason for urgent consultation of this population in a period of time.

**Objective:** To evaluate the age of the population served in the emergency room of a second level hospital during the period of 1 month. Know the number of patients over 65 years who go to ER considering the reason for consultation. To highlight what reason has become the most frequent cause for consultation of the elderly in our emergency department.

**Methods:** A descriptive and retrospective observational study was designed, taking the data of the population that comes to ER of a second level hospital in the period of 1 month during the winter season and focusing on those over 65 years taking into account their most frequent reason. Data analyzed using SPSSv21.

**Results:** A total of 3,829 patients were attended in the 1 month period in our service, with ages between 14 and 92 years, of which, 2,007 patients were over 65 (52.4%). Among these we will differentiate by sex the 894 men (44.5%) and the women who were a total of 1,113 (55.5%). Reviewing the causes of assistance we must emphasize as a reason for more frequent consultation osteoarticular pathology (trauma, chronic arthropathies exacerbated, ...). More than half of the population that comes to our emergency department is over 65 years. There is a greater influx of women than men. Osteoarticular pathology continues to be the most frequent pathology of consultation in this population, despite being a cold season in which other reasons for consultation such as those related to respiratory pathology may grow.

## ANEMIA AND HYPERTENSION ARE ASSOCIATED IN THAI ELDERS: SECONDARY DATA ANALYSIS FROM ANNUAL HEALTH CHECK-UPS

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**Introduction:** The aging population is growing very fast along with the prevalence of hypertension in the Thai population.

**Objective:** The aim of this study was to investigate the association between hypertension and anemia among Thai elders.

**Methods:** The data from the annual health check-ups of 697 elders (aged  $\geq 60$  years) from January to December 2016 was analyzed. The data included were systolic blood pressure (SBP), diastolic blood pressure (DBP) and hemoglobin levels. Hypertension was defined as SBP  $\geq 140$  mmHg and/or DBP  $\geq 90$  mmHg. Anemia was defined as hemoglobin levels of  $< 12$  g/dl in women and  $< 13$  g/dl in men. The statistical data analyzed in this study were percentage and chi square.

**Results:** Of the 697 elders included in the study, 318 elders (45.6%) were male and 379 elders (54.4%) were female. The mean age was 65.4 years old (min-max = 60-88 years old). The prevalence of hypertension was 38.7%. The prevalence of anemia was 14.9%.

The prevalence of anemia in hypertensive patients was 19.3%.

Chi square test revealed that anemia was significantly associated with hypertension in the elderly (P = 0.012).

**Conclusion:** The prevalence of hypertension was high among Thai elders and anemia was associated with hypertension. Additional studies are needed to determine if anemia is a hypertensive risk factor.

## 1.02. Public health

### SATISFACTION WITH INSURANCE COMPANIES FROM PATIENTS' PERSPECTIVE

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**Introduction:** The morbidity and mortality associated with diabetes is still a global challenge. Efficient delivery of primary diabetes care can significantly improve diabetes outcome. Unless patients with diabetes have access to this treatment, and resources to utilize it, outcomes will not meet goals. Insurance companies still play a major role in affecting the quality of diabetes care.

**Objectives:** Evaluating the delivery of medical care cannot be done promptly without analysis of the role of the third party payer. We postulated that insurance policies still have a major role in the establishment of diabetes care starting from contracting with health care systems, providing insulin, medication, and diabetes supplies and allowing prompt referrals to other ancillary health care providers. The objective of the study is to get feedback evaluation from families about their insurance companies regarding diabetes care.

**Method:** We surveyed 100 families with diabetic children in our university practice, seeking their opinions about the delivery of diabetes care.

In a confidential questionnaire, we asked about family experiences relating to accessibility of care, freedom to choose facility, funding, and satisfaction with their insurance companies in providing diabetes supplies, medications and health provider coverages.

**Results:**

75% of families had commercial insurance while 25% had government supported one.

90% of families felt that they had a choice in finding the right physician to seek diabetes care.

50% of families were not satisfied with their insurance providers' coverage, 48% were satisfied and 2% were neutral

Areas of dissatisfactions were related to high copays and limited choices of medications and supplies.

### WORKLOAD IMPACT ON CARPAL TUNNEL SYNDROME GROWTH

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**Introduction:** Carpal tunnel syndrome (CTS) is the most common compression neuropathy that affects 3 to 6% of people in the general population. It represents one of the most significant health and financial problems in the working population.

**Objective:** Assuming that other risk factors remain unchanged and that there is a causal relationship between exposure to work and CTS in high-risk occupations, we wanted to discover the share of CTS cases that could be prevented after the reduction of the risk of their occurrence in the workplace.

**Methods:** Study included 98 patients. 77 (78.6%) and men 21 (21.4%). Age has averaged 52 ± 11.1 years. The respondents were employed in sectors of the economy in jobs at high risk for the occurrence of CTS. The respondents were subject of a detailed physical examination and electromyoneurographic tests (EMG) to confirm the diagnosis and level of neurogenic damage.

**Results:** During the tests, 63% of women and 87% of men suffering from CTS were employed. 81% of women and 97% of men had at least 5 years of experience in the monitored sectors of the economy, prior to diagnosis of the disease. The most of the respondents were employed in the service sector (43%) and least in the food production (10%). During the EMG test, it was found that the greatest incidence of CTS was on the right hand of the respondents (47.3%), slightly lower representation in both arms (43%) and significantly less representation on the left arm (9.7%). This result has a high statistical significance ( $\chi^2 = p$ )

**Conclusion:** EMG testing remains the gold standard in the diagnosis of carpal kanala.

## CLINICAL LAND EPIDEMIOLOGICAL OVERVIEW OF TUBERCULOSIS IN AN AREA WITH A HIGH HDI IN THE SOUTHEAST REGION OF BRAZIL

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**Introduction:** In the twenty-first century, tuberculosis remains a serious public health problem in Brazil.

**Objective:** The goal of this article is to characterize tuberculosis in a city with a high HDI based on clinical and epidemiological variables.

**Methods:** This is an epidemiological study with an analysis of incidence that included 533 new cases of TB recorded in the city of Araraquara, São Paulo, Brazil and reported to the Brazilian Notifiable Diseases Information System (SINAN) between 2002 and 2011. The period was divided in two (2002-2006 and 2007-2011) to identify trends.

**Results:** Average incidence was 26.82 per 100,000 inhabitants, and incidence decreased 22% between the two periods (a statistically significant amount). Cases were most prevalent among men (72.61%) and among adults between 30 and 59 years of age with occupations

requiring less specialization and with low education levels. There was a statistically significant reduction among residents 50 years of age and older between the two periods. Cure rates were above 70%, and half of the diagnoses were made in the country's public primary care network. The coprevalence of AIDS decreased 23% among women and remained stable among men. The second disease with the highest coprevalence was hepatitis C. The city studied was found to have a lower tuberculosis incidence rate than the national average; the trends observed were a decrease in cases and an increase in cure rates, and AIDS and hepatitis C were the most common co-infections. This city exhibited differences in the clinical and epidemiological distribution of TB that distinguish it from national averages.

## THE HEALTH OF THE PEOPLE IS THE HIGHEST LAW: WHAT DOES GOOD HEALTH MEAN TO YOU?

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**Introduction:** What is health? The World Health Organisation's definition of 1948 states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." As GP Trainees, understanding how our patients view their own health can enable us to better help them achieve a level with which they are content. The importance of understanding the community in which we work is highlighted in the UK's RCGP Curriculum. "Community orientation" talks about understanding the characteristics of your local community including socio-economic, ethnicity and health inequalities.

**Objective:** Through exploring what our patients mean when they talk about health, we better demonstrate an understanding of the patient's expectations and the community, social and cultural dimensions of their lives that affect their lifestyle choices. More specifically, helping a patient to define their own understanding of health shows tolerance of the patient's experiences, beliefs, values and expectations.

**Methods:** On the 9th of February 2016, we interviewed individuals in the centre of Lewisham, London. We took verbal consent for photos and they all agreed to have their photo used in an academic poster presentation.

**Results:** The concept of 'well-being' and therefore 'health' varies between cultures, groups, people and patients. Understanding this enables us to work in the best interests of our patients and to help them achieve their own optimal health.

## HEALTH SITUATIONAL DIAGNOSIS OF A PUBLIC FAMILY HEALTH UNITY TERRITORY IN BRAZIL

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**Introduction:** The Health Situational Diagnosis is the first step of strategic planning in a Public Family Health Unity, when an intervention is proposed to change a specific reality.

**Objective:** To know and analyze the health situation of a Public Family Health Unity coverage area in the municipality of Vitoria, in Brazil.

**Methods:** A qualitative, exploratory, field research study. The data collecting was performed through interview directly to key informants by using a formulary, with semi-structured questions, and field observation. The interviewers were calibrated and an indication of the key informants was carried out in a reunion with the community.

**Results:** Historically, Vitoria districts' occupation and urbanization revealed different origins. The elderly population represents an important contingent, with a good socioeconomic situation. The majority of children goes to school, reaching higher education and the unemployment rate is low. All neighborhoods have residents association. Concerning the distributed cause's proportional mortality, it was noted that the chronic diseases, such as the circulatory system diseases, the neoplasia and the endocrinal, nutritional and metabolic diseases, are the most frequent ones.

**Conclusions:** From the results obtained, it was possible to identify that most part of the population is not registered in the unity and the access to private health plan is considerably higher than the one observed in other health territories in Vitoria. It becomes necessary to register the territory population in order to direct the educational and assistance health actions to the territory groups identified from the diagnosis.

## SITUATIONAL DIAGNOSIS: INTERVENTION ANALYSIS IN POPULATION HEALTH

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**Introduction:** Situational diagnosis is a process of collecting, processing and analyzing data with intention to verify the population health status, to posteriorly plan and program intervention actions in the coverage area.

**Objective:** to perform a situational diagnosis of the Public Health Unity coverage area in *Vila Velha*, Brazil.

**Methods:** Students from *Vila Velha* Medical School University performed a Situational Diagnosis, in two stages. The first step consisted in the participatory rapid estimate, a current picture of the community social and health conditions. The following points were discussed: age, gender, and education, residence time in the community, community involvement, marital status, economically active population and the most common diseases and mortality causes in the community. The second stage consisted on the intelligent map confection, delimiting coverage micro areas of the Health Unity. This map is a set of topographical, geographical and territorial information that assist on the population health status planning, monitoring and follow-up.

**Results:** From the data collected from interviewed subjects, the main claims involved sewage, recreation area, security and paving. Among the most expressive diseases framed: dengue, respiratory disease, cardiovascular disease and diabetes; and among the major causes of death: heart attack, cancer, alcoholism, drugs and violence.

**Conclusions:** Through situational diagnosis, we could established a geographic perimeter that regionalizes the main points of intervention and health actions. Furthermore, it was possible to create a greater bond with the community assisted and with the health team.

## PUBERTAL TIMING, WEIGHT STATUS AND INTERNET USE AMONG ADOLESCENTS: ANALYSIS FROM A LONGITUDINAL STUDY IN TAIWAN

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**Introduction:** Early pubertal timing is usually linked to obese weight status. How these factors are related adolescent internet use remains under-explored.

**Objective:** The aim of this study was to investigate the impacts of pubertal timing (PT) and weight status (WS) on adolescent internet use.

**Methods:** A subset of data was retrieved from the Taiwan Youth Project, which recruited and annually followed a longitudinal cohort of 7th-grade students in Taiwan since 2000. PT was defined by the Pubertal Developmental Scale that measured the pubertal changes, while body mass index used to classify WS was self-reported annually. Purposes and duration of internet use per week were assessed at the 3rd year of junior high school. Univariate and multivariate, ordinal and binary analyses were applied to evaluate the impacts of PT and WS on adolescent internet use.

**Results:** A total of 2430 subjects with 1241 (51.1%) males were included in the final analysis. The dataset identified a group of 210 (8.7%) students using internet more than 20 hours/day and 81 (3.3%) ever viewing pornographic material online. Early maturing and thin-weight adolescents were at risk of longer hours spent on internet use. Early puberty was associated with online pornography viewing among males. Contrarily, early puberty and thin weight was protective factors against online gaming.

**Discussion:** PT and WS were differentially associated with adolescent internet use. Gender difference was noted in the impact of PT and WS on the purpose of internet use including viewing pornography. Further research is indicated in providing health education and promotion among developing adolescents.

## INFLUENCE OF SPORT IN SCHOOL GRADES. I'M A GENIUS... BECAUSE I DO SPORT

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**Introduction:** Some studies say that sport increases the concentration. With neuroimaging it has been shown that exercise training is associated with an increase of the gray matter in the prefrontal and temporal cortex (planning actions, learning and memory).

If sport increases concentration, school performance and decreases behavior problems in the classroom, from primary we should emphasize the importance of it.

**Objectives:** The main objective is to determinate if there is the relationship between training time a sport and the school grades . And the secondary objective is to see if the men and the women practice sport equally and what sport they prefer, and see if there is relationship between sport and internet.

**Method:** Descriptive cross-sectional study. Children ESO 1<sup>o</sup> from Las Claras del Mar Menor School answered a questionnaire, previously validated with 13 items on sport, leisure and school grades. Statistical analysis of student T, G-stat 2.0 software, considering significant  $p < 0.05$ .

**Results:** Children of 12 years, 55% men. 79% practice sport (football, gymnastics, dance and swimming ...) They have been training for more than 3 years, about 3 hours and a half each week. They spend almost the same time to study than for using the internet (more than 100 minutes per day). They sleep more than 8 hours. BMI 19.72. Men practice more sports than women ( $p < 0.0004$ ), those who do not do sport, they spend more time on the Internet ( $p = 0.0189$ ). We found a linear correlation between training time and the average grade, more training and more average note and conversely ( $p = 0.0144$ ).

## PERCEPTIONS REGARDING OLD AGE AND GERIATRIC INSTITUTIONS IN THE LEBANESE SOCIETY

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**Introduction:** In Lebanon, there is a lack of research on the perception of ageing. We think that we need to explore it in order to create a positive image of old age, where it is perceived as a period of life, not a disease.

**Objective:** To explore the perceptions, beliefs and attitudes of Lebanese people regarding ageism and geriatric institutions.

**Methods:** An observational cross-sectional study was conducted among a representative sample of the population in Beirut city, Lebanon. Data were collected through an anonymous structured self-administered questionnaire written in Arabic, and exploring the demographics and participant characteristics, their perceptions regarding ageism and geriatric institutions, as well as their fear from ageism.

**Results:** A total of 400 participants completed the survey: 50.3% were male, and only 7% were 65 years and more. Participants considered that old age starts from  $64.23 \pm 8.45$  years. Most of them have negative perceptions of ageing: old age means diseases (28%), retirement (14.5%), solitude (12.9%), need and loss of autonomy (8.2%), and disability (7.5%). Our population seems to grow old with some concern, mainly about health problems (38.4%) and loss of autonomy (23.7%). Only 11.0% were not at all worried.

Regarding the facilities for the elderly, almost half of respondents (51.6%) have a more positive opinion of these institutions, however 3.5% have entrusted elderly relatives to these facilities.

The multivariate analysis showed a positive association between favorable perceptions of old age and higher respondents' socio economic status ( $p\text{-value} < 0.05$ ).

## HEALTH QUALITY OF LIFE IN ELDERLY POPULATION IN LEBANON USING THE SHORT FORM 36 HEALTH SURVEY (SF-36)

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**Introduction:** Measuring health status of elderly is essential for the prediction of their health care needs. Health research usually considers objective outcome measure; however there is a need to increase self-reported measures of health.

**Objective:** The aim of this study was to assess the psychometric properties of the SF-36 among a group of Lebanese elderly.

**Methods:** It was a cross-sectional observational study. A systematic sample of elderly people aged 60 years and more was selected from dispensary, private and governmental hospitals randomly selected in Beirut city. Data were collected using face-to-face interview. The first part of the questionnaire consisted of sociodemographic characteristics. The second part consisted of the Arabic version of the SF-36. The third part consisted of Activity of Daily Living (ADL) scale, number and type of health problems and number of medication consumed per day.

**Results:** A total of 251 elderly people were included. The mean age was 70.69±7.70 years. Cronbach alphas for all SF-36 scales exceeded 0.798. The intra-Class correlation coefficient varied between 0.675 (item 2) and 0.980 (items 14, 16 and 18) indicating good reliability. SF-36 was able to discriminate participants according to their sociodemographic characteristics and health problems: The quality of life (QoL) of women was poorer than men (p-value<0.001). It was significantly lesser when the number of health problems (p-value<0.001) and medications (p-value<0.001) increased, and the ADL score (p-value<0.05) decreased. SF-36 is a valid and reliable instrument for measuring QoL among Lebanese elderly and could be used for monitoring the QoL of this population.

## UPDATING OF ACCESS TO NATIONAL HEALTH SYSTEM PORTUGUESE LEGISLATION, CONCERNING ASYLUM OR REFUGEE STATUS APPLICANTS - INCLUSIVE RESPONSE OR DISSEMBLANCE?

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**Introduction:** In recent years, Europe has been debating problems related to arrival of refugees and asylum applicants. Laws for foreign citizens' access to Portuguese National Health System (NHS) grant the right of individual health protection and public health promotion.

**Objectives:** Research and discuss legislation and official publications concerning refugees' and asylum applicants' access to NHS, and compare them with remaining immigrants similar rights.

**Methods:** Bibliographic research was carried out in e-portals: Official Bulletin, Health Regulatory Entity, Central Health System Administration and General Health Department.

**Results:** One law and one official publication published by Portuguese Government about refugees' and asylum applicants' access to NHS were included in the review. Fourteen laws and two manuals also published by the Portuguese Government were used for comparison with general immigrant legislation. Primary to secondary care referral is

available for refugees and individuals with asylum request status. Asylum applicants, refugees and their spouses or equivalent and direct descendants benefit from universal and totally free of charge NHS access, regardless of their remuneration. When comparing to general immigration policy, other immigrants who do not have this status are subject to different payment rates which depend on their remuneration. Facilitating the access of refugees and asylum seekers is a way of supporting their integration but without tuning the law with other immigrant issues we might be incurring in unwary decisions.

## **FASTER ANTIDEPRESSANT RESPONSE BY USE OF THE RIDA®PRECISION ABCB1 ASSAY**

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**Introduction:** Less than one third of patients suffering from severe depression experience complete remission when initially treated with antidepressant agents. A key factor for the effectiveness of antidepressants is the ability to pass the blood-brain barrier, which is regulated by transporter molecules such as the P-glycoproteins (P-gp), encoded by the ABCB1 gene.

**Objective:** This study evaluated the clinical usability and performance of a new diagnostic assay, RIDA®PRECISION ABCB1 real-time PCR assay, for the detection of ABCB1 gene variants in human whole blood samples.

**Methods:** In a prospective study, a total of 155 whole blood samples from 5 different study sites in Switzerland were extracted using the Maxwell® RSC Whole Blood DNA kit (Promega) with the Maxwell®RSC Instrument (Promega). Extracted nucleic acids were analysed with the RIDA®PRECISION ABCB1 real-time PCR assay on the LightCycler® 480I (Roche) to detect two ABCB1 SNPs (rs2032583; rs2235015) that associate different treatment outcomes.

**Results:** Overall 123 patients with ABCB1 gene variants were identified which, according to their presence or combination of the SNPs, required a more intense treatment plan: (1) increasing the dosage of the P-gp substrate or (2) treatment with a non-substrate or (3) apply of augmentation and psychotherapy. A total of 32 patients were identified as carrier of the CC/CT genotype at SNP rs2032583 and the TT/GT genotype at SNP rs2235015. According to previous research, these patients require (1) treatment with a P-gp substrate and (2) administered dose results and plasma drug concentrations within the recommended limits for a beneficial treatment outcome.

## **RELATIONSHIP BETWEEN HEALTH BEHAVIORS AND MARITAL ADJUSTMENT IN MULTICULTURAL FAMILY**

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**Introduction:** The number of multicultural families and female immigrants has been increasing rapidly. Female immigrants and their Korean husbands have major roles in developing health behaviors for their family members. In this study, we analyzed the relationship between health behaviors and marital adjustment in multicultural family female immigrants.

**Methods:** The study subjects were 140 married couple (consisted with 70 Korean husbands and 70 foreign women who had been married to and immigrated to Korea). All participants were registered in migration support centers. Data were collected from May to July, 2016. Participants filled in a questionnaire about their health behaviors, socio-demographic factors, and marital adjustment by the Revised Dyadic Adjustment Scale (RDAS) and Marital Intimacy Scale (MIS).

**Results:** Based on the overall mean score for RDAS and MIS, respondents were classified into two groups: High/Low Dyadic Adaptation Group and High/Low Marital Intimacy Group. The collected data were compared between the two groups. The high dyadic adaptation group in female immigrants and Korean husband reported higher percentages of healthy behavior group in Exercise and Body weight than the low dyadic adaptation group (Each 92.7% and 96.6% in female immigrants, Each 69.2% and 76.9% in Korean husbands). In the MIS, unhealthy behavior group in exercise was the most common feature of low marital intimacy group in female immigrants, but 73.5% of high marital intimacy group in female immigrants were characterized as maintenance of ideal body weight.

**Conclusion:** More desirable health behaviors were observed in highly adapted and intimated couples. Therefore, family physicians need to be concerned with marital adjustment and other associative factors.

## UTILIZATION OF ANTIDEPRESSANTS IN CROATIA AND ROLE OF FAMILY PHYSICIAN

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**Objective:** To assess the effect of antidepressant consumption on the rate of hospitalization for depression, to reinforce the role of family physician in the early recognition and treatment of mild to moderate depressive disorders.

**Methods:** Using the WHO Anatomical-Therapeutic-Chemical classification/Defined Daily Doses (ATC/DDD) methodology, the number of DDD was calculated from data collected from all Zagreb pharmacies on the number and size of drug packages, during the 2001-2010 period. Hospitalization data were collected for every patient hospitalized for depression.

**Results:** From 2001 to 2010, the rate of hospitalization for depression has increased from 168,26/100.000 to 337,04/100.000. The mean length of hospital stay was reduced from 35 to 34.5 days. Outpatient utilization of antidepressants increased by 90% (11,4 DDD/TID vs 20,59 DDD/TID). The highest rise was recorded in the consumption of SSRI by 148%, with an increased proportion of sertraline and fluvoxamine. Outpatient consumption of nonselective inhibitors of monoamine reuptake decreased by 68%.

In the subgroup of other antidepressants, a rise was recorded in the consumption of mirtazapine and venlafaxine in particular.

Although the overall outpatient utilization of antidepressants increased during the study period, the rate of hospitalization for depression increased as well. Ratio

indicator anxiolytics/ antidepressants was found to have improved. There still was an excessive use of anxiolytics and inadequate use of antidepressants. Continuous education of primary care physicians in early detection and treatment of mental disorders is required.

Introduction of a questionnaire for early recognition of depression symptoms at the primary healthcare level would be highly useful.

## SELF-DIAGNOSIS AND SELF-MANAGEMENT OF PAIN IN SAUDI POPULATION

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**Background:** The way people approach and manage a health condition has changed with the accessibility of Internet, health magazines and medical TV shows.

The objective of this study was to assess the practice of self-diagnosis and self-management of pain in the Saudi population of Riyadh.

**Methodology:** A descriptive cross-sectional study was conducted at Princess Nourah Bint Abdulrahman University (PNU), Prince Mohammed bin Abdulaziz Hospital and malls in Riyadh, Saudi Arabia. A total of 632 participants ages of 18 years and above were included. A questionnaire and an online survey were designed to identify the *prevalence* of Self-diagnosis and self-management of pain, the *reasons* for self-diagnosis and the *sources* of preference for information collection. Data was analyzed with SPSS version 20.

**Results:** Women were more likely than men to self-diagnose themselves online [78.3% vs 60.6%]. The likelihood of self-diagnosis was common among those with monthly income less than 5,000, and those with a college degree [47.0% and 52.4%]. Health care providers were the main source for a diagnosis for those with a monthly income more than 10,000. When asked about the reasons for self-diagnosis, 38.8% agreed on the answer easier than going to the doctor.

**Conclusion:** Prevalence of self-diagnosis seems to be elevated in the Saudi population. There is a shift in the ways in which people consume health and medical information, with more patients looking for different resources for medical information rather than seeking the advice of their physicians. The decision of disease management is also influenced by the economic status.

## CHILDHOOD OBESITY - GLOBAL OVERWHELMING PUBLIC HEALTH PROBLEM

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**Introduction:** Childhood obesity is defined by WHO as one of the most serious public health challenges of the 21st century. Overweight and obese children and teenagers are more prone to a wide range of diseases in adulthood and more likely to develop diabetes and cardiovascular diseases at a younger age.

**Objective:** This work reviews the risk factors that may contribute to excessive weight and obesity in children, outlines current knowledge regarding approaches for treating childhood obesity and focus on international epidemiology and public health strategies.

**Methods:** Retrospective data will be collected since 2013.

**Results:** Some of the major risk factors for overweight in childhood and its persistence throughout adulthood are sedentary lifestyle, weight at birth, overweight mother, low income family, smoking parents and solid feeding 3 months after birth. It is easy to assess that the main causes are environmental, psychological and behavioural. Genetic, endocrine and metabolic disorders are less frequent. It has been demonstrated that it is best to act upon the entire population and not just individually on high-risk groups.

Although mainly affecting populations of developed countries, it is becoming increasingly more prevalent in developing countries due to industrialization and consequent socio-cultural changes. Non-communicable diseases have replaced infections as the main cause of death and obesity plays a major role in most of them; cardiovascular ones, diabetes, for example. Healthy lifestyle choices need to be promoted at a young age since they usually continue throughout adulthood. Interventions should include healthy diets, physical activity, educational programs and public health care.

## LONG SLEEP DURATION IS ASSOCIATED WITH SARCOPENIA IN KOREAN ADULTS BASED ON DATA FROM THE 2008-2011 KNHANES

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**Introduction:** Sarcopenia, or loss of muscle mass, occurs with aging and results in frailty, disability, cardiovascular disease and insulin resistance. However, recently, researchers have asserted that sarcopenia is not an inevitable process, but is a modifiable condition. Adequate sleep duration is also important to maintain good physical and mental health.

**Objective:** The aim of our study was to examine the association between sleep duration and sarcopenia in Korean adults.

**Methods:** Data from 14,939 participants (6,646 men and 8,293 women) were analyzed from the 2008-2011 Korean National Health and Nutrition Examination Survey (KNHANES). We defined sarcopenia as one standard deviation (SD) below the sex-specific means of the appendicular skeletal muscle (ASM)/height<sup>2</sup> values of a young reference group. Participants were categorized into 5 groups according to sleep duration. The odds ratios (ORs) and 95% confidence intervals (95% CIs) for sarcopenia according to sleep duration were calculated using multiple logistic regression analysis.

**Results:** The prevalence of sarcopenia was 14.0% in the total population (males 18.3%, females 9.6%). Compared to the 7 h of sleep group, the OR (95% CI) for sarcopenia of the long sleep duration group (9 h or more) was 1.570 (1.071-2.301) after controlling for confounding factors. From the results of subgroup analysis, high risk groups for sarcopenia as follows: male (OR=1.574), 40-64 years old (OR=1.903), normal body mass index (OR=1.549), smoking (OR=2.223), no regular exercise (OR=1.691), no alcohol consumption (OR=1.491), and employment (OR=1.565) in long sleepers.

**Conclusion:** Long sleep duration (9 h and over) is independently associated with sarcopenia in Korean adults.

## EVALUATION OF THE FACTORS AFFECTING THE COST OF PALLIATIVE CARE AT A UNIVERSITY HOSPITAL

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**Introduction:** All over the world palliative care has become increasingly important in the recent years because of the prolonged life expectancy at birth and the increased incidence of cancer.

Although the palliative care services are very limited, they become increasingly widespread because of the needs. However, there is no hospital based palliative care cost study in Turkey.

**Objective:** The aim of the study is to determine the correlates of in-hospital costs for palliative care in a university hospital setting.

**Methods:** This is a retrospective cost-of-illness study using data from the records of patients who were admitted to Katip Celebi University Hospital during December 2013- December 2015. Direct medical costs were calculated from the Social Security Institute perspective. Socio-demographic and clinical information was abstracted from patient files. A generalized linear model was used in the multivariate analysis to generate cost ratios(CR).

**Results:** We included 374 in-patients in total in the study. Gastrointestinal system cancers were the most common cancer type (42.4%) followed by genitourinary system cancers (20.1%), central nervous system (16.4%), breast cancer (10,7%) respectively. Neurologic cancers (4746±3989 TL) and genitourinary system cancers (3968±3804 TL) had the highest costs. The largest proportion of the total cost was formed by medical interventions (55.8%), followed by medications (17.0%). Radiotherapy CR:1.67(95% CI: 1.19-2.34) and tramadol treatment CR:1.26(95%CI:1.01-1.59) were significant predictors of hospital costs.

**Conclusion:** Palliative unit costs varied substantially, however majority of the variables could not predict the hospital cost of palliative care independently.

## RELATION BETWEEN IRRITABLE BOWEL SYNDROME AND STRESS IN THE MEDICINE STUDENTS AND THE STUDENTS OF OTHER FACULTIES OF POLISH UNIVERSITIES

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**Introduction:** Irritable Bowel Syndrome (IBS) is a chronic disease occurring in up to 20% of the world's population. IBS is a psychosomatic disorder resulting in a malfunction of bowels and is strongly connected with stress. Studying at university might trigger this disease.

**Objective:**

1) To compare intensity of stress between medicine students (MS) and of other faculties (N-MS)

2) To evaluate risk of developing IBS in the examined groups and its probable relation to the stress level.

3) To answer if it is necessary to implement prophylaxis amongst students at risk

**Methods:** A survey-based research was performed on 877 students aged 19-26 (Male = 182, Female = 695, N-MS = 334, MS = 543). The questionnaire concerned studies, demographic data, lifestyle and psychosomatic well-being was made.

The stress' level was evaluated with Perceived Stress Scale (PSS-10) form.

**Results:** The research showed no differences between MS and N-MS risk of IBS, as well as in the number of students seeking medical consultation of IBS symptoms between the examined groups.

Research proved that in the last year of MS the stress level is significantly lower than in the 1<sup>st</sup> year ( $p=0.001$ ). Students who performed physical exercises for > 5 hours weekly had lower stress level than those who exercise < 1.5 hour weekly ( $p=0.0046$ ).

There is no difference in IBS risk between MS and N-MS. Physical activity is an effective method of IBS prophylaxis.

## 'THE BEST LAID PLANS OF MICE AND MEN': APPLYING EVIDENCE BASED PRACTICE IN LOW- AND MIDDLE-INCOME SETTINGS

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**Introduction:** In a scientifically-literate and resource-strained primary care setting, we are accustomed to seeking and applying evidence for our decisions. We increasingly carry these ideals abroad with the rise in medical volunteerism. The literature shows that we need to be more reflexive in our approach and considerate of our context: Ethically, economically, culturally and politically. We demonstrate that this workshop may be a useful tool for such enlightenment.

**Objectives:** To describe and recommend a workshop format for General Practitioners (GPs) about evidence-based practice in low- and middle-income settings; to discuss its application and feedback from an international conference for European GPs.

**Methods:** We outline the rise in the reputation and application of evidence-based practice and the somewhat antagonistic rise in the appreciation of relativism, with medical volunteerism a symbol of this struggle. We present a workshop format that enables careful reflection on the factors involved when applying evidence-based practice in low- and middle-income settings. We then discuss its use in the WONCA Europe 2016 conference and lessons learnt by participants and facilitators. We recommend its widespread use as an educational tool for all GPs before they visit these settings.

**Results:** A workshop format is recommended for widespread use with GPs planning placements abroad. We present the lessons learnt by participants at the first running of the workshop. By using such workshops to encourage GPs to reflect before they act, we hope that the future of International Primary Care can be efficient, appropriate and sustainable.

## RISK OF OBSTRUCTIVE SLEEP APNEA SYNDROME IN LATVIA PRIMARY CARE CENTERS

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**Introduction:** In developed world Obstructive Sleep Apnea (OSA) ranges between 3-7% in population. OSA prevalence studies in Latvian population are lacking. Previous studies indicate that OSA contributes to the development of several chronic diseases, including arterial hypertension (AH), diabetes mellitus (DM), coronary heart disease, stroke and even death. OSA often is not diagnosed and treated in Latvia.

**Objective:** The purpose of this study is to determine the prevalence of high risk OSA (HR-OSA), intermediate risk (IR-OSA) and low risk (LR-OSA) in primary care population and identify OSA risk correlation with AH, DM, body mass index (BMI).

**Methods:** The survey is carried out in general practices in Latvia. We have collected data from six general practices (GP) in Riga, totally of 83 individuals (26 males), aged 25-69, who visited GPs. Patients underwent standardized OSA questionnaire, systolic and diastolic blood pressure (SBP, DBP), pulse, oxygen saturation, BMI, neck circumference were taken. At the next stages we are planning to collect data of 500 patients, comparing data in different OSA risk groups.

**Results:** Only 6 patients were identified with HR-OSA (7.2%), 24 patients with IR-OSA (28.9%). All of HR-OSA patients, but 15 of IR-OSA had AH, but 3 HR-OSA and 3 IR-OSA patients had DM. There is significantly higher SBP and BMI in HR-OSA and IR-OSA in comparison with LR-OSA group. Oxygen saturation was significantly lower in HR-OSA group comparing with IR-OSA and LR-OSA (All  $p < 0.05$ ). There is no statistically significant difference of DBP and pulse among these groups ( $p > 0.05$ ).

## TUBERCULOSIS IN CARTAXO - AN EPIDEMIOLOGICAL REVIEW IN THIS CITY OF PORTUGAL

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**Introduction:** Tuberculosis is a disease with great impact on public health in Portugal. In recent years there has been a decrease in its incidence, reaching the threshold of 20.0/100,000 inhabitants. Porto, Lisbon, Setúbal and Algarve were the districts that had the highest incidence of the disease, and the district of Santarém had an incidence of 15,3/100,000 inhabitants.

**Objective:** This epidemiological study aims to characterize the incidence of tuberculosis in the population of Cartaxo, belonging to the district of Santarém, during a period of 7 years.

**Methods:** Cases were selected through the Tuberculosis Surveillance System, using as a search parameters the diagnosis date between 2009 and 2015 and origin in the city of Cartaxo. Cases of latent tuberculosis were excluded. From this study we obtained 27 cases, whose data was analyzed and confirmed through the review of the clinical files.

**Results:** During the study period there were 27 diagnoses of tuberculosis in Cartaxo, of which 24 were new diagnoses and 3 were recurrences. 88.89% of the diagnoses were done after

passive screening, while 11.11% were done after contact screening. There was a predominance of the incidence in males and in the age range of 45-54 years. The presence of AIDS co-infection was found in 2 cases. In the studied population 13 cases were pulmonary tuberculosis, 5 pleural, 3 lymphatic, 2 vertebral, 1 peritoneal, 2 cutaneous and 2 ocular. In the majority of the analyzed cases treatment with the standard regimen was performed and the therapeutic success rate was 88.89%. The 27 diagnoses of the disease originated 80 screenings to cohabitants, with a coverage rate of 95.24%. The incidence of tuberculosis in Cartaxo was about 15,33/100,000 inhabitants in the time analyzed.

## SIGNIFICANCE IN DISCOVERING AND DIAGNOSING CHRONIC RENAL INSUFFICIENCY (KIDNEY FAILURE)

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**Introduction:** HBI is a syndrome caused by chronic, progressive and irreversible impairment of renal function with changes in biochemical composition of the plasma-dominated azotemia. Objective: Screening, primary prevention in the practice of family physicians, allows early discovery of the first symptoms HBI, as well as further progression and complications of this chronic disease.

**Methods:** Ultrasound diagnosis, Intravenous urography, Dynamic scintigraphy

**Results:** Patient 55 years old, without any complaints, brings laboratory analyses: urea 8.6 mmol/l, creatinine 159 mmol/l

Patient referred to nephrologist.

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 the following has been found:

Intravenous urography revealed left kidney disfunction and renal insufficiency.

Dynamic scintigraphy showed terminal reduction of parenchyma of the right kidney, reduction of the left part of the medullar.

Patient is stable and on medical nutrition diet.

Control laboratory data showed improvement: urea 8.3, creatinine 117 mmol/l.

**Keywords:** HBI, diagnosis, US diagnostics, screening

## CONTRIBUTION TO THE STUDY OF INFANT MORTALITY IN ARARAQUARA-SP, FROM 2007 TO 2015

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**Introduction:** It is very important to measure the mortality infant rate in order to establish priorities. Objective: To characterize the evolution of infant mortality in the period 2007-2015 in Araraquara,SP, in the neonatal (early and late) and post-natal components, and to identify the main causes of death.

**Methods:** Exploratory cross-sectional epidemiological study. Data sources for live births and deaths of infants under 1 year were, respectively, SINASC and SIM. The study period was divided into three-years-period, aiming to identify statistically significant differences by calculating the ratio between coefficients per point (R) and by 95% confidence interval.

**Results:** The infant mortality rate in Araraquara between 2007 and 2015 was 11.7 per 1,000 live births, and was stable with no statistically significant differences between the three-year-period. Perinatal causes were the most common in the neonatal period (73.2%), followed by congenital malformations (21.4%). In the post-natal period, congenital malformations accounted for 30.2% of deaths, followed by influenza and pneumonia, with 11.3%.

## TREND OF OBESITY, DYSLIPIDEMIA AND METABOLIC SYNDROME IN ADOLESCENT IN TAIPEI

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**Introduction:** Childhood obesity is a major public health issue globally. Overweight and obese children are likely to stay obese into adulthood and more likely to develop cardiovascular diseases at a younger age. However, less data revealed the prevalence ratio and the trend of obesity, dyslipidemia and metabolic syndrome (MS) of pediatric populations in Taiwan.

**Objective/Methods:** Four cross-sectional surveys were conducted in all senior high school freshmen in Taipei from 2011 to 2014. After excluding missing data, 41193 students (boys/girls: 21208/19985), 39147(19981/19166), 37698(19479/18219), and 33340(17439/15901) were included in the analyses. Body height, weight, waist circumference and blood pressures were measured and blood samples were obtained at entrance health examination for fasting blood glucose, total cholesterol, triglyceride and high-density lipoprotein cholesterol levels. We used the trend test to determine if there is a statistically significant trend among adolescents in recent years.

**Results:** The prevalence of overweight (BMI > 90<sup>th</sup> percentile) in this study from 2011 to 2014 were 27.33% (males/females 32.04%/22.32%), 26.45% (31.33%/21.35%), 26.95% (31.95%/21.61%), 26.59% (31.42%/21.28%), respectively (trend test: males: p=0.055, females: p=0.314). The prevalence of hypercholesterolemia (TCHO >200mg/dl) were 9.61% (6.22%/13.20%), 8.66% (5.60%/11.86%), 6.51% (4.24%/8.95%), and 8.98% (5.88%/12.39%) (trend test: males: p<0.0001, females: p<0.0001). The prevalence of MS among Taipei adolescents from 2011 to 2014 were 1.07% (males/females 1.64%/0.48%), 0.73% (1.16%/0.29%), 0.97% (1.47%/0.43%), 1.32% (2.02%/0.55%), respectively. Although the prevalence of MS fluctuated, the trend test showed the statistically significant increasing prevalence (males: p<0.0001, females: p= 0.0027). Our findings suggest health policy should put more emphasis on adolescent health in Taipei.

## SMOKING RELATED TUBERCULOSIS: CASE REPORT

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**Introduction:** Smoking is one of the most important public health concerns in the world especially in developing countries due to the fact that it causes many diseases including lung and heart diseases. Here we present a case of tuberculosis detected during smoking cessation treatment.

**Case:** A 36-year-old male patient was admitted to our polyclinic to quit smoking while he was using 30 packets of cigarettes. On physical examination, body mass index was 25.2 kg / m<sup>2</sup>, arterial pressure (TA) was 125/78 mmHg. Other physical examination results of the patient were normal. Fagerstrom Nicotine Dependence score was 8 points (high level dependent), CO: 21 ppm. Biochemical parameters and electrocardiography were normal. Hematologic parameters showed leucocytosis and sputum ARB stain was ++ (positive). There was a lesion on the graft on the left side of the hilar region.

**Conclusion:** Smoking and tuberculosis are two major health problems in the world. Tuberculosis morbidity and mortality is high in underdeveloped countries, where cigarette consumption is also higher. In the meta-analysis, it was stated that cigarette influences the development of tuberculosis infection and active tuberculosis. In a study performed by Leung et al. on 851 smoker and non-smoker patients with tuberculosis. In this study dyspnea, upper zone involvement in chest X-ray, cavity, milier

## OVERVIEW OF THE HEALTHCARE TO HOMELESS PEOPLE BY 'CLINIC ON THE STREET' IN CAMPINAS-SÃO PAULO

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**Introduction:** The 'Clinic on the Street' is a primary care service, part of the Brazilian public health system, that offers promotion, prevention and care actions in the territory (street) for people in situations of vulnerability, mainly due to the abusive consumption of alcohol and other drugs.

It has a multiprofessional team and prioritizes access to quality treatment on the field, from the perspective of integrality, longitudinality and networking with others services.

**Objective:** Describe the population served by the 'Clinic on the Street' from July to December 2016.

**Methods:** Observation and analysis of the data sheet of "Clinic on the street" from 07/01/2016 to 12/30/2016.

**Results:** Were consulted 2960 street patients: 25% women, 75% men. The predominant age group was 20 to 39 years (63.3% of the women, 56% of the men).

The main demands were: prenatal 0.87%, child care 0.13%, cancer 0.07%, diabetes 1.96%, hypertension 3.68%, leprosy 0.03%, sexually transmitted diseases 3.65% , HIV 3.14%, tuberculosis 0.67%, hepatitis 0.70%, mental disorders 13.75%, patients with signs of violence 2.23%, harmful use of alcohol 43.9%, harmful use of crack 35,3%, other harmful drug use 4.6%.

In this period we performed 17 (o, 6%) referrals for emergency / emergency services, 65 (2.2%) referrals for local social assistance services and 77 (2.6%) referrals for secondary services.

The 'Clinic on the street' is the gateway for people who are excluded from the health system, showing that it is possible to perform quality care with high resolubility even in unusual territories such as the street.

## THE MEASLES EPIDEMIC OF ROMANIA IN 2016 – EPIDEMIOLOGY REVUE

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**Introduction:** During the year of 2016, Romania documented 1969 cases of measles, even though the National Programme of Immunization includes two doses of the vaccine, at 12 months and at 5 years of age.

**Objective:** The aim of this study is to evaluate the actual state of the Romanian measles outbreak, to define the affected groups and identify the possible underlying causes.

**Methods:** This research is reviewing papers recently published in Romanian medical journals and weekly reports of the National Centre of Infectious Disease Monitoring and Control.

**Results:** The first cases of measles occurred in January 2016, representing a community outbreak in the west of Romania. The measles virus strain identified as B3, is different from the usual D4 endemic strain in Romania. Most of the cases were reported by Arad county (n=462). Of all the cases, 60.2% were children less than 5 years of age, while 9.2% were aged 20 years or over. The highest incidence was reported in children of 1 to 4 years of age (43%) and children of 5 to 9 years of age (18.5%). Of all the cases with known age, 95.2% did not undergo immunisation, 3.3% had one dose of vaccine, while 1.5% had two doses of vaccine. Ten deaths due to measles were reported during this year, of which four were in children less than 12 months of age and six occurred in individuals with underlying medical conditions. As a consequence of increased incidence of measles, the new recommendations of the Romanian Ministry of Health are to apply the first dose of MMR vaccine earlier, at children of 9 months of age.

## SOCIAL NETWORKING: USE, BUT DON'T ABUSE

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The internet has changed the way people communicate. Social web is an important part of this issue. The phenomenon of web networking is new and we don't know exactly the repercussion on health.

**Aim:** to characterize the use of social networks by adolescents.

**Methods:** We applied a structured self-completion questionnaire to adolescents from 2 schools in the city of Porto, Portugal. All students attending the 9th year were included. The questionnaires were distributed during the school term.

**Results:** 170 adolescents answered the questionnaire (56,5% female) with a mean age of 14,2 years ( $\pm 0,7$ ). 98,2% regularly access at least one social network and 24,7% use more than 5 apps. The motives for accessing is mainly to communicate with friends (91,0%) and to playful purposes (53,6%). The majority (59,8%) uses for more than 2 hours a day. Girls tend to use

social networks for a longer period and consider their use to be detrimental to other activities and school performance. When asked about the perception that they may be addicted to social networks, they agree more strongly than boys.

**Discussion / Conclusion:** The use of social networking is established in adolescents. Girls tend to use more intensely these technologies and to exhibit more obsessive characteristics, that may condition addictive behaviors in the future. It is important to realize to what extent this pattern of utilization will condition physical or mental illness in the future, to guide educational programs for health promotion. In conclusion, Social Networking: Use but don't abuse.

## EXPECTATIONS AND PREFERENCES OF THE POPULATION REGARDING THE PRIMARY CARE

Rebeca Alfranca, Carme Saurina, Marc Saez, Alex Lazaro, Didac Parramon, Immaculada Frou, Carmen Lopez, Daniel Alcantarilla  
*Institut Català de la Salut, Girona, Spain*

**Introduction:** Preformed expectations and preferences play a key role in the relationship between patients and the healthcare system.

**Objective:** To study the expectations and preferences of the Catalan population regarding the public health system.

**Methods:** Quantitative study: 409 surveys were undertaken by primary health care patients. Values of satisfaction obtained from the questionnaire and values of importance granted to 6 graphics cards representing different health care items, permitted application of IPA analysis and conveyed patients' views about the service. Qualitative study with focal groups characterized in more detail the effects of different factors and the impact of the economic crisis on patient expectations and preferences.

**Results:** Expectations and preferences in healthcare can be estimated from satisfaction and the importance given to various aspects of the health service. Patients, especially the elderly, attach high importance to competency and relationships with health professionals and that relationship affects satisfaction and fulfillment of previous expectations. Patient expectations were met by competency and respectful manner, but not by closeness in the relationship established with the healthcare professional. As to the factors studied, the most influential was age, followed by socioeconomic status. The influence of the economic crisis was only objectivized in patients over 65 years.

**Conclusions:** This study reflects a greater influence of the economic crisis and health cuts in the elderly, who in turn present greater pathology, as well as a greater dissatisfaction and failed expectations. Specific programs aimed at this age group are probably needed to meet their expectations of closer and well-trusted health professionals.

## ARTOMIALGIAS, RASH AND FEVER, ABOUT A CASE

Mario García Aroca, María del Socorro Fernández Guillén, Carmen Celada Roldán, Isabel María Martínez Ardil, Raquel Gómez García, Eva María Fernández Cueto, Marija Boksan, Carmen Moreno Vivancos  
*Los Dolores Health Center, Cartagena, Spain*

**Introduction:** A 42-year-old male with 2-month exanthema is on the spot. In addition, it associates arthromyalgias in elbows and knees and intermittent febrile episodes (evening predominance) of up to 38°C intermittent. He lives in rural surroundings, by profession mason. Exploration and complementary tests: Good general condition, normal constants, normal hydration and coloration, eupneic, afebrile. Skin and pimples: Erythematous lesions, pruritic maculopurpura, back and buttocks distributed symmetrically. Rest of explorations compatible with normality. Analytical: Slight elevation of acute phase reactants. Electrocardiogram, chest x-ray and abdominal ultrasound without pathological findings. Serology 2: Ig M Borrelia Burgdorferi +, Serology 1: Ig M Borrelia Burgdorferi dudosa Serology 2: Ig M Borrelia Burgdorferi + Ig G doubtful) which added to the clinic, confirmed the suspicion.

**Objective:** The correct diagnosis of the pathology for each patient.

**Method:** Description of a clinical case and review of the literature

**Results:** Clinical judgment: Lyme disease. Differential diagnosis: Primary HIV infection, Toxicodermia, Syphilitic Roseola, Urticarial Vaculitis, Rheumatoid Arthritis. Conclusions: The clinical history and anamnesis are key in the accomplishment of a good diagnosis and early treatment, which together with adequate follow-up, will avoid, as in this case, the chronification of affections.

## EARLY DETECTION OF COLORECTAL CANCER IN FAMILY PRACTICE

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**Introduction:** Colorectal cancer can be detected and treated in early stage. Previous studies and national screening projects have shown that it is possible to reduce the mortality rates by approximately 13% to 18%.

**Objective:** Family medicine practitioners can make a significant contribution to colorectal cancer early detection programs if they implement counselling, educational and active early detection (FOBT) activities in their everyday practice.

**Methods:** Twenty-four family medicine offices have implemented the following methods in their everyday practice: 1. anamnesis targeted on colorectal cancer prevention, 2. diet counselling for groups with higher risk, 3. distribution of Faecal Occult Blood tests (FOBT). A group of 1156 people, both male and female, aged 50 to 74, were included in this study.

**Results:** National program of colorectal cancer prevention has achieved rather low results. There is no continuous education and the response to FOBT has been about 20% to 25%. In our study, out of 654 male examinees, 241 (36, 8%) of them sent back their FOBT. 179 of 402 female examinees (35, 6%) responded the same way. Targeted anamnesis was performed with 92, 3% of people included in the study, and 82, 3% of them have had some form of counselling.

## KNOWLEDGE, ATTITUDE AND PRACTICE OF RURAL MOTHERS TOWARDS HOME INJURIES AMONG CHILDREN UNDER 5 YEARS OF AGE IN MENOUF DISTRICT

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**Introduction:** Accidental injuries are a major health problem in children. They are the most common cause of death in children under 5 years of age. Every year they leave many thousands permanently disabled.

Most of these accidents are preventable through increased awareness, improvements in the home environment, and greater product safety.

**Objective:** This study was conducted to assess rural mothers' knowledge, attitudes, and practices toward home-related injuries and their first aids among children under 5 years of age before and after implementation of educational program.

**Methods:** This cross-sectional interventional study included 270 mothers from Bijirim village, Queisna district, Menoufia, Egypt. A predesigned questionnaire was administered to them before and after application of educational program. The first part of the questionnaire included sociodemographic and economic characteristics of the mothers. The second part included mothers' knowledge about the causes, prevention, and first aid of home injuries. The third part included mothers' practice followed toward their children in case of exposure to any type of home injuries and its occurrence.

**Results:** The study result revealed that mass media were the main source of knowledge for 43.3% of the participants. There was a statistically significantly higher percent of satisfactory knowledge among highly educated mothers and those with middle and high socioeconomic level. There was a significant positive correlation between mothers' practice and either their education or their socioeconomic level. There was a significant correlation between socioeconomic level and either knowledge or attitude of mothers toward home injuries. There was a significant improvement in mothers' knowledge after intervention.

## HOW CAN FAMILY DOCTOR IMPROVE THE PARTICIPATION RATE OF MAMMOGRAPHY SCREENING – THE ROLE OF PREVENTION NURSES

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<sup>2)</sup>Irinyi Health Center, Kecskemét, Hungary

**Introduction:** In our country the participation rate on screenings, including mammography screening is very low. Restructuring of primary care system through the development of practice teams is an important task.

**Aim:** The authors examined the effectiveness of prevention nurses' work as a member of the practice team on the organization of mammography screening.

**Methods:** Prevention nurses looked up women who did not participate in mammography screening two years before proceeding the reference period according to a protocol. The program was gradually extended to all family doctor practices in Kecskemét.

**Results:** In the author's own practice the turnout could be achieved and sustained over 60% with this method. During the extension of the program on a representative sample respect of Kecskemét 36.7% of patients who did not participate in screening in the previous two years were involved in mammography screening again. Extending the entire target population of Kecskemét authors found that the 16–20% of non-screened patients participated again and whole screening rate rose above 70% in the city.

**Conclusion:** The program proved that working prevention nurse as a practice team member can coordinate the tasks of screening effectively making a connection among the family doctors, screening centers and patients.

## **PARTICIPATORY EVALUATION OF A SEX WORKERS PROJECT IN WALES**

Sarah Wallace, Dr. Carolyn Wallace, Prof. Joyce Kenkre  
*University of South Wales, Pontypridd, United Kingdom*

**Introduction:** Previous research has identified that sex worker populations in Wales are particularly concentrated in Cardiff, Newport and Swansea (Sagar *et al*, 2014). Across Wales, there are estimated to be at least 2,471 individuals involved in sex work with the greatest majority working “off-street” (Sagar *et al*, 2014). However, limited specialist support exists for sex workers in Wales (Sagar *et al*, 2015). The Women’s Cafe Project was developed with the aim of providing information, support, advice, and advocacy services to women involved in the commercial sex industry, women at risk of sexual and/or financial exploitation. Objective: To develop and deliver an evaluation design that meets the needs of the project and supports its implementation.

**Methods:** Two participatory evaluation workshops were held with project staff to address key considerations. These included: the purpose and aim of the evaluation, the outcomes required for funders and the crucial issues faced by women accessing the service, how to involve women in the evaluation and potential risks and challenges.

**Results:** Sex workers experience complex issues (substance misuse, poor mental health, housing and abuse) face discrimination and social exclusion. It was determined that evaluation should demonstrate the impact (positive or negative) of the project on the users and understand why women involved in sex-work decide not to be involved in the project. Additional points raised included: funder obligations, components of delivery, external considerations and following-up the journey of the women. In summary, the evaluation should be able to answer if the project delivered according to the needs of the women.

## **MONO- VS COMBINED ANTIHYPERTENSIVE THERAPY IN ACHIEVING TARGETED BLOOD PRESSURE LEVEL IN PATIENTS WITH ARTERIAL HYPERTENSION**

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*JZNU DOM ZDRAVLJA TUZLA, TUZLA, Bosnia and Herzegovina*

**Introduction:** Almost 20% of each Family medicine team in Health Center Tuzla, are patients with arterial hypertension (AH).

**Objective:** Such a significant number of patients made us curious to check how they achieve targeted blood pressure level (BPL). We performed retrospective study to compile data and to make conclusions.

**Methods:** We examined 286 medical records of patients with arterial hypertension, and formed four groups of examinees: 1. using one antihypertensive drug (AD), 2. using two AD, 3. using three AD and 4. using combination of four AD.

**Results:** Total patients 286, 161 male(56%) and 125 female (44%). Out of 286 patients, 125 were smokers, 65 male and 60 female. All patients were in age group 30 - 65 years.

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The first group of 67 patients (24%) were on monotherapy. Targeted BPL of < 130/80 was achieved in 40 patients (60%), 27 male (67%) and 13 female (33%). 27 patients (40%) didn't achieve targeted BPL with one antihypertensive drug.

In the second group of 101 patients (35%) were on combined therapy with two AD, targeted BP was achieved in 71 patient (70%), 41 female (58%) and 30 male (42%). 30 patients (30%) didn't achieve targeted BPL with combined therapy of two AD.

In the third group of 69 patients (24%), targeted BPL was achieved in 58 patients (84%), 36 male (62%) and 22 female (38%). 11 patients (26%) didn't achieve targeted BPL.

In the fourth group of 49 patients (17%), 39 patients (80%) achieved targeted BPL, 23 male (59%) and 16 female (41%). 10 patients (20%) didn't achieve targeted BPL by using four AD.

This retrospective study showed that patients who use three or four AD are more likely to achieve targeted BPL than those on monotherapy and combined therapy of two AD.

This study continues to prove which combination of AD made the best results in patients with AH.

## IS IT EASY FOR PEOPLE OVER 65 TO ASK AN APPOINTMENT IN OUR HEALTH CENTER?

Josep Juanola-Costa, Josep Massons-Cirera, Josep Aubà-Llambriç, Joan Domenech-Solé, Silvia Cid-Andujar, Tamara Jimenez-Pascua, Esther Limón-Ramirez  
*ICS Servei Català de la Salut. CAP Ronda Prim, Mataró. Barcelona, Spain*

**Introduction and Objective:** 1-To describe how they request a previous appointment in our center, those over 65 years.2-To value the satisfaction and the valuations of the different systems.

### **Methodology:**

Design: Descriptive observational study

Ambit: Urban Health Center. Study population: People > 65a who attended Primary Care consultation in November 2016. After information on the study and obtaining the IC, we passed data collection sheet and a satisfaction questionnaire.

**Results:** 591 patients were visited, 263 > 65 years. Population 263 patients. Female 166. (63%) Strip age: 1-65 to 74 31.25%, 82 patients 2-75 to 84 40%, 105 "3- Over 85 28.75%, 76 "They used Internet and new technologies 9%. Telephone call to the center and teleoperator 16% Physical presence in the center 75%. They use the Internet, new technologies and telephone 75% of patients from 65 to 74a. The > 74 year olds, 89% go to the center physically. The average waiting time in the center is 35 minutes, 20% can wait up to 45 minutes. Satisfaction of users is negative, average score of 3.5 / 10

**Conclusion:** It is not easy to request an appointment at our health center. The older ones prefer the physical presence in the center to request an appointment.

To use the new technologies or the telephone, these are difficult to use and do not solve their needs. The satisfaction is very negative since the massive physical presence favors long queues. They describe that the little staff that attends to them is the main problem. Keywords. Prior appointment, older 65a, satisfaction.

## PRIMARY CARE ASSISTANCE IN A SPANISH HEALTH CENTER: STATISTIC ANALYSIS OF THE CONSULTATIONS

Esperanza Romero Rodriguez  
*IMIBIC, CORDOBA, Spain*

**Introduction:** The fact that pediatrics and family medicine consultations are not available on weekends increases the demand for care this days in health centers. The average processing time is higher for those patients who were treated at no urgent consultations.

**Objective:** To investigate the number of patients who come to the emergency department of an urban-rural health center, which has the reference hospital less than 2 km long, with a target population of over 10.000 inhabitants (of which, 1.500 are pediatric patients) and without pediatricians on weekends.

**Material and methods:** A cross sectional study was performed. The simple was the population attended during the month of December 2016 (Saturday and Sundays of this month) who applied urgent attention in an urban health center; The analysis was realized by the SPSS system.

**Results:** 758 males and 608 females attended the urban health center, no significant difference being sex ratios. The average patient/ day was 147, with a standar desviation (SD)= 0.350; not significant age difference by sex male: X= 5.47 female X= 6.23. It was found relation between age and fate, being the oldest of those sent to hospital. Also, It was found a relation between day and time of the assistance: Saturday and the slot from 18.00 to 20.59 registered the most frequented rate. The average processing time was 30,26 minutes with a SD= 0.0812.

## IDENTIFICATION OF BARRIERS AND FACILITATORS IN ALCOHOL SCREENING IN A PRIMARY CARE SETTING: A QUALITATIVE SYSTEMATIC REVIEW

Esperanza Romero

*IMIBIC, CORDOBA, Spain*

**Background:** Harmful use of alcohol contributes significantly to the global burden of disease and ranks third among the leading risk factors for premature death. A variety of alcohol-related problems can have devastating effects on people and their communities.

Nowadays, 70 % of people under risk of having alcohol problems go undetected in medical practice, a fact that underlines the need for specific screening measures allowing early detection leading to timely treatment. Due to this, the role of primary care health professionals is paramount to improve the approach to these patients.

**Objective:** To Identify the barriers and facilitators in the management of patients with alcohol abuse addressed by primary care professionals.

**DESIGN:** A systematic review of qualitative evidence analysing original research articles, with a qualitative study designs (reviews, surveys and qualitative studies).

**DATA BASES:** Medline, EMBASE, Cochrane, CINAHLs, Web of Science and specialized journals in alcohol and addictive consultations.

**ELIGIBILITY CRITERIA:** Original research articles, with a qualitative study designs, indexed between January 1, 2009 and May 30, 2016, published in any language, on the site and assess identifying barriers and facilitators of primary care professionals (physician, family doctor, general practitioners, nurses and medical trainees) in the management of patients with alcohol abuse.

**Results:** Following the CDR recommendations for the assessment of qualitative systematic reviews, the Critical Appraisal Skills Programme (CASP) Qualitative Research checklist, was applied independently by two reviewers in order to assess the rigour of the applied research methods, credibility of findings and relevance of the included studies, obtaining 15 articles.

## FACTORS ASSOCIATED WITH THE CONSUMPTION OF DRUGS BY THE ELDERLY OF A BASIC ATTENTION SERVICE

Gerson Souza Santos, Isabel Cristina Kowal Olm Cunha  
*Federal University of São Paulo, São Paulo, Brazil*

**Introduction:** The higher prevalence of chronic diseases makes the elderly people consume health services and consequently drugs.

**Objective:** to analyze the pattern of drug consumption among elderly and associated factors.

**Method:** A cross-sectional study with 340 individuals aged 60 years and older accompanied by a primary health care service in the city of São Paulo. To answer the objective of the analysis, a Multiple Linear Regression model was proposed, where the response variable was the quantity of drugs used by the elderly, and socioeconomic, demographic and lifestyle information were the predictor variables. The level of significance considered in the model was 10%, that is, a variable will have a significant effect on the quantity of drugs when p-value is less than or equal to 0.10.

**Results:** The elderly who participated in this study were mostly women aged 60 to 69 years. The prevalence of medication use was 99.7%. Polypharmacy (> 5 drugs) occurred in 35.3% of the cases. The variables that presented a statistically significant relationship with the quantity of medications were sex, skin color, marital status, search for health services in case of illness, practicing religion and participation in leisure activities. The drugs used by the elderly belonged to the class of antihypertensives, followed by diuretic and antidiabetic medicines. The proportion of drug use is high among the elderly, including those considered inappropriate for the elderly.

## FLU VACCINATION IN PRIMARY HEALTH CENTRES

Esperanza Romero  
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**Introduction/ background:** Flu or influenza is a viral respiratory disease that usually occurs in the coldest months of the year.

Symptoms usually appear within 48 hours of infection. According to the World Health Organization (WHO) the majority of those affected [by the flu] recover in one or two weeks without needing medical treatment. However, in young children, the elderly and people with chronic diseases, infection can lead to serious complications, and life-threatening.

The effectiveness of the influenza vaccine "ranges from 70% to 90% in adults" and "is in 80% of cases in the child population"

There are two types of influenza vaccines: inactivated vaccines and live attenuated vaccines. Regarding the current WHO recommendations (2005), existing vaccines with international marketing authorization contain the two subtypes, H3N2 and H1N1, of type A virus and a type B virus.

**Objective:** To determine the real prevalence of flu vaccination, and evaluate the efficacy of our medical advice of this type of vaccination in our primary health centers from the South of Spain, Occidente (Cordoba).

**Methods:** We will send a written protocol to the ethics committee in the following months. Then, we will select unless 700 patients from our health center. After selecting those patients, we will choose a random representative sample of patients to whom we could explain the

recommendations of the consensus and, afterwards, we will evaluate if their vaccine status changes after our intervention.

**Results:** We will establish conclusions about multiple factors related with flu vaccination, comorbidity, socioeconomic status and health.

## THE IMPLEMENTATION OF A BIRTH CONTROL PROGRAMME IN THE REGISTRATION AND IDENTIFICATION CENTRE (RIC) ON SAMOS, GREECE.

Vanessa Yarwood, Ana Luisa Cabrita  
*The Boat Refugee Foundation, Samos, Greece*

**Introduction:** Samos is part of a necklace of islands around Turkey, a frontline for those seeking refuge from the Middle East and Northern Africa. Since the EU-Turkey deal in March 2016, the RIC on Samos has rapidly expanded in population numbers, changing the needs of the camp. One significant deficiency identified was access to safe and effective family planning methods, which UNHCR states is a 'critical primary prevention intervention'.

**Objective:** The objective was to implement a birth control programme for the population of the RIC on Samos in response to the changing healthcare needs.

**Methods:** A protocol identified eligible women and allocated them to either the combined oral contraceptive pill (COCP) or condoms, after completing a comprehensive medical history and examination. Information leaflets were provided in several languages and supply of medication was in collaboration with Hellenic Centres for Disease Control and Prevention. Education and raising awareness was also undertaken informally.

**Results:** A clear pathway for access to birth control now exists, from identifying eligible patients, allocating them a suitable method, to follow-up and access to safe, free medication. Four patients are currently enrolled in the programme.

Significant barriers to uptake of contraception were found; language difficulties; male translators; differing cultures and expectations; and a lack of education about the COCP. In particular was the perception that gravidity would aid the asylum process, resulting in reluctance for prevention of this potential advantage. Further work and formal education sessions are required in order to increase awareness regarding these topics.

## EVALUATION OF THE POPULATION INCLUDED IN THE HOME CARE PROGRAM OF AN URBAN PRIMARY CARE CENTER

Romina Raczy, Yudit Sosa, Raquel López de los Mozos, Mercedes Liroz, Núria Sellarès, Mariam de la Poza  
*Institut Català de la salut, Barcelona, Spain*

**Introduction:** The vast majority of Catalans die from the progression of a chronic health problem. This chronicity demands more and more, a complex management, psychosocial and medical. For this reason the current Health Plan of Catalonia puts special attention to people with clinical complexity and at this point we have focused our study.

**Objective:** Describe the population in our home care program. Evaluating the risks for income, comorbidity and survival in 10 years.

**Methods:** Cross-sectional descriptive study. Sample size: 219 patients in a home health care program (ATDOM) of an urban health center. The variables studied were: Age, sex, Clinical Risk Group (CRG), Adjusted Morbidity Group (GMA), chronic complex patients (CCP),

advanced chronic disease (CCD) MACA), probability of admission, number of hospital admissions during the year 2016, and the Charlson Comorbidity Index (ICC), which values the patient's survival in 10 years. The data were extracted through computerized medical history (ecap) in an accessible database.

**Results:** The sample size final was 218 ATDOM patients (one exitus), 66.5% women, mean age: 83.4 years (79.4% > 80 years). 57.8% PCC and 5.5% are MACA. We considered elevated risk when the scores in CRG was above 5, and so we found CGR > 5: 90.2% of patients, 3% CGR: 9. GMA > 3: 94.9%. Probability of income of 10-20%: 104 patients and more than 20%: 39 patients. Hospital admissions: 0 admissions, 113 patients, > 3 admissions: 10 patients and > 6: 96 patients. ICC > 75%: 5 patients, 25%: 45 patients and the rest < 10% (< 1% 152 patients)

**Discussion:** Our ATDOM patients are highly rated in clinical risk and morbidity ratings, with a low probability of survival in 10 years.

## CASE CLINIC: ACQUIRED MELANOCYTIC NEVUS IN ADULT AFFECTING THE ACRAL REGION

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Acquired nevi can be classified as common or atypical. Atypical Melanocytic nevi must be differentiated from melanoma because they share features such as asymmetry, border irregularities, color variability and diameter greater than 6 mm that require biopsy.

**Aim:** The use of dermoscopy in primary care is very helpful in the differentiation between acral nevus and early acral melanoma.

**Method and results:** A 34 year old Colombian woman with no history of illness. 3 years ago she noticed a cluster of hyperpigmented lesions, located in her right heel. She went to a doctor to check the lesions. One of them was bigger and had border and pigmentation irregularities. So her primary care physician referred her to a dermatologist. The dermoscopy revealed a parallel ridge pattern that suggested acral lentiginous melanoma and it needed a biopsy. The result of the biopsy was acral junctional melanocytic nevus. The outcome was that she needs to maintain periodic controls and the use of sunscreen is vital.

**Conclusion:** Prognosis of acral melanoma is difficult because of delayed detection in the advanced stages. Early detection is essential. The dermoscopy features are highly helpful in the differentiation between melanocytic acral nevus and an acral lentiginous melanoma. The patterns are: parallel furrow pattern, lattice-like pattern, regular fibrillar pattern and parallel ridge pattern. The diagnosis is with anatomic pathology. The sensitivity and specificity of the parallel ridge pattern in diagnosing early acral melanoma is 86% and 99% respectively, so they always require biopsy

## INFLUENCE OF BODY MASS INDEX ON MINDFULNESS AWARENESS AND COPING METHODS FOR STRESS IN ADOLESCENTS

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**Introduction:** In stressful situations, methods used to cope vary based on personal differences. One of the effective factors in determining these strategies that helps to reduce anxiety is likely to be the mindfulness awareness. Mindfulness awareness is a factor in behavior control and may prevent impulsive behavior like eating disorders. Although the impact of MA on eating behavior has been implicated, the effect of body mass index (BMI) on MA has not been studied.

**Objective:** Psychological state may affect the body weight through the hypothalamus and vice versa. The goal of this study is to investigate whether body mass index affect mindfulness awareness (MA) levels and type of coping with stress.

**Methods:** Healthy adolescents were included in the study. The mindfulness attention awareness scale (MAAS), indicating the ways of coping checklist inventory was performed and body mass index (BMI) (kg/m<sup>2</sup>) of adolescents were calculated. The influence of BMI on MA and ways of coping with stress was tested. According to BMI percentiles the study population was grouped as obese (including overweight), normal-weighted and underweight.

**Results:** A total of 270 adolescents (mean age: 13.63±2.07 years; 165 female/105 male) participated in the study. No significant correlation was found between BMI and MA scores ( $r = -0.085$ ;  $p = 0.161$ ) and coping strategies were not different between the groups. When MA scores are compared with stress coping methods, it appears that participants with high awareness levels chose positive coping styles.

## DATING VIOLENCE

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**Introduction:** Dating violence is a reality and constitutes a social and health problem. Its actual prevalence is unknown, but is estimated to reach about 20-30% of love relationships in young adults. This type of violence is evidenced when in a loving relationship, one of the partners uses physical force, power or control over the other, with the purpose of obtaining what he/she desires, causing him/her physical damage or suffering.

**Methods:** In the context of the Family Planning consultation of a family unit in a rural area in the north of Portugal, a questionnaire was applied to all young adults who attended consultations during 2016, which included 16 exemplary sentences of existing actions in violent love relationships and intended that the user identify his/her relationship through a response: Yes, No or Not sure.

**Results:** A total of 64 questionnaires were completed, corresponding to ages between 18 and 25. Of the questions put forward they emphasized: He/She controls all my movements 26,8%; he/she is jealous and doesn't like when I am having fun with other friends 24,7% and he/she beats me 7,9%.

**Discussion:** It is urgent that this issue is not forgotten on Family Planning consultations and Family Medicine in general. It is up to the health professionals to promote this dialogue and the appropriate response if there are any signs of alarm.

## SQUISTOSOMIASIS AND ITS RISKS

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**Introduction:** Schistosomiasis is a disease caused by infection with parasitic blood flukes. It is also known as bilharziasis. The parasites that cause schistosomiasis live in certain types of freshwater snails. Emergence of cercariae (the infectious form of the parasite) from the snail leads to contamination of the water. Individuals can become infected when skin comes in contact with contaminated water and is penetrated by cercariae.

The prevalence of schistosomiasis is highest in sub-Saharan Africa. Worldwide, it has been estimated that more than 200 million people are infected and schistosomiasis may cause up to 200,000 deaths annually.

**Objective:** Review treatment and follow-up of patients infected with schistosomiasis. Warn of the risks of complications and development of neoplasia of bladder as well as to know the urological intervention of the same.

**Methods:** Case of a man natural patient from Senegal, 44 years old, last visit to his country a month ago. Infected haematobium schistosome, treated on 2 occasions with praziquantel, persisting hematuria and dysuria. A bladder wall calcification is seen on the chest x-ray. Negative Strongyloides serology. Parasites in urine: Schistosoma haematobium. It is again treated with Praziquantel 300mg (5-0-5, 40 mg/Kg) which is given to the patient in consultation. In transurethral resection of the bladder, there is a large bladder tumor, and a biopsy shows moderately differentiated infiltrating squamous carcinoma.

**Results:** Radical cystoprostatectomy was performed and bilateral iliac lymphadenectomy with cutaneous ureteroileal shunt. Monitoring by palliatives and oncology. The importance of properly following persistent hematuria that does not respond to treatment may be key to diagnosis.

## 1.03. Sexually transmitted diseases

### ASSOCIATION OF THYROID PEROXIDASE ANTIBODY AND DYSLIPIDEMIA IN SUBCLINICAL HYPOTHYROIDISM

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**Introduction:** Subclinical hypothyroidism (SCH) is stated as mild thyroid failure, is more common as compared to overt hypothyroidism, is associated with different biochemical abnormalities like dyslipidemia and is also having high conversion rate into overt hypothyroidism in patients having thyroid peroxidase (TPO) antibody positive. Lipid abnormalities are controversial in SCH and there is lack of Indian studies showing correlation between lipid abnormalities and TPO positivity in SCH. So we did this study to find the TPO positivity and associated dyslipidemia in SCH patients.

**Objective:** To study association of thyroid peroxidase antibody and dyslipidemia in subclinical hypothyroidism

**Methods:** It was a prospective observational study from January 2015 to December 2015 including 50 adult diagnosed SCH patients presented in outpatient department (OPD) of Sri Balaji Action Medical Institute, Paschim Vihar, New Delhi. TPO positivity and different lipid abnormalities were studied in those 50 diagnosed SCH patients and finally association between TPO antibody and dyslipidemia were calculated.

**Results:** Females were predominant (86%). TPO was positive in 56% SCH patients. Dyslipidemia was found in 100% of SCH patients with positive TPO antibody. In overall TPO positive patients as well as TPO positive females, total cholesterol (TC), triglyceride (TG) and low density lipoprotein (LDL) were significantly high, while high density lipoprotein (HDL) was insignificant. In males no significant association was found.

## CERVICAL CANCER PREVENTION IN BOSNIA AND HERZEGOVINA

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**Introduction:** Cervical cancer is on the top of the list of the most common cancers in women, and the incidence in the female population takes the second place. Unlike most others, cervical cancer is preventable, and family doctors in BiH together with multi-disciplinary teams of experts, are continuously carrying out a series of activities of primary and secondary prevention.

**Objective:** Raising their awareness of the necessity for cervical cancer prevention.

**Patients and methods:** Preventive activities in the form of educational lectures on the etiological cause of cervical cancer, risk factors, prevention and treatment options, as follows: During a visit to the office of family medicine; Periodic lectures in educational and religious institutions and women's associations for the fight against cancer; Supporting the European Cervical Cancer Prevention Week in collaboration with the Department of Gynecology and Obstetrics of the University - Clinical Center of Tuzla, the Association of Medical Students of Tuzla, the Ministry of Health and the Public Health Institute of Tuzla Canton (TC).

**Results:** The incidence of cervical cancer in TC and of BiH was 25 per 100 000 women, which is above the average for countries in the region.

Most women in the BiH and TC were well informed and aware that they have Papanicolaou (Pap) and human papillomavirus (HPV) testing available in the existing health care system. Also, most women are aware of the availability of treatment of premalignant lesions of the cervix at the Gynecology and Obstetrics Clinic of the University - Clinical Center in Tuzla, with application of the latest findings and "LETZ" conization technology.

**Conclusion:** Continuous implementation of educational activities and the implementation of preventive cervical cancer screening programs within the existing health system in BiH, whose reform is currently in progress, should significantly reduce the incidence of cervical cancer in BiH in future.

## GESTATIONAL SYPHILIS IN A HEALTH FAMILY UNITY COVERAGE AREA

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**Introduction:** There is a syphilis epidemic in Brazil, being the pregnant women the high risk group. The pregnant women syphilis cases raised 43.5% from 2013 to 2015. In 2015, the congenital syphilis incidence rate was 10.5 per 1,000 live births, totalizing 600 cases.

**Objective:** to collect information on syphilis screening, diagnosis and treatment with pregnant women from a Family Health Unity coverage area.

**Methods:** The *Vila Velha* University medical school students interviewed the unity nurses, collecting data on pregnant women diagnoses and treatment. Followed by a medical record analysis to provide active search on pregnant women with VDRL reagent, from 2015 to 2016.

**Results:** It was possible to verify internal communication major failure, resulting in records disorganization, contradictory information and lack of syphilis cases notification. Many pregnant still resist on taking VDRL test or even to the treatment itself. According to the unity records, between 2015 and 2016, there were 78 pregnant women in the coverage area, 10 with syphilis; among them, eight were treated with benzathine penicillin.

**Conclusions:** Syphilis remains a worldwide public health problem. The tools to reduce the disease burden are well known, simple and low cost-effective. However, the disease still presents high prevalence and insufficient prioritization. It is important to empower the health professionals, focusing in the disease importance, as well as in the testing coverage rising and intensification on monitoring the pregnant women syphilis cases.

## EDUCATION AND HEALTH: THE IMPORTANCE OF PAPILOMAVIRIDAE PREVENTION

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**Introduction:** Papillomaviridae (HPV) is a DNA virus installed in the skin and mucous membranes, transmitted mainly through sexual contact. Thinking about prevention, the Vila Velha University medical students carried out an educational activity on the subject at the Municipal Elementary School Dr. Tuffy Nader.

**Objective:** to instruct students and influence the vaccination campaign adherence.

**Methods:** 16 classes from 6<sup>th</sup> to 9<sup>th</sup> grade of elementary school were approached to discuss HPV, which was addressed through lectures, posters, leaflets, and questions and answers, in which the audience interacted with academics. During the activity, adherence to HPV vaccination campaign was encouraged, explaining its importance and benefits, especially to girls.

**Results:** 446 students from 10 to 16 years old participated on the activity. The 16 groups were informed about the definition of HPV, how to prevent it and its importance. In all cases,

the participants showed interest, understanding and acceptance. Therefore, it was possible to positively encourage prevention. During the educational activity, it was observed that the goal was achieved, especially with 13 years old girls, which are the vaccination campaign target. **Conclusions:** The importance of developing health promotion activities in school space, directly reaching the target public, was recognized. It was possible to promote awareness on HPV prevention value. Therefore, it is necessary to stimulate educational activities at schools, an important learning environment for health prevention.

## **SYPHILIS AND AIDS: THE IMPORTANCE OF PUBLIC AWARENESS**

Ana Rosa Murad Szpilman, Ana Carolina Morellato Alcântara, Kamilla Azevedo Bosi, Elisabeth Bernardo Rondover  
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**Introduction:** Syphilis is an infectious disease caused by the bacterium *Treponema pallidum*. It can be transmitted by unprotected sex and vertically during pregnancy. Despite being known since the fifteenth century, it remains a health problem in several countries.

**Objective:** to report an intervention health action experience on transmitting information to the community about the transmission form and disease signs that are often imperceptible.

**Methods:** The Community Health Agents invited the whole community to participate on the educational activity. This activity consisted in a single lecture focusing on the transmission, evolution, signs and symptoms, diagnosis, treatment and prevention. In addition, the DTS / HIV and viral hepatitis center technical reference participate on the activity. Syphilis and HIV quick tests were performed on the participants.

**Results:** The activity had a great adherence and interest from the participants. Many doubts were raised, all the participants took the HIV and Syphilis quick tests. From 25 tests performed, one positive result was founded. They left the Health Unit more aware and confident about their choices, knowing the importance of the diseases approached prevention.

**Conclusions:** It is very important to carry out activities of awareness and prevention of sexually transmitted diseases, since, in Brazil, the incidence increases every year. Although the activity was performed with adults, many of them were not informed about the various forms of transmission and how to properly prevent it.

## **SEXUALITY AND PUBERTY IN CHILDHOOD**

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**Introduction:** The Adolescent Health Care Program advocates that adolescence phase includes, besides puberty, psychological and social components.

**Objective:** to conduct an interactive educational activity with public school students.

**Methods:** A lecture about sexuality and puberty was conducted by Vila Velha Medical School students for the 5<sup>th</sup> grade classes at Guilherme Santos Public School, addressing relevant issues such as body changes, contraceptive methods and sexually transmitted diseases (STDs). In addition, an interactive activity using sexual organs plastic models was performed, showing how to use condoms.

**Results:** 30 students ranging from 10 to 12 years old participated in the activity. Their teacher and the school principle also participated in order to involve the school team to disseminate the information provided. There was students active participation on the topics covered in the activity, asking a lot of questions on the subject, such as inquiries about the use of condoms; the sexual intercourse; STDs, symptoms, transmission and prevention, among others.

**Conclusions:** From the activity performed it was possible to see how the popular culture is linked to the puberty phase adolescents believes, and it is therefore increasingly important to carry out educational activities to demystify such ideology. In addition, it was possible to realize that adolescents are beginning their sexual lives in an increasingly precocious way. In conclusion, it is necessary to perform effective interventions in schools approaching aspects that cover children at all ages, integrating the information with the target public daily context.

## SEXUALITY IN ADOLESCENCE - CHARACTERIZATION OF A SCHOOL SAMPLE IN MIRA, PORTUGAL

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**Introduction:** Adolescence is characterized by the susceptibility for risk behaviors. In this period the individual reaches sexual maturity and the earlier sexual life begins less likely will the contraceptive methods be used and higher the probability of becoming pregnant or contracting sexually transmitted diseases (STD).

**Objective:** To assess the level of knowledge and personal experiences related to sexuality in adolescence.

**Methods:** A descriptive, observational and cross-sectional study was made using a randomly selected sample between 7<sup>th</sup> and 9<sup>th</sup> grade in EB3 Basic School of Mira. We applied anonymous, multiple response and self-reported questionnaires, which results were processed in Excel® 2016. The absence of answers was an exclusion criterion in the delivered questionnaires.

**Results:** The questionnaire was answered by 200 adolescents between 12-17 years old, with a majority of male sex and attending the 8<sup>th</sup> grade. The results show that 142 adolescents considered their knowledge about sexuality as "good"; 104 don't speak openly about sexuality; 135 believed the sex education they receive is "very important"; 19 had already started their sexual life and 4 of these already had  $\geq 3$  companions; only 14 had used "always" some contraceptive method; 133 responded rightly about the meaning of menarche; 30 denied that "woman can get pregnant in the first sexual intercourse"; 143 indicated the condom as the most effective contraceptive method; only 126 pointed the STD correctly; 154 choose the "condom" as the best way to prevent STD.

**Conclusions:** The adolescents' knowledge about sexuality is inadequate, therefore, it's crucial to improve the way information is transmitted by promoting sex education sessions and making adolescents responsible for their sexual behaviors.

## EVALUATION AND IMPROVEMENT OF YOUNG PEOPLE'S KNOWLEDGE ABOUT HPV INFECTION

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**Introduction:** Cervix cancer is the 2nd most common cancer in women worldwide, most commonly associated with the Human Papilloma Virus (HPV). Adolescence, ideally before the onset of sexual activity, is the proper time for building knowledge in the context of sexually transmitted diseases, enabling the young person for self-care and self-protection.

**Objective:** To evaluate and improve the level of knowledge of young people aged 13 to 15 years regarding HPV infection.

**Methods:** Our sample included young people aged 13 to 15 years old subjected to a questionnaire with 7 questions, before and after the educational intervention. The data was analyzed using Excel™.

**Results:** Included 61 teenagers between the ages of 13 and 15, 54% female. From the analysis of pre-test responses, it was found that the items with the worst performance were the questions related to HPV infection and its consequences (26.6% correct answers) followed by questions about HPV transmission (71.5% correct answers) as well as the anti-HPV vaccine (77.4 correct responses). After the educational session, there was improved knowledge in the three areas evaluated with an increase in the number of correct answers to 91.1%; 93.0% and 95.2% respectively.

After the educational session there was a clear improvement in knowledge regarding HPV infection. Young people are the population with the highest prevalence of the virus and it is therefore necessary to evaluate their knowledge in order to adequately measure the promotion and protection of sexual and reproductive health, thus avoiding the spread of HPV.

## AN AUDIT OF GONORRHOEA AND CHLAMYDIA TREATMENT IN A MAJOR GENITO-URINARY MEDICINE CLINIC IN THE NORTH-EAST OF IRELAND

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**Introduction:** There is increasing number in the diagnosis, treatment and management of sexually transmitted diseases by general practitioners and the genitourinary medicine/infectious diseases specialists. In this study, we evaluated and audited the treatment/management of gonorrhoea and chlamydia in a major genitourinary medicine clinic in the NorthEastern geographical region of Ireland. This clinic was audit against the guidelines set out by the British association of sexual health and HIV (BASHH), which is the leading organisation dealing with all aspects of sexual health care, setting standards and aiming to champion and promote good sexual health.

**Objective:** Our study highlighted the importance of improved sexual awareness campaigns and deployment of resources by promoting safe sexual practices, improving surveillance and contact tracing.

**Methods:** We collated data by reviewing patients' clinical notes, documented swab results, laboratory results as well as diagnosis and management over a year period (2015-2016).

**Results:** Of the total of number of 43 patients audited, our results showed a higher percentage of male attendance in the clinic in comparison to female attendance (71% to 29%) in the same

period. Our results showed a higher rate of infection in heterosexual with multiple sexual partners, gay-men and bisexual individuals. Although, all the patients were treated as per guidelines, more adherence and resources are needed in the areas of surveillance and contact tracing as identified by our study in order to prevent reinfection and antibiotic resistance. This is particular important as our study revealed 65% of patients treated for chlamydia had persistent symptoms despite standard antibiotic therapy.

## APPROACH OF SEXUALLY TRANSMITTED INFECTIONS IN PRIMARY HEALTH CARE

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**Introduction/Background:** Sexually transmitted infections (STIs) are a major public health problem worldwide, affecting quality of life and causing serious morbidity and mortality. STIs have a direct impact on reproductive and child health through infertility, cancers and pregnancy complications, and they have an indirect impact through their role in facilitating sexual transmission of human immunodeficiency virus (HIV).

**Objective/Methods:** Review in the literature the diagnosis and treatment of STIs in Primary Health Care. Systematic review in the PubMed database and the Index of Portuguese Medical Journal of review articles published in the last 10 years in both sexes, over 18 years old in English, French, Portuguese and Spanish, considered relevant by the authors. The terms MeSH use were “sexually transmitted diseases” AND “diagnosis” AND “treatment”.

**Results:** Ten articles were selected. STIs are frequently asymptomatic, which leads persons to unknowingly transmit STIs to other. Family doctors can identify patients who are at increased risk for STIs. The initial approach should be doing all the patients sexually active by asking according to the five Ps: partners, practices, prevention of pregnancy, protection from STIs and past history of STIs. When recommended the screening for chlamydia, gonorrhoea, HIV and syphilis should be done. In the presence of symptoms, the family doctor should be able to recognized and treated the main curable STIs (genital herpes, gonorrhoea, chlamydia, syphilis and trichomoniasis).

**Conclusions:** STIs are often undervalued by patients. The family doctor play a key role in promoting behavioral counseling interventions, identification and treatment of STIs.

## LACK OF SEXUAL KNOWLEDGE

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**Introduction:** The family doctor is a reference in terms of sexual health for population. Shame and ignorance make the population look up for advice away from doctors' advice. It generates false believes and risk-taking behaviours that have an impact on people's health. Prostitutes are a particular sensitive group to this topic. They are usually immigrant women with a low level of education.

### **Objective:**

The objectives are mainly:

-To educate prostitutes in sexual health.

- To know about false believes of sexual health of this group.
- To provide training in contraceptive methods and encourage their use.
- To provide training in the prevention of sexual transmission diseases (STDs).
- Resolve doubts.

**Methods:** We contact with several brothels of the area with the help of an association which works with this collective. First, we set up an individual semi-structured interview of knowledge and false believes on sexual health. Then we present information about STDs, contraceptive methods and a practical workshop.

They show great interest learning these concepts. They feel motivated and self-aware.

However, their knowledge about STDs and contraceptive methods is poor and sometimes misleading.

After the training, they will be able to choose between contraceptive methods, to recognize STD injuries, to protect themselves from them and to recognize their family doctor as a sexual health reference.

**Results:** We are faced with an experience that requires few tools but offers a positive and immediate impact on individuals. The main limitations are the lack of confidence, the language barrier and the desire to stay anonymous.

## **FOLLOW UP PATIENT WITH SYPHILIS TREATED**

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**Introduction:** Syphilis is a preventable infection and nowadays it's rare. The treatment is simple but long term monitoring is necessary to ensure adequacy of treatment.

**Objective:** to revise the literature to long term monitoring on the patient with syphilis treated.

**Methods:** A search was conducted in the following databases: PubMed, Cochrane, National Guideline Clearinghouse, Trip Database, Guideline finders, written in the English and published in the last 15 years. The following MeSH words were used "Syphilis" and "monitoring"

**Results:** According guidelines patients with treated primary syphilis should have follow-up VDRL testing at 6 and 12 months after treatment. Most patients with primary syphilis who are treated adequately have a non reactive VDRL within 1 year. A small minority of patients remain seropositive. If seronegative in 2 years, cure is searched and follow-up is not necessary. Therapy is considered failure if symptoms return.

## **HPV VACCINATION IN BOYS AND MEN**

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**Introduction/Background:** Several countries have introduced female vaccination against human papillomavirus (HPV) but few have recommended vaccination of boys. It is recognized that HPV causes a substantial burden of diseases in females. However, the burden in males is also considerable, particularly due to penile, anal and oral cancers.

**Objective/Methods:** To assess the evidence for the recommendation of the HPV vaccine for boys and men a research of articles published on PubMed as well as in evidence based

medicine sites was made. The key words used for this research: human papillomavirus; anal cancer; penile cancer; vaccination.

**Results:** Many studies demonstrated the vaccine efficacy in men. Quadrivalent HPV vaccine associated with decreased genital lesions related to HPV-6/HPV-11 in men aged 16-26 years. Quadrivalent HPV vaccine might reduce incidence of anal intraepithelial neoplasia in men who have sex with men. 9-valent HPV and 4-valent HPV vaccine can be used for males aged 13-21 years. Either 9-valent HPV or 4-valent HPV vaccination maybe recommended for men who have sex with men, and patients who are through age 26 years if not vaccinated.

**Conclusions:** The burden of the HPV infection is significant in the male gender. Men who have sex with men don't significantly benefit from a vaccine designed specifically for the female gender. Other males will only benefit from the herd immunity if the immunization coverage rate in female gender is very high. Therefore, immunization of these men can reduce the individual risk for the disease. However, is necessary to consider cost-effective methods before expanding female-only programs.

## ASSOCIATIONS BETWEEN HIGH-RISK ALCOHOL CONSUMPTION AND SARCOPENIA AMONG POSTMENOPAUSAL WOMEN

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**Introduction:** Sarcopenia is an age-related process, leading to cardio-metabolic diseases and disabilities. High-risk drinking is also closely related to diabetes, hypertension, and dyslipidemia, which are modifiable risk factors for sarcopenia.

**Objective:** In the present study, we aimed to investigate the association between alcohol drinking patterns and sarcopenia in Korean postmenopausal women.

**Methods:** Data from 2,373 postmenopausal women were analyzed from the 2008-2011 Korean National Health and Nutrition Examination Survey. We defined sarcopenia as two standard deviations below the sex-specific means of the appendicular skeletal muscle/weight (percentage) values of a young reference group. Subjects were categorized into three groups according to alcohol drinking patterns, as assessed by the Alcohol Use Disorders Identification Test questionnaire. The odds ratios (ORs) and 95% confidence intervals (CIs) for sarcopenia were calculated using multiple logistic regression analyses.

**Results:** In total, 8.2% of Korean postmenopausal women met criteria for sarcopenia. The prevalence of sarcopenia increased from low-risk to high-risk alcohol drinking groups as follows: 7.6, 11.0, and 22.7 %, respectively. Compared to the low-risk group, the OR (95% CI) for the high-risk group was 4.126 (1.839-9.260) after adjusting for age, body mass index, systolic blood pressure, total cholesterol, fasting blood glucose, household income, education level, daily calorie intake, current smoking and regular exercise.

**Conclusions:** High-risk alcohol drinking was associated with a higher risk of sarcopenia in postmenopausal Korean women.

## LEBANESE UNIVERSITY STUDENT SUPPORT FOR SMOKING BAN LAW

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**Introduction:** Following the WHO policy recommendations for smoking regulation, the Lebanese parliament has enacted the smoking ban law in 2011, banning smoking in all public places. The law was applied starting in September 2012 but it was criticised by the associations of restaurants and hotels that have called for amending it. To our knowledge, no studies have assessed the reaction of young adults to the implementation of the smoking ban law.

**Objective:** Measure university students' support to smoking ban law in Lebanon and the factors favoring this support.

**Methods:** A cross-sectional study was conducted among students of the St Joseph University enrolled during the academic year 2013-2014. From November 2013 until October 2014, an e-mail containing the link to the questionnaire was sent to 3099 students.

**Results:** Response rate was 22.7%. Among survey participants, 21.1% smoked cigarettes during the past month and 15.9% were water pipe smokers. The majority of students supported the total smoking ban in general (88%), in the workplace (89.9%), in commercial centers (85.9%), in restaurants (74.6%), in universities (71.2%) and in pubs and night clubs (60%). Cigarette and water pipe smokers showed the lowest support for the law compared to non-smokers ( $p < 0.001$  for both). Among smokers, daily and heavy smokers exhibited the most negative attitudes. The support was correlated to age ( $p < 0.001$ ) and educational level ( $p = 0.005$ ). No statistically significant difference was found between males and females ( $p = 0.117$ ). Finally, the students who supported the law were more prone to implement restrictions in their private settings ( $p < 0.001$ ).

## ONCE UPON A TIME THE COPD, KNOWLEDGE AND PREVENTION FOR CHILDREN OF 8 YEARS (CHILDREN'S STORY)

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**Introduction:** This work is part of a series of studies aimed at Prevention and health Education, integrating family, teachers and health professionals to aid in preventive culture. We have written a story about the "World's Best Grandpa" (ill COPD), aimed at students in third grade school Las Claras del Mar Menor. We define the disease, symptoms, treatment and prevention. Then we asked several questions to see if they had acquired knowledge, understood the importance of smoking and they would be able to transmit it. We also wanted to know his interest in becoming doctors in the future.

### Objetives:

- 1.-Quantify the acquisition of knowledge about COPD in children aged 8 years.
- 2.-Assess the knowledge of tobacco damage.

**Methods:** Cross-sectional study of the total of students in third grade (79). Questionnaire of 12 items, previously validated. Statistical analysis of student T, G-stat 2.0, considering significant  $p < 0.05$ .

**Results and Conclusions:** Women 50.63 %, 49.37 % men. Interested in becoming a doctor in the future 44.30 % ( 66.66 % girls and 33.34 % boys ). Very good results in the test: 95.30 % correct . Regarding knowledge about COPD, definition, causes and symptoms: 97.47 % answered correctly. Treatment: Correct *inhalers* 87.34 % *smoking cessation*: 96.20 %.

Relationship *vaccine / illness* 91.14 %. Reported having spoken of smoking in *class* 82.28 %, 83.54 % at *home* . From now on 97.47 % of children will remember advice to not smoke or drink alcohol.

Learning ability is evident of children to promote healthy habits and prevent future addictions. We must get the kids advise their parents about the risks and benefits of Snuff ( breath, hite teeth, fewer colds and tumors, savings...) CHILDREN DON'T LIE.

## USE OF DOPING AGENTS AND NUTRITIONAL SUPPLEMENTS AMONG LEBANESE MEDICAL STUDENTS

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**Introduction:** The use of performance-enhancing substances (PESs) can be extremely dangerous. Multiple data among college students exist in the literature. However, it could be interesting to describe this phenomenon among medical students, future health promoters.

**Objective:** The aim of this study was to determine the prevalence of PESs use and identify the factors associated with this behaviour among medical students of a Lebanese university.

**Methods:** A cross-sectional survey using an anonymous structured self-administered questionnaire was conducted among 579 students at a major Lebanese school of medicine. PESs users were defined as students who reported use of PESs (including prohibited substances and nutritional supplements) within the past year.

**Results:** A total of 505 valid responses were obtained (response rate: 87.2%). More than half of the respondents (58.6%) stated they participate in sports once or more per week, and 18 (3.6%) reported past-year use of a PES.

There were statistically significant associations between the use of PESs and being male (p-value=0.001), cigarette smoking (p-value<0.0001), regular alcohol consumption (p-value=0.018), practicing sports more than once a week (p-value=0.013), practicing strength and team sports (p-value=0.032 and 0.019 respectively), participating in national and regional competitions (p-value=0.018 and 0.010 respectively), and receiving an award following a sport competition (p-value=0.014). Nutritional supplements and proteins were the most PESs used, followed by ephedrine and anabolic steroids.

## PERCEPTIONS OF ALCOHOL-IMPAIRED DRIVING SYMPTOMS DO NOT MATCH TO THE LEGAL BLOOD ALCOHOL CONCENTRATION (BAC) LIMIT SYMPTOMS

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**Introduction:** Drunk driving harms individuals and communities in several mechanisms. In Thailand, the legal Blood Alcohol Concentration (BAC) limit is set at 50 mg/dl of blood, which means you are legal if there is more than this level which can be tested through both blood or breathalyzer test.

**Objective:** To explore the perceptions of alcohol-impaired driving symptoms and compare to the legal BAC limit symptoms.

**Methods:** An in-depth interview qualitative method was applied. A group of 15 current drinkers was used in this study. Qualitative methods proceeded until there is theoretical saturation. The data were analyzed by using content analysis.

**Results:**

Of all 15 participants, majority were males (53.3%), alcohol dependence to hazardous drinkers (nine participants, 60%). Most participants perceived that they cannot drive safe when they had slurred speech, unsteady walking or blur vision that approximate to 150 to 250 mg/dl of BAC. Past safe drink and drive experience made them confident. In summary, Thai drinker's perceptions of alcohol-impaired driving symptoms do not match to the legal BAC limit (less than 0.05 mg/dl) symptoms which are feeling relaxation, loss of shyness and slight euphoria. "Zero effective tolerance policy" may be an effective and suitable strategy in Thailand.

## ALCOHOL USE AND DRINKING PATTERN OF THAI DRINKERS: BUDDY SYSTEM, SOCIOCULTURAL AND SEASONAL DRINKING

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**Introduction:** Alcohol results in substantial societal costs through healthcare costs, crime and productivity losses. The understanding of alcohol use and patterns is vital to effective development, implementation and evaluation of national and provincial strategies, policies and programs.

**Objective:** To understand the alcohol drinking patterns and perceptions of social alcohol-related harm among Thai drinkers

**Methods.** A group of 15 current drinkers and their family members who lived with the drinker for more than one year and neighbors were used in this study. Data were collected by the qualitative method using an in-depth interview until theoretical saturation was reached. The data were analyzed using content analysis.

**Results:** The core categories of Thai drinking patterns were generated from three categories: (1) "Buddy system" and group drinking where at least one of the friends is a buddy drinker who knows the drinker's limit; (2) Social and cultural drinking which is a symbolic vehicle for constructing interpersonal relationships and behavioral norms; (3) Drinking in Thailand is seasonal and varies by days of the week during holiday seasons (e.g., New Year's holidays and Songkarn (Water festival)). On the other hand, during the three-month period of the Buddhist Lent, usually in July to October each year, many drinkers stop drinking for the entire period or drink less frequently.

In summary, normalization makes alcohol drinking socially acceptable and normal nowadays. It instills a social symbolic system by enhancing companionship for Thai drinker's perceptions. The desire to be sociable may be a hidden agenda of seasonal Thai drinking.

## ALCOHOL IN ADOLESCENCE - CHARACTERIZATION OF A SCHOOL SAMPLE IN MIRA, PORTUGAL

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**Introduction:** Adolescence is a stage of changes that often leads to the beginning of risk behaviors such as alcohol consumption. Its prevalence tends to be higher in school population.

**Objective:** This study intends to evaluate the level of knowledge and personal experiences related to alcohol, as well as to classify the level of its consumption in adolescents.

**Methods:** A descriptive, observational and cross-sectional study was carried out in classes, randomly selected between 7<sup>th</sup> and 9<sup>th</sup> grade in EB3 Basic School of Mira. We applied the "Adolescent Alcohol Involvement Scale" (AAIS), a questionnaire directed to young populations, which results were treated in Excel®2016. The absence of answers was admitted as an exclusion criterion in the delivered questionnaires.

**Results:** A total of 204 adolescents responded to the questionnaire, with an average age of 13.4 years old and a prevalence of 58.3% of male sex. Most of responses were obtained in the 8<sup>th</sup> grade (42.2%).

The AAIS score varies from 0-79 points, grouping the results according to the following categories: in this study, the majority (46.6%) was abstinent (0pts), followed, however, by a predominance of risk consumption (36.8%), following on occasional (12.3%) and harmful consumption (4.3%). Pointing out that none of the adolescents showed dependence (58-79pts).

It was also found that the knowledge of adolescents about alcohol consumption is insufficient, in some cases, wrong and based on "false concepts".

**Conclusions:** This study shows the need to reinforce the promotion of health education in schools in order to fill the existing gaps and improve the way information is transmitted to adolescents.

## THE RELATIONSHIP BETWEEN VITAMIN E, VITAMIN C AND TOTAL ANTIOXIDANT STATUS, TOTAL OXIDANT STATUS LEVELS IN SMOKER AND NONSMOKER MEN

Merve Karademirci

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**Introduction:** Smoking is one of the most important public health concerns in the world especially in developing countries due to the fact it causes many diseases including lung and heart diseases. It is believed that these unfavorable effects of smoking result from free radicals.

**Objective:** In this study, we aimed to assess the vitamin E, vitamin C and total antioxidant status (TAS), total oxidant status (TOS) in smoking and non-smoking men.

**Method:** This case control analytical study was conducted on 78 smokers who applied to the Family Medicine policlinic at Meram Medical Faculty and 82 people who had never smoked or had not smoked during the past 6 months. Vitamin E, Vitamin C and TAS, TOS levels of the participants were determined in the blood samples.

**Results:** There were statistically significant difference between the smokers and non-smokers in terms of mean fasting blood glucose ( $p < 0,001$ ), Hb ( $p < 0,001$ ), Hct ( $p = 0,032$ ), RBC ( $p = 0,023$ ), TAS ( $p = 0,003$ ), TOS ( $p < 0,001$ ), OSI ( $p < 0,001$ ), Vitamin C ( $p < 0,001$ ), Vitamin E ( $p < 0,001$ ). There were significant negative correlations between mean TAS, Vitamine E and

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Vitamine C and first smoking age ( $p < 0.001$ ) besides positive correlations between TOS, OSI level ( $p < 0.001$ ). There were statistically significant positive correlations between duration of smoking and TOS ( $p = 0.006$ ), OSI ( $p = 0.001$ ), besides negative correlations between TAS ( $p = 0.001$ ), Vitamine E ( $p < 0.001$ ), Vitamine C ( $p = 0.019$ ) levels. There were statistically significant positive correlations between Fagerström dependence score and TOS ( $p = 0.005$ ), OSI ( $p < 0.001$ ); and negative correlations with TAS ( $p = 0.002$ ), Vitamine E ( $p < 0.001$ ) levels.

## REAL-WORLD EFFECTIVENESS OF SMOKING-CESSATION PROGRAM IN GENERAL PRACTICE IN SPAIN

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**Introduction/Background:** Tobacco is one of the most important health problems and the abandonment of its consumption is essential to avoid cardiovascular diseases, pulmonary diseases and neoplasm. However, most outpatient visits are hospital-based.

**Objective/Methods:** To study the long-term effectiveness of a smoking cessation program in general practice in patients from the community. A prospective study was realized between 2009-2014, including 232 smokers with a minimum follow-up of 12 months and at least 2 visits. The first visit was performed by a trained nurse, followed by a medical visit if pharmacological treatment were required, and subsequent follow-up visits with the nurse. Follow-up was performed at 12 months and at the end of the study period. Tobacco dependence, motivation to quit smoking, and variables associated with smoking cessation were studied.

**Results:** The mean age was 47.4 years, with 50.9% of women. The mean of follow-up was 3.7 years (SD 1.5). Majority (68.7%) had low/moderate dependence and high motivation (81.3%). 40.5% did not require pharmacological treatment, being varenicline the most frequent (44.4%). Abstinence was 38.8% at 12 months and 39.7% at the end of follow-up. The cooximetry  $< 3.7$  (OR 1.86, 95%CI 1.01 to 3.43) and to be visited  $\geq 4$  times (OR 2.75, 95%CI 1.50 to 5.01) were associated with a greater smoking cessation.

**Conclusions:** In the real world a smoking cessation program in general practice has been accompanied by a significant proportion of patients who have quit smoking.

## RELATIONSHIP BETWEEN ALCOHOL CONSUMPTION AND ASPARTATE AMINOTRANSFERASE : ALANINE AMINOTRANSFERASE (AST:ALT) RATIO ACCORDING TO ALCOHOL-RELATED FACIAL FLUSHING IN KOREAN MALE

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**Introduction:** One of the most common causes of liver disease, heavy drinking, makes abnormal liver function test. The AST (Aspartate transaminase)/ALT (Alanine transferase) ratio increases with higher alcohol consumption. This research investigated the correlation between Korean men's facial flushing and AST/ALT ratio according to alcohol consumption.

**Objective:** Among male patients who had a health check-up at a medical center in 2015, 1,443 men who had no disease affecting liver function test were recruited.

**Methods:** According to facial flushing, they were divided into a flushing and a non-flushing group, and a drinking group with flushing and without flushing were compared with a non-drinking group. The 14g alcohol was the standard glass, the criteria were divided into less than 8 glasses, between 8 and 14 glasses, and over 14 glasses a week. Based on flushing state, those with over a 1 or 2 AST/ALT ratio were compared from each group and logistic analysis was conducted to correct confounding variables

**Results:** Compared to the non-drinking group, the drinking group without flushing showed a significantly high rate of an AST/ALT ratio over 1 ( $p=0.020, 0.021$ ) in those drinking over 8 glasses. As for OR after correcting confounding factors, those drinking between 8 and 14 glasses and those drinking over 14 glasses in the drinking group without flushing were statistically significant with 2.456(95% confidence interval; 1.578-3.823) and 2.6588(95% confidence interval; 1.793-3.939), respectively. To be concluded, Among healthy male adults, those who drink over 8 glasses a week in the drinking group without flushing showed a significant increase in risk of exceeding an AST/ALT ratio of 1, compared to the non-drinking group.

## CHRONIC OBSTRUCTIVE PULMONARY DISEASE SCREENING IN PATIENTS WITH A HISTORY OF TOBACCO SMOKING

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**Introduction:** Chronic Obstructive Pulmonary Disease (COPD) is characterized by a persistent and progressive airflow limitation as consequence of a chronic inflammatory response to noxious particles and gases - being tobacco smoking the main risk factor. Studies show that 20-50% of smokers have or will develop COPD — the higher the exposure, the higher the risk. Individuals over 40 with a significant history of tobacco smoking (>10 pack-year) may be recommended to undergo a screening spirometry in order to obtain an early diagnosis, as the prevalence of COPD in these cases may reach 20%.

**Objective/ Methods:** The main goal was to determine the prevalence of COPD in smokers/ex-smokers belonging to the primary care unit "USF Terras do Antuã" with an active diagnosis of "Tobacco Abuse". Individuals over 40 with >10 pack-year were selected to participate. All participants answered a questionnaire to assess symptoms and underwent a spirometry.

**Results:** A prevalence of COPD of 9,8% was obtained, in a total of 133 participants selected for screening. All of these were male, with an average of 56 years and 40,5 pack-year. All individuals who showed an irreversible obstruction in the spirometry had symptoms of COPD.

**Conclusions:** The prevalence of COPD was lower than expected. Investigators attribute this fact to the following factors: small sample size, young participants (age average of 53,5), inability to contact several patients due to incorrect records, the study consisted only of smokers/ex-smokers with an active diagnosis in the system, leading to a selection bias. Nevertheless, the investigators believe COPD screening in selected individuals (>40 years and >10 pack-year) should be considered by the physicians.

## PRENATAL MATERNAL SMOKING RELATED AND PSYCHOLOGICAL AND NEURODEVELOPMENTAL PROBLEMS IN CHILDREN

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**Introduction:** Even though much is known regarding the negative health impacts of prenatal maternal smoking in the offspring, it has been difficult to make a statement on the causality of the relationship between prenatal nicotine exposure and behavioural problems or impaired cognitive function in children.

**Objective:** The aim of this review was to conduct an overview on prenatal nicotine exposure and its relationship with afterwards children behaviour.

**Methods:** Studies in English of the last 5 years were searched on PubMed®, CDC and Cochrane database inserting, individually and using the Boolean ANDs and ORs, 'neurodevelopment problems', 'child behaviour problems', 'child psychopathology', 'brain development', 'prenatal nicotine exposure', 'prenatal smoking', 'maternal tobacco smoking'.

**Results:** Nicotine's adverse influence in brain development, structure and function is related to its influence on neurotransmitter systems - present findings corroborate that tobacco smoke exposure is developmentally neurotoxic. Some studies found that it's probable that these biological alterations contribute to postnatal deficits in attention control and facilitate development of drug addiction. Furthermore there are several studies that acknowledge an association between prenatal nicotine exposure and externalising problems in the offspring, namely higher likelihood for attention-deficit/hyperactivity disorder (ADHD) or ADHD symptoms.

It's difficult to draw this conclusion on causality considering the complex factors of lifestyle, socioeconomic, cultural and genetics, in which mothers who smoke differ from non-smokers. In conclusion, pregnant women should stop smoking to prevent adverse health effects on their child, once that a clear link between neurodevelopmental problems in children exposed to in utero maternal smoking has been drawn.

## ANALYZING SMOKING IN THE HEALTH PROFESSIONAL

Jose Maria Fernandez Gonzalez, Hector Leonardo Lugo Ramos, Pedro Guijo Gonzalez  
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**Introduction:** Tobacco consumption has been maintained with some frequency in health professionals, so it is useful to measure current consumption in our environment to provide measures that improve the health of our professionals.

**Objective:** The objective of the present study is to know the current situation of the doctors and nurses of our Health Center regarding the consumption of tobacco and the behaviors adopted by these professionals.

**Methodology:** This is a descriptive observational study. The population under study was the medical and nursing staff of our center. Through a closed questionnaire the following variables were studied: current situation regarding tobacco consumption, knowledge of legislation restricting smoking in workplaces, smoking times in a work day, intention to leave the Smoking, and possible participation in a smoking cessation program. It was analyzed how many had left the smoking habit some time.

**Results:** We interviewed 27 doctors and 25 nurses. 19.4% say they are current smokers and only 6.7% want to keep the habit. All the respondents knew the legislation, although 27.7% considered its application complicated. 87.5% of smokers confirmed that they went out 1-3 times at the door or around their workplace to smoke during the working day. Most smokers (79.5%) confirmed that they would use a smoking cessation program. Twenty-eight percent had quit smoking once.

**Conclusions:** A high rate of smokers surveyed would be interested in quitting smoking with the help of a specific program. We consider that as health professionals, the rest of the users should be given an example starting with their own.

## THE CESSATION OF AN ALCOHOLIC PATIENT

Cristina Vidal Ribas, Maria Albaladejo Blanco, Jose Ignacio Ramirez Manent, Bernardino Marcos, Manuel Sarmiento Cruz  
*Primary Health Center, Santa Ponsa, Mallorca, Spain*

**Introduction:** Diagnosis and follow-up of an alcoholic patient.

**Objective:** Correct management of this type of patients.

**Methods:** Observational.

**Results:**

**Personal history:**

- Hypercholesterolemia, statins prescribed but the patient does not collect medication.
- Alcoholism 1l whiskey, 3l beer per day.
- Alcoholic father and grandfather.

**Clinical history:** Male, 37, comes for elevated liver enzymes, found in work study.

He understands that it is due to alcohol but has no intention of abandoning intake.

Some months later, he came with symptoms of gastritis and intention of abandoning consumption. We initiated the decreased consumption in a controlled manner and treatment with diazepam to avoid abstinence syndrome. Nevertheless, the patient returns to consume alcohol within one month. Two months after, he came with hematemesis, abdominal pain, and black stools. It is derived to the emergency room.

**Physical exploration:**

Rhinophyma.

Epigastric pain. Hepatomegaly.

**Supplementary tests:**

- Analytical: Hb 15.50, VCM 104, GPT 321, GOT 758, GGT 362, amylase 61, LDL 175, negative serology.
- Electrocardiogram: right block.
- Gastroscopy: antral erosive gastropathy, small yuxtapiloric ulcer.

**Clinical judgment:** It is oriented as severe alcohol dependence and problems arising from it, such as gastropathy, gastrointestinal bleeding and anxiety.

**Treatment, evolución:** The treatment is based on two pillars, cognitive behavioral therapy and drug therapy.

The patient continues to consume, has declined to fermented 200g per day and he has morning withdrawal with difficulty controlling consumption.

**Conclusions:** Alcohol is one of the main risk factors in terms of illness and premature death. Primary care physicians are critical to detect and intervene when patients are reported with consumption of alcohol is harmful.

## EVALUATION OF SOCIO-DEMOGRAPHIC CHARACTERISTICS AND ADDICTION LEVELS OF PATIENTS WHO REFERRED TO SMOKING CESSATION POLICLINIC

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**Introduction:** In our country; one of the strategies for fighting this health problem is smoking cessation policlinics (SCP). In this study, we aimed to evaluate the socio-demographic characteristics and addiction levels of smoking cessation policlinics patients.

**Methods:** The files of patients who applied to Health Sciences University Sisli Hamidiye Etfal Training Hospital Smoking Cessation Policlinic between the dates of 01.01.2016 - 31.12.2016 were reviewed retrospectively. With the file screening method; age, gender, marital status, number of smokers at home, age at onset of smoking, amount of cigarette smoked and Fagerstrom Test for Nicotine Dependence (FTND) results were recorded. The analysis of the data was done using frequency, mean, t-test, chi-square in the statistical program;  $P < 0.05$  was considered significant.

**Results:** Of the 1,686 patients who participated in the study, 675 (40%) female, 1011 (60%) were male. There were 937 (55.6%) persons aged 15-39, 702 (41.6%) persons aged 40-64, and 47 (2.8%) persons aged 65 and over. 679 were married (40.3%) and 1007 (59.7%) were single. 1666 (98.8%) of the patients are living with one smoker in the home at least. The mean age at onset of smoking was  $39.05 \pm 12.01$  (minimum 15 maximum 83) and 11 (0.7%) smokers were under the age of 18 years. The average amount of smoking was  $20.63 \pm 13.47$  packets/year. There were no relationship between the age, educational status, marital status, number of cigarette smokers at home, age at onset of smoking, the calculated average amount of smoking (packets/year) and FTND ( $p = 0.077, 0.501, 0.373, 0.241, 0.337, 0.101, 0.304$ ).

**Conclusion:** There was no relationship between the sociodemographic characteristics and the addiction level of the patients who applied to the SCP. At first care, we have to ask each patient about smoking status and refer smokers to SCP.

## DRUG USE: SPANISH ADOLESCENTS IN CÓRDOBA (ANDALUSIA)

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### Objective:

- Know the type of drugs which are consumer by Young people in high school
- Define how young people make use of the drugs and the tendency.

**Methodology:** We make a descriptive study in High school of Posadas, Cordoba, Spain. We make the survey in March, 2016, during a conference to promote healthy habits. We gather information about 22 girls.

**Results:** In our group of 22 Young female, although they were in the same class, they were born in different years, between 1996 and 1999. 55% of them are smokers, the median of years to start smoking was 13,92 years old. The youngest start at 11 years old, and the oldest at 16 years old. They used to smoke more during the weekend (83%). 95,45% drink alcohol regularly. All of them drink alcohol during the weekend or in parties. They have a binge drinking habit. 71% of them have got drunk. 40,90% have taken drugs at least once in their lives. The youngest tasted drugs at 12 years old and the oldest at 17 years old. Three girls consume drugs right now. The principal drugs after alcohol and tobacco is cannabis (67%) and marihuana (33%).

**Conclusions:** Comparing our information with national survey: Spanish teenagers start to consume drugs between 13 and 16 years old. The most consumed drugs in teenagers between 14-18 are alcohol, tobacco and cannabis. As in our sample. Our population reflect the trend

between teenagers in Spain, 32,2% of teenager have a binge drinking in the last 30 days. In Europe also exist a binge alcohol habit, overall in teenagers.

## 1.05. Food and nutrition

### THE EFFECT OF BREASTMILK STORAGE TO TOTAL ACID LACTABACTERIAL COLONIES AND ACIDITY RATE OF THE BREASTMILK

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**Introduction:** Breastfeeding has crucial role for growth, health, and survival of the baby. The quality of stored breastmilk depends on the duration and temperature of its storage.

**Objective:** The purpose of this study was to determine the effect of duration and temperature of breastmilk storage to the total lactic acid bacteria colonies (BAL), total aerobic bacterial colonies, and acidity rate of the breastmilk.

**Method:** The design of this study was pretest-posttest control group design with the true experimental study. The population of this study was breastmilk obtained from the mothers who leave their baby at baby daycares. Breastmilk that meets the sample criteria then milked by the mother as much as 35 ml. After that, the breastmilk was stored and then the examination was performed in the THT laboratory of agriculture faculty of UNAND. The data were analyzed by Kruskal-Wallis Test to find the duration factors of breastmilk storage and then continued by post hoc Mann-Whitney. While the temperature factors of breastmilk storage were analyzed using Mann-Whitney Test.

**Result:** There was a significant difference of the total lactic acid bacteria (BAL) colonies, total aerobic bacterial colonies, and acidity rate in breastmilk after 1 day, 5 days and 14 days ( $p < 0.05$ ). There was a difference in total colony of lactic acid bacteria (BAL) at a temperature of  $-15^{\circ}\text{C}$  and  $4^{\circ}\text{C}$  ( $p < 0.05$ ) and there was no difference in total aerobic bacterial colonies and acidity rate at a temperature of  $-15^{\circ}\text{C}$  and  $4^{\circ}\text{C}$  ( $p > 0.05$ ).

### EDUCATION AND HEALTH: THE IMPORTANCE OF CHILDREN NUTRITIONAL EVALUATION

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**Introduction:** Obesity and malnutrition are two major public health problems worldwide. It is important to focus on educational campaigns, especially with children, in order to decrease their incidence and avoid their complications.

**Objective:** to carry out the public school Rosa Helena Frota Tristão nutritional children evaluation, in Brazil.

**Methods:** The Vila Velha University medical school students made three visits to the public School. The first two visits consisted of the physical examination: weight and height measurement, oroscopy, otoscopy and visual acuity. The Body Mass Index (BMI) was

calculated in order to verify the children nutritional condition. The third visit consisted on feedback to parents about their child's health.

**Results:** The activity counted on the participation of 149 children in the age group of 3 to 6 years old. During the examinations, the children cooperate, which facilitated and made the process very pleasant. Among the results obtained by calculating the BMI of the 72 girls, 1.39% were low weight, 75% were eutrophic, 12.5% were overweight and 11.11% obese. From a total of 77 boys, 1.3% were low weight, 70.12% eutrophic, 11.7% were overweight and 16.88% obese.

**Conclusions:** From the activity, it was possible to inform the school staff and families about the importance of children nutrition in schools, kindergartens and also in their home environment, which will affect the individual's physical, mental and social health in the future. Therefore, it is necessary to carry out educational measures in schools to raise awareness among children and adults about nutrition care.

## THE WEIGHT OF CHILDREN (AGED 7 TO 10) IN AN URBAN AND A RURAL ENVIRONMENT IN MACEDONIA

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**Introduction:** Nowadays, child obesity is becoming an increasing concern worldwide. The weight of a child is a combination of socioeconomic, genetic, psychological, religious factors as well as the culture of each individual household.

**Objective:** The aim of this paper is to track a pattern and research the environment (urban or rural) as a potential factor contributing to the weight of a child.

**Methods:** In the screening are included 100 children between the age of 7 to 10, who live and study in an urban environment (a city) and 100 children of the same age who live in a rural environment (a village).

Height, weight, abdominal fat and BMI of the children were monitored during a period of three years from 2013 to 2016.

**Results:** The results concluded that obesity is more common (10% ) among children who live and study in an urban environment as opposed to children who live and study in a rural environment (4%). Moreover, obesity is more common among male than female children in both environments.

**Conclusion:** The weight screening showed that students in urban environment need more formal education about the importance of physical activity, proper eating, avoiding fast food and leading a healthy lifestyle.

## FOLIC ACID AWARENESS AND SUPPLEMENTATION: A CROSS SECTIONAL STUDY AMONG PREGNANT WOMEN IN NORTH LEBANON

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**Introduction:** International recommendations promoting periconceptual folic acid (FA) supplementation remain insufficiently and inadequately adopted.

**Objective:** This study aims to assess the knowledge, prevalence and predictors of adequate periconceptual FA supplementation among pregnant women in North Lebanon.

**Methods:** A convenience sample of pregnant women attending gynecologic clinics of private and public hospitals in North Lebanon was recruited from May to September 2013 to participate in this observational cross-sectional study. Data were collected from a face-to-face interview performed by a trained local dietician as well as from review of obstetric charts. A total of 465 subjects were included in the analysis.

**Results:** Only 185 (39.8%) women reported they had heard about FA supplementation, and 37 (7.9%) were aware that it could prevent congenital birth defects. Moreover, 129 (27.7%) participants identified some natural folate-rich foods. Before pregnancy, 125 (26.9%) women were taking FA supplementation. While 440 (94.6%) were taking FA supplements during pregnancy, only 282 (60.6%) were receiving the adequate dose. There were statistically significant associations between the adequate preconceptional supplementation of FA and women education level ( $P=0.008$ ), the planned pregnancy ( $P<0.0001$ ) and the gynecologic visit before pregnancy ( $P<0.0001$ ). Moreover, the age ( $P=0.003$ ) and number of kids ( $P=0.019$ ) were significant predictors of adequate supplementation during pregnancy. Our study revealed a deficient knowledge regarding FA supplementation as well as an inadequate intake in a sample of Lebanese pregnant women. A healthcare plan for intervention to increase the knowledge and the appropriate periconceptual use of FA supplement is required.

## STUDY OF ASSESSMENT OF THE DIETARY PROTEIN INTAKE IN COMMUNITY DWELLING ELDERLY

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**Introduction/background:** The protein intake has been previously related to sarcopenia, frailty and morbi-mortality. At the present there are no data in Spain that determine the proportion of people over 65 years old with an insufficient protein intake.

**Objectives:** Describe and quantify the dietary protein intake in community dwelling elderly over 65 and analyze the association between low protein intake and physical activity, sarcopenia, frailty and functional status.

**Methods:** Descriptive and analytic cross-sectional study and creation of a cohort of longitudinal follow-up of 18 months in a primary care center. Data will be collected from a personal interview and from the review of computerised medical records. The study population will be people over 65, excluded institutionalized patients, end-of-life care, with swallowing difficulties, mild to severe cognitive dysfunction, advanced chronic kidney disease or liver cirrhosis. The sample will be 406 patients recruited by random sampling. The main variables will be the proportion of subjects with a dietary protein intake under 0,8 mg/Kg/day measured with a food frequency questionnaire (FFQ) validated. Other variables will be: socio-demographic variables, morbidity (Charlson scale), physical activity, sarcopenia, frailty (FRAIL scale), falls in the last year and functional status (Barthel scale).

**Results:** The main limitation of the study is that we will not be able to establish causal relationships between the protein intake and the dependent variables. We consider that that extending knowledge in this issue can help to improve food consumption in people over 65, especially in the most vulnerable.

## THE EFFECT OF DIETARY HABITS ON RHEUMATOLOGIC DISEASE

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**Introduction:** Several studies show a connection between certain foods and the inflammation that characterizes autoimmune condition.

**Objective:** We aim to evaluate the effects that demographic factors and eating habits have on Rheumatoid Arthritis (RA), Systemic Lupus Erythematosus (SLE), Polymyositis, Fibromyalgia and Scleroderma patients who are in and outpatients in our rheumatology clinic and compare findings with a healthy control group.

**Methods:** A survey examining eating habits and demographic characteristics was performed on 30 patients and 30 healthy controls who were selected through a randomized sampling method. Results were evaluated with the chi-square and Fisher's exact test with SPSS 21.

**Results:** Both groups showed a homogenous distribution in terms of sex. The education level and social condition of rheumatologic patients were found to be lower than the control group. In terms of occupation, the healthy control group was mostly comprised of civil servants; while most of the patient group were housewives, workers or self-employed citizens. Chronic illnesses such as hypertension, coronary artery disease, and chronic venous insufficiency were found to be significantly higher in the patient group. The patient group was found to consume bean family and pickle type foods significantly more than the control group. Consumption of high carbohydrate foods and beans were found to be more frequent in the patient group, while meat, deli and offal consumption was higher in the control group. Thus; it may be inferred that a protein rich diet may be protective against rheumatologic disease, while a diet rich in carbohydrates may increase rheumatologic disease tendency.

## RELATIONSHIP OF THE ANXIETY-DEPRESSION, ORTHOREXIA NERVOSA, AND CYBERCHONDRIA IN DIABETIC PATIENTS AND NONDIABETIC INDIVIDUALS

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**Introduction:** "Orthorexia nervosa" is an obsessive behaviour disorder characterized with a fixation on healthy food consumption. The phenomenon of increased health anxiety due to excessive online health information seeking is defined as 'cyberchondria'.

**Objective:** We aim to evaluate the relationship between anxiety, depression, orthorexia nervosa, and excessive online health information seeking. Totaly 100 diabetic patients and 100 nondiabetic healthy individuals are planned to be recruited. We hypothesize that diabetic patients tend to have more health anxiety resulting with an increased frequency of orthorexia nervosa and cyberchondria.

**Methods:** Diabetic patients who are admitted to our university hospital's outpatient clinic of Endocrinology Department will be invited to participate in this case-control study. The control group will be selected from a healthy population which will be matched with the case group according to age, gender, sociodemographic features and BMI values. The participants will be asked to complete The Hospital Anxiety and Depression Scale (HADS), cyberchondria severity scale (CSS) and ORTO-15 questionnaire which defines orthorexia nervosa as an obsessive behavior towards excessive healthy nutrition.

**Results and Conclusion:** The scores of the questionnaires will be compared and analyzed between the two groups independent from age, gender and BMI values. Results of our study are expected to be obtained until June of 2017.

## PROMOTING HEALTHY HABITS IN GYPSY POPULATION

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**Introduction:** The idea of “Puja en salut” (Upload Health) project comes from a program about the detection of obesity in the Roma community, which has a considerable high prevalence. Since 2013, this community project has started promoting healthy habits.

**Objective:** To promote a healthy lifestyle to reduce the determinants of obesity, to train Roma women as promoters of health of their community, to introduce fresh products consumption and to encourage physical activity as a healthy habit (especially dance)

**Methods:** The project has been operating for two years and has generated 16 formal meetings with the target population working on healthy cooking and physical activity and 10 informal meetings to get feedback from the community.

**Results:** During 2014, a quantitative evaluation showed an improvement of blood pressure and abdominal circumference. During 2015, a qualitative evaluation showed improvements in different areas of life style: incorporation of the cooking recipes learned during the workshops in their diet; they have increased their weekly physical activity. Satisfaction with the project was high. Roman culture has a big influence which makes it difficult to change healthy habits. Dance was their favorite physical activity.

**Conclusions:** Roman community has a higher prevalence of obesity than general population. The project was designed to keep a close contact with the community and this has helped to introduce changes in life style. They have achieved the basic concepts of a healthy diet and the importance of physical activity. The active participation of Roma women has helped to introduce these activities to their culture.

## 1.06. Gender issues

### IODINE SUPPLEMENTATION ON PREGNANT PORTUGUESE WOMEN, WHAT IS THE EVIDENCE?

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**Introduction:** Iodine is an essential nutrient and the main component for the production of thyroid hormones. In pregnancy the thyroid is particularly active, not only due to the various adaptive physiological changes, as the increase of the thyroid hormone needs by the pregnant herself but also, due to the transfer of the hormone to the foetus and the increase of renal iodine clearance.

**Aim:** The aim of this work is to critically evaluate the existent literature about the scientific evidence for pregnancy supplementation at the national level.

**Methods:** Bibliographic search was performed in UPTODATE and PUBMED of articles published, in Portuguese and English, using the following key words: Iodine, pregnancy, Portugal, Europe.

**Results:** In Portugal since the 60's there is some concern about iodine deficiency. The first study on the subject was published in 2009. It is a study carried out in Minho in women of childbearing age, pregnant women and children of school age. Subsequently, due to the scarcity of information from the first population group, a new study was carried out with a more comprehensive sample that included pregnant women living in mainland Portugal and the archipelago, in a total of 3,631 pregnancies, and it is reported that there is a deficit of iodine intake according to the recommendations of the WHO. The doses recommended by the WHO range from 150ng-250ng / day.

DGS in 2013 recommended a daily supplement of iodine in the form of potassium iodide at doses of 150-200 mg / day in the preconception period, pregnancy and exclusive breastfeeding.

## BEHIND THE SORROW: THE RESPONSES OF PRIMARY CARE SERVICE ON CHILD SEXUAL VIOLENCE IN DISTRICT OF LIMA PULUH KOTA, INDONESIA

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**Introduction:** Lima Puluh Kota District is located in the Province of West Sumatera of Indonesia, which has strong culture, social and religious norms, where people live in harmony and peacefully. However, behind the harmony society there is an increasing of reported cases of sexual violence that the children are among of the victims, which need more attention.

**Objective:** The study aims to explore the experience of the children and the responses of primary care service dealing with the cases.

**Methods:** To answer the research question, we used qualitative inquiry by employing document analysis and in-depth interview with parents of the victims, primary care doctors, health district managers and district police officer. The data was analysed and presented thematically using primary care and policy based theory.

**Result:** The primary care service which plays an important role in managing cases of sexual violence on children. Comprehensive and multisectoral approaches have been done in handling the cases. However, most of the procedures focus on medical treatment and crime litigation but lacking in psychological care for the victim. The psychological support has not been provided adequately due to lack of qualified personnel in the primary care services and unavailability of the guideline. Therefore, developing policy related to procedures and guidelines in handling sexual violence on children are very necessary. Also, improving capacity of health personnel in handling the case in primary care is also very important.

## SEXUAL ORIENTATION AND ADOLESCENCE - THE ROLE OF THE FAMILY PHYSICIAN

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**Introduction:** The Family Physicians (FF) besides being able about the most prevalent problems of adolescence, should also promote an active and responsible participation in health matters, based on their individualized intervention and confidentiality. The awareness of sexual orientation in the case of homosexuality usually arises during adolescence. This discovery almost always involves a period of confusion and doubt. Discrimination and associated stereotypes still mark a lot those who are confronted with this issue.

**Objective:** Show the importance of the FF in the approach to the adolescent according to the HEEADSSS assessment.

**Methods and results:** Male, 16 years, presented to the consult after some concern of his mother for isolation, sadness and fear of serious psychological problem with her child. During the HEEADSSS assessment, the question arises about his own sexuality admitting to being homosexual, with innumerable fears, ambivalences and shame, that have led him to put away from the family and friends. Doubts about the future in school and profession also leave him worried and feeling alone in a world he does not identify himself with. Active listening and confidentiality, demystification of some themes and availability for consultations, as well as referral to Psychologist are part of the joint plan, which is maintained, with frank improvement.

**Conclusions:** Doubts about sexual orientation can be devastating in the teenage years, conditioning isolation, self-blame and shame. In fact, FF occupies a privileged position in the early detection and clarification of issues related to sexuality, thus allowing a healthy growth, both physical and psychologically.

## TRAINING OF A FAMILY HEALTH TEAM TO WELCOME THE LGBT POPULATION IN A FAMILY HEALTH CENTER

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**Introduction:** One of the pillars of the Brazilian Health System (SUS) is the principle of equity, which provides health actions according to the vulnerabilities of each population. The lesbian, gay, bisexual, transvestite and transgender population (LGBT) has been fighting for decades to ensure their rights, including the right to health care based on their specificities. However, due to a lack of dignified reception, LGBT users do not seek regularly health care units.

**Objective:** The aim was to train the team of a Family Health Center, in Franca, Brazil, to welcome the LGBT population in order to stimulate their participation in the unit, consequently improving their general health. **Methods:** The following subjects were presented and discussed with the members of the team: sexual diversity and gender relations, reception of the LGBT population in health services, importance of the use of the social name and pronouns of correct treatments, need to approach adequately about the sexual orientation and gender identity of the users. **Results:** After the training, the team, which previously felt unprepared to welcome the LGBT population, became more active in contributing to the deconstruction of prejudices and stereotypes related to LGBT identities.

This contributed to greater and more effective participation of the LGBT population in the health services offered at the unit.

**Conclusion:** The training of the health team is a primary action to turn health units in appropriate places to improve the health quality of the LGBT population and stimulate the effective participation of this population in the SUS.

## HEALTH AT SCHOOL: SEXUAL EDUCATION IN PRIMARY HEALTH CARE

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**Introduction:** The pregnancy in adolescence is considered a public health problem due to social aspects. In Brazil, the rate of mothers under 20 years old was 21,34%, in 2000. Sexual education requires combined actions of family, school and health services.

**Objective:** To educate teenagers about physiological aspects of pregnancy, contraceptive methods, sexually transmitted infections and risks of early pregnancy. **Methods:** The project was applied to students of a public high school, in Pontal, Brazil. The action was planned by a family health team, after a meeting with the director of the school. The team will provide a “doubt box” to students, in order to identify the most frequent doubts. The meetings will happen weekly, with collaborative activities and illustrative material, and a questionnaire will be applied to the students before and after the activities to evaluate the effectiveness of the action.

**Results:** Three reunions will be held. In the first, an activity will initiate the discussion about sexuality and differences between genders. In the following two, different kinds of contraceptive methods and images of sexually transmitted diseases will be used to discuss about the correct use of contraceptives and the prevention of early gestation and infections. **Conclusion:** We expect that these activities turn into a permanent action of the Family Health team and strengthen the bonds between school and the Family Health unit. So, the teenagers will know how to prevent early pregnancy and sexually transmitted infections.

## GENDER DIFFERENCE IN THE CORRELATION BETWEEN PHYSICAL FITNESS AND METABOLIC AND LIFESTYLE PROFILES AMONG UNIVERSITY FRESHMEN

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**Introduction:** There is a general lack of knowledge about physical fitness profiles and how the components relate to cardio-metabolic and psycho-behavioral factors among college freshmen in Taiwan.

**Objective:** The aim of this study was to examine this relationship and investigate gender difference.

**Methods:** Data were retrieved from the delinked dataset of health examination at entrance among the freshmen enrolled in the National Cheng Kung University in 2014. All the enrollees

were included except those who were aged > 24 years or diagnosed with major health illness. The dataset contained psychosocial questionnaires, physical examination and biochemical data. Components of physical fitness included 1600(male)/800(female)-meter run, sit-bend, sit-up and standing long jump that were assessed in the 1st semester. Relationship between physical fitness and metabolic and lifestyle profiles was examined with ANOVA, correlation and regression analyses.

**Results:** A total of 2081 enrollees aged 19.5 ( $\pm 0.7$ ) years with 1220 (58.6%) males were included in the analysis. Standing long jump ( $r=0.27-0.29$ ) and 1600-meter run ( $r=0.30-0.33$ ) were correlated with body mass index, waist circumference and fat percentages among males; this was not observed among females. None was associated with cardio-metabolic parameters. Better physical fitness was also associated with alcohol drinking among males and excessive weight-losing behaviors among females. Standing long jump and sit-up were particularly associated with self-rated mental well-being and quality of life.

## SPINAL TUBERCULOSIS, CASE REPORT

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**Introduction:** The spinal column is involved in less than 1% of all cases of tuberculosis. Spinal tuberculosis can be associated with neurologic deficit due to compression of adjacent neural structures and significant spinal deformity. Magnetic resonance imaging is a useful diagnostic modality for patients with suspected tuberculous spondylitis. The lower thoracic and thoraco-lumbar spine is most common areas involved.

**Objective:** The aim of this study is to raise medical awareness of the presence of extrapulmonary tuberculosis and to point the importance of early diagnosis.

**Methods:** Medical records of the patient was analysed.

**Case report:** Here we present a case of an 46-year-old patient with TBC spondylitis L4-L5. At first the patient suffered from overall weakness, low back pain, febrility and paresthesia of both lower extremities. The doctor prescribed a painkiller, vitamin B complex, a drug for muscle relaxation. We had a poor response to therapy, ailments were returning. Chest roentgenogram was without pathological changes. MR image of the spine showed destruction of L4 and L5, and the abscess perforation in the anterior epidural space with spinal compression. The radical surgical debridement of L4-L5 and anterior decompression was done, and tuberculostatics were included for 12 months. We expect a full recovery in six to twelve months.

Tuberculosis is more common in clinical practice than we expect. Early diagnosis and adequate therapy of this disease can prevent the occurrence of serious complications.

## GENDER-DIFFERENCES IN GP PREVENTIVE CARE: MORE PREVENTION IS REALISED AMONG MALE PATIENTS CONSULTING FEMALE PHYSICIANS

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**Introduction:** Prevention is an essential task for general practitioners (GPs) and should be offered to everyone according to his/her needs.

**Objective:** Analysing GP preventive care while considering the gender of both the patient and the GP.

**Methods:** Fifty-two GPs, who were also medical school instructors, volunteered to participate. A sample of 70 patients (stratified by sex) aged 40-70 years was randomly chosen from each physician's patient panel and asked to complete a questionnaire. For each patient, each physician reported his/her preventive care related to each of the following aspects: tobacco and alcohol use, diet, physical activity, cardiovascular risk and participation in breast and cervical cancer screening. A global score of prevention was defined as the percentage of preventive care actually provided. Mixed models adjusted to patient and GP characteristics were used to test for gender-differences for each preventive care and for the global score.

**Results:** Questionnaires were collected from both patient and GP for 71% of the 3640 patients. For each type of preventive care studied, our results showed gender differences in favor of male patients. For cardiologic and gynecological preventive care, male GPs dispensed less care to their patients than female physicians. Considering the global score, female patients received less preventive care than male patients (52% vs 41%; OR 1.60; 95%IC = [1.47; 1.75],  $p < 10^{-4}$ ) and female GPs provided more preventive care than their male counterparts (58% vs 45%; OR 1.35; 95%IC = [1.05; 1.73],  $p = 0.02$ ).

**Conclusion:** Paying attention to gendered dispositions or stereotypes operating in the patient/physician interaction and in the way prevention is addressed could contribute to more equitable care.

## DRAFT IMPLEMENTATION OF DETECTION OF ABUSE IN PRIMARY CARE CONSULTATION

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**Objective:** Implement a maltreatment detection protocol in the nursing and continuing care clinics of our centers.

**Methods:** Elaboration of the intervention assistance project.

It would take the contribution of all the estates

The emotional WAST test would be applied consisting of two single questions that would be asked before any woman aged 15-65 years, attended for any cause in a nursing consultation, respecting the privacy and privacy of the patient, when she was alone with nursing .

It would generate a weekly list of results, which would be valued by the VG group, to follow up. The positives would be cited for complete WAST testing by your family doctor. A percentage to be determined from negative tests would also be cited.

**Results:**

WAST 1,2 OPC 1 . Sens 93,18    specif 87,25 VPP 56,16 VPN 24,74 Preval: 24,74

WAST 1,2 OPC 2 . Sens    25    specif 99,62 VPP 91,66 VPN 88,34 Preval: 4,06

WAST 5            Sens 43,18    specif 99,68 VPP 95,07 VPN 90,91 Preval: 6,77

WAST 7            Sens 90,93    specif 98,94 VPP 96,89 VPN 98,43 Preval: 13,56

**Conclusions:**

1. Elaboration of the project in successive stages.
2. The group of improvement in maltreatment has been renewed.

3. The team has been self-trained
4. Follow-up of incident cases

## IS THE “EXPLORATORY QUESTIONS” TO DETECTION OF INTIMATE PARTNER VIOLENCE IN PRIMARY CARE USEFUL? ASSESSMENT IN A HEALTH AREA

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**Background:** Intimate partner violence (IPV) is a global public health. In 2008 the Early Detection Service (EDS) of the IPV was established in the Health Service of Castilla y León (Spain). The objective was to ask about the possibility of being in a situation of IPV and register this activity in the Clinical History.

### Goals:

- Knowing the results of the EDS of the IPV.
- Becoming aware women`s opinion about the use of routine exploratory questions for the detection of IPV

**Method:** Multicenter cross-sectional descriptive study in 349 women inbelonging to Primary Health Centers from a health area of Castilla y León (Burgos) included in the EDS. Systematic random sampling (accuracy of 5%). Woman Abuse Screening Tool (WAST) was used as a "Gold Standard" to diagnose IPV, against the screening tool available at our Health Service, which consists of two "exploratory questions": "How are things going in your family? Do you have a problem with your husband or children?".

**Results:** The WAST questionnaire aim at assessing the violence in women by their current partner. At the time of the interview, 267 of the women had partner (76.5%). The prevalence of abuse estimated by WAST was 10.9% (38 women). At the clinic history by "exploratory question": 1.4% (5 women). Women`s opinion is unanimous in approving routine questioning in primary care consultations for detection IPV.

**Conclusions:** "Exploratory question" for IPV been little effective in the health area studied. A standardized questionnaire could facilitate this work. Further evaluations should be made to know the reason for this result.

## 2. Discipline and profession

### 2.01. Primary care policy

#### DOCTORS' PERCEPTION ON THE KOREAN NATIONAL HEALTH EXAMINATION

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**Introduction:** The periodic health examination is important for the early detection of chronic diseases and health promotion. In Korea, National Health Examination (NHE) for chronic diseases is divided into General Health Examination (GHE) and Life Turning Point Health Examination (LTHE). GHE is performed every two years for all adults aged more than 40 years old and all employees aged more than 20 years old. Adults who aged 40 and 66 years old receive LTHE. In our study, we investigated the doctors' perception on the Korean National Health Examinations.

**Methods:** We recruited 30 doctors who were practicing NHE. This survey was performed from January 7, 2016 to January 26, 2016. The questionnaire included difficulties about explaining the result to examinees' and their reasons, problems of NHE, and performances of doctors' counseling after NHE.

**Results:** Total 36.7% of doctors answered that explaining the result of blood tests and chest X-ray was difficult in GHE. In LTHE, mental health counseling was the most difficult part to explain. Rate of doctors' counseling performance for lifestyle modification was low in parts with healthcare for the elderly (36.7%), mental health (36.7%), and assessment of cognitive dysfunction (40.0%). On the other hand, it was high in counseling for smoking cessation (83.3%), drinking (83.3%), physical activity (83.3%), and obesity (83.3%).

**Conclusion:** Number of doctors pointed out the problems of result explanation of blood tests and chest X-ray. In addition, doctors' counseling performance was high in conventional lifestyle modification such as smoking cessation, alcohol consumption, physical activity, and obesity. However, counseling for elderly healthcare, mental health, and assessment of cognitive dysfunction should be improved.

## ORGANIZATIONAL STRUCTURE OF THE HEALTH CENTER GROUPINGS (AGRUPAMENTOS DE CENTROS DE SAÚDE, ACES) IN PORTUGAL

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**Introduction:** In Portugal, public primary health care is guaranteed by structures called ACES (*Agrupamentos de Centros de Saúde*, Health Center Groupings) responsible for providing primary health care to the population of a given geographic area.

**Objective:** This review aimed to define 1. what an ACES is and how it works; 2. what each Functional Unit is and how it works; 3. define the different models of Family Health Units.

**Methods:** This revision is based on the decrees of law that regulate the function and the structure of ACES and Family Health Units, published in *Diary of the Republic* of Portugal.

**Results:** ACES consists of several functional units (Family Health Unit, Personalized Health Care Unit, Community Care Unit, Public Health Unit, Shared Care Resource Unit, among other units or services). The functional units are made up of multidisciplinary teams and may contain professionals from various fields (eg. general and family physicians, nurses, clinical secretaries, psychologists, nutritionists, public health physicians...). The Family Health Unit can be subdivided into models A, B and C depending on: 1. degree of organizational autonomy; 2. remuneration model and incentives of professionals; 3. financing model and its legal status. Indeed, each unit of the ACES has its specific function (eg, care of users and population, research and planning in health, interconnection to secondary health care...) but

there is cooperation between them and the interconnection to secondary health care is guaranteed.

## PRIMARY HEALTH CARE POLICY IN SERBIA-NEW RULES AND ITS EFFECTS

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**Introduction:** In Serbia, primary health care represents the basis of health system with a share of more than 65% of the total number of provided health services. A new rule that restricts appointment's time reserved for a patient to 10 minutes and the introduction of obligatory appointments brought many troubles for patients and doctors.

**Objective:** To point out advantages and disadvantages based on practical experience.

**Methods:** We interviewed 53 patients and 8 general practitioners. The patients generally said that appointments help them to easily organize the time for regular medical exams, but on the other hand, they had a trouble to get medical help when suddenly got ill and had no time to order medical examination. Almost half of them said that they were in a situation when their visit to the doctor lasted more than 10 minutes. The doctors said that often they are unable to comply with the order of appointments because in addition to the examination they have a duty to review medical specialists' reports and fulfill medical file for each patient. Often, in that time, they have to take care of more than few acute conditions.

**Results:** All of GP agreed that in this condition, a proper triage calls into question. In order to improve the health care system, all participants should be included because experiences from practice often differ from theory.

## MEASURING SOCIAL EXCLUSION: IMPLICATIONS FOR PRIMARY CARE POLICY AND PRACTICE

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There is no agreed way of measuring social exclusion with respect to health. The term itself is contested and debated in the literature. Stakeholders have noted that development of strategies to reduce social exclusion of groups would benefit from having methods of measuring the impact of primary care services. The lack of this information poses a great challenge to clinicians and policymakers alike, making it difficult to prove that changes in health status of marginalised groups are due to the implementation of initiatives with targeted health services or resources.

Objective was to conduct review of literature looking at measurement of social exclusion in relation to health. This allows the comparison of methods used to measure the concept in healthcare settings.

Electronic databases were searched using key terms. A grey literature search of websites was also conducted. Databases were searched from the year 2000 and for publications in English. 2,841 publications and were initially returned. These were screened leaving 356 publications. The majority of papers are in relation to social exclusion measurement in mental health settings. There is no agreement on the suitable measures of social exclusion to use across

marginalised groups. The concept of social exclusion is a difficult one to define and measure in relation to health. A number of attempts have been made to do this internationally.

## 2.03. Family medicine

### UNEXPLAINED DRILLING IN HEALTHY PATIENT

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**Background & Aim:** A 31 year old male patient came to the emergency health center by sudden stomach pain. He tells us that he was feeding her hens and after making this habitual work has started suddenly with severe stomach pain. He is non-smoker or drinker, he hasn't eaten food different from the usual.

He hasn't allergies and not suffering from any disease, or taking any treatment, he says he has never been ill.

After administering Metamizol, Dexketoprofen and also intravenous Omeprazole is carried Emergency Hospital, because we don't get any improvement. The epigastric pain is worse when swallowing and breathing.

**Method:** Digestive and Surgical tests: analytical with hepatic profile; amylase and lipase, bilirubin, coagulation; urine and sediment with amylasuria. Result analysis: neutrophilic and leukocytosis.

Plain abdominal X-Ray: looking for aerobilia, biliary calcifications, pancreatic, obstruction.

Chest X-Ray: discarded pathology of chest as a cause of epigastric pain, search pneumoperitoneum (hollus viscera perforation). In pneumomediastinum must make emergency surgery (as in this case).

Gullwing image or pneumoperitoneum: usually due to perforation of hollow viscera.

Electrocardiogram: by protocol over 40 years, here because of uncertain origin.

Abdominal ultrasound: in suspected biliary-pancreatic disease, ruptured aneurysm stable.

Abdominal CT: in acute pancreatitis and stable aneurysm rupture (rare indication in emergencies).

**Conclusions:** Differential Diagnosis: peritonitis pneumoperitoneum, pneumoperitoneum without peritonitis.

Final diagnosis: ruptured esophagus (Boerhave Syndrome).

Treatment: Emergency surgery.

He didn't get to know because it happened suddenly a case of this kind.

Medical research is essential, hence the need to promote and encourage it through training and studies.

### CANCER AND FAMILY MEDICINE: THYMOMA

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**Introduction:** 46-Year-old woman with no medical history or toxic habits. Normal physical examination.

Consultation due to persistent cough for 3 months, treated with antibiotics with no resolution.

She also has sporadic eyelid inflammation and pains diagnosed as intermittent arthritis.

**Method:** Neoadjuvant chemotherapy induction is performed with 4 cycles of cisplatin, doxorubicin and cyclophosphamide. A good response is shown.

Afterwards, surgery's performed by resectioning of residual thymoma and full thymectomy enlarged to perithymic fat, expansion to lung in anterior segments of both upper lobes attached to fibrous tumor remains and both mediastinal pleurae.

**Results:** Due to bad prognosis, chest radiograph is ordered, which shows a left parahilar image in a triangular shape. She's derived to pneumology, where it's requested:

- Chest CT: mass in the anterior mediastinum with involvement of the left lung.

- FNA and ultrasound: suspects that thymoma.

- Full-length PET-CT: Large hypermetabolic mass occupying anterior mediastinum and corresponding to an adenopathic conglomerate of a neoplastic metabolic behavior. Multiple lymphadenopathy in lymph node regions. Mixed pulmonary infiltrates distributed around. It suggests lymphoma.

Pathological anatomy: thymoma with positive immunohistochemistry, classified as type B3 thymoma(G.III)

**Conclusions:** Thymomas are one of the most common mediastinal tumors, and they represent up to 47% of mediastinal masses. The symptoms presented can be persistent cough, chest pain or dyspnea. Its diagnosis is made mostly at stage 1 and 2, with favorable evolution. Moreover, they're relatively slow-growing tumors. Surgery, radiation and chemotherapy are common treatment. Furthermore, they're some special forms of tumors, with a trend towards local invasion and associated with various systemic diseases, in particular myasthenia gravis.

## BACKACHE ALWAYS LOOK FOR THE ORIGIN

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**Background & Aim:** Man 17 years old go to the Health Center for back pain one week of evolution, not relieved by analgesics. Background of herpes zoster in this area during the previous weeks and resolved. No clinical respiratory infection, or other symptoms associated. Active smoker 5 cigarettes/day.

**Method:** On physical examination revealed the extreme thinness, facial and neck edema gets worse in decubitus. No cervical adenopathy, supraclavicular or axillary palpable.

Cardiorespiratory auscultation: aortic systolic murmur and hypoventilation in left lung. Slight protrusion of the sternum. No edema or collateral circulation.

Chest X-ray requested where we visualize widening of the anterior mediastinum, after which we derive the patient to Hospital care urgently to continue study.

Chest-abdominal CT: mediastinal mass of 12.5 cm stenosis of the left main bronchus and pulmonary air trapping, cervical adenopathy and low and medium conglomerate adenopathic in hepatic hilum.

**Conclusions:** Findings compatible with lymphoma.

After extraction of the hepatic hilum adenopathies, diagnosed with diffuse large B-cell lymphoma, immunoblastic variant, entering the hematology department for chemotherapy. Diffuse large B-cell lymphoma is an aggressive Non-Hodgkin lymphoma, with a prevalence of 30% of all lymphomas not Hodgkin. An incidence of 50-60 new cases/million population/year and increases with age. Although seen at any age, the average age of onset is 55 years. Given the variables cytogenetic and molecular alterations, as well as the different clinical forms, suggests many etiologies involved in the host and environmental factors.

The prognosis is very variable, but is aggressive, responds very well to treatment and the likelihood of cure of a young patient like ours stands at 60-80%.

## CHRONIC URINARY INFECTION IN IMMIGRANTS: RULE OUT NEOPLASIA

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**Background & Aim:** Male patient, 50 year-old from Guinea Bissau, in Spain 15 years ago, but in 2010 returned without making malaria chemoprophylaxis. He had malaria 10 years ago. Presented in routine analysis markers Hepatitis B (+) with HBsAgb (+). And eosinophilia since 2010 and increase in transaminases lightly. It's asymptomatic. Following the protocol Eosinophilia is derived to Tropical Medicine.

**Method:** Tropical Medicine Unit presents an analytical IgE 1858; serology(+) to Schistosoma, Lymphatic filariasis low levels. Strongyloides (-). Knott test (-).

Internal query: Urology (cystoscopy) and Digestive due to a high viral load.

- Cystoscopy: Normal urethral, ectopic meatus, unaltered prostate and bladder with normal mucous membrane, but with a small papillary tumor in the right side wall.
- Abdominal ultrasound: polypoid element 6x5mm diameter at bottom posterior wall at the right of the midline

Make bladder transurethral resection of bladder tumor stage TaG1 (noninvasive papillary carcinoma with lymph node damage in a single node). Review at 6 months, they find again by cystoscopy small papillary lesions scattered bladder region.

Eosinophilias analytical oscillating moderate to mild in its history. Viral load: 740,000 copies with PCR (+).

**Conclusions:** Chronic hepatitis B wasn't known but important viral load which is treated with Lamivudine

Diagnosis: Bladder Tumor which is operated with a result of acute cystitis rich in Eosinophils and presence of eggs of Schistosoma sp.

Keep in mind immigrants patients with untreated chronic infection of Schistosoma exist a prevalence of squamous cell of bladder neoplasia, as this patient had. After elimination of Schistosoma with Praziquantel in later revisions in urology there weren't further evidence of disease.

## PNEUMATURIA

# 22<sup>nd</sup> WONCA Europe Conference

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**Background:** Male 34 years old with dyspepsia, 20 cigarettes/day and several consultations by cramping abdominal pain and diarrhea since 2 years ago which partially improved after removal of milk in their diet.

Consultation due to fever and general malaise 5 days ago, further relates that at the end of urination expels air without other urological symptoms.

**Methods:** Abdomen painful with sensation of bubbles and stiffness in palpation in the right lower quadrant area, without abdominal defense.

Bowel-bladder fistula's suspected was derived to the Hospital

**Result:** Abdominal ultrasound:thickening of the distal terminal ileum, sigma and vesical walls.Two ill-defined lesions that appear to contain gas therein and suggestive of abscesses, 2cm adjacent to the vesical dome and 4cm between bowel loops.

Stool culture (steatorrhea), anemia and leukocytosis, elevated erythrocyte sedimentation rate, decreased albumin, normal hepatic function

**Conclusions:** Diagnosis: Crohn's Disease, bowel-bladder fistula and begin with abdominal abscess in the right iliac fossa, which began with perforation and peritonitis, requiring surgery with ileo-colonic resection of 60cm and drainage of abscesses.

The complication of bowel-bladder fistula doesn't appear in advanced stages.

Treatment:Azathioprine, Cholestyramine, Optovite B12, Prednisone, Rifaximin.

In the latest consensus of "European Crohn's Colitis Organization (ECCO)", it's noted that the diagnosis of disease is established with a combination of clinical, endoscopic, radiologic, and histologic findings in surgical specimen.

Immunomodulators such as azathioprine will be used when the disease has already consolidated.The called anti-TNF are used in Europe with varying results.Other biologic therapies are limited by their potential serious adverse effects.

Apheresis or autologous stem cells transplant remain experimental.

## KNOWLEDGE ATTITUDES AND BEHAVIORS OF CERVICAL CANCER PREVENTION AMONG UNDERGRADUATE STUDENTS, BURAPHA UNIVERSTIY

Kitti Krungkraipetch

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**Introduction:** Nowadays, The cervical cancer prevention has had a paradigm shift because of HPV vaccine and globalization cultures. Most of them have more activities than the past. It means that they also sit on the behavior risks especially sexual transmitted diseases. So we need to know more about their KAP in cervical cancer prevention. This study may give us the information for further plans and managements in cervical cancer prevention strategies.

**Objective:** to find out knowledge, attitudes and behaviors of cervical cancer prevention among Burapha University students

Methods: the at least samples was 1060 by Taro Yamane method and stratified randomization was done. Data was collected in Jan-March 2014 by questionnaires which deAssigned by

objectives. The knowledge attitudes and preventive behavior assessment were classified in 3 levels.

**Results:** There were 1,222 students (female 860, male 359, missing data 3) from 18 faculties joined into this study. About 40% of them have ever had sexual intercourse. Half of them did not know the HPV vaccine. There was only 3% that had HPV vaccination. The percentage of knowledge levels in CA cervix was 66, 29 and 5 at low, middle and high level respectively. They had the good attitudes for control and prevention of cervical cancer. They also had the good behaviors for self-hygiene care and sexual transmitted disease. But they did not know more about the relationship of cervical cancer and genital infection and vaccination.

## HOW MANY WHO TURN UP FOR SCREENING GO FOR FOLLOW-UP? A PILOT STUDY OF 123 OLDER ADULTS

Clarice Chong, Xin Lei Tan, Lee Gan Goh, Boon Yeow Tan  
*National University Hospital, Singapore, Singapore*

**Introduction:** Early detection of asymptomatic disabling disease in the elderly population and timely intervention ensure healthy ageing. Hence, an effective targeted screening programme is useful.

**Objective:** The objectives of this pilot study are: (1) to assess the asymptomatic burden in residents presenting themselves at a community centre screening activity, and (2) to follow up the actions taken by those with abnormal screening tests.

**Methods:** Older residents (65years old and above) were screened using 2 categories of tests: 5 cardiovascular risk factors (Type II diabetes mellitus, hypertension, hyperlipidemia, excessive weight, smoking); and 6 functional screening tests (short physical performance battery (SPPB), mood, incontinence, vision and hearing). Residents with abnormalities were counselled and advised follow-up action by screening physicians on-site. Follow-up phone calls were conducted 1-month later.

**Results:** Of the 123 elderly individuals screened, 44 (35.8%) had one or more cardiovascular risk factors; 86 (69.9%) had abnormal functional screening tests; and 38 (30.9%) were referred for further evaluation. Of these, 9 (23.7%) went for further evaluation, 6 (10.5%) defaulted, 19 (50.0%) were uncontactable and 4 (15.8%) are not due for their appointments. Among those who were not followed-up 40.0% had abnormal functional screening tests. In conclusion, one-third individuals had undetected cardiovascular risk factors and 69.9% had abnormal functional screening tests. The low follow-up rate (23.7%) needs further action.

## SCREENING OF DEMENTIA IN THE PRIMARY HEALTH CARE

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**Introduction:** In 2015 it was estimated that 47 million people worldwide are living with dementia. Primary care physicians play a central role in diagnosing and managing dementia. Timely dementia detection and treatment can be cost-effective since it may improve symptoms enough to reduce healthcare costs and keep patients living in the community for a longer time.

**Objective:** Show the validity of screening of dementia in the primary health care within patients with an age over 55 years.

**Methods:** The examination was done with the MMSE questionnaire in the period of June until November of the current year. 120 randomly chosen patients who did not have dementia diagnosed earlier, of which 59 were male and 61 female, in the age between 55-90 were examined, with an average age of 71.7 with a SD of  $\pm 7,8$ . From the 120 patients 96 are with comorbidity while 24 are without.

**Results:** From 120 patients 14.2% are with moderate, 25% with mild and 60.8 % with normal values. From the patients with comorbidity there is a total of 14.6 with moderate, 30.2% with mild and 55.2% with normal values. In the age between 55-75 years there are 6.3% with moderate, 23.9% with mild and 43.8% with normal values. In the age over 75 years there are 6.3% with moderate, 6.3% with mild and 11.4 with normal values. From the patients without comorbidity 2.5% have moderate, 0.8% have mild and 16.7% have normal values in the MMSE test.

**Conclusion:** Percentage of detected dementia patients is 39.2% which justifies the use of screening in family medicine. There is a significant rise in the percentage of detected dementia among the group with comorbidity in comparison to the group without comorbidity.

## SCREENING FOR PHYSICAL FRAILTY IN AMBULATORY ELDERLY

Xin Lei Tan, Lee Gan Goh, Boon Yeow Tan

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**Background:** Frailty is prevalent in the elderly and is defined as a diminished physiological reserve of multiple organs that exposes older individuals to higher risk of adverse outcomes.

**Objective:** The aim of this pilot study is to assess the frailty burden in asymptomatic self-presenting residents at a community centre general health screening.

**Methods:** Older residents (65 years and above) were screened for cardiovascular risk factors and functional status, and advised for intervention by physicians on site or referred for rehabilitation. A widely used clinical research definition of the frailty syndrome is the Cardiovascular Health Study (CHS) frailty phenotype, consisting of a combination of weight loss, weakness, slowness, exhaustion, and reduced physical activity. Frailty was screened using similar criteria with modifications to operational components.

**Results:** Of the 123 elderly individuals screened, 11 (8.9%) had a BMI <18.5, 29 (23.6%) displayed weakness in standing, 30 (24.4%) were slow in walking 2.4 metres, 8 (6.5%) reported low energy and 29 (23.5%) had a weekly physical activity duration of less than 20 minutes. Using the CHS frailty index of 5 components of physical frailty, 23 (18.7%) elderly had 2 positive components (categorising them as pre-frail) and 11 (8.9%) had at least 3 positive components (categorising them as frail).

**Conclusion:** The sizeable proportion of pre-frail and frail apparently healthy elderly found merits further study with a larger sample and early interventions.

## CHEST PAIN IN ANXIOUS WOMAN. "THE ANXIETY DOES NOT LET ME BREATHE"

Francisco Jose Cervilla Suarez, Antonio Ubiña Carbonero, Maria Luisa Morales Sutil

*Servicio Andaluz De Salud, Málaga, Spain*

**Anamnesis:** A 67-year-old woman attending by her primary care physician for an episode of precordial oppression and shortness of breath the day before in the context of a friend's funeral.

It defines the pain of sudden onset, oppressive, not irradiated, not accompanied by vegetative cortege, which partially subsided after taking alprazolam. Duration not estimated. In the morning of the consultation decides to go to Emergency Room because she has the same sensation of dyspnoea and uncomfortable toracic sensation before an argument with his son. At the time of the consultation she is asymptomatic but very worried.

**Exploration:** Good general condition. rhythmic tones . Good bilateral vesicular murmur. the rest was anodyne.

We performed electrocardiogram: Sinusal ritm at 75 bpm, narrow QRS, no ST segment alterations, negative T wave at V1-V3

We derive the patient with urgency for suspicion of acute coronary syndrome in patients with cardiovascular risk factors.

Upon arrival in the emergency department, we have done the following complementary tests : Analytical with troponin I of 9 and CK-MB of 25. EKG continuous negative T wave in V1-V3. Rx thorax: no alterations.

Diagnostic suspicion: acute coronary syndrome without ST segment elevation.

**Evolution:** Case is discussed with Cardiology, who decides hospitalizacion. During cardiac catheterization and Doppler echocardiography were discover with atypical ventricular dysfunction in terms of ventricular morphology, a suggestive of Tako-Tsubo cardiomyopathy.

**Plan:** was discharged home after stay in Cardiology plant. Follow-up in external consultations of Cardiology.

## CONSTIPATION BY ANAL FISSURE

Francisco Jose Cervilla Suarez, Antonio Ubiña Carbonero, Maria Luisa Morales Sutil  
*Servicio Andaluz De Salud, Málaga, Spain*

**Anamnesis:** Male 45 years old, smoker a pack a day. No allergi. Appendectomized, tonsillectomized. whitout treatment.

**History:** Patient who comes for the 5<sup>th</sup> time to emergency room for constipation along 11 days of evolution along . Refers that despite the prescribed treatment: movicol, rectogesic and ntg in ointment has not been able to defecate by pain.

Normal exploration:

Abdomen: Distended abdomen.

RX abdomen: Fecaloma is seen at distal level with intestinal loop dilatation.

Tact Rectal: impossible to perform because of the pain it causes. it observed a anal fissure Patient evaluated by surgeon who advised to open the anal sphincter under anesthesia for fecaloma extraction.

Sphincterotomy was performed in operating room.

## ATYPICAL PRESENTATION OF ACUTE APPENDICITIS

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**Personal History:** No allergies. Independent for ADL. No history of interest.

**Anamnesis:** 59 year old male who was attended in the emergency room with symptoms of hypotension in context of epigastric abdominal pain, radiating to right flank, associated with nausea and dizziness, 2 weeks of evolution, several emergency room visits for the same reason. Asthenia and hyporexia refers several days of evolution. In the afternoon it begins with fever up to 40 °. No other symptoms or changes in bowel habits.

**Physical examination:** Low blood pressure (83/55), Abdomen not tender to palpation, no signs of peritoneal irritation. Rest of exploration: no significant findings.

**Complementary tests:** Blood test: leukocytes 14500 (95.3% N), C-reactive protein 189, normal amylase, liver profile unchanged. Abdominal ECO: without pathological findings.

**Diagnosis:** cholecystitis

**Evolution:** We start with fluid therapy for stabilised the blood pressure and diuresis. During his stay in observation, the patient remains stable with sporadic pain localized in right upper quadrant that subsides spontaneously. We talked with Digestive specialist, they recommends do an abdominal CT, it showed an objective appendix gauge increased in relation to acute appendicitis in right lower quadrant . Subsequently, the patient is admitted for surgical resolution.

**Conclusion:** Clinical manifestations resulting from appendicitis can be very unspecific in relation to location and orientation of the appendix, so in the suspected diagnosis must rely on imaging tests for the screening of the same as the symptoms presented by the patient can guide to other pathologies.

**Keywords:** Abdominal pain, leukocytosis, appendicitis.

## UROLOGICAL SEPSIS IN PATIENT WITH CARE DEFICIT

Francisco Jose Cervilla Suarez, Antonio Ubiña Carbonero, Maria Luisa Morales Sutil  
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**Anamnesis:** 60 year old man brought by ambulance with decreased level of consciousness. Warned by the landlord , who found him fainted in the bathroom of his home. Time of evolution is unknown. Emergency service found it lying on the bathroom, defecated, stuporous, with traces of bilious vomiting in oral cavity. Blood glucose 500 mg / dl and BP 88/56. Subsequently, a niece was located, who reported that he was treated three days earlier at another centre by haematuria, was discharged with a diagnosis of UTI.

**Physical examination:** stuporous, response to painful stimulus, cachectic, unkempt. On auscultation: there are crackles in both bases.

it's found an hematoma in right chest. Induration of perineum and penile swelling. Rest of examination: no significant findings.

**Complementary tests:** 15200 leukocytes (N 13980), Glu 300, urea 95, creat 2.03, 260 CK, troponin I 4.74, C-reactive protein 175, PCT 35.68, 6.947 pH, PCO2 23, HCO3 4.8. Urine: ++ leukocytes, erythrocytes +++, abundant yeast. Chest X-ray: bilateral cottony pattern.

**Dx:** Fournier gangrene vs perianal abscess.

**Evolution:** The patient is assessed by urologists, that determine performing contrast CT where the presence of Fournier gangrene is confirmed. Subsequently, given little improvement in the picture with hypotension despite volume replacement, and worsening in successive analytical tests, decided immediate surgery. After surgical debridement, the patient is admitted to the ICU for monitoring and subsequent cures in surgery in the next few days.

**Conclusion:** Fournier gangrene is a disease that requires immediate intervention because it is characterized by a rapid onset, usually with perirectal and onset of specific symptoms and can progress to necrosis, sepsis, coagulopathy, shock and death.

## NOVO'S SEIZURE IN ELDERLY PATIENT

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**Personal History:** Metformin intolerant. Independent for ADL. Hypertension, dyslipidemia, type 2 diabetes, hyperuricemia, moderate CKD. Under treatment with linagliptin, omeprazole, allopurinol, atorvastatin, lisinopril.

**Anamnesis:** 74 year old man, who was transferred in ambulance, after suffering an episode for a minute of tonic-clonic seizure activity de novo at home while he was sleeping. The wife who was there watched her husband who was suffering stiffness and conjugate deviation to the right look. Upon arrival of the ambulance, postcritical patient prone to sleep, so he was moved to the hospital. During the transfer, he had new similar episode. His family denies symptoms during the previous days.

Physical examination: sedated patient. Generalized hypoventilation. Miotic pupils, mobilizes their 4 limbs, the following neurological examination could not be valued. Rest of exploration: no significant findings.

**Complementary tests:** Analytical unchanged. Rx chest without findings. CT scan: a mass of 3.9x2.7cm left parietal-occipital seen with significant perilesional edema compressing the ipsilateral dorsal horn of the lateral ventricle, without sources of bleeding.

Diagnosis: Intra-axial mass lesion left parietal area. Novo's seizure.

**Evolution:** During admission, the patient is hemodynamically stable, staying awake after spending effect of sedation and talking coherently. Neurosurgery studied the case and recalling consult with Internal Medicine to complete the study with new imaging to rule out possible secondary metastases primary tumor in another location.

**Conclusion:** The occurrence of seizures in elderly patients with no history of epilepsy, forced to do study to screen for the presence of stroke or SOL, which can manifest in this way.

## PNEUMONIA: THAT COLD THAT COMPLICATES

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60 year old patient

NAMC

AP: hypothyroidism, smoker of 20 cigarettes / day for more than 50 years. No heart disease. Osteoporosis in treatment.

No cardiovascular risk factors.

On treatment with: eutirox 100mcg, steopor, fosavance, lormetazepam.

History: the patient started 5-day ago with a thermal sensation and fever of 39°C. With central-thoracic pain that is exacerbated by deep breathing. Poorly productive cough with threads of blood. Symptomatic treatment started with little improvement. After 24 hours it is evaluated in primary care and they prescribe a dose of corticoid and antipyretics.

48 hours after, ibuprofen is discontinued for epigastralgia with occasional vomiting.

Poor appetite

the patient pass to the observation area for aerosol therapy and anti-thermal treatment.

exploration: Patient conscious and oriented, resting eupneic with 95% basal

saturation, profuse sweating, afebrile, Blood pressure of 130/80;

Exploration: no jugular engorgement not lymphadenopathy.

Cardiopulmoar auscultation: rhythmic and regular at 80 bpm. Crackles at the level of posterior fields of right hemithorax.

ABD: No findings

Legs: No edema, no signs of deep venous thrombosis.

Additional tests: HB 14; Leucos 13.8000 (85%)

Glu 105; Creat 0.83; Normal ions, except NA + 129

GOT: 149; GPT 150, GGT 91; PCR 292

thorax x-ray: Right base lung condensation.

Diagnosis: Pneumonia acquired in the community

Conclusion: Although cold symptoms are common, attention should be paid to alarm symptoms (high fever, dyspnoea, hemoptotic sputum, costal pain)

## OCCIPITAL HEADACHE IS SOMETHING THAT INTO ACCOUNT YOU SHOULD TAKE

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**Introduction:** Chiari malformation is considered a congenital condition that implies descent of the cerebellar tonsils through the foramen magnum into the upper cervical region. Accordingly, the diagnosis of Chiari is difficult to establish by clinical evaluation alone.

**Methodology:** A 60-year-old woman with no relevant medical history described episodes of headaches occurring throughout the last 7 years that had increased in intensity and frequency in the preceding year.

The headaches were located in the occipital region and neck and were accompanied by intensive vertigo and accrual paresthesia.

The patient was initially treated with anti-inflammatories and muscle relaxant, but did not respond. In addition, she had received physiotherapy and acupuncture treatment with partially improved, but when she came back to the work, as an industrial ironer, got worse immediately.

**Physical exploration:** Exploration demonstrated Trapezius muscle contraction with completely normal neurological examination.

### Results:

Cervical Scanner: Normal

The patient was referred to the neurologist who requests a cervical magnetic resonance. Cervical MR showed that cerebellar tonsils had descended below the foramen magnum, forming a point. Signs were consistent with a diagnosis of type I Chiari malformation.

The patient is currently undergoing treatment with Tryptizol 25mg and Tramadol at low doses with partial improvement of symptoms and has programmed an articular infiltration in cervical region.

### Conclusions:

Chiari malformation is a congenital rare and serious neurological disorder that sometimes its diagnosis is delayed.

It is very important that the general practitioner knows the characteristic symptoms to recognize them and referral the patient earlier.

## GP STRENGTHS: A CROSS-SECTIONAL SURVEY OF GP WELL-BEING AND PSYCHOLOGICAL RESOURCES

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**Introduction:** The negative impact of work has been the traditional focus of GP surveys. We know little about GP positive mental health and psychological resources. Protection and promotion of positive mental health and psychological resources in primary care doctors may have substantial implications.

**Objective:** To profile and contextualise GP positive mental health and personal psychological resources.

**Method:** A cross-sectional survey of GPs working in Northern Ireland (NI). A questionnaire comprising the Warwick Edinburgh Mental Well-being Scale (WEMWBS) and validated measures of resilience, optimism, self-efficacy and hope and socio-demographic information was posted to 400 GPs randomly selected from a publically available GP register. Data were extracted from relevant studies identified in a systematic search in order to set the results in a comparative international context.

**Results:** The response rate was 55% (221/400). Mean (SD) value for GP well-being (WEMWBS) was 50.2 (8) compared to French employees 51.5 (7.2), UK vets 48.8 (9), Pakistani healthcare professionals 48.1(9.4), and NI general population 50.8 (9). Mean WEMWBS was 2.4 units (95% CI 0.02, 4.7) higher in female GPs compared to males ( $p=0.05$ ) and 4.0 units (95% CI 0.8, 7.3) higher in GPs over 55 years compared to GPs under 45 ( $p=0.02$ ). Optimism was 1.1 units higher in female GPs than males (95% CI 0.1, 2.0) and 1.56 units higher in GPs over 55 years (95% CI 0.2, 2.9); hope was 3 units higher in GPs over 55 years (95% CI 0.4, 5.7). Correlation between WEMWBS and psychological resources was highest with hope 0.65 ( $p=001$ ).

## ACUTE NEUROLOGICAL DEFICIT IN A PATIENT WITH CANCER

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*Servicio Andaluz De Salud, Málaga, Spain*

**Background:** No allergies. Tumor of breast operated 5 years ago, uterine fibroid. Traffic accident with severe TBI that required craniectomy 30 years ago. On treatment with levonorgestrel / ethinyl estradiol.

**Anamnesis:** 49-year-old woman brought by ambulance with loss of strength in the left side of the body and a very intense headache. Without any loss of consciousness or any relaxation of sphincters. It is accompanied by dysarthria but not aphasia. No fever or infectious focal. Exploration: Glasgow 15/15, oriented in the 3 spheres. Isochoric and normorreactivas pupils to light, left facial paralysis, left hemiparesis, left arm spasticity, dysarthria, no meningeal signs, hyperreflexia, left Babinski, hypoesthesia in left limbs including face. Rest of exploration without findings.

**Additional tests:** Analytical without relevant findings. Rx thorax without lesions in parenchyma, elevation of left hemidiaphragm. Cranial scanner with extensive right frontotemporal hypodense lesion and left frontal subcortical, probably related to digitiform edema secondary to metastatic lesions, with no evidence of bleeding.

**Diagnostic suspicion:** SOL secondary to tumor disease progression.

**Evolution:** We contacted with Internal Medicine for evaluation of progression of tumor disease but after reviewing radiological images and checking cranial surgical history (craniectomy with bone graft after traffic accident) it is determined that the radiological findings are more compatible with post-surgical changes than with SOL. **CONCLUSIONS:** The presence of a tumor antecedent in a patient with acute neurological deficit predisposes to the existence of metastases in the CNS, mainly in those tumors with a high capacity for metastasis in this region, as in the case of breast tumors.

## FIBRINOLYSIS AS TREATMENT OF CHOICE IN STE-ACS(ST SEGMENT ELEVATION ACUTE CORONARY SYNDROMES)

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*Servicio Andaluz De Salud, Málaga, Spain*

**Background:** No allergies. Independent for basic daily activities. HTA, dyslipidemia. In treatment with ramipril.

**Anamnesis:** 56-year-old man brought by ambulance for chest pain, chest pain, oppressive, intense, unchanged with movements and breathing, irradiated to left arm and with intense vegetative courtship. It starts at 7:00 am on the day of entry (an hour and a half has elapsed). Two previous episodes of chest pain in the last three days. No other symptomatology.

**Exploration:** Regular state. Normotenso. Sweating, skin paleness. Rhythmic without murmur. MVC. Rest of the exploration without significant findings.

Complementary tests:

Electrocardiogram: Sinusal ritm with ST elevation in I, II, III, V2 to V6 (with progression to those provided by ambulance).

Analytical: troponin I 0.124, CK-MB 17.

Rx thorax: normal cardiothoracic ratio, no images of condensation in lung parenchyma or sinus impingement.

Diagnostic suspicion: Extensive anterolateral STE-ACS.

**Evolution:** it is contacted with Hemodynamics that does not consider primary angioplasty, indicating fibrinolysis, without initial ST segment improvement, with persistent pain. Stably hemodynamically. Take gingivorrhagia. ECG is repeated serially for evolution control, with a progressive decrease in ST and amputation of R in precordials up to V4. It is entered in the ICU for monitoring.

**Conclusions:** In patients with ST-segment elevation the treatment of choice is primary angioplasty if it is available in a short time from the onset of chest pain (<120 min).

Otherwise, the treatment of choice is fibrinolysis with catheterization performed within 24 hours, or even rescue angioplasty if fibrinolysis fails.

**Key words:** Thoracic pain, STE-ACS, fibrinolysis.

Angioplasty, Acute coronary syndrome, thrombolytic therapy

## COHESION AND FAMILY ADAPTABILITY OF PATIENTS WITH DIABETES MELLITUS TYPE 2 CONTROLLED AND UNCONTROLLED

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**Introduction:** In patients with diabetes mellitus, control of the disease involves a series of attitudes towards it, which depend not only on him but his family, on the knowledge that the patient and his family have about the disease and about the factors Of risk.

**Objective:** to determine the difference in cohesion and family adaptability of patients with diabetes mellitus type 2 controlled and uncontrolled.

**Design:** Observational, transversal, descriptive and comparative.

**Material and methods:** we included 147 patients with diabetes mellitus 2, who attended consultation in 33 family medicine unit, applied a metabolic control, and FACES III survey for family adaptability and cohesion.

**Results:** 71 out of control patients (48.29%) and 76 patients controlled (51.71%). Patients with metabolic control was found for family Cohesion: not related: 72.36%, Semi related: 15.78%, related: 6.66% and Aglutinada: 5.26%. For family adaptability: Rigid: 1.31%, structured: 9.21%, Flexible: 3.94% and chaotic 85.54%. For patients with metabolic disorder, was found: family Cohesion: not related: 85.93%, Semi related: 7.04%, related: 1.40% and Aglutinada: 5.63%. Family adaptability: rigid: 12.67%, structured: 1.40%, Flexible: 9.85% and chaotic 76.08%. For family Cohesion, was a chi square 5.39; 0.020 p. For family adaptability: Chi square 0.12; 0.726 p.

**Conclusions:** Families with diabetic patients tend to extreme cohesion, which is emphasized in the uncontrolled patients. Uncontrolled patients have rigid structures compared with the controlled. So the lack of cohesion and the rigidity of the family influence the lack of control of diabetes mellitus. Key words: Diabetes Mellitus 2, adaptability, Cohesion, Control and lack of metabolic control

## GPS' PERCEPTION OF POSITIVE ASPECTS IN GENERAL PRACTICE

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**Introduction:** The World Health Organisation stresses the key role of general practice in health care systems. However, the WHO also highlights the serious problem of low attractiveness of general practice throughout Europe. Most researches are focused on negative factors and difficulties in profession.

**Objective:** The purpose of the study was to explore the views of the Bulgarian GPs about the positive aspects in their work.

**Methods:** A cross-sectional qualitative study was conducted among 832 GPs using a structured interview. The average age of participants was 48,4±7,0, and the average professional experience was 23,1±7,0 years. Distribution according to gender was 315 (37,9%) male and 517 (62,1%) female.

Data were processed by a software product for statistical analysis SPSS 17.0 for WindowsXP.

**Results:** The data showed that according to 660 GPs (79.3%), dealing with various health problems, regardless of age, gender, ethnicity or other characteristics of the patient is the

most attractive characteristic in general practice. 542 (65,1%) of the respondents pointed out the role of continuous and based on trust a doctor-patient relationship.

Prevail GPs' perception that a change in public attitude related to the prestige of the specialty could contribute greatly, general practice to become more attractive for doctors - 684 (82,2%).

435 (52,3%) of the GPs declared their willingness to retain in profession General Practice.

**Conclusions:** The data reveals the most influencing factors in order to strengthen the position of General Practice and aims to aware health policy makers of the problem of a decreasing GP workforce.

## GLOBAL INITIATIVE OBSTRUCTIVE LUNG DISEASE GUIDELINE FOLLOW-UP IN SANT FELIU DE GUÍXOLS PRIMARY CARE TEAM

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**Introduction:** There are several guidelines for management of patients with Chronic Obstructive Pulmonary Disease (COPD). In Spain, the Global initiative for Obstructive Lung Disease (GOLD) guideline was the most used one until 2011, when some changes appeared. Since then, GOLD proposes to categorize patients into four levels of severity and therapeutic needs according to different items. That has been complicated physicians task. Nowadays the guideline's follow-up is less than expected. As shown in observational studies made in European countries such as Switzerland, Italy and Denmark, the recommended treatments do not match the GOLD guideline recommendations.

**Objectives:** To know if the inhaler treatment prescribed in our Primary Care Team is according to what GOLD guideline recommends.

**Methodology:** Descriptive study. We used the data from our electronic computing system to classify the 375 patients with a COPD diagnose taking into account their symptomatology, spirometry and exacerbation's history. Then we check if the treatment the patients are using is according to the GOLD guideline's recommendation for the different classifications calculated.

**Results:** We were able to classify into GOLD scale 222 patients of the 375 patients with COPD diagnose. The most frequent severity levels detected are A group (with 98 patients, 44,14%) and D group (with 70 patients, 31,53%). 105 patients (47,3%) are receiving the appropriate treatment according to GOLD. 42 patients (34,4%) are overtreated, they are receiving corticoid therapy and, according to the guideline, they are not supposed to do so. GOLD guideline is not followed as it should be to.

## PATIENTS' ADHERENCE TO HIGH BLOOD PRESSURE (HBP) PHARMACOLOGICAL AND NONPHARMACOLOGICAL TREATMENT.

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**Introduction:** Adherence to treatment can be defined as “the degree of coincidence between patient’s behaviour and health care professional’s advices”. It is known that about half of the patients don’t follow properly the recommended treatment and also less than a 30% changes his habits when they are recommended to do so. Health outcomes depend upon it, and when professionals aren’t aware of that, dangerous situations such as overtreatment and its consequences can occur.

**Objective:** To analyse patient’s adherence to HBP treatment in Primary Care and also to know what does the patient knows about his own health condition.

**Methods:** Descriptive study. We elected an opportunity sample of 112 patients from all the patients coming to visit their health care professional (4 physicians and 3 nurses) in our primary care team. We used the Morisky – Green test to assess the degree of adherence to recommended treatments, and also the Batalla test to measure the patients’ knowledge about their own HBP condition.

**Results:** We found that a 11,6% of the patients had a moderate adherence and a 8,9% had a low adherence. The ratio of well controlled HBP was over 85% in all cases, not finding differences between the 3 adherence groups (high, moderate and low). Most of the people, 78,57%, didn’t have a good knowledge about their HBP condition. Authors think that low adherence can be related to mild HBP cases or misdiagnosed cases. That could explain well control in moderate and low adherence groups. More studies are needed.

## **PROMOTION OF ACTIVE AGEING THROUGH THE IMPLEMENTATION OF A HEALTH SCHOOL FOR THE ELDERLY IN A COMMUNITY SPACE**

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**Introduction:** The ageing of the population entails increasing social and sanitary demands. The detection of these health needs through the Community Table of the neighbourhood brought about the implantation of a Health School for the elderly led by the Public Health Agency and coordinated from the Community Table with the participation of different community agents of the neighbourhood.

### **Objectives:**

- Promote the active and healthy ageing among the elderly.
- Coordinate the interventions for health promotion in elderly people in a joint activity of multidisciplinary intervention.

**Methods:** The Health School for the elderly is a dynamic and participatory learning space aimed to elderly people that promotes active and healthy ageing, understood from a multidimensional perspective. It is coordinated on the Community Table and led by the Public Health Agency. It consists of weekly sessions of 2 hours duration over 9 months, taught by professionals in various fields (the primary care team takes one-third of the sessions). Participants register via phone, registration form or e-mail channelled from the primary care center.

# 22<sup>nd</sup> WONCA Europe Conference

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**Results:** From 2015 2 editions have been completed. The third edition is currently underway. In each edition an average of 60 people (85% women) has been registered.

The average of participants per session have been of 25 attendees and the continuity has been irregular in the 2 first editions.

The satisfaction has been very high, especially those sessions that included visiting the neighbourhood resources and sessions taught by professionals from the primary care center.

## **PATIENTS' EVALUATION OF PRIMARY HEALTH CARE SERVICES IN GJILAN REGION, KOSOVO**

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**Background:** Patient satisfaction with the quality of primary health care (PHC) in Kosovo has not been previously reported. Our aim was to assess the level and socio-economic correlates of satisfaction of PHC users (also referred to as patients' evaluation) in Kosovo, a transitional country in the Western Balkans.

**Methods:** A cross-sectional study was conducted in 2010 in Gjilan region, Kosovo, including a representative sample of 1039 PHC users (87% response). Patients' evaluation of PHC services was assessed through EUROPEP, a 23-item instrument tapping different aspects of medical encounter.

**Results:** Mean age of survey participants (56% females) was 41+16 years. About 50% of the participants were satisfied with the overall quality of medical services, doctor-patient relationship and organization of care. Younger (below median age), urban and employed PHC users reported a significantly higher satisfaction level with the overall health encounter quality. Conversely, there were no sex or educational differences.

**Conclusions:** Considerably fewer PHC users in Kosovo were satisfied with the overall medical encounter compared with their European counterparts. This new and useful evidence may support health professionals and policy makers for improving the quality of PHC in Kosovo, a country struggling and mainstreaming all energies in order to get international recognition.

## **CLINICAL CASE: CHURG-STRAUSS SYNDROME**

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**Introduction:** Churg-Strauss syndrome or allergic granulomatosis is considered as an autoimmune vasculitis that leads to cellular necrosis, included within the ANCA positive vasculitis, such as Wegener's granulomatosis and microscopic polyangiitis. It affects small-caliber blood vessels in the lungs gastrointestinal tract, peripheral nerves, heart, skin, and kidneys.

**Clinical case:** A 65-year-old patient, who was diagnosed at 45 years of age, presented with an asthma attack that was reluctant to the conventional treatment but had a general condition (epigastralgia, diffuse abdominal pain, 14 kg weight loss)

Subsequently appeared mostly purple in the hands, arthritis, which caused a tendinous retraction, hypoesthesia and weakness in lower limbs with great difficulty for the gait that forced him to move in a wheelchair.

**Diagnosis:**

- Mainly suspected in the clinic: asthma plus eosinophilia and peripheral vasculitis  
- Certainty: clinic plus biopsy of skin lesions of palpable purpura (leukocytoclastic vasculitis) although there is no exclusive pattern of this syndrome.

Presence of p-ANCA were negative, although 50% were negative and the disease could not be ruled out.

**Treatment:** with glucocorticoids I present improvement.

Currently the patient persistent tendon retractions in the hands and although there is also weakness in lower limbs does not prevent assisted walking

**Conclusion :** Asthma is characterized by being a late manifestation and is usually resistant to the usual treatment and may be prior to the definitive diagnosis of the disease so the family doctor should suspect in this disease before asthma, allergic rhinitis, sinusitis and nasal polyps

## HEMIPLEGIC MIGRAINE

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**Introduction:** Hemiplegic migraine is a rare variant of migraine with aura that is characterized by transient motor weakness during the aura.

Prevalence 1 / 10,000 with the same frequency of sporadic family cases.

There are 2 types:

1-Family: consisting of migraine with aura and hemiparesis greater or lesser degree Affects first and second degree relatives

It transmits autosomal dominant and known genes (CACNA1A, ATP1A2 and Yscna1), with mutations in chromosomes 19, 1 and 2 affecting subunits of neuronal channels of ion exchange, calcium channels, Na / K and ATP

Diag. Molecular analysis with these three genes.

2- Sporadic, no family member is affected, although the symptoms are the same.

**Clinical case:** A 35-year-old patient, with a history of chronic episodic migraines, at 9 days postpartum presented with a gangosa voice, arm numbness, left leg. No motor involvement, no headache, blurred vision in lateral view

Instability in gait without ataxia.

**Exploration:**

Normal cranial nares

- No weakness of MMss and MMii

-Atax to the left. In the march of tips and heels with closed eyes

- Normal and symmetrical osteotendinous reflexes

**Diagnostic tests:**

-RNM cerebral / angiocerebral. Without significant alterations

-EMG: Discrete and non-specific temporal irritative signs predominance left

- Complete cerebral arteriography: No alterations of cerebral vascularization

-Ner-Spect deep brain: Doubtful temporal hypoperfusion left

**Genetic study:** Prothrombin mutation 20210a with mutated homozygote

**Discussion:** Today thanks to the genetic studies we can classify and fine tune much more in the diagnosis. And in the knowledge of the genetic affectation for a future to improve and to limit the diseases.

## CENTRAL DIABETES INSIPIDUS AS MANIFESTATION OF METASTATIC PROSTATE ADENOCARCINOMA

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**Introduction:** Diabetes insipidus is a disorder of a large volume of urine (diabetes) that is hypotonic, dilute, and tasteless (insipid). Central diabetes insipidus (CDI) is a disease involving lack of arginine vasopressin caused by impairment of neurohypophysis, pituitary stalk and hypothalamus. Polyuria and polydipsia are the chief complaints. A pituitary metastasis (PM) is an unusual complication of malignancy with an incidence of 1 to 1.5% in all kinds of tumors.

**Objective:** Aim of this case report is to show that CDI can be the main manifestation of systematic malignancy.

**Methods:** We studied patients' medical history.

**Case report:** We are presenting case report of a 74 years old patient who had prostatectomy because of adenocarcinoma prostate. Six months later, he complained about polyuria, polydipsia, and loss of weight. PSA level was 102 ng/ml. Physical examination showed signs of dehydration (we detected hypernatremia) and weight loss, there was no problem with his vision. Water deprivation test was compatible with diabetes insipidus. MRI showed a mass in the posterior pituitary gland. We suspected the central diabetes insipidus secondary to metastatic prostate carcinoma, so we began desmopressin therapy. Symptoms were improved (polyuria and polydipsia). In combination with pituitary hormone substitution therapy, chemotherapy was started too. Systemic malignancy should be considered when doctor comes across an elderly patient with new-onset CDI, especially when we have patient with some malignancy that was treated before.

## IN THE ICU BY AN ENEMA

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**Background:** A 75-year-old woman constipated for 8 days of evolution despite hygienic-dietary measures. After physical examination and radiography, bowel obstruction is ruled out. Enema is placed and after bowel movements presents vasovagal. Fluid-therapy begins with partial recovery of blood-pressure and is evaluated by Surgery. During exploration for surgery, there is hypotension with disconnection of the medium, sweating and vomiting with

associated respiratory work, initiating oxygen-therapy, greater volume intake, steroids, ceftriaxone and nebulizations. Given the situation of the patient, ICU admission

**Methods:** Glasgow 15, disoriented. TA 60/30, atrial fibrillation at 78 bpm, SatO<sub>2</sub>: 98% with ventimask at 50%. ACP: arrhythmic. Bilateral rales. Abdomen: not painful to palpation. Analytical: 23,000 leukocytes, TTPAr 1.2. Glucose 147mg/dl, urea 76mg/dl, creat 1.9mg/dl, pH 7.07, pCO<sub>2</sub> 31, pO<sub>2</sub> 85, HCO<sub>3</sub> 7.09. X-Ray thorax: no infiltrates. Abdominal US: dilatation of intrahepatic and extrahepatic biliary tract, without observing its distal portion. Abdominal CT-scan: findings compatible with ischemic colitis (origin: inferior vena cava). Colonoscopy: left colitis of probable ischemic etiology. Colonic biopsy: fragments of edematous mucosa and fragment of granulation tissue.

**Results:** Septic shock of abdominal origin: ischemic colitis.

**Conclusions:** During admission to the ICU, the patient needs inotropic drugs, hemodialysis and non-invasive mechanical ventilation with sedation. After a picture of rectal-bleeding with hematocrit drop, surgery decides expectant attitude towards the patient's condition, placed nasogastric tube and begins enteral nutrition, without new episodes of bleedings or abdominal pain. Conservative treatment with piperacillin/tazobactam is maintained, assuming septic condition as the origin of the condition.

## DOCTOR, MY BODY MOVES ....

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**Background:** A 65-year-old man who consults for abdominal pain and 3-day nausea, and involuntary movements of the whole body that do not respect sleep. Personal history: HTA, DM-II, Ca. Prostate and T. Bipolar in treatment with lithium for 10 years. Chronic treatment: Losartan 50mg, Amlodipine 5mg, Metformin 500mg 1cp/6h, Lithium 400mg 1cp/night, Victoza 1cp/24h, Betmiga. No changes in diet or medication in previous days. ACT with sedation is performed by involuntary generalized movements, suffering the patient paradoxical reaction to midazolam with extreme agitation, which improved with the antidote. The patient worsens and decides on a new CT scan with propofol + diazepam that required orotracheal intubation and admission to the ICU, where the first few days had visual and auditory hallucinations.

**Methods:** Normal EF. Glasgow 15, generalized involuntary movements. Urea: 89; Creatinine: 1.7; Leukocytosis; Litemia: 1.95; Toxic urine: negative; ECG: sinus rhythm without alterations of repolarization; Cranial CAT: without structural alterations or presence of masses; CSF: normal opening fluid pressure, normal cytochemistry, enterovirus PCR and herpes virus negative, culture negative.

**Results:** Acute mild lithium poisoning and pre-renal ARF.

**Conclusions:** Lithium was withdrawn and diuresis was forced with good patient response. Close monitoring of patients on treatment with lithium is important because of their small therapeutic range and possible increase in elimination time in patients with treatment  $\geq 1$

year, which can also be altered if there is renal disease. Other causes of increase of Litemia are dehydration and pharmacological interaction (examples: IECAs, ARAs or NSAIDs).

## FAMILY EVALUATION AND CHRONIC DISEASE – A CASE REPORT

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**Background:** Family is the most accessible source of support for the patient. Frequently, chronic disease leads to changes in family structure, day-to-day tasks, routines and relationships. The General Practitioner has a fundamental role in helping families to cope better with stress situations and in reducing the negative effects of illness.

**Objective/Methods:** With this case we intend to illustrate the impact of chronic disease on family structure and function.

**Case description:** Female, 29 years old, married, Caucasian, unemployed. Diagnosed with antiphospholipid syndrome after episodes of deep vein thrombosis.

The first family evaluation was performed given the diagnosis of chronic disease in a young user. She belongs to a nuclear dyad, in phase I of the Duvall family life cycle and class III on the Graffar scale. The family Apgar translated a highly functional family with 7 points.

The second family evaluation was performed after a prolonged hospitalization for acute liver failure associated with Budd-Chiari Syndrome. In the Holmes and Rahe Stress Scale features moderate risk of illness and the family Apgar translates a highly functional family, totaling 10 points. The Medalie line of life make it possible to relate the life events with her health problems, namely unemployment and depression.

**Conclusions:** This case report illustrates the enormous impact that the diagnosis of a chronic disease has on family dynamics, even when it's a family without dysfunction. In fact, health problems always influence other family members and sometimes need to be approached by health professionals with a global perspective, such as General Practitioner.

## IT SEEMS LIKE I DO NOT SEE ....

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**Background:** A 49-year-old male who consults with a red and painful eye of several days of evolution who is treated with Tobrex on suspicion of conjunctivitis. Before no improvement and beginning of blurred vision with loss of visual acuity in the left eye returns to consult and is sent for evaluation by ophthalmologist who diagnoses of panuveitis and requests analysis + Mantoux + serology + hemogram + RCT to affiliate etiology.

**Methods:** Left eye with conjunctival hyperemia. Visual acuity OI refractometry without correction OI does not capture; IOP IO of 12; Biomicroscopy OI Tyndall +++ / +++++. Nearly

360 ° synechia ruptured in consultation with tropicamide + phenylephrine. Important vitritis that does not let see background details.

-Analytic highlights Leukocytes 6,910 (Neutrophils 77), Glucose 119mg / dL. PCR 0.23mg / dL. E.C.A. 53.5

-Mantoux negative.

- HIV positive test (negative in 2012)

Lumbar Function: Clear CSF with 100% Mononuclear Leukocytes, Serology Neurosyphilis VDRL (CSF) Positive; ADA 2.0 U / L

**Results:** The patient is diagnosed with syphilitic uveitis

**Conclusions:** The patient was treated with intravenous Penicillins, topical antibiotics and oral and ophthalmologic corticosteroids with clinical and symptomatic improvement.

Before a consultation by red eye is very important to assess if there is any type of corneal lesion and try to affiliate etiology since injuries such as those caused by herpes virus or ocular syphilis can lead to irreversible blindness.

## NOT ALWAYS LUNG

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**Background:** Male, 68 years old. HTA, DLP, Hyperuricemia. Former-smoker 10 years. Allergic/vasomotor rhinitis. Perianal abscess surgery. Drainage of joint spillage left knee. Follow-up in Ophthalmology due to left orbital pain. Tto: Secalip 145, Allopurinol 100, Micardis Plus 80/12.5mg.

**Methods:** Patient with left orbital pain of months of evolution and proptosis since October'15. CT scan and MRI report of possible extraconal-conal idiopathic orbital inflammatory disease or hematogenous left orbital involvement due to continuity in the context of chronic sinusopathy.

December '15: evaluated in otorhinolaryngology, discards sinus pathology, begins oral corticoid treatment and returns to ophthalmology.

January'16: abrupt loss of visual acuity, systemic corticosteroids are initiated, with little response.

March-April'16: entrance due to asthenia, hyporexia and fever. New TAC, unchanged. In blood analysis: ANAs, ENAs, ANCAs and ANOEs, negatives. TSH and Antithyroid antibodies negatives. Anemia. IgG low. CT chest-abdomen-pelvis normal. MRI with meningeal involvement in the left hemisphere. Biopsy: fibroadipous tissue with low perivascular lymphoplasmocytic inflammation; Without morphological or immunohistochemical criteria of IgG4 related disease.

**Results:** In spite of negative ANCAs and absence of biopsy vasculitis data, we maintained a more plausible diagnosis of G. Wegener because, when the patient was submitted, he had received high doses of corticoids, which could have conditioned the results.

**Conclusions:** Wegener is a small and medium vessel vasculitis, affecting the upper and lower respiratory tract and renal. Ocular involvement usually occurs in up to 50% of cases, and is sometimes the first manifestation of the disease.

## THE BUTTERFLIES ALSO THEY HURT

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**Background:** Male 66 years old who consults for low-back pain of a week of evolution without traumatism or overexertion. Analgesia and rest are indicated with frank improvement of the picture. At one month, he came for coldness and loss of strength in lower limbs associated with back pain.

**Methods:** Lumbar dorsum radiology is requested, with a vertebral body fracture at D10 level. It is derived to hospital emergencies to complete study. In dorsal column tomography: D10 compatible with "vertebra in butterfly", calcification of the posterior common vertebral ligament and yellow ligament that generates moderate stenosis of the central channel. Diagnosis of spinal cord stenosis at T10 level due to vertebral congenital dysplasia. Valued by neurosurgery and currently pending surgical treatment.

**Results:** The patient is diagnosed of spinal cord stenosis at the T10 level due to vertebral congenital dysplasia (Vertebra in butterfly).

**Conclusions:** Since 80% of our patients will suffer at least one episode of low back pain, it is important to perform a clinical history and insidious physical examination, so as not to go through high alarm signs (paresis, sphincter incontinence ...). Of this 80%, 85% are not attributed a serious cause and 15% are due to fractures, infections, anatomical abnormalities

## THE IMPORTANCE OF CLINICAL RE-EXAMINATION IN VERTIGO

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**Reason for consultation:** 49 years old male without previous records of interest who consults for "dizziness" that defines as vertigo (feeling of spinning of objects) without instability, non-pathologic neurological examination suggestive of peripheral vertigo.

**Progress:** After 48h instability appears, accompanied by paraesthesia in right cheek, right hand and soft deviation of oral commissure to the left as stated by the medical team who attended the patient at home, afterwards he was sent to the hospital where he began also with dysphagia.

During hospitalization, the neurological examination changed, manifesting also:

- Important deviation of oral commissure to the left
- Dysphagia: solid and liquids.

- Dysdiadochokinesia
- Barany: Left side altered
- Paraesthesia/Hypoesthesia in left side of the face.
- Hypoesthesia in right arm
- Binocular diplopia.

**Supplementary tests:** CT (Ischemic cerebellar left injury); Brain AngioCT: sings compatible with left PICA occlusion; Brain and neck Angio-MRI: massive occlusion signs of left vertebral artery. Left ischemic cerebellar stroke.

**Clinical judgement:** Subacute left Ischemic cerebellar stroke and left hemisphere stroke.

**Discussion:** The vast majority of vertigo cases that we are going to see in every day's clinical practice at our consulting room are going to be peripheral, but, we are going to miss cases like this, so, Should we make another appointment in those cases that we think that have more risk? or, maybe educating the patient about the alarm symptoms is enough? the only thing that is sure, is that we can't underestimate this kind of cases.

## A CASE OF PRIMARY PULMONARY HYPERTENSION

Antonio Ubiña Carbonero, Francisco Jose Cervilla Suarez, Maria Luisa Morales Sutil, Julian Zarco Manjavacas, Carmen Maria Lopez Rios  
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**Medical History:** Personal History: No known drug allergies. Partially dependent for basic activities of daily living. Hypertension, hypothyroidism. Current treatment: amitriptyline, simvastatin, mononitrate, ivabradine, omeprazole, Adiro, bromazepam, Eutirox

**Anamnesis:** 66 year old woman who comes to the emergency brought by DCCU by centrothoracic chest pain radiating to the back and jaw with nausea and labial and peripheral cyanosis about 4 hours of evolution without profuse sweating partially relieved after taking 1 Vernies. From 6 months progressively worsening dyspnea base to be made minimal efforts, especially in standing and ambulation after a few meters ago, tolerating no orthopnea or PND decubitus or edema in lower limbs, with severe asthenia. Refer similar episodes of pain with minimal effort but less intense, without modification with breathing or pressure on the area.

**Physical examination:** Good overall condition. Eupneic at rest. Pale skin. Labial cyanosis. Rhythmic tones without murmurs. Preserved vesicular murmur without pathological noises. Rest of examination: anodyne.

**Complementary tests:** Blood test: D dimer 864. Angio-CT: no signs suggestive of pulmonary thromboembolism

**Diagnosis:** Pulmonary pathology type primary pulmonary hypertension vs interstitial lung disease.

**Evolution:** Case is discussed in Internal Medicine, which determines admission charge to complete study of dyspnea.

**Conclusion:** The symptomatology of primary pulmonary hypertension requires us to rule out other more common conditions that present with the same clinical (dyspnea, chest pain, cyanosis), such as angina or pulmonary embolism

**Keywords:** Dyspnea, chest pain, cyanosis.

## ABDOMINAL PAIN AS A SYMPTOM OF DIABETIC KETOACIDOSIS IN DIABETIC DEBUT

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**Medical History:** Personal History: No known drug allergies. Unremarkable history. Family history of diabetes (mother and father insulin therapy, siblings oral antidiabetic treatment). Anamnesis: Man of 35 years admitted with symptoms of pain in the left abdomen of 5 days duration that appears after ingestion and is accompanied by dry mouth, polydipsia, polyuria, weight loss (8 kg in a week), heartburn, nausea and vomiting of food content that does not relieve pain. Pain unirradiated. No fever. No changes in bowel habits. No voiding syndrome. Similar episode a month earlier, which partially resolved with use of omeprazole

**Physical examination:** Abdomen soft and palpable, no masses or organ enlargement, tenderness to palpation in epigastric region, left upper quadrant and flank, without defense or peritonitis, Blumberg and Murphy negative. Rest of exploration without findings.

**Complementary tests:** Blood test: glucose 358 mg/dl, pH 7.22, HCO<sub>3</sub> 11.2 mmol/L, EB -14.9 mmol/L. Urinalysis: glucosuria (4+), ketonuria (3+). Chest X-ray: no significant findings. Abdomen X-ray: no significant findings.

**Diagnosis:** Diabetic ketoacidosis in debut

**Evolution:** Fluid therapy is initiated and insulin infusion with rapid-acting insulin to control blood glucose levels and normalize the pH. After several hours with this treatment, the analytical tests show improvement in the numbers of blood gases (pH 7.33) with good diuresis and good overall condition. After that, patient admission charge of Endocrinology for diabetes education.

**Conclusion:** Abdominal pain associated with the cardinal symptoms may be one of the symptoms of diabetic ketoacidosis appearance in both diabetic debut and decompensation in a poorly controlled diabetes.

**Keywords:** abdominal pain, hyperglycemia, metabolic acidosis.

## ATYPICAL PRESENTATION OF AORTIC PATHOLOGY

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**Personal History:** No known drug allergies. 6 years ago diagnosed non-Hodgkin lymphoma of large B cells rich in T cells, stage IV-B, undergoing chemotherapy.

**Anamnesis:** 64 year old male was admitted brought by ambulance to present for 2 days rectal bleeding followed by several maelena that remain to date, abundant, symptomatic, accompanied by presyncope, sweating, fatigue, pallor, hypotension. Haematemesis in the run on 4 occasions. On admission abundant maelena in his underwear are objectified. Emergency Services recorded blood pressure 42/26.

**Physical examination:** Mucocutaneous pallor. Blood pressure 134/93. Abdomen: Tympanic, depressible, painful mesogastrio level without signs of peritoneal irritation, increased bowel sounds, Blumberg and negative Murphy. Signs of hypoperfusion in distal regions of lower

extremities, with ecchymosis no edema or signs of DVT, weak and symmetrical distal pulses. Rest of examination: anodyne.

**Complementary tests:** Blood test: platelets 46000, leukocytes 32570 (N 28810), urea 143, creatinine 4.43, Na 125, K 7.60, C-reactive protein 536.

**Diagnosis:** Prerenal renal failure. Hyperkalemia.

**Evolution:** It is started fluid therapy and treatment of hyperkalemia with salbutamol, bicarbonate and furosemide; it is placed nasogastric tube reflecting bilious content without traces of blood. However, the patient remains poorly perfused with cyanosis and coldness in both legs, without pulses. Abdomen widely advocated. Pyuria. Therefore, abdominal US and CT are requested, where objective presence of thrombosis of abdominal aorta in the kidneys so it is valued for Cardiovascular Surgery.

**Conclusion:** The presence of symptoms of poor perfusion in the lower extremities accompanied by sudden onset renal failure orient alteration to aortic level, so that should rule out pathologies such as aortic aneurysm or aortic dissection.

## CHRONIC INTESTINAL PSEUDOObSTRUCTION IN AN ELDERLY PATIENT

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**Introduction/Background:** Atrial fibrillation, HT, DM, prostatic hyperplasia, left inguinal hernia, sigma diverticula, IBS, chronic intestinal pseudoobstruction. Treatment: Sintrom, omeprazole, enalapril, tamsulosin, mebevarine, domperidone, rifaximin.

**Anamnesis:** 84 years old male due to abdominal inflammation of 24 hours of evolution. Has had a poor deposition on the day. Refers to several vomiting of dark color during the afternoon of admission. Mild hypogastrium discomfort. Intestinal habit with diarrhea without pathological products. No fever. Previous episode of bowel obstruction a few months ago.

### **Objective/Methods:**

Exploration: Good general condition. Globulous abdomen, tympanic, poorly depressed, discomfort at the level of the hypogastrium, no signs of peritoneal irritation, airborne noises present. No other findings.

Additional tests: Analytical: no relevant findings. Chest X-ray: no findings. Abdominal X-ray: important distension of intestinal loops.

### **Results:**

Diagnostic suspicion: Chronic colonic obstruction (Ogilvie's syndrome).

Evolution: Is contacted with surgery that indicates nasogastric tube placement and rectal probe to decompress and perform Rx control abdomen after 12 hours to see evolution. In the case of radiological improvement, a colonoscopy is performed to obtain a large amount of air and fecal contents. After good tolerance, the patient is discharged.

**Conclusions:** Ogilvie syndrome or colonic pseudoobstruction appears as an entity that mainly affects older men, in a reversible and transient way, without a recognizable organic cause. Most of the time the condition can be managed conservatively, with general and supportive measures; However, in a small percentage it presents with some complication that requires an invasive and even surgical treatment.

**Keywords:** Pseudo-obstruction, Ogilvie syndrome.

## CLINICAL MANIFESTATIONS IN THE APPEARANCE OF HEMORRHAGIC STROKE

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**Personal History:** No known drug allergies. No clinical history.

**Anamnesis:** 25 year-old female was admitted to the Observation area for sudden headache in the afternoon. She reports that while she was watching TV at home, she has begun with abdominal pain that radiated to the back and then to the neck and head. No previous effort related. Her relatives comment disconnection of the medium episode. Cannabis in the last month in relation to stress by parental separation.

**Physical examination:** Disorientation and somnolence with good response to painful stimuli. Unreactive mydriatic pupils. Bilateral extension plantar reflex. No alteration of cranial nerves. No alterations in the strength or sensitivity. Rest of examination: anodyne.

**Complementary tests:** Cranial CT: intraventricular bleeding in frontal and temporal horn of the left lateral ventricle, frontal horn of the right lateral ventricle and III and IV ventricles, with no signs of herniation and hydrocephalus at scan. Urinalysis: cannabis positive.

**Diagnosis:** Hemorrhagic stroke.

**Evolution:** After valuation by Neurosurgery and Neurology, she was decided to transfer to ICU for monitoring and follow-up assessment by Vascular Radiology, who performed arteriography where vascular nidus was found in the left posterior choroidal artery, with an aneurysm within the vascular tangle, possible cause of the bleeding.

**Conclusion:** Any sudden headache with unusual appearance and characteristics should be studied to rule out the presence of subarachnoid or intracranial hemorrhage.

**Keywords:** sudden headache, young patient, intraventricular hemorrhage.

## EFFECTS OF HYPONATREMIA AND POSSIBLE ORIGINS

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**Personal History:** No known drug allergies. Atrial septal aneurysm. No current treatment. No toxic consumption.

**Anamnesis:** 47 years-old woman, British resident temporarily in Málaga, in the afternoon is dizzy and malaise so warn your neighbors ER device. Upon arrival, meet agitated and confused patient, witnessing tonic-clonic seizures lasting 2-3 min to yield to administration of midazolam. The 061, with low level of consciousness decides to transfer to hospital.

**Physical examination:** Bilateral reactive mydriatic pupils, eye opening and mobilization of the 4 limbs if intense stimulus. Rest of examination: anodyne.

**Complementary tests:** Blood test: Na 118, K 3.42, Cl 81, serum osmolality 235. Toxic urine negative. Chest X-ray: right upper lobe infiltrate. Cranial CT: suggests sclerosing / blastic lesion in shell.

**Diagnosis:** SIADH paraneoplastic Pancoast tumor vs hyponatremia by polydipsia.

**Evolution:** Case is discussed in ICU who proceeds to income. During admission, the patient had normal levels of Na after 72 hours with replacement therapy, remaining conscious, without source and focused. He said liver cleansing diet have done so altered fluid intake as a cause of the disorder is confirmed.

**Conclusion:** Suspected Pancoast tumor becomes fundamental physical examination of the signs of the triad of Claude-Bernard-Horner (enophthalmos, ptosis, miosis and facial anhidrosis) to guide the diagnosis of hyponatremia to a paraneoplastic syndrome or to other causes better prognosis.

**Keywords:** Hyponatremia, Pancoast tumor, polydipsia.

## IMPORTANCE OF ADJUSTING THE MEDICATION AFTER DISCHARGE

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*Servicio Andaluz De Salud, Malaga, Spain*

**Personal History:** Independent for ADL. Rectal cancer. In metformin, lisinopril, simvastatin, gliclazide, omeprazole.

**Anamnesis:** 65 year old male who came brought by ambulance. Episode of malaise and persistent hypotension during the last hours despite fluid intake (3l / day). Discharged the day before for Surgery after intervention 10 days before neoplasia midrectal with laparoscopic low anterior resection. . At home has changed 10-12 times ileostomy bag with clear liquid contained therein, referring every ingested fluid moved out quickly to the ostomy. The family refers similar episodes of hypotension during admission. At home close to 70mmHg systolic pressures. No sense dysthermia.

**Physical examination:** BP 90/48. Abdomen: globular. Rest anodyne.

**Complementary tests:** Blood test: creatinine 3.49 mg/dL. Rest anodyne.

**Diagnosis:** Hypotension secondary to dehydration positive balance of ileostomy and prerenal acute kidney injury secondary to hypovolemia.

**Evolution:** It starts with subsequent perfusion fluid and dopamine due to little improvement in blood pressure control. After assessment by Surgery, good condition of ileostomy is determined with high output through it. After withdrawal of vasoactive drugs, the patient has good numbers of blood pressure, fluid infusion was continued until recovery creatinine levels after consultation with Internal Medicine. Subsequently, the patient was discharge without hypotensive medication due to normalization of creatinine (1.41 mg/dL) and maintenance of constants (BP 103/64 mmHg).

**Conclusion:** The placement of an ostomy after aggressive surgery can cause rapid loss of body volume. For this reason, it is important the review of home medication in these patients before being discharged to initiate the necessary adjustment and avoid alterations in the blood pressure.

## IMPORTANCE OF PHYSICAL EXAMINATION IN APPENDICITIS

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**Personal History:** No known drug allergies. In tamsulosin for BPH. No other relevant history. Smoking 4-5 cigarettes / day.

**Anamnesis:** 61 year old male who came to casualty with abdominal discomfort and constipation 9 days duration with 2 isolated episodes of rare and hard defecations. No vomiting or fever during the process. Previously consulted with diagnosis of urinary tract infection and was prescribed him antibiotics amoxicillin-clavulanate without improvement. Denies expulsion of gases in recent days. Hyporexia associated with abdominal discomfort.

**Physical examination:** Abdomen: globular, soft and palpable, no masses or organ enlargement. Bowel sounds present. Murphy negative. Positive Blumberg. Pain on deep palpation and irritation voluntary defense in hypogastric region and right iliac fossa. Digital rectal: sphincter competent, no palpable masses, dedil goes stained dregs remains, no other medical products. Rest of examination: no significant findings.

**Complementary tests:** Blood test: leukocytes 15900 (N 80.5%, L 9.8%), C-reactive protein 172. Abdomen X-ray: without significant disturbance. Abdominal US: wall thickening of bowel loops in pelvis. Abdominal CT with contrast: complicated appendicitis with plastron and collections.

**Diagnosis:** Appendicitis vs intestinal obstruction.

**Evolution:** According to the findings, is contacted Surgery for case valuation by deciding to conservative management.

**Conclusion:** The occurrence of appendicitis in patients of advanced age between symptoms may include bowel obstruction, so that in these cases the physical examination is a useful tool to guide the diagnosis.

**Keywords:** abdominal pain, constipation, intestinal obstruction.

## LOW BACK PAIN WITH A STRIKING ETIOLOGY

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Allergy to NSAIDs. Stage III renal failure, left nephrectomy, right urostomy.

**Anamnesis:** A 61-year-old woman who has left lower back pain and asthenia of a month of evolution; Had been on this occasion several times, diagnosed with mechanical low back pain being treated with analgesics and muscle relaxants without improvement. Associates vomiting since yesterday with loss of appetite to solids. No fever. No voiding syndrome.

**Exploration:** Hypotension (84/65). Pain in left hemiabdomen, bilateral negative renal fist percussion, left flank mass sensation. Pain to the left leg lift. No pain on palpation of the spinal processes of the lumbar spine.

leukocytes 39,400, creatinine 2.84, GF 17, CRP 311. Urine: leukocytes ++, nitrite negative.

Abdominal X-ray: no alterations. US and CT scan without abdominal contrast: collection (23x12x10 cm) in left hemiabdomen that may correspond to chronic hematoma of the left psoas without being able to rule out superinfection. Abdominal angio-CT with contrast: collection without extravasation, compatible with left psoas abscess.

**Diagnostic:** Torpid evolution pyelonephritis

**Evolution:** Urology is contacted firstly for the evaluation of a monorenal patient with leukocytosis on suspicion of torpid pyelonephritis, recommending ultrasound. After seeing the results of the imaging tests, Surgery admitted her to place drainage of retroperitoneal abscess in left psoas and initiation of antibiotic therapy.

**Conclusions:** It is frequent to have as a reason for consultation low back pain, being essential an adequate differential diagnosis seeing the patient in a global way; And to always think of other causes not assigning the clinic of the patient to mechanical pathology directly.

## SUDDEN EPIGASTRALGIA WITH MORE COMPLICATION THAN EXPECTED

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Allergy to penicillins.

**Anamnesis:** 55-year-old man with sudden epigastric abdominal pain with no related previous effort, of an oppressive type, irradiated to both hypochondria and later to the rest of the abdomen, associated with profuse sweating, nausea.

**Exploration:** Affected by pain. Abdomen globulous, soft, depressive, no masses or megalias, palpation pain at the epigastric level with voluntary defense. Rest of exploration: anodyne.

**Additional tests:** Analytical: leukocytes 12.85 (N 8.93), creat 1.29, ALT 27, bilirubin 0.6, LDH 508, amylase 515, CRP 1.8, troponin T 6.6. Urine: amylosuria 3456. Chest X-ray: prominent aortic button. Abdomen X-ray: no findings to be highlighted. Abdominal US: no free liquid is observed or findings to be highlighted. EKG: No alterations.

**Diagnostic suspicion:** Acute pancreatitis.

**Evolution:** The patient remains with pain in the lower third of the sternum associated with sweating and restlessness. This is why EKG is repeated, which evidences an ascent of ST in the antero-latero-inferior face with ventricular extrasystoles, thus administering anti-ischemic and antithrombotic treatment with Tenecteplase and Moved to ICU. we perform Angio-CT of the thorax and abdomen resulting in dissection of ascending and descending thoracic aorta with abdominal extension to both iliac and femoral, so the patient is referred to a referral hospital for surgery cardiovascular.

**Conclusions:** The diagnosis of aortic dissection is hampered by the variability of the signs and symptoms that a patient may present. Given the non-specificity, sometimes the process is frequently confused with other processes located in that area such as AMI or pancreatitis, so that only a high specificity imaging technique can lead to the correct diagnosis.

## SUDDEN LOSS OF CONSCIOUSNESS IN PATIENTS WITH CHRONIC ALCOHOLISM

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Independent for BADL. Chronic enolism. No history of interest. No current treatment.

**Anamnesis:** 58-year-old man brought by ambulance after syncope at home with loss of consciousness, no associated vegetative cortege, no chest pain, and no associated dyspnea.

Describes disconnection of the medium abruptly followed by generalized hypertonia and falling backwards while sitting, along with relaxation of sphincters with amnesia of the episode. The emergency team reports alterations in the language that has been recovering during the transfer to the hospital. Similar episode about 5-6 years ago, cataloged as TIA. Denies excessive intake of alcohol or other poisons. No previous effort.

**Exploration:** Good general condition. Neurological exploration without alterations in cranial pairs, no signs of meningism, strength and sensitivity conserved and symmetrical, no alterations of the language. No other findings.

**Analytical:** no relevant findings. Chest X-ray: no findings. EKG: sinus rhythm, right bundle branch block, left anterior branch hemiblock (not previously known). Cranial CT: increase of furrows in relation to signs of discrete atrophy; Rest without significant findings.

Results:the patient, they categorize the symptomatic focal epilepsy (complex partial crisis and secondary generalization), which is why they start antiepileptic treatment with outpatient follow-up in consultation.

**Conclusions:** There are many similarities in the presentation of a syncopal episode in the face of a seizure, so it will be necessary to have both entities present in the differential diagnosis of

sudden loss of consciousness. It is important to specify the existence of prodromes or the characteristics of the process plus the necessary complementary tests.

## UNEXPECTEDLY COMPLICATED SYNCOPAL EPISODE

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**Introduction:** No allergies. A 54-year-old man who has been admitted for progressive dyspnea for a month. It refers to the previous day's presyncope episode while buying with sensation of "inner heat" and red vision of few seconds of duration, repeated a little later. On the morning of admission, he presented a syncopal episode with loss of consciousness recovered while being transported in the ambulance. Refers orthopnea that forces him to sleep in armchair in previous days. It denies chest pain or previous catarrhal symptomatology. At home, atrial fibrillation is targeted at 150 bpm.

**Objective:**

**Exploration:** Bimalleolar edema in lower limbs with fovea to distal tibial third. No other findings.

**Additional tests:** Analytical: troponin I 0.023 without other findings. Chest x-ray: cardiothoracic index > 50% with clamping of both costophrenic sinuses. Cardiac ultrasound: severe ventricular dilation, mitral insufficiency.

**Diagnostic suspicion:** ventricular tachyarrhythmia secondary to underlying heart disease.

**Evolution:** on arrival at the hospital, it starts with a sustained ventricular tachycardia with HR of up to 300 bpm, which reverts with synchronized cardioversion to 100 mA, passing to sinus tachycardia at 130 bpm. After this episode, the case is discussed with the ICU for admission of the patient in charge for monitoring.

**Conclusions:** In a patient with no obvious history of cardiovascular disease, the occurrence of a tachyarrhythmia may be directed toward the presence of underlying heart disease leading to such dysfunction. In this case, the inespecificity of the clinic would complicate the diagnosis, since it would force a differential with other pathologies such as heart failure or PTE.

## LIFE STRESS AND FUNCTIONAL DYSPEPSIA

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**Introduction:** Functional dyspepsia (FD) is defined as periodic or continuous pain or discomfort in the upper abdomen without an organic cause. On the basis of endoscopic examination in 57% of cases of dyspepsia is a functional. The pathogenesis of FD is complex, but the psychological status of the patient and life habits have an important role.

**Objective:** This paper is pointing the importance of recognizing the symptoms of functional dyspepsia, especially in primary care.

**Methods:** We analyzed the medical record of the patient.

**Case report:** The 26-old-woman, is complaining about discomfort in the stomach, abdominal pain and persistent dry cough without symptoms of cold. She is under stress because of job

changes, she's eating mostly unhealthy, drinking a lot of coffee, there's no time for physical activity. She gives the impression of anxiety-depressive mental condition. On medical examination we got following results: test for H. pylori and test for occult bleeding in colon were negative, all laboratory parameters and ultrasound of the thyroid gland and abdomen were normal. Oesophagogastroduodenoscopy showed: no structural abnormalities of the upper gastrointestinal system and the mucosal lesions were not detected. FD was diagnosed. Recommended therapy was a proton pump inhibitor and sulpiride 50mg twice a day. Patients with FD is very difficult to understand the nature of their symptoms and their tendency to return. It is very important that patient accept the recommendations of physician in order to minimize and control symptoms in functional dyspepsia.

## CLINICAL MANIFESTATION OF LYME NEUROBORRELIOSIS

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**Introduction:** Lyme borreliosis (LB), caused by spirochaetes- *Borrelia burgdorferi*, is the most common reported tick-borne infection in Europe and North America. Lyme disease is associated with a wide variety of neurologic abnormalities. Common manifestations include lymphocytic meningitis, cranial neuritis, mononeuropathy multiplex, and painful radiculoneuritis. These usually occur in the first three months following the infection.

**Objective:** Aim of this study is to show show the characteristic symptoms of neuroborreliosis.

**Methods:** We analyzed patient's medical history.

**Case report:** An 67-years old patient was complaining about sever headache, fatigue and vertigo. During the curse of the disease, right facial weakness devolped, with dysarthria and dysphagia as a consequence.

Although the patient reported multiple previous tick bites, he had never noticed an erythema migrans. All laboratory parameters were normal. Brain magnetic resonance imaging (MRI) was unremarkable.

The cerebrospinal fluid (CSF) analysis revealed a lymphocytic pleocytosis, an elevated lactate level and a protein level, and an intrathecal *Borrelia burgdorferi* (BB)-IgG antibodies synthesis. The lyme neuroborreliosis was diagnosed. The patient was treated with 2 g of cephtriaxon during two weeks, after he felt better. Right facial weakness redoverd slowlier (six months after).

Lyme neuroborreliosis should be considered in the differential diagnosis of acute facial paralysis since it requires adequate antibiotic treatment. It is important in clinical practice to consider Lyme neuroborreliosis in this case, especially when we have information about tick-bite infection.

## STILL'S DISESE IN ADULTS

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**Introduction:** Still's disease in adults is a systemic inflammatory disorder characterized by high fever, arthralgia, transient rash, hepatosplenomegaly, lymphadenopathy, liver dysfunction, and leukocytosis. Still's disease in adults is a variant of juvenile rheumatoid arthritis. It occurs most often in people between 16 and 36 years of age.

**Objective:** The aim of this paper is to show clinical manifestation of Still's disease in adults and to analyze the difficulties in diagnosing this rare disease.

**Methods:** We analysed the medical history of the patient.

**Case report:** An 23-year-old woman was admitted to our Health care center with 2-week history of fever, polyarthralgia (area of the wrists and shoulder belts, which increased when moving) and erythematous rash on face, trunk and arms. Soon the patient was hospitalized; and in hospital patient developed lymphadenopathy and splenomegaly. Based on laboratory analysis, clinical manifestations, the patient had diagnostic criteria for Still's disease. Therapy included naproxen which was effective for relief of fever and systemic symptoms, and prednisone in excess doses of 100mg prednisone per day. After five days of therapy, the patient felt better, became afebrile, and after three weeks laboratory parameters pointed to the gradual regression of the disease.

Despite the fact that the Still's disease is rare in our population, in the differential diagnosis of febrile illness with unclear etiology should think about this disease. Early recognition is extremely important, and sometimes crucial to prevent complications.

## FACE ON FULL MOON

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**Background:** A 43-year-old woman evaluated in primary consultation for leukocytosis maintained in the last analysis. As a history of poorly controlled HTA interest of a year of evolution. It emphasizes physical aspect of cushingoid aspect (Contributes photograph of a year ago with clear difference as far as flushing / facial bump). It refers to gain of 45 kg of weight in the last 7 months, emotional lability, irregular menstruation, increase of facial hair. Without another companion clinic.

**Methods:** In physical exploration they emphasized bloated facies, nuchal jiba, lanugo facial, trunk obesity, without stretch marks and thinness of MMSS and II.

Further exploration:

- TSH: 0.82 (uIU / ml), T4I: 1.1 (ng / dL), baseline cortisol: 32.3 (ug / dL), baseline prolactin: 353 (uIU / ml), ACTH: 7.7 (pg / ml), CLU 359 (36-137). 2nd CLU: 707.

- Nugent test (suppression 1mg DXM): 27!

- Catecholamines in urine 24h: normal. ALD / ARP: normal.

- Abdominal echo: 4 cm nodule in right adrenal.

- Abdominal TAC: Well delimited and homogeneous 4 x 3 cm right adrenal nodule with density <10 UH compatible with adenoma.

**Results:** The patient is diagnosed of ACTH-independent hypercortisolism by right adrenal adenoma.

**Conclusions:** The patient underwent laparoscopic right adrenalectomy, resulting in a pathological anatomy of adrenal adenoma. Prior to surgery, he started treatment with oral hydrocortisone, which currently maintains them in substitute doses for primary (temporal vs. definitive) adrenal insufficiency. Standardization of TA without pharmacological treatment.

## IT'S TIME YOU MAKE THE RADIOGRAPHY

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**Background:** Male 62 years old with history of hypertension, hypercholesterolemia, renal colic, cholesteatoma of the left ear 10 years ago, right ear myringoplasty 30 years ago and metal hearing aid. It refers to pain in the last 3 months in the buttock that radiates through the posterior aspect of thighs and posterolateral of legs that improves with ambulation, gait claudication. No loss of strength or tenderness, but occasionally failure to walk.

**Methods:** Exploration: pain on the palpation of spinous processes of L2-L4, without loss of strength, tone or sensitivity, Lasègue and Bragard negative, walks on heels and tiptoes. Lumbar x-ray: increased L3 density, with decreased trabeculation. You cannot complete cochlear implant MRI.

Analytical: calcium 9.05, phosphorus 3.2, PTH 43.4, vitamin D within normality.

Lumbar CT: L3 with anteroposterior and lateral expansion, loss of height and corticomedullary differentiation, disorganized bone pattern with trabecular hypertrophy and multiple irregular lytic areas. Affection of the vertebral arch and posterior elements with narrowing of the canal.

Bone scintigraphy: single and extensive hyperactive focus at L3 level.

**Results:** The patient is diagnosed with Paget's Disease

**Conclusions:** Clinical manifestations will depend on the involved bones and stage of the disease, usually they begin with diffuse back pains. The craniofacial location can lead to deafness due to affection of the ossicles or the impact of the VIII cranial nerve. Good prognosis if diagnosed early, because the treatment controls the symptoms and activity of the disease, preventing deformities and complications.

## WHAT HIDES NECK PAIN

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**Background:** A 39-year-old woman who consults for pain in the cervical area accompanied by odynophagia that blames efforts made in childbirth (5 days prior). He says he needs to hold his head to lie down and get out of bed

**Methods:**

*Physical exploration:*

Column: no deformity or dysmetria, no inflammatory signs, no limitation of mobility but painful to cervical extension. No apophysalgia.

Neurological: only highlights bilateral flexor RCP.

*Complementary explorations:*

Cervical x-ray: C3-C4 fusion with loss of joint space with involvement of both articular plates.

Cervical MRI: C3-C4 cervical spondylodiscitis, with involvement of both vertebral and disc bodies, formation of prevertebral soft tissues (inflammatory / infectious or abscess), which decreases the arial lumen of the pharynx, with small epidural component at the height of C3 -C4.

**Results:** The patient is diagnosed as C3-C4 cervical spondylodystitis.

**Conclusions:** At the clinic and bilateral flexor CPR (2nd motor neuron involvement) and to detect C3-C4 fusion with loss of joint space, I decided to transfer to the hospital on an urgent basis for complementary tests

After the clinical tests performed, Neurosurgery is contacted, which accepts the transfer for study but requests before the blood transfusion, thinking about Staphylococci, since the most likely focus is postpartum and postpunctional phlebitis. It advises not to administer antibiotics so as not to distort culture in case of surgery.

## IT WAS NOT AN ICTUS

Almudena Carrasco Angulo<sup>1,2)</sup>, Almudena Salas Sola<sup>3)</sup>, Aranzazu Sánchez de Toro Gironés<sup>1)</sup>, Sara Isabel Roncero Martín<sup>1)</sup>, Elena Sánchez Pablo<sup>3)</sup>, Lázaro De Castro Peral<sup>4)</sup>, Ana Cristina Menéndez López<sup>1)</sup>, Ana Belén Martorell Pro<sup>2)</sup>

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**Background:** A 72-year-old man suffering from sudden loss of postural tone and consciousness with generalized rigidity with sialorrhea in the waiting room. After this episode is aphasic and with a conjugated look to the right. On suspicion of ICTUS, a neurologist on the ward is dismissed, who dismissed him for the ICTUS unit because of a recent bleeding from overdose of dicumarínicos.

It is referred to the Urgencias Hospitalariadin where infusion of midazolam occurs after two generalized tonic-clonic seizures.

After 12 hours it was evaluated by Neurology that suspends pump of midazolam and initiates perfusion of anexate with frank improvement of level of consciousness and maintaining certain weakness of right extremities and mild dysarthria.

**Methods:** Physical exploration: ACP: rhythmic tone. MVC. Neurologically it does not respond to verbal or painful stimuli, it presents conjugated look to the right and right hemiparesis with extensor CPR.

Additional exploration:

Analytical and CSF, ECG and chest X-ray without findings.

Head CT on arrival and after 24 hours in Urgency): no acute acute intracranial lesions.

EEG: non-generalized partial intercritical activity with right fronto-center-parieto-temporal onset that diffuses to the contralateral region. Vascular intercritical focus.

**Results:** The patient is diagnosed with Todd's Palsy

**Conclusions:** Todd's palsy is a postictal palsy, characterized by focal weakness in a part of the body following a seizure. The cause is unknown. Weakness usually resolves after 48 hours. It can also affect the language, the position of the eyes and even the vision

## BULBS HERE AND TOGETHER

Almudena Carrasco Angulo<sup>1,2)</sup>, Sara Isabel Roncero Martín<sup>1)</sup>, Elena Sánchez Pablo<sup>3)</sup>, Almudena Salas Sola<sup>3)</sup>, Aranzazu Sánchez de Toro Gironés<sup>1)</sup>, Lázaro De Castro Peral<sup>4)</sup>, Ana Cristina Menéndez López<sup>1)</sup>, Diana Piñar Cabezas<sup>2)</sup>

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**Background:** A 52 year old woman consulting for a left subscapular mass. In its history, it highlights multiple surgical antecedents of precancerous lesions in skin (2 nevus, keratocanthomas, sebaceous adenoma, lipomas, fibroelastoma). Family history: father and uncle paternal neo of colon and paternal cousin with neo in oral cavity not specified. It is derived to surgery for assessment of the lesion and Dermatology to rule out genodermatosis. Dermatology on suspicion derives Genetics from the association of the appearance of gastrointestinal and gynecological tumors.

**Methods:** In the left scapular area, there is retrocapular tumor of 5-6 centimeters without adhering to the skin and under the muscular plane.

Thoracic CT: 80x22 mm elongated mass in left dorsal muscle, compatible with fibroelastoma.

Thyroid enlargement with punctate calcifications

Genetics: MLH1 positive microsatellite instability, weak MSH6 positive, MSH6 positive PMS2 positive and familial aggregation for the development of colon cancer.

Colonoscopy: Flat polyp in rectal margin resected with clamp.

Gynecologic ultrasound: endometrial polyp of 6.3x12.1 and left ovarian cyst

**Results:** The patient is diagnosed with Muir-Tower Syndrome

**Conclusions:** Muir-Torre syndrome is a genodermatosis with autosomal dominant inheritance. It is characterized by the association of at least one cutaneous tumor of the sebaceous strain and one or more malignant visceral neoplasms generally of low grade. It is currently associated with familial colorectal cancer without polyposis by mutations in DNA repair genes that share both syndromes

## PATIENTS' EXPECTATIONS REGARDING FAMILY MEDICINE IN SWITZERLAND

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Patients' expectations are recognized as factors to take into account in order to provide good quality of care.

The aim of the present study is to describe patients' most important expectations regarding family medicine (FM) and to assess their associations with personal factors.

Analysis of the Swiss 2012 study on Quality and Costs of Primary Care (QUALICOPC), an international cross-sectional survey on primary care. Two-hundred patients, randomly

drawn, answered a questionnaire about their expectations just after their consultation.

Explored values were related to communication and patient centeredness care, continuity and coordination, access, patients' activation. We first described values reaching more than 50% of "very important" and then performed multivariate analyses to study associations between socio-demographic, personal factors, and patients' preferences for the most important value of each dimension.

Items related to "communication and patient centeredness care" and "coordination and continuity of care" are the most recurrently mentioned as "very important". Items related to access and patients' activation are less mentioned. Women systematically grant items more often as "very important" than men. Differences also exist between the three Swiss areas of language, with much more values considered as "very important" among Italian patients. Depending of the dimension, patients' age and existence of chronic disease are also predictors of higher levels of expectation.

Such dimensions and their predictors should be paid special attention by General Practitioners and health care providers as it might enhance the quality of care and patients' satisfaction.

## COMPARATIVE STUDY BETWEEN ADULT AND ELDERLY PATIENTS AS REGARDS ADHERENCE TO ANTIHYPERTENSIVE MEDICATION

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**Introduction:** Poor medication adherence is the most important cause of uncontrolled blood pressure. It is estimated that 50–70% of people do not take their antihypertensive medication as prescribed. Therefore, understanding barriers to antihypertensive medication adherence may help identify interventions to increase adherence and improve outcomes.

**Objectives:** The aim of this study was to compare adherence to antihypertensive medication between adult and elderly patients and factors affecting it.

**Methods:** This was a cross-sectional study conducted in Munshaat Sultan family health center, Menoufia governorate. A total of 120 hypertensive patients who attended the family health clinics during the period of the study were included. They were classified on the basis of age into adult patients aged 21–59 years and elderly patients aged 60 years or older and into adherent and nonadherent on the basis of adherence. A predesigned questionnaire was used to assess their adherence to medication using the Morisky scale and factors affecting it, such as patient, physician, disease, and drug.

**Results:** An overall 60.34% of elderly patient were adherent to medication, which was higher compared with adherence among adult patients (29.03%). There was statistically significant difference between the two groups as regards sex, education, and presence of family members helpful in reminding about medication, patients' belief about medication causing addiction, patient satisfaction toward healthcare providers and facility, frequency of drug doses, duration of hypertension, presence of another chronic illness, and hypertension complication.

## HOME VISITS IN PRIMARY CARE

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**Introduction:** Medical care of patients by home visits is a form of care by Family doctors in the primary care system in Portugal. Home visits provide a unique perspective on patient's environment and health problems. The demand for home visits is expected to increase considerably in future as the population ageing.

**Objective:** To describe the characteristics of patients with home visits and the most frequent reasons and problems.

**Methods:** Cross-sectional study conducted over a period of 12 months. Sample: All home visits performed at a Primary Care Unit in Coimbra, Portugal. Variables: gender, age, type of home visits, number of home visits per patient, reasons and problems diagnosed. Data analysis: Excel®.

**Results:** There were 267 home visits, 30,7% to postpartum women and newborns, and 69,3% to other patients. In the latter group the mean age was 85,86 years, 72,4% were women, the mean number of home visits per patient was 2,1, with 48.1% being in the preventive area and 51.9% in the curative area, and 53% of home visits were at the request of the patient or his caregivers. Pain was the main reason and dementia the main problem.

**Discussion:** Except for the group of postpartum women and newborns, these patients are characterized by advanced age. Previous studies show a positive association between patient age and frequency of home visits. Common indications for home visits are management of acute or chronic illnesses and palliative care. In addition to performing a clinical assessment, home visits may involve observing the patient performing daily activities, reconciling medication discrepancies, and evaluating home safety.

## MEDICAL CONDITIONS OF PATIENTS RECEIVING HOME CARE SERVICES IN UNIVERSITY SAMPLE

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**Introduction:** Elderly and disabled patients receiving home health care often have functional loss and multiple disease conditions.

**Objective:** The aim of this study was to determine of patient's home care requirements and evaluate the impact of a university home health care program on healthcare costs, care coordination and collaboration.

**Material and Methods:** This descriptive, cross sectional study included 249 patients undergoing home health care service of Baskent University, Ankara between 2015-2016. We analyzed retrospectively the diagnosis of any disease and any medical treatment at home during this period. We also analyzed healthcare costs of home care.

**Results :** The mean age of 249 patients (164 women , 85 men) was  $82.0 \pm 13.5$  years (median:86, min:18, max:105). In 133 patients (53.4%) visited for only physical examination by specialist at home. Venipuncture blood sampling was also performed in 133 patients (53.4%). Urethral sounding was performed in 19 patients (7.6%). Diagnostic procedures such as ultrasonography at home was used only 4 patients (1.6%). Wound care and treatment were

performed 14 patients (5.6%). Chronical disease was diagnosed in patients before and during home care services, including diabetes mellitus (n:50), cerebral infarction (n:27), and dementia (n:34). 27 patients was diagnosed only elderly for home care. The mean costs of homecare of patients was  $292.8 \pm 171.2$  TL (median:250.0, min: 10, max :1107.6).

**Conclusions:** This study results demonstrated that diabetes mellitus, cerebral infarction and dementia the presence of serious comorbidities were associated with frequently using home medical care among elderly patients. The family physicians are in this context positioned as "case managers".

## CADASIL: A FAMILY LEGAY

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**Introduction:** CADASIL is the acronym for Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy. It's a hereditary, autosomal dominant angiopathy whose mutation was described in 1990 in the NOTCH3 gene, chromosome 19. It is a non-atherosclerotic angiopathy involving small arteries and capillaries. It's an important cause of stroke in the young, and also may present with transient ischemic episodes (85%), cognitive deficit, migraine, psychiatric changes, dementia at young age or seizures. Symptoms appear at different ages and can last 3-43 years with mean age of death 65. Combination of suggestive signs and symptoms, typical changes in MRI (T2), and positive family history for stroke and dementia should make CADASIL suspect. There is no specific treatment.

**Clinical Case:** Healthy man, who at 49 years presents with ischemic monoparesis of the oculomotor nerve. He performed computerized tomography and MRI brain showing "multiple areas of T2 hypersignal in periventricular white matter, nuclei of base and thalamus and moderate global atrophy accentuated for his age." Referred to Neurology consult. He had a slight cognitive deficit. Of the tests performed: positive genetic test for CADASIL, with a NOTCH 3 mutation and remaining tests were normal. In the family history it was emphasized: dementia in young age (50-60years) of brothers; father with psychiatric pathology and niece (30 years) with migraine. About 1 year later he had a vertebro-basilar thrombosis and facial paralysis in the past year at the age of 54.

**Discussion:** At the heart of the diagnosis of a rare disease, family history and the subsequent study for correct diagnosis and referral.

## ANTIPYRETIC PRESCRIBING IN CHILDREN IN PRIMARY CARE

Noelle Casey  
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It is well known that fever is a cause of great concern for parents. It is likely that 'fever phobia' is driving excessive and inappropriate use of antipyretics. Paracetamol and ibuprofen are the two drugs most widely used for the treatment of fever. They are both highly effective at reducing body temperature in children with fever however safety of any medicine is an important issue. The aim of this study is to identify if parents are using antipyretics correctly.

**Method:** Prospective cohort study of parents in a general practice setting. Questionnaires distributed randomly to parents across six practices.

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**Results:** 133 parents were surveyed. 10.5% of parents thought temperature of 37 or less was a fever in a child. 82% of parents would treat a temperature even if the child is not distressed. 92% of parents think controlling temperature reduces risk of febrile convulsion. The majority of parents calculate dosing of antipyretic from the label on side of medication, although 23% and 39% of parents sometimes use pharmacist or GP respectively for dose calculation. 68% use the label on side of medication to calculate frequency in comparison to 36% using GP advice. 2% of parents admit to administering paracetamol more frequently than 4 hourly while the majority (93%) give it at appropriate times of 4 or 6 hourly. Alarming, 29% of parents give ibuprofen 4 hourly or less. 2% use an estimate to measure the dose of antipyretic.

**Conclusions:** This study suggests there is widespread misuse of antipyretics. Non-evidence-based practices are common and likely contributing to parental misuse of antipyretics and exacerbating 'fever phobia'. Educational initiatives to address these common misconceptions could have a significant positive impact on fever management and appropriate use of antipyretics.

## FEVER PHOBIA? DOES IT STILL EXIST?-AN IRISH STUDY OF PARENTS AND GENERAL PRACTITIONERS

Noelle Casey

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**Background:** Feverish illness in children is a common presentation in primary care. Parents frequently believe fever to be a primary pathological process in itself rather than a physiological response to infection. It is likely that 'fever phobia' is driving excessive and inappropriate use of antipyretics. There has only been a small number of studies conducted and they were almost always performed in secondary care. NICE guidelines in feverish illness in children were published in 2013 to assist doctors and give evidenced based best practice.

**Research Question:** To understand GP and parental knowledge and awareness in management of feverish illness in children.

**Method:** Prospective cohort study of parents in a general practice setting. Questionnaires distributed randomly to parents across six practices. Every GP in those practices also completed a separate questionnaire.

**Results:** 133 parents and 22 doctors were surveyed. 10.5% of parents thought temperature of 37 or less was a fever in a child vs 13.6% of doctors. 48.8% of parents reported that they would administer treatment for temperatures below 38.5C, with 1.5% treating temperatures below 37.5C. 82% of parents would treat a temperature even if the child was not distressed and 68% of doctors would recommend it also. 92% of parents think controlling temperature reduces risk of febrile convulsion vs 55% of doctors.

The most common dangers thought of associated with fever by parents were seizure (73%), dehydration (66%) and worsening of illness (68%). Other more sinister complications of fever that parents considered were death (17%), brain damage (25%) and blindness (5%). 12% of parents did not know how to identify a non-blanching rash. Only 14% of Doctors surveyed discuss management of fever on each presentation while 77% do it only when a child presents with fever and just over a third (36%) give written information about it.

**Conclusions:** Fever phobia remains highly prevalent amongst parents and doctors. Some healthcare staff are recommending non-evidence-based practices and likely contributing to parental misuse of antipyretics and exacerbating fever phobia. Educational initiatives to

address these common misconceptions could have a significant positive impact on fever management and appropriate use of antipyretics.

## 2.04. Practice organization

### HEALTH REGIONALIZATION AND PLANNING WORKSHOPS IN BRAZIL

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**Introduction:** The *Espírito Santo* Health State Secretariat in order to grant the citizens integral and humanized access, and health actions and services quality, regionally articulated, in an intersectoral and participative way, promoted a series of workshops.

**Objective:** to perform the Intervention Regional Plan construction and the development of competences to operate the regional systems, through seminars in the central and regional levels.

**Methods:** It was organized action-training monthly workshops with presence moments of dispersion and concentration, to articulate concentration activities integrating the contents, in a sequential way, in five modules, whose product was the Regional System Intervention Plan.

**Results:** The workshops were performed in all state health macro regions with the participation of the Health Municipal Council, politicians, municipal managers, health professionals and other actors, which in some way, are reference to health field. Each region elaborated the Regional Intervention Plan, in order to respond the health social needs, considering the political context, the strengths and weaknesses, challenges and others, the description of health social needs; the health actions and services installed capacity, and provision models.

**Conclusions:** Action-training workshops strengthen the regionalization process allowing a fragmented health attention network to reorganize; relocating concentrated equipment and overcoming inter sectorial challenges with different state social policies operationalization draws and models. The health attention regionalized network establishment decreases the inequalities of accessing actions and services and promotes health equity.

### SHARED MEDICAL APPOINTMENTS FOR PATIENTS WITH CHRONIC DISEASES IN PRIMARY CARE: PATIENTS SATISFACTION AND ACCESS AND HEALTH OUTCOMES

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**Introduction:** Chronic disease management presents a challenge to the primary care because of the rising epidemic of cardiovascular risk factors. While the physiopathology of these diseases is well studied, processes of dealing with them at a clinical level have been less well considered. The current problem-focused one-to-one out-patient visits often leave little time for the patients psychosocial needs, patient education and patient empowerment. Shared medical appointments (SMAs) are an increasingly used strategy for improving access to and

quality of chronic illness care. SMAs are medical appointments shared among patients with a common medical condition.

**Objective:** The objective is to summarize the literature on SMAs interventions for patients with chronic diseases in order to understand their impact on health outcomes, patients satisfaction and access.

**Methods:** A search in MEDLINE® using the keywords: Shared medical appointments and chronic diseases. Sequential screenings were performed independently.

**Results:** A total of 28 abstracts were screened. Current studies shows that SMAs improve clinical outcomes for diabetes, overweight/obesity, chronic neuromuscular and hearth disorderes. Apparently, SMA patients seem more satisfied with their care relative to patients receiving one-to-one care. SMAs also improves access and care, that patients find to be sensitive to their needs.

SMAs may be effective for illnesses in which medication titration and self-management are important. However, there has been great variability among the studies in relation to settings, components of intervention and utilization outcomes. Further research is needed to assess their effectiveness, focus on enhancing patient-clinician communication within an SMA.

## THE CHARACTERISTICS OF A FAMILY DOCTOR AND THE CLINIC THAT INFLUENCES PATIENTS' CHOICE

Elena Sopyte

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**Introduction:** Despite the fact, that primary care is the biggest part of the whole medical system and almost everybody has a family doctor it's not really explicit what attributes to patients' choice of one.

**Objectives:** We performed a questionnaire based review to examine what features of the general practitioner himself and also of the clinic influences patient 's choice the most ant how it depends on patients age, gender and other variables.

**Methods:** Prospective study with a survey of 15 questions, that was answered by Vilnius city residents voluntarily in public clinics and on the internet via social channels. 466 patients in total, sample size corresponds with the population of Vilnius city, the confidence level for the study is 99%.

**Results:** We found that patients' choices mostly depend on their age and younger patients tend to drive further to see their doctor ( $p=0,004$ ), they prefer private clinics over public ones ( $p=0,000$ ) and they were willing to pay for medical service more often ( $p=0,0,01$ ). Patients gender also impacts some of their choices, for example more males would choose a male doctor ( $p=0,000$ ) and more males would prefer a senior doctor, whereas female patients mostly wanted to see a young or a middle age doctor ( $p=0,000$ ). A better understanding of the factors that influence people's choice of a family doctor and their clinic can contribute to efforts to provide patients with the best primary care, which could affect not only diagnostics and treatment of chronic diseases but also lower the visits to emergency room rate.

## DYNAMIZATION OF A NEIGHBOURHOOD COMMUNITY COUNCIL BY A PRIMARY CARE TEAM

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**Introduction:** In 2014 the associations of neighbours got the assignment of a municipal space located in the Primary Care Center for communitary use. This fact led the coordination of the community agents of the neighbourhood, who constitute the neighbourhood community council with the initial aim of providing of content that space. Since June 2015 the professionals of the Primary Care Team lead and stimulate the neighbourhood community council

### Objectives:

- Lead the neighbourhood community council
- Get stable alliances with the community agents of the neighbourhood.

**Methods:** The neighbourhood community council meets monthly. Members of the Primary Care Team contact with the agents, produce summaries and make the follow-up of the reached agreements. The neighbourhood community council programming, dissemination and implementation of various health promotion activities carried out by different agents of the neighbourhood.

**Results:** From the beginning there have been 16 monthly meetings, with the further elaboration of a report, which is stored in a common file accessible to all of the members of the Council. In all this time representatives of the City Council of the district, the neighbours associations, social services, the Public Health Agency and the Primary Care Center have participated in a stable way.

In 2 years the neighbourhood community council successfully conducted growth variety of community-based activities (health schools, workshops, courses, initially health diagnosis...) gradually incorporating different community agents of the neighborhood according to the identified needs.

## ATTITUDE OF LEBANESE PHYSICIANS TOWARD THE USE OF GENERIC DRUGS AND FACTORS AFFECTING THEIR USE

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**Introduction:** Use of generics has been shown to decrease the cost of health. Nevertheless, physicians may have doubts and avoid their use.

**Objective:** Evaluate the attitude of Lebanese physicians toward the use of generic and factors affecting their use.

**Methods:** Survey of physicians working in primary care centers affiliated to the Ministry of Social affairs in 2015, using an anonymous auto-administered questionnaire.

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**Results:** The rate of response was 78%: 470 physicians out of 600 contacted completed the questionnaire. The average use of generics was estimated by physicians to be 38% of their prescriptions. The choice of generic was the highest in the South as compared to other governorates (p-value=0.0043). No significant preference for use of generics was found according to age, gender, specialty and years of practice of physicians (p-value>0.005). Less than 20% of physicians prefer prescribing generics in general. Country of manufacture, existence of bioequivalence study, a previous experience with the drug, and low socioeconomic status of patients were factors identified by physicians as big incentives for prescription of generics. Relation with pharmaceutical companies was not identified by physicians as a major determinant of their preference for generics.

## FROM 2005 TO FUTURE: WHAT WILL THE HEALTH TRANSITION IN TURKEY BRING US?

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The Turkish Socialization Law (1961) emphasized social justice as the primary aim of the health care services. The 1982 Turkish Constitution states that everyone has the right to live in a healthy and balanced environment. The National Health Policy document of the Ministry of Health in 1993 stated that the ultimate objective of the health care system is to create a healthy community made up of healthy members. The current system is the result of historical developments rather than a rational planning process. Consequently, decision-making and implementation bodies vary in form, structure, objectives and achievements. The Health Transition Project (HTP), which aims to enhance the quality of human life in Turkey, by improving health status indicators and reducing disparities among different regions and socio-economic groups.

The most typical characteristic of the HTP is providing the individuals access to healthy life programs, decreasing mother-baby deaths, prioritizing the fight against the risk factors of the contagious diseases and the chronic diseases, developing the ability to check their own health statuses of the individuals and placing the preventive medicine approach into the core of the healthcare.

Total number of physicians was 100853 in 2005 and 135616 in 2014, number of healthcare center and Family Health Centers examination rooms were 12234 in 2005 and 21384 in 2014. As World Health Organization ranks people having better access to family and community based basic healthcare services until 2010, we emphasized that this aim cannot be reached by health care services alone and stressed the need for intersectoral action.

## ABDOMINAL PERIMETER MEASUREMENT - CONTINUOUS QUALITY IMPROVEMENT

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**Introduction:** An important aspect in the evaluation of the obese patient is the distribution of body fat, with special emphasis on abdominal obesity, whose current evidence suggests that it is more related to cardiovascular complications. This recognition led to the European Society of Cardiology to include it as a variable of global cardiovascular risk.

**Objectives:** Evaluate and improve the measurement of the abdominal perimeter in primary health care in diabetics and hypertensives.

**Methods:** Dimension studied: technical-scientific quality; Population: users included in the Diabetes and Hypertension programs; Study unit: number of patients enrolled in the Diabetes and Hypertension programs with abdominal perimeter measurement from March to May 2014, May 2015 and May 2016; Data source: SINUS® and SAM®; Type of evaluation: internal and retrospective; Method of evaluation: explicit normative criteria. Taking into account the measurement of AP as an independent factor for the calculation of cardiovascular risk, we define its annual measurement as quality criterion; Data collection: medical; Method of identification and sample of the study units: Institutional basis/Population base or Random sample/Selective sample; Type of intervention: adherence/educational; Data processing: Excel 2010®.

**Results:** In a first evaluation, of the 1,1402 patients enrolled in hypertension and diabetes programs, 5041(44.21%) had one or more AP measurements. In the second evaluation, three months after the introduction of corrective measures, 49.66% of the users had at least one AP measure. A third assessment, one year after the start of the quality cycle 51.52% of users had at least one AP measure. Two years after, 48.20% of the users had at least one AP measure.

## IS THE STRENGTHENING OF FAMILY MEDICINE DONE BY HEALTH CARE SYSTEM IN B&H WITH CROSSED FINGERS OR NOT?

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**Introduction:** The basic guideline for health development done by official Health care institutions in Bosnia and Herzegovina (B&H) is the strengthening of Primary Health care and implementation of family medicine (FM).

**Objective:** Was to explore the differences in the work of the FM in B&H.

**Methods:** The study included 10 FM physicians from Republic of Serbs (RS) and 118 physicians FM from Federation of Bosnia and Herzegovina (FB&H). The data was collected by questionnaire (20 questions) transferred by email, from February to April 2015.

**Results:** The study included FM physicians 118 in FB&H (22 male and 96 female), and 10 FM physicians from the RS (1 male and 9 female). In FB&H, FM physicians were older than 45 years, while in RS were 36 years old. The average number of patients per FM in the Federation ranged from 1453 in Sarajevo to the largest 2558 number in Zenica, while in the RS were 1873.

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The average numbers of patients per week in FB&H varied from 150 in Bihac to 260 in Gorazde, while in the RS were 190. The average number of hours spent in the administrative work in FB&H and RS amounted to more than 7.5 hours per week.

**Conclusion:** The official health institutions in B&H must make an extra effort to change and unify the structure and management in Primary health care and be focused on a strong and comprehensive role of family medicine instead as was before on the strong specialist care.

**Key words:** Family medicine, differences in the work, strengthen PHC

## THE FAMILY DOCTOR AND THOSE OVER 65 YEARS. ARE WE PREPARED FOR THE TRAINING AND CARE CHALLENGE?

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**Introduction and Objective:** 1-Describe the characteristics of the population older than 65 years attended by Family Doctors and the reasons for consultation. 2-Valuing new medical training needs.

**Methodology:** Design Descriptive observational study

Ambit Urban Health Center. Study population People > 65 years old who attended Primary Care consultation in September, October, November 2016.

After information of the study and obtaining the informed consent, we pass sheet of data collection. Review clinical records to quantify acute, chronic and chronic health problems. It was counted the times that the patient came to the center in this period.

**Results:** A total of 1651 patients were consulted, 733 > 65 years old. Population 733 patients. Female 462. (63%) Patients were visited 1.88 times in this period. Age bands: 65 to 74 31.25%, 229 patients 75 to 84 40% 293 > 85 28.75% 211 Reasons for medical consultation. Clinical. Chronic pain increased 48%, dyspnea 14%, anxiety / depression 19%. Other causes 19% (Follow-up IR, HTA, diabetes, heart failure, chronic pulmonary disease and dementia. NO clinical. Bureaucracy 45.3% (Electronic recipe, reports, test results, documentation varies).

**Conclusion:** We observed a significant increase in the consultations of the elderly. This poses new challenges for the family physician and his training. In order to be prepared, continuing education oriented to the elderly is objective in the day to day of the family doctor if we want to treat and care appropriately to our elders. The bureaucratization of consultations is another very important challenge to be resolved in the future.

**Keywords:** Medical training, majors 65<sup>th</sup>, bureaucracy.

## A FIELD TRIAL ABOUT USE, ABUSE AND MISUSE OF LABORATORY TESTING

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**Introduction:** The appropriate use of laboratory tests is necessary for optimal patient care and is an integral part of day-to-day primary care practice, approximately 30 % of patient request them. However, research suggests that a large proportion of requests are useless and do not benefit patient care thus they would be avoidable.

**Objective:** The aim of this study is to know the effectiveness of interventions to improve primary care physician use of laboratory tests.

**Method:** The population of interest was primary care physicians of own district. Interventions were considered if the laboratory testing were useful in primary care. The outcome of interest was a volume of laboratory tests.

We performed an evaluation of the number of analytics requested in our health center for two months, as well as the therapeutic impact they had on the patient.

Subsequently a clinical session was performed to remember the indications of analytics according to the chronic pathologies and reevaluated the number of analytics requested.

**Results:** Appropriate diagnostic test use is a cornerstone of optimal medical practice. Inappropriate performance is not only a waste of resources, but it can also potentially result in patient harm.

There have been a plethora of reports on the implementation of programmes aimed at curbing the costs of inappropriate testing. Most describe utilisation of tools such as incentives for clinicians, information about costs of tests and audit of ordering profiles, but we think that the most important is educational strategies to improve the efficient use of laboratory tests in primary care.

## YOU CAN LEAVE THE HELMET HERE

Roberto Mourelle Varela, Esperanza Martin Correa, Olga Noheda Contreras, Maria Canas Parra, Sara otín Landiva  
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**Objective:** Organize a home health care system using bicycle as a mean of transportation, with the objective of improving the effectiveness of existing circuit, and serve as an example for patients of the importance of introducing exercise into daily activity.

**Description of the experience:** After a “focus group” meeting, we realized the variability in home consultations. We created a “working group” to study the harmonization of the existing system. Characteristics of the area and home consultations were analysed. It was an vast area of about 2square kilometres, flat, properly urbanised, and characteristically cycled in 92% of its area. A project for the implementation of home health care by bicycle was drawn up, consisting of a dossier divided in three parts:

- Presentation, objectives and justification of the project.
- Economic study of acquisition and maintenance of equipment (bicycles, equipment, rotational, padlocks, riding training courses, civil liability insurance ...).
- Study of agents to contact to carry out project (City Hall, insurance companies, parking, promotion of local bicycle use ...)

We present our programme to our company Manager who enthusiastically accepted it. She has given her full support and the project is now in an advanced state of execution.

**Conclusions and applicability:** To improve the accessibility of healthcare personnel to the user's home using a mean of transportation that can serve as an example for patients. Is being taken into consideration by the Primary Care Area of Barcelona the possibility of extending the experience to other health centers that have already shown their interest in.

## INTERMEDIATE CRYOTHERAPY / CRYOCIRUGIA UNIT, IN PRIMARY CARE

Ana Maria Ribatallada Diez, Rita Ayala Mitjavila, Oscar Molina Vedia, Victoria Medialdea Van Veyfeyken, Nuria Escalada Coppulo, M<sup>a</sup> Jose Perez Lucena, Cristina Dapena Baron, Noemi Navarro Bago, Xavier Martinez Artes  
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**Objective:** To improve the resolution of Dermatology in Primary Care, cryotherapy / cryosurgery.

**Methodology:** A Cryotherapy Unit was created, with the support of a photo-consultancy mail and a monthly face-to-face consultation with the dermatology service of the area. Family doctors were trained to assume this task. The Unit was organized with a family doctor without nursing support, with 20 apointment for week. The derivations were analyzed, to being detected what are able to be attended in the Unit. A basic Liquid Nitrogen (-196 ° C) equipment was used, with a single portable container, in direct application by spraying. Some consensuses of action were created, and Cryotherapy of the lesion is performed, after confirmation diagnostic by the family doctor of the Unit.

**Results:** From 17 months of operation of the Cryotherapy Intermediate Unit, with n = 400, were analyzed and compared to another Health Center in the same area with similar demographic characteristics, (group1 / group2), the group 2 with a common dermatology service. Statistical Package SPSS 15. A quantitative analysis of the Observed versus Expected referrals was made to the Dermatology service of the area, observing a decrease of 57% in the Dermatology service of the area in the Group 1 ( $\mu$ 53  $\delta$  4.16) Group 2 ( $\mu$  91.75  $\delta$ 6.99), t student with p <0.0001, the differences being statistically significant.

**Conclusions:** The reorganization of the tasks, with the centralization of the material, as well as the consecutive apointment, improve the resolution of minor pathology in Primary Care, reducing referrals to Dermatology service, which improves its resolution in Severe disease

## RESULTS OF PRIMARY CARE REORGANIZATION IN UKRAINE (KIEV REGION)

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**Introduction:** The new wave of primary care (PC) reorganisation began in 2011 in Ukraine in 4 pilot regions. The new principle was provided - creation of PC centres, which includes administrative part and several clinics in urban and rural areas. After the first positive results from pilot regions received in 2012, their experience was widespread to whole country according to government decision. In not-pilot Kiev region, PC centres were established in 2012.

**The aim:** To estimate the status of PC in Kiev region before and after 2012.

**Materials and methods:** Data of statistical reports PC centres were analyzed. Statistical analysis was performed using Excel 2007, SPSS.

**Results:** 27 PC centres were created for 2 years, which include 287 clinics and 622 village health centres. The degree of cover by PC doctors significantly increased on 140,6% from 1,06 to 2,55<sup>0</sup>/<sub>000</sub> (p<0,01). Staffing of doctors' positions continued to grew significantly on 11,89% (from 59,97% to 67,1%, p<0,05) for 2010–2014, as well as in Ukraine. The capacity on 1 PC doctor decreased on 40,29% but was higher in rural areas. Value of PC doctors to PC nurses increased to 1:1,7, but is insufficient (needed 1:2). The degree of equipment cover became

better on 14,9%, workstation and computers – 30%, cars – 80,1% and remains insufficient. The incidence of most widespread noninfectious diseases (cardiovascular, pulmonary, gastrointestinal) significant decreased ( $p<0,05$ ).

**Conclusion:** The positive results from primary care reorganisation were received even in not-pilot regions of Ukraine. The additional financial support from government is required to achieve more significant results and quality of care.

## OPEN CONSULTATION: A QUALITY IMPROVEMENT STUDY

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**Introduction:** Open consultation is a non programmed consult to attend patients that are in need of an urgent consultation in the same day related to acute disease. However, patients frequently use this kind of consultation inappropriately.

**Objectives:** Evaluate if by applying a flowchart to patients improves the reasons that lead patients to make such appointments.

**Methods:** This is a quality improvement study based on a prospective and analytical study. It took place in six primary care health centers (PHC) and the sample were all patients that attended an open consultation in the study period. The intervention was carried out by clinical secretaries and based on applying a flowchart with three questions to all patients that requested to make such an appointment. Doctors were requested to fill in the motives of each consult in order to evaluate the efficacy of the initial screening made by clinical secretaries. To evaluate results, the authors defined a Quality Standard (QS).

**Results:** There were 563 open consultations during the first evaluation and 536 during the second. In the first evaluation 365 (64,8%) had an appropriate reason to use the open consultation compared with 393 (73,3%) in the second, both statistic significant ( $p<0,001$ ). In the first evaluation, the PHC A,C and F presented a sufficient QS (64,8%) and the PHC B, D and E showed a good QS. After intervention, the global QS was good (73,3%), which reflected a very good QS for PHC B and D, a good QS for A, E and F and a sufficient QS for PHC C.

## 2.05. Consultation skills

### CLINICAL CASE: SKIN LESIONS

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78-year-old, man. Ex-smoker, HTA, Dyslipemia, Severe Aortic Stenosis with bioprosthesis placement in November 2012 (laborious hemostasis), Post-surgical atrial fibrillation that

reversed with amiodarone (anticoagulant 3 months), Ankylosing Spondylitis, SLPCB with minimal infiltration but with major thrombopenia, Digital Perniosis, Depressive Disorder, Benign Prostatic Hypertrophy, Acute Colicistis in 2013.

**Anamnesis:** Dyspnea of effort (NYHA II-III) + Erythematous lesions pruritic and painful in relation to the cold at the level of parts acras (ear, nose, fingers and feet), symptomatic at rest.

**Fisical Examination:** Systolic murmur II / VI predominantly aortic. Slight bibasal crackling. Erythematous-violaceous lesions on the fingers and toes with dry necrosis on the toes and on the right atrial canopy and nose. Distal pulses present and symmetrical.

**Analysis:** Hemogram: Hb 77g/L, Hto 23.7%, VCM 100fL, Platelets 32.000, Leukocytes 3800 (N 63%, L 33%). ECG: Sinus rhythm, axis at 15°, PR 0,24, QRS 0,08, without alterations of repolarization.

**Differential diagnosis:** Embolisms (Septic, Cholesterol), Digital ischemia (Buerger's disease, Arteriosclerosis), Systemic diseases (Cryoglobulinemia, Antiphospholipid Syndrome), Neoplasms, Idiopathic Perniosis.

Biopsy: Perivascular lymphocytic dermatitis with vascular damage and epidermal vacuolar damage, without thrombi or emboli.

Diagnosis: Idiopathic Perniosis.

Author: Cristina Figueroa. Resident of family medicine CAP Sant Ildefons and Bellvitge's Hospital.

## EVALUATING THE USE OF ULTRASOUND AS A RECENT USE TOOL IN A PRIMARY CARE CENTER

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**Introduction:** The use of abdominal ultrasound in primary care allows the early diagnosis of pathologies that previously required waiting times and delays after being referred to hospitals for radiologists. Currently medical training allows ultrasound to be performed by primary care physicians to avoid waiting lists.

### **Objective:**

- To know the applicability and management of Ultrasound as a tool in a health center after its recent inclusion.

-Describe the most frequent pathologies found by Ultrasound.

-Know the patient's acceptance and versatility (decrease waiting lists) of the test.

**Methods:** A retrospective observational study was carried out for 8 months from the inclusion of the Ultrasound in a health center, where three trained family doctors performed the technique. The collected requests, the reports with relevant findings are collected and patients are surveyed after being attended. Variants are analyzed: number of ultrasounds, age, request motif and findings. The waiting time was compared for the performance of ultrasound in a reference center, with the time of request until the completion in the same health center.

**Results:** A total of 54 ultrasonographies were performed, 53(33.83) years of age and reasons: Right hypochondrium pain(78%), nonspecific abdominal pain(14%), thyroid study(5%) and testicular mass. Abdominal pathology reported hepatic steatosis(37%), gallstone(12%) and cholelithiasis without signs of obstruction (2%). The remainder (59%) were reported without findings. Thyroid pathology: 1 case of simple cyst in right lobe. 1 Simple epididymal cyst. The waiting time from request was 1-2 weeks, performed in some

cases "in situ", with a 33% decrease in time compared with 30-45 days of hospital waiting. As satisfactory and useful in 100%.

## ATYPICAL COURSE OF ERYSIPELAS AND COEXISTING INFECTIONS. CASE STUDY AND LITERATURE REVIEW

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**Introduction:** Erysipelas is an acute, erythematous skin infection, usually caused by beta-haemolytic group A *Streptococcus* bacteria. One of the predisposing factors for the development of erysipelas are coexisting infections.

**Objective:** The aim of the work was to attempt to determine whether there was any connection between the atypical course of erysipelas and *Helicobacter pylori* infection in a 47-year-old female patient, based on the clinical picture and literature review.

**Methods:** A literature search was undertaken using databases including PubMed and Cochrane library within maximal date ranges of each database up until December 20, 2016.

**Results:** The patient had a history of treatment for chronic otitis media with effusion and recurring abdominal pain. The current disease started abruptly with fever, erythematous skin lesion located on the right cheek and severe pain in the right ear. After examinations, erysipelas of the face, auricle and external auditory meatus was diagnosed. The diagnosis was confirmed by bacteriological examination. As the dyspeptic symptoms exacerbated, a diagnostic test was performed and a coexisting *Helicobacter pylori* infection was diagnosed. The coexisting *Helicobacter pylori* infection could have contributed to both the chronic otitis media with effusion and atypical course of erysipelas. *Helicobacter pylori* may contribute to the exacerbation of an existing inflammation in the middle ear, which is a microaerophilic environment required for this bacteria to grow. It seems that constant stimulation of the immune system by *Helicobacter pylori* could have caused the system to become dysregulated and weakened, which probably accounted for the atypical course of erysipelas in the patient described.

## A WOMAN VICTIM OF GENDER VIOLENCE

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**Introduction:** 38 years old female in divorce process. She consults for the first time to pick a IT form. She is accompanied by a community worker belonging to the Shelter for abused women.

**Objective:** Analyse the procedures and abilities needed to communicate with a woman victim of gender violence.

**Methods:** The first time she comes in suspicious, she sits down and keeps quiet. We try to get closer by looking her in the eyes and asking about her situation, focussing our attention in her, with little response. We dismiss urgent situations and negotiate a second appointment. The second time she comes alone, we notice a sad expression with signs of crying. We ask her "Your face have changed, what happen?". Refers her history: years of physical and

psychological abuse from her husband and now issues with the oldest child, teenager, that is aggressive. She is afraid that he repeats the father's pattern. We emphasised with this difficult time for her but also for her child, because the expression of pain and rage can be different. The following consult will be calmer and closer.

**Results:** The initial attitude is modified in the consecutive interviews. The interest, observation, empathy, make easier the relational interview. Taking into account the moment in the family vital cycle has been useful to favour the therapeutic relationship.

So important is diagnosing and treating as listening, observing, emphasize and make the patient feel understood. In this way we would get to establish a more beneficial and reliable doctor-patient relationship.

## APPROACHING THE DIFFICULT PATIENT IN PRIMARY CARE

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**Introduction:** Some traits of the patient can label him as difficult to the physician. However the approach to this situation should focus on the doctor-patient relationship, since the subjective component exists to some extent in all of them, acting in a bidirectional manner.

**Objective:** This review intended to address this problem in clinical practice, understand the factors involved in difficult relationships and what strategies to use during the appointment.

**Methods:** A literature review was conducted in May 2015. Online databases were searched (UpToDate, Evidence-Based Medicine, Trip Database, Bandolier, Pubmed, American Psychiatric Association, American Academy of Family Physicians). Articles were searched in Portuguese, English and Spanish, with publication date between January 1, 1990 and April 30, 2015.

**Results:** Difficulties may be traced to patient factors (organic or psychiatric disorders, personality and circumstances surrounding the patient), physician factors (personality, professional traits and circumstances surrounding the doctor) or health care system factors (bad organization, productivity pressures, bureaucratic failures, financial cuts, poor working environment and problematic social groups). Several studies have been conducted in order to support the physician in addressing the difficult relationship. The vast majority of these studies involved only the doctor's point of view on the relationship and the results were very heterogeneous. The approach involves the implementation four attitudes: the will to objectively analyse the situation; accepting the experienced emotions; analysing the role of the doctor and the patient; planning and setting up specific actions aimed at the healthcare environment, professional and difficult relationships.

## NEW ANTICOAGULANTS IN OUR HEALTH CENTER: DO WE REALLY KNOW HOW TO USE THEM?

Jose Maria Fernandez Gonzalez, Hector Leonardo Lugo Ramos, Pedro Gonzalez Guijo

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**Introduction:** The current presence of the new anticoagulants generates a challenge in the management and administration in primary care, so we decided to analyze one of the most used anticoagulants in our environment.

**Objective:** Surveys are conducted to Primary Care Physician of two health centers, in order to know if the Davigatran anticoagulant is handled or managed in our consultation

**Methods:** We passed a questionnaire with questions about drug management; Is asked about use in consultation, if it has ever been prescribed, and about 10 questions about possible doubts that may arise during its handling.

**Results:** We conducted a total of 49 surveys of which 32 were women and 17 men. 82% of the respondents were family doctors and, compared to those who did not have a specialty. The total number of positive responses was higher (89% in specialists vs. 76% in non-specialists). In the survey is highlighted that only 5% of specialists started medication by none of the non-specialists.

It stands out among the questions that only 65% of the specialists knew about change management from Davigatran to AVK by 43% of those who did not, knowing the change vice versa by 75% vs 62%.

Bleeding management was known to 78% of specialists compared to 64% of those who were not. Before a scheduled surgery, only 35% knew management vs 22% of non-specialists. We are struck by the fact that 78% of specialists vs 56% of those who did not, knew if antidote exists.

100% knew dosage of management and if it could be associated with antiaggregantes or not. We compare results between family doctors and non-specialists.

## SHOULDER INJECTION AND DEPRESION CHAINED

Carmen Botias Martínez, Elena Sánchez Pablo, Eva Cristina Alonso Osmer, Almudena Salas Sola, María Teresa Palacios López, Antonio Miguel Llorens Minguell, Inmaculada Gómez López, Carmen Paniagua Merchan  
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**Introduction:** 56 years old female suffering from left shoulder tendinitis for months without any clinical improvement after analgesic and anti-inflammatory treatment nor physical therapy. We proposed the alternative of a shoulder injection and got a scheduled appointment with the patient at the end of a morning.

**Objective:** analyze the importance of thinking about the person as one when we have a patient, and try to look further for the causes of his diseases.

**Methods:**

-Physical explorations: abduction and internal rotation of the left shoulder are limited and stop the patient from her daily routine.

-Complementary test: Shoulder Ultrasound: supraspinatus and brachial biceps tendinitis.

- Differential diagnosis: Pulmonary neoplasia. Tendinitis.

**Results:** While we were performing the injection procedure, the patient started crying because she is in low mood and everything touches her so deep that she got isolated and stopped going out, avoiding traveling and dating friends. She is diagnosed of Adaptive disorder with anxiety according the CIE 10 criteria and escitalopram 10 mg is settled.

**Conclusion:** The scheduled appointment with the patient allowed us a more propitious environment to uncover her associated pathology that was unknown until then.

## THE PERCEPTION OF PHYSICIANS OF EMOTIONAL STAGES OF THE CAREGIVER DURING THE CARE PATHWAY TO TERMINAL PATIENTS

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**Introduction:** The formulation of a diagnosis of chronic or debilitating disease invades in everyday life as a destructive lightning in the life of the person involved and his whole family. A doctor must be aware of the effects that will cause his diagnosis in order to modulate how, when and what to say.

**Objective:** Explore the perception of physicians about the emotional stages of the caregiver during the care pathway.

**Methods:** It is a qualitative, narrative based research: we analysed with the Conventional Content Analysis, 54 stories written by 22 General Practitioners (GPs) about caring terminal patients at home.

**Results:** Our GPs spontaneously described: 90% of the caregivers as women, with an average age of 55 years old. Often workers (if family ones) someone totally dedicated and some of them assisted by other caregivers. For both formal than informal caregivers, the most reported emotion was a changeless distress, as anticipation of the grief, which begins for all with the formulation of the diagnosis and opens at same stages of grief described by Kubler Ross: denial, anger, bargaining, depression and acceptance, not always in a linear sequence. They never told interventions of structured support, but only of common sense and often mono-professional.

**Conclusions:** This economic crisis requires a central role of the caregiver in the health care at home: it is essential that health workers in primary care learn about not only technical but also communication, emotional, relational skills, to recognize the phases of grief and to proactively help caregivers in processing it.

## 2.06. Interdisciplinary cooperation

### STRUCTURED MEDICAL RECORDS IN GENERAL PRACTICE: ANALYSIS OF A PROPOSAL ON A NEW PARADIGM

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**Introduction:** Medical records (annotations and classification) are an essential ally in clinical practice, allowing the knowledge of a consultation and of a patient evolution, particularly in continuous education and investigation in General Practice (GP).

**Objective:** Nowadays there is a preference for medical classification (ICPC2 or CID10), which has induced the need of a new instrument on quality and quantity of annotations with mnemonics for each chapters of the Weed-SOAP method.

**Methods:** After construction of the mnemonics, 75 senior and junior doctors in GP where gathered to analyze and criticize the instrument fifteen minutes after its presentation, in a

SWOT analysis and to state about its applicability and difficulties. By email 35 senior GPs were asked to do the same procedure.

**Results:** Less negative than positive points were obtained in the SWOT analysis. For difficulties and applicability, the same occurred. Only a small number of articles are available in this subject, the need of reflection about the medical records being so mandatory. The satisfaction from the different panels of experts, emphasizing the positive features and the applicability of the tool presented, exceeds the inconvenience and problems nominated, namely the novelty, the distress and, until then, the unfamiliar. This new noncompulsory instrument for collecting information aims to be a guide for the medical consultation, so challenging the actual paradigm.

## REFERRALS FROM PRIMARY CARE TO THE SPECIALTY OF GINECOLOGY, A QUALITY STUDY

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**Introduction:** Women's health is a very wide area and is a priority in health care. Communication between primary health care (PHC) and hospital care is central to integrated and patient-centered care. The sharing of information is essential for the better management of health care system. In Portugal there is no study regarding the quality of referrals to the specialty of Gynecology.

**Objectives:** To characterize and evaluate the quality of PHC referrals to Gynecology's specialty in Chaves's Hospital (Portugal).

**Material and Methods:** Cross-sectional, observational and analytical study. The clinical records of the patients referenced to Gynecology specialty of the Chaves's Hospital, via the ALERT P1@ system, were accessed from June 2015 to June 2016.

**Results:** 546 women, aged between 16 and 89, were referred to the Gynecology service. Only 5.5% of the referrals were refused. Most family doctors and physicians from the hospital agree in the cases considered to be of *normal priority* (91.8%). Regarding the quality of the contents of the letters, 70% were considered acceptable, only 10% of good quality and 20% of poor quality.

**Conclusion:** For better patient care by hospital services, it is essential that the family doctor's referral has accurate information, a careful evaluation, exposing questions raised throughout the medical diagnosis or making all necessary requests. The study found that there are aspects to be improved, and a better synergy between family physicians and hospital physicians is needed.

## REFERRALS FROM PRIMARY CARE TO THE SPECIALTY OF OBSTETRICS, A QUALITY STUDY

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**Introduction:** Pregnancy and puerperium surveillance are an integral part and priority of national health system. In order to be considered that medical monitoring of these women is good, communication between both primary health care (PHC) and hospital care must be guaranteed. It is not always easy to evaluate the quality of collaboration requests and in Portugal there is no study on the subject in the area of Obstetrics.

**Objectives:** To characterize and evaluate the quality of PHC referrals to the specialty of Obstetrics in the influence area of Chaves's Hospital (Portugal).

**Material and Methods:** Cross-sectional, observational and analytical study. We accessed/ studied the clinical records of the women referenced to the Obstetrics appointments of the Chaves's Hospital, via ALERT P1® system, from June 2015 to June 2016.

**Results:** A total of 201 women, aged between 17 and 45, were referred to the obstetrics office. Approximately 13% of requests were refused, mainly due to insufficient clinical information. Regarding the contents of the referrals, one quarter was considered of poor quality, only 56% of acceptable quality and 31% of good quality.

**Conclusion:** Adequate monitoring of the pregnant woman is determined by a specific timetable and therefore it is essential that those timings be fulfilled. Much more than in other areas, the information that the family doctor has to expose is the key to success. There are gaps in communication between primary and secondary care that must be overcome to improve the health of pregnant women in this region.

## THE FIRST THING MUST ALWAYS BE TO LISTEN AND EXPLORE THE PATIENT. COMPLEMENTARY TESTS ARE ONLY A SUPPORT

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**Introduction/ Background:** Sixty years old woman came to her family doctor for presenting cough without expectoration for a month, without other symptoms.

**Objective/ Methods:** Without exploring her, the doctor requested a chest x-ray where she had bilateral pleural effusion, and referred the woman to the emergency services. The woman reported that the cough had not relented with syrups or other medications, and she sometimes felt pain in her right side. A blood test and thoracentesis was requested to determine the origin of the spill. Although the woman had good general condition and a good level of oxygen in the blood, it was decided to study the spill in a young woman with no apparent cause other than cough.

**Results:** The blood test was normal except for mild anemia. In the analysis of the pleural fluid was obtained as a result that it was a chylothorax. At that time, we requested a thoracabdominal CT scan in which we saw a mass of soft tissue density in retroperitoneum surrounding the aorta compatible with lymphoproliferative process.

**Conclusions:** A symptom as common as coughing, in this woman hiding a lymphoproliferative process that had been silent. In this case, the woman had previously consulted her family doctor by sending only syrups, when the pulmonary auscultation clearly heard a decrease in noise. In all cases, the first thing must be the exploration of the patient,

since it guides us towards a banal process or another more serious, and later to help us with complementary tests.

## **SELF BLOOD PRESSURE MONITORING WITH SELF-TITRATION AT HOME WITHOUT TELEMEDICINE COMPONENTS TO IMPROVE HYPERTENSION TREATMENT (ADAMPA STUDY)**

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**Introduction:** Several clinical trials have demonstrated that self blood pressure monitoring at home (SMBP) is an effective practice to reduce blood pressure (BP) in short time, although its effectiveness after 12 months remains unknown. There is less evidence about home titration of the antihypertensive medication even less without telemonitoring.

**Objective:** To determine if a intervention which includes educational components, SBMP and self-titration of antihypertensive drugs (without telemedicine components) can improve the blood pressure compared with usual care by patients with poorly controlled hypertension at 12 and 24 month of follow up.

**Methods:**

Design: A primary care, unblinded, randomised pragmatic clinical trial.

Setting: 48 family physician in 21 primary care centres. Spain.

Participants: A total of 458 patients with uncontrolled hypertension were included.

Intervention: Health coaching, SMBP and home titration of BP medications, if BPs were elevated, according to a previous instructions of their family doctors. Control patients received usual care. Ratio 1:1

Main measurements: The primary outcome is change in systolic BP. Secondary endpoints are: Change in mean diastolic BP, % of patients achieving guideline-recommended BP goals, adherence, therapeutic inertia, health-related quality of life, patient/physicians satisfaction, utilization of health care services, adverse events and costs.

Analysis: An ITT approach and generalized linear models will be used to analysed the outcomes.

**Applicability:** The present study aims to improve new evidence (mainly in our setting) concerning the capacity of SMBP plus self-titration without telemonitoring in the management of hypertension in order to use those results in clinical practice.

## 2.07. Research in general practice

### ANALYSIS OF THE PERCEPTION OF PAIN'S CONCEPT BY THE GENERAL PRACTITIONERS OF ARRÁBIDA GROUP OF HEALTH CENTRES

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**Introduction:** Pain is one of the most frequent reasons of primary care consultations. The International Association for the Study of Pain defines it as an unpleasant sensory and emotional experience, associated with actual or potential tissue damage, or described in terms of such damage. Pain may exist in the absence of an objective damage.

**Objective:** To characterize the perception of pain's concept by the general practice specialists and trainees of Arrábida Group of Health Centres (GHC), aiming to improve health care by a better understanding of chronic pain as an independent pathology.

**Methods:** Cross-sectional study, by applying an online census among our population (general practice specialists and trainees of Arrábida GHC), anonymous, consisting of 14 questions about pain-related concepts. Data was analyzed with Excel of Microsoft Office® e *Statistical Package for the Social Sciences®*. We used absolute frequencies.

**Results:** We obtained 77 answers to our census, from a population of 138 doctors (global response rate of 55,8%). Most (n=74) agreed that pain is possible to exist pain without an objective damage, despite 8 totally agreeing with the non-value of pain in this situation. 25 don't recognize pain as an independent pathology. 57 use scoring scales. 31 don't use the ICPC-2 code of chronic pain. 48 refer that they initiate therapeutic according to a "stepping" scheme, as trainees prefer to initiate therapeutic according to the severity of pain. Most doctors (n=62) feel comfortable in managing their patients pain's therapeutics.

### TRAINEES DO IT BETTER: A JOINT PRE-REGISTRATION PHARMACIST AND GP TRAINEE QUALITY IMPROVEMENT PROJECT

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**Introduction:** NHS Health Education England co-ordinate a scheme in which a pre-registration pharmacist and trainee GP are linked together to experience first-hand the other's workplace. The GP trainee spends four half-days over a six-week period working in a local linked pharmacy with the pre-registration pharmacist. The pharmacist then spends eight days over the subsequent six weeks in the GP surgery.

**Objective:** The objective of the scheme is to foster mutual understanding between two closely linked disciplines and to gain a deeper understanding of services, roles of staff and to identify areas of mutual benefit and closer working. As well as helping trainees to better understand the health system in which they work, a joint quality improvement project is completed by identifying an area in which the relationship between a pharmacy and the local health centre could be more efficient.

**Methods:** An area of inefficiency in co-ordination between a GP surgery and its linked pharmacy in South London was identified by a trainee GP and pre-registration pharmacist. A

scheme to improve communication between the pharmacy and GP surgery to reduce the problem was put in place and the effects monitored.

**Results:** Fostering a clearer understanding between the two separate organisations lead to improvements in efficiency regarding drug prescriptions.

## ANALYSIS OF HOSPITAL REFERRALS FROM A PRIMARY HEALTH CARE EMERGENCY SERVICE

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**Introduction:** The emergency services in the health centers develop a necessary activity in the health system.

**Objectives:** To analyze the level of resolution of emergencies in an urban health center, determining the main causes of referral to the reference hospital and the health care received there.

**Material and methods:** Retrospective descriptive observational study of the patients seen and referred to the reference hospital by the emergency service of an urban health center during 3 months (August, September and October) in 2016. Identifying the most frequent causes of referral. Other variables were collected as the attention received in the hospital.

**Results:** 5562 people were attended in the emergency service of the urban health center during the 3 months. A total of 312 patients were referred to the reference hospital: the 45%(141) of patients were discharged in less than 24 hours (a blood test was performed on the 85,8% of them), the 23%(71 patients) needed for the diagnosis an imaging tests not available in the health center, the 21%(65) were admitted, the 4%(13) were in observation and a 7%(22) did not go to the hospital. The most frequent cause of referral was traumatism: 32%(90 patients) and the second was diseases of the digestive system 19%(54 patients).

**Conclusions:** The level of resolution of emergencies in the service was 95%. The main cause of referral was traumatological and a 23% of the patients needed an imaging test. The 87% of the total of patients referred, required specific hospital tests or treatments not available in the health center. Therefore the quality of the referral report can be considered good.

## GENERAL PRACTITIONERS IN STYRIA - WHAT ARE THEIR RESEARCH IDEAS AND HOW DO THEY RATE THEM?

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**Introduction:** IAMEV surveyed all 1015 Styrian general practitioners (GPs), asking them about their motivations for participating in research projects, and to formulate their own research questions.

**Objective:** What research ideas do GPs have? Which ideas can be used to derive specific research questions? How do Styrian GPs evaluate research questions suggested by their colleagues in terms of relevance for their own practice?

**Methods:** 133 research ideas of GPs were categorized and divided into “general research topics” (105) and “research questions” (28). Research questions were reviewed by an expert panel in terms of feasibility and relevance. 17 were selected and reformulated based on semi-structured telephone interviews with the GPs posing the questions, to structure them according to the PICO-scheme. The expert panel prioritized the items in the question pool in terms of relevance and feasibility. They were sent to all 1015 Styrian GPs with a request to evaluate them in terms of relevance for their own practice (rating scale: 1-4).

**Results:** The response rate to the 1015 questionnaires sent out was 14.7% (n=149). The GPs rated the question about their gatekeeper role as most relevant for their practice. Other research questions considered relevant dealt mostly with common diseases often encountered by GPs.

**Discussion:** While there are several studies about *why* GPs participate in healthcare research projects, few exist on the subject of *which* specific research questions are relevant to GPs. Involving GPs in determining the content of these projects could increase their motivation to participate.

## **PRESCRIPTION OF THIAZIDES IN HYPERTENSIVE PATIENTS WITH GOUT: ONE UNIT REALITY**

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**Introduction:** Hyperuricemia is common in patients receiving thiazides and may lead to gouty arthritis. These drugs are an independent risk factor for gout. Other risk factors are obesity, alcohol intake, impaired renal function and hypertension.

The degree of urate retention caused by diuretics is dose-dependent, which contrasts with the dose-response relationship between diuretics and blood pressure (BP).

**Objective:** This study aims to characterize the hypertensive and gout population of a Primary Care Unit.

**Methods:** Descriptive and transversal study; Population: patients coded with T92 (gout) + K85 (high BP) or K86 (HBP without complications) or K87 (HBP with complications); Variables: age, sex, thiazide diuretics, allopurinol, risk factors; Data collected through the MedicineOne® program and treated in Microsoft Excel®.

**Results:** Ninety users presented concomitance of diagnoses; 68% hypertensive without complications, 19% with complications and 13% have high BP. The average age is 67.1 years and 86% are men. The most frequent comorbidity is obesity, followed by DM2, stroke, CKD and alcohol abuse.

Prescription of thiazides is instituted in 30% of cases, with associations with hydrochlorothiazide representing 63% of this type of prescription. The percentage of patients taking allopurinol is 50%, and of these, 16.7% are simultaneously medicated with a thiazide. Although it is a small sample, drug iatrogeny should be taken into account, emphasizing the need to review antihypertensive therapy in patients with gout. It would also be important to verify that patients taking allopurinol do not only have asymptomatic hyperuricemia; their treatment with a potentially toxic drug such as allopurinol is not a guarantee of prevention of complications.

## ACUTE OTITIS MEDIA IN PEDIATRIC AGE: HOW ARE WE TREATING IT?

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**Introduction:** It is estimated that 80% of children <2 years of age have at least one episode of acute otitis media (AOM). AOM is slightly more common in boys than in girls. The etiology is mostly bacterial, requiring antibiotic therapy.

**Objective:** This study aims to characterize the therapy instituted in cases of AOM in pediatric age.

**Methods:** Descriptive and transversal study; Sample: users of the Primary Care Unit, aged less than or equal to 18 years, with an episode coded with H71 (AOM) during the first half of 2016; Variables: age, sex, medication and dosage; Data collected through the MedicineOne® program and treated in Microsoft Excel®.

**Results:** In the first half of 2016, 43 episodes of AOM were recorded. The mean age was 5.21 years, with a slight predominance of males. In 40 episodes, antibiotic therapy was instituted: amoxicillin+clavulanic acid in 22 episodes, amoxicillin in 16, cefuroxime in one case and clarithromycin in another. In terms of adjuvant therapy, paracetamol was prescribed in 7 episodes, ibuprofen in 5, paracetamol+ibuprofen in 5, polybacterial lysates in 3, dexamethasone in 3, topical ofloxacin in 2,  $\alpha$ -amylase, Neo-synephrine and dimethindene maleate + phenylephrine in 1 episode.

**Discussion:** In a suspicious clinical condition with otoscopy showing a tympanic membrane (TM) with moderate to severe bulging or the presence of a recent onset otorrhea or TM with slight bulging and recent onset of otalgia or severe erythema of TM, a diagnosis of AOM should be made. An accurate diagnosis ensures adequate treatment, with the use of empirical antibiotics and analgesic/anti-inflammatory drugs for pain, as was verified in most episodes.

## PERIPHERAL ARTERY DISEASE IN MEDICALLY UNDERSERVED POPULATIONS: FINDINGS FROM A PRIMARY HEALTHCARE CLINIC IN RURAL GREECE

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**Introduction:** The quality of healthcare services is not only related to a country's healthcare system but also to the geographic and socioeconomic circumstances within a country. Challenges to healthcare system performance in rural areas include insufficient medical staff, low-quality infrastructure, financial barriers, and scarce surveillance data. These endemic limitations are pronounced in rural Greece, where post-2009 austerity measures have had profound consequences for healthcare spending.

**Objective:** Given the lack of systematic healthcare data, deepening financial crisis, and increasing chronic disease risk for disadvantaged populations, we seek to determine the prevalence and correlates of peripheral artery disease (PAD) in a medically underserved area of Greece.

**Methods:** Data were collected on preventive screening activities among 612 patients at the primary Healthcare Clinic of Aghios Nikolaos in the rural Municipality of Western Mani in

Greece. The ankle-brachial index (ABI) test—a surrogate marker of atherosclerosis—was utilized to evaluate PAD risk.

**Results:** Findings indicate that the ABI scores of 74% of patients were within normal ranges (0.90-1.39). Of the rest, 9% had abnormal ABI scores (<0.90) (67% men, 33% women) and 17% had noncompressible arteries ( $\geq 1.40$ ). Compared to those with normal ABI scores, subjects with an ABI <0.90 or  $\geq 1.40$  were more likely to be obese (81%), hypertensive (77%), hyperlipidaemic (63%), and diabetic (56%). Ongoing multivariate statistical analysis delves into a wide range of demographic, epidemiological, and clinical correlates of PAD. As PAD is often under-diagnosed and undertreated, ABI can serve as a cost-effective and reliable method to improve diagnosis and curtail cardiovascular morbidity and mortality in under-resourced rural and remote areas.

## EXPERIENCE WITH ASSESSMENT OF DISABILITY IN PATIENTS WITH MENTAL ILLNESS AND BEHAVIOR DISORDERS

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**Introduction:** The authors presents the outcomes of the disability assessment paradigm, which blows for 6 years and concerns patients with mental illness and behavioral disorders.

**Methods:** The criteria of assessment are stated in the Decree, and methodological recommendations for the medical assessment doctors are also being adapted. The evaluation reflected functional health state assessment and working incapacity in relation to ICD-10 and ICF.

**Results:** In 2012, a group of 32,324 persons was assessed for the invalidity, whence invalidity was recognized in 1,603 people. In 2015, the group of 29, 633 people was assessed for invalidity due to mental disorders, whence disability was not recognized for 1,655 people. There was an a decrease in the number of the newly assessed disabilities by 9%, from 27,978 cases in 2015, to 30,271 cases in 2012 and the number of persons with unrecognized total disability for mental disorders increased between 2012 to 2015 by 1%.

**Conclusions:** Prevalence and incidence of mental disorders in the Czech population over the past decade is increasing, which is likely due to better diagnostics, public education and reducing the stigma of psychiatry. From 2013 to 2015, there was an increase in the number of psychiatric patients by 8% (650,566 people sought for psychiatric help). The number of new disability assessments, however, since 2012, continues to decrease. This can be caused by applying assessment criteria that are 6 years old and, thus, do not correspond to current therapeutic knowledge and modern trends in psychiatry.

## PSYCHOSOCIAL ASPECTS OF ASSESSING THE DEGREE OF DEPENDENCE OF SENIORS

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**The aim of the study:** The aim of the study was to analyze the mechanisms of psychosocial adaptation among seniors, particularly with regard to health status and degree of dependence.

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**Materials and Methods:** The research sample consisted of 102 respondents aged over 60 years, from which 27.5% were not awarded any degree of dependence. During the investigation, the questionnaire of our own design was used, dealing with questions on quality of life and psychological as well as the issues of adaptation and coping with stress.

**Results:** The degree of dependence is a direct predictor of decreasing the feeling of independence. The degree of dependence rises over time. The standardized methods are needed to evaluate the reduction of a sense of personal competence.

**Conclusion:** On the basis of empirical studies and theoretical analysis was possible to formulate the basic descriptors of psychosocial adaptation of seniors and possibilities of dependence and independence of older people for the purposes of the social security system.

## **"I FORGOT MYSELF..." - A STUDY OF DEMENTIA IN ELDERLY PATIENTS OF A PORTUGUESE PRIMARY CARE UNIT**

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**Introduction:** The risk of dementia increases with age and the elderly patients suffer from loss of independence in Activities of Daily Living (ADL). In Family Medicine practice, we frequently see polypharmacy in elderly patients and sometimes the Proton Pump Inhibitors (PPI) are part of their daily prescription, which are often inadequately prescribed. Several studies emphasized the relationship between chronic PPI use and the risk of dementia.

**Objective:** The aim was to characterize the elderly population with dementia of a Primary Care Unit (PCU), the prescription of PPI and the percentage of polypharmacy (five medications or more).

**Methods:** Observational, transverse and descriptive study conducted in a portuguese PCU with elderly patients (65 or more years) diagnosed with dementia. Data source: SClínico® and PEM®. Statistics analysis: SPSS Statistics® version 20.0. Study variables: age, sex, dependence in ADL, type of dementia, PPI's prescription and polypharmacy.

**Results:** We studied 69 elderly patients with dementia (68.1% female; mean age of 82.9 years) of whom 85.5% were dependent on ADL. 47.8% of the cases did not have the type of dementia identified, but in the remaining, Alzheimer was the most prevalent. Of the 69 patients, 68.1% were medicated with PPI, and 42.6% did not maintain the initially PPI prescribed, consuming several PPI. Only 27.7% had a clinical cause justifying the PPI's prescription. 72.3% had prescription duration of more than 12 months. Polypharmacy was a reality in 68.1% of the patients.

**Conclusions:** This study highlights the high percentage of elderly patients with dementia who are under chronic prescription of PPI without a clinical cause and the majority was under polypharmacy.

## **VALIDITY OF ALCOHOL USE DISORDER IDENTIFICATION TEST-KOREAN REVISED VERSION FOR SCREENING ALCOHOL USE DISORDER ACCORDING TO DSM-5**

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**Introduction:** The Alcohol Use Disorder Identification Test (AUDIT) has been widely used to identify alcohol use disorder (AUD). This study evaluated the validity of the AUDIT-Korean revised version (AUDIT-KR) for screening AUD according to Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) criteria.

**Objective:** This research was conducted with 443 subjects who visited the Chungnam National University Hospital for a comprehensive medical examination. All subjects completed the demographic questionnaire and AUDIT-KR without assistance. Subjects were divided into two groups according to DSM-5 criteria: an AUD group, which included patients that fit the criteria for AUD (120 males and 21 females), and a non-AUD group, which included 146 males and 156 females that did not meet AUD criteria.

**Methods:** The appropriate cut-off values, sensitivity, specificity, and positive and negative predictive values of the AUDIT-KR were evaluated. Results: The mean±standard deviation AUDIT-KR scores were 10.32±7.48 points in males and 3.23±4.42 points in females. The area under the receiver operating characteristic curve (95% confidence interval, CI) of the AUDIT-KR for identifying AUD was 0.884 (0.840-0.920) in males and 0.962 (0.923-0.985) in females. The optimal cut-off value of the AUDIT-KR was 10 points for males (sensitivity, 81.90%; specificity, 81.33%; positive predictive value, 77.2%; negative predictive value, 85.3%) and 5 points for females (sensitivity, 100.00%; specificity, 88.54%; positive predictive value, 52.6%; negative predictive value, 100.0%).

**Results:** The AUDIT-KR has high reliability and validity for identifying AUD according to DSM-5 criteria.

## PIONEERING AN INTERDISCIPLINARY STUDENT RUN FREE CLINIC AT NORTHEAST OHIO MEDICAL UNIVERSITY

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*Northeast Ohio Medical University, Rootstown, OH, United States*

**Introduction:** Healthcare for the poor and underserved remains a challenge in the United States. There are currently 28.4 million US residents without health insurance and many more are required to pay high co-payments in spite of the Affordable Care Act. This population, without health insurance and with high co-payments, experiences greater morbidity and mortality due to a lack of primary care and access to health care.

**Objective:** Northeast Ohio Medical University (NEOMED) is a medical school in Rootstown, Ohio, a rural community in an underserved area. Medicine and pharmacy students responded to health disparities in the area by proposing to establish an inter-professional, student-run free clinic (SRFC).

**Methods:** Successfully incorporating these two disciplines was achieved through meticulous planning and collaboration with all aspects of the project. Students employed a ten step process as a blueprint in preparation for the grand opening of the SRFC in September 2016.

**Results:** Over a 6-year period medical and pharmacy students planned then implemented a SRFC that delivers comprehensive primary care to patients over a 1305 square km area. The SRFC is staffed by medical students and pharmacy students with volunteer licensed pharmacists and primary care physicians who supervise patient care during clinic days. In this presentation the 10 step process is described along with challenges encountered and solutions to these challenges.

## AN INVESTIGATION OF 2845 REFERRALS IN SOUTHERN SWEDEN. IS THE MEDICAL INFORMATION GOOD ENOUGH?

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*Allmänläkarkonsult Skåne, Region Skåne, Malmö, Sweden*

**Introduction:** To ensure the healthcare system functions in an optimal fashion it is vital to establish good communication between primary healthcare centres and hospitals. The tool which facilitates this process is the referral form.

**Objective:** To study the quality of medical information in referrals between primary health care and hospitals and vice versa.

**Methods:** In April 2016 all primary healthcare centres and hospital units, within Region Skåne in southern Sweden, were invited to participate in the project concerning the scrutiny of referral forms. Each participating unit examined up to 50 referral forms. The doctor responsible for assessing referrals filled in the results of the reviews in a separate document, which included an assessment of whether each form contained sufficient medical information or not. Acute referrals and referrals between different hospital units were not included.

**Results:** 75 units participated in the investigation. 52 primary health care units. 23 hospital units. A total of 2993 referrals were reviewed, of which 2845 could be included in the study. Referrals came from 308 different units. 155 primary health care and 153 hospital units. A total of 35% of referrals were deemed to be substandard. The most common fault (12%) was a deficit of information about existing medication; missing information about medical history, health status and treatments (10%) and inadequate information about previous medical issues (7%) was highlighted in the referral reviews. The results will be further analysed and presented.

## ORAL ANTICOAGULATION THERAPY IN PRIMARY HEALTH CARE

Bojana Jovanovic, Petar Todorovic, Marija Tosic-Mijajlovic, Kristina Markovic

*Primary Health Care Center "Dr Simo Milosevic", Belgrade, Serbia*

**Introduction and objective:** Oral anticoagulation therapy is a life-long therapy in prevention of systemic embolism in patients with atrial fibrillation, valvular heart disease and prosthetic heart valves and in the primary and secondary prevention of venous thromboembolism. The aim of this study was to identify some of patients' actions which make it more difficult to achieve therapeutic range of international normalized ratio (INR).

**Methods:** This study included 46 patients who use warfarin more than three months. Data were collected by interview and analyzing medical histories.

**Results:** A 34.7% of patients skipped some of routine monitoring of the INR. A 52.1% of patients had broken dietary vitamin K intake. A 63% used paracetamol or non-steroidal anti-inflammatory drugs without consulting their general practitioner. A 21.7% of patients took the wrong dose of warfarin more than once. A 39.1% of patients did not report the GP a spontaneous hematoma or hematoma caused by minimal trauma. A 43.4% of patients did not report bleeding gums when brushing teeth and 21.7% did not report epistaxis.

**Conclusion:** Balancing the risk of bleeding and thromboembolism is very important for the management of patients on oral anticoagulation therapy. It requires patients to be more knowledgeable about the actions which can influence on success of this therapy, and that a

frequent blood extractions due to coagulation monitoring, often dose changes and dietary intake of vitamin K should become a part of their everyday routine.

## OVERALL SATISFACTION BETWEEN HOSPITAL AND FAMILY PHYSICIAN COMMUNICATION – A PILOT STUDY

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**Introduction:** Communication between Family Physicians (FP) and Hospital Physicians (HP's) is often inadequate, having negative consequences for patients.

**Objective:** The aim of this study was examine the overall satisfaction between FP and HP communication, regarding referrals and hospital report after patient discharge; to clarify if both FP and HP have access to the same patient information using a Digital Healthcare Platform (DHP) and whether they would be interested in participating in Regular Action Plans (RAP).

**Methods:** A cross sectional study was conducted among the Pneumology Department of a local Hospital and local FP in Portugal. A questionnaire was applied to all physicians.

**Results:** The overall satisfaction between HP and FP communication is unsatisfactory; 1) the majority of HP are unsatisfied regarding the quality of clinical information sent from FP during referrals and FP unsatisfied with the low amount of discharge summaries received. On the other hand, 74% of FP consider their referrals complete and 83% of the Pneumologists admit to always informing FP in writing. 2) of the family and HP studied, 94% had access to some type of clinical information through the DHP; 3) both consider RAP relevant. The overall unsatisfaction may be due to communication barriers experienced by one party and that are not acknowledged by the other party, leading to unresolved issues. One step at trying to emend the quality of referrals, is to create a standard protocol. The use of RAP can also offer FP and HP the opportunity to obtain feedback from one another and avoid miscommunications.

## HOSPITAL AND FAMILY DOCTOR/PATIENT RELATIONSHIP - CASE REPORT

Pedro LC Pinheiro, Pedro Sousa, Rui Brandão, Lisa Goulart, Gorete Fonseca

*USF Penela, Penela, Portugal*

**Introduction:** The consult is a complex practice activity in health care and is the core of patient-doctor relationship. When caring for deaf patients, it is a hard task to develop a doctor-patient relationship.

**Objective:** We aim to present the case of a patient with progressive deafness, in which the Primary Care – Patient – Hospital Care communication has been compromised.

**Methods:** Interviews and clinical file consulting.

**Results:** A 79 years old male, living alone, with no nuclear family, has deafness, Hypertension, Osteoarthritis and Gout. The patient appears at the hypertension consult but refuses to take the correct medication. In December 2015 a renal impairment was revealed and the family doctor asked for a Nephrology consultation. During the following months, the patient had two nephrology consults, being discharged because of difficulties in communication.

Nonetheless the family doctors attempts to adjust the medication, the renal function still progressively decreased and a new Nephrology consult was requested.

During September 2016, the family doctor asks for social support, which provided a home health management team and elderly allowance, in order to promote a better disease control and quality of life.

After triggering the various components to support the patient, the difficulty remained for the family doctor to combine different skills. This case reproduces the need to create a solid relationship between family doctor and patient. Moreover, this lack of information reported by the nephrologist raises the question about the efficiency in communication between primary and hospital care, and the need of a direct communication between Primary Care and Hospital.

## GOUT - ADEQUACY OF MEDICAL RECORDS AND PRESCRIPTION

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**Introduction:** Gout is one of most prevalent rheumatic diseases worldwide. Clinically, most individuals with hyperuricemia (7% of population) don't develop Gout (only in 1%). Therefore, medication to reduce uric acid should be avoided when clinic presentation doesn't justify. The most used drug for achieving and maintaining normal uric acid levels is Allopurinol and it shouldn't be initiated in an acute phase.

**Objectives:** Evaluate quality of medical records for Gout and adequacy of Allopurinol prescription, on a multicentric population.

**Methods:** Studied dimension: technical scientific; Study unit: patients with allopurinol prescription in 2015; Data type: medical records; Data source: Statistic module of medical records informatic system; Registration and data processing: Excel®. Evaluation criteria: Adequacy of codification of Gout (T92); Adequate prescription of Allopurinol; Safety of Allopurinol prescription; Correct posology.

**Results:** Evaluation according conformity of the 4 criteria defined for the study. Universe of 43 cases with chronic allopurinol prescription; adequacy of Gout classification (T92) in 33% of cases; adequate allopurinol prescription in 21%. There were no contraindications in any case. In all analyzed cases was prescribed the correct posology.

**Discussion:** Analyzing the obtained data we can conclude that: (1) there is a low case of adequacy of classification of Gout (T92); (2) there are significant deficits in allopurinol prescription. According to the results of this first evaluation, it is necessary to apply corrective measures to improve clinical practice, such as: presentation and discussion of the results, presentation of clinical indications for adequate allopurinol prescription, positive reinforcement for quality improvement of medical records.

## MUSCULAR DYSTROPHY: A MULTIDISCIPLINARY APPROACH IN A RURAL SETTING

Maria Emmylou Nicolas

*Ilocos Training and Regional Medical Center, Department of Community and Family Medicine, Parian, City of San Fernando, La Union, Philippines*

**Introduction:** Muscular dystrophy is a collective group of inherited noninflammatory diseases that causes progressive loss of muscle mass and muscle weakness. It is also a multisystem disorder which doesn't only affect the muscles but also affects other body functions. Patients with muscular dystrophy had reduced quality of life in terms of physical disability, independence, emotional and social well-being.

**Objective:** To present the case of a 33-year-old, male, with progressive muscle weakness and total loss of vision, who initially sought consult in our outpatient department with three siblings who were noted to have the same condition, and were admitted in our institution.

**Methods:** A primary care physician served as the first contact care and coordinated with other medical professionals such as Neurologist, Ophthalmologist, ENT-HNS Specialist, Rehabilitation Medicine Specialist, Physical Therapist, Palliative Care Specialist, and other allied health services who were all committed in fighting the disease, optimizing their function as well as improving their quality of life.

**Results:** Patient and his three siblings were discharged from our institution and were visited at home wherein living condition was seen. They were referred to the nearest health care facility for follow up and in cases of emergency. They were also referred to local Department of Social Welfare and Development (DSWD) and were registered as Persons with Disabilities (PWD). They were also enrolled in Family Health Care Program of our department for continuity of care. Therefore, a multidisciplinary approach is essential in the management of patients with muscular dystrophy.

## A MIGRANT CHILD FIRST ATTENDANCE IN PRIMARY HEALTH CARE

Inês Mendes Correia, Vasco Martins, Rosa Feliciano  
*USF São Domingos, Santarém, Portugal*

**Introduction:** Health problems of migrants are similar to those of the rest of the population, although some groups may have a higher prevalence. Each and every person on the move must have full access to health care, to prevention (such as vaccination), without discrimination on the basis of gender, age, religion, nationality, race or legal status, as part of universal health coverage.

**Case description:** 3 years old Ukrainian child attended to the primary care center with odynophagia. At physical examination it was observed multiple cavities and hypertrophic purulent tonsils. It was her first appointment in primary care in Portugal. When asked, the child had no family doctor assigned and her vaccination calendar had not been verified until that moment. After discussion with the parents, our plan for the patient consisted in a multidisciplinary care, provided by the doctors, nurses, technical assistants and the dental hygienist. First, we treated her acute tonsillitis and then she was referred to the dental hygienist in order to treat the cavities. Our nurses updated her vaccination calendar as well. Finally, she was assigned to a family doctor.

**Results:** This case highlights the importance of a multidisciplinary team in primary care centers. By working together in the same building, our professionals improved this child life, providing her with the best feasible health care.

## DOCTOR, WHY CAN'T I BREATHE

Elena Sánchez Pablo<sup>1)</sup>, Almudena Carrasco Angulo<sup>2)</sup>, Sara Isabel Roncero Martín<sup>2)</sup>, Almudena Salas Sola<sup>1)</sup>, Aranzazu Sánchez de Toro Gironés<sup>2)</sup>, Carmen Botias Martínez<sup>1)</sup>, María Teresa Palacios López<sup>1)</sup>, Antonio Miguel Llorens Minguell<sup>1)</sup>

<sup>1)</sup>*Centro Salud Cartagena Este, Cartagena (Murcia), Spain*

<sup>2)</sup>*Centro Salud San Javier, San Javier (Murcia), Spain*

**Introduction:** 81 years old man with minimal effort dyspnoea that has been worsening for the last weeks.

No medical allergies. Severe COPD with emphysema secondary to Asbestos contact. SAHS.

Deep veins thrombosis six months earlier. Former smoker (60 packages/year).

Our aim is to improve his quality of life and avoid his hospitalisation, as he is the main carer of his ill wife.

**Method:** Physical exploration: acral cyanosis, dyspnoea when speaking. Cardiopulmonary auscultation: bilateral rhonchus and sibilants.

-Complementary test: Thoracic CT: centrolobulillar emphysema, subpleural fibrosis and pleuritic calcification on the base of left lung. Sputum culture negative. Spirometry with highly severe exacerbating COPD.

-Differential diagnosis: COPD exacerbation, dyspnoea secondary to cardiocirculatory cause, pulmonary tromboembolism.

**Results:** The patient was treated with oral corticoids and inhaled therapy, with a partial disappearance of symptoms that reappeared after the suspension of inhalers. At this moment antibiotic therapy was established and a recommendation given to the patient to get hospitalized that he rejects. Given the circumstances, we contacted the neumologist and agreed a treatment with a home nebulizer and inhalatory therapy three times a day, allowing the patient to continue home care with frequent controls and a review of the procedure in case of worsening instead than hospitalisation.

**Conclusion:** Telematic communication between primary care and hospitalary specialist encourage agreed therapeutic strategies and prescriptions, providing benefits for patients health, making possible the delay of admission at hospital or even avoiding it, increasing their satisfaction. This is a new step thought an integral health care of our patients.

## INTERDISCIPLINE AND TEAM WORK AS A BASIS OF MANAGEMENT MODEL: THE CASE OF HEALTH CENTER 41

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*CeSac 41 (Health Center and Community Action N<sup>o</sup> 41), Buenos Aires, Argentina*

**Introduction:** We introduce an original experience developed at a CeSac (Health Center and Community Action) placed in La Boca neighbourhood, south zone of Buenos Aires City Argentina. CeSac 41 depends on the Programmatic Area of Argerich Hospital. This Center was opened in 2008 as a consequence of a process of neighbourhood collective organization.

Objetive: Share a management model based on interdiscipline.

**Methods:** In this presentation, examples will be given of interdisciplinary work modality from the functioning of the space of internal capacitation where all the CeSac Team participate.

**Results:** The team is made up of over 40 health professionals of different disciplines and no professionals workers as well. From the very beginning the team built through consensus a management model based on co-construction of care and bonds; extended clinic (Campos 2000), internal and external follow up of the promotional, prevention and assistance activities for families; in subteam organization, territorial and matritial work interdisciplinary intention; weekly exchange and capacitation among co-workers and task coordinator team. This model is based on a concept of Health as a right and as a social fact in the intersectorial and interdisciplinary work that breaks with the logic of the organization by service, or by discipline and favours the accesibility to the Health System through the bond. The main features of our concept of interdiscipline are: multiplicity of points of view and knowledge of subjects that dialogue, acknowledgement of the subjective and affective dimention, team building of the problem and its permanent and dinamic process. and commitment of whole team.

## FAMILY MEDICINE, DIAGNOSIS, ICD

Kadir Ozdemir<sup>1)</sup>, mehmet ungan<sup>1)</sup>, zehra Dagli<sup>1)</sup>, burcu gürhan<sup>2)</sup>, hilal duman candan<sup>1)</sup>

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Diagnoses of Patients Under 15 Years of Age in Ankara City Center

**Objective:** The aims of this study are to determine the sequence and frequency distribution of diagnoses of patients under 15 years of age who were examined within one year by family physicians, working in central districts of Ankara; and to help identifying much needed knowledge and skills in family medicine discipline.

**Methods:** Total number of 156 physicians, working at Family Health Centers located in central districts of Ankara, interviewed face-to-face. We used a 7 question-survey to determine demographic information of physicians. After physicians filled in the questionnaire, an excel data containing patients' age, gender, birthday, and ICD diagnoses, was extracted from electronic system program that physicians are using.

**Results:** 23, 7% of participants were FM specialists and 76, 3% of them were GPs. Mean age of physicians was 47, 17 ± 7, 33. 199304 patients under 15 years of age, were examined within one year. Physicians recorded 282096 ICD codes to their patients. In our study, top 10 recorded ICD codes in three-character codes were; Z00 General examination and investigation of persons without complaint and reported diagnosis (12,16%), J00 Acute nasopharyngitis [common cold] (9,44%), J06 Acute upper respiratory infections of multiple and unspecified sites (9,16%), J02 Acute pharyngitis (9,06%), J03 Acute tonsillitis (7,59%), J39 Other diseases of upper respiratory tract (4,89%), J30 Vasomotor and allergic rhinitis (3,30%), L30 Other dermatitis (3,23%), J01 Acute sinusitis (2,36%) and K52 Other noninfective gastroenteritis and colitis (1,87%), respectively. This 10 ICD codes were 63,06% of all codes. We have identified which diseases should be paid attention by family physicians in patients under 15 years of age and in light of these information.

## EVALUATION OF COOPERATION IN EU PROJECTS: EXPERIENCES FROM THE FIRST 18 MONTHS OF THE FOCUS PROJECT

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**Introduction:** Frailty Management Optimisation through EIPAHA Commitments and Utilisation of Stakeholders Input (FOCUS) is a three-year EU project concentrating on reducing the burden of frailty in Europe. The purpose of Work Package 3 is continuous evaluation of the project to ensure that any potential problems or delays are identified.

**Objective:** The purpose of this study is to reveal weaknesses and trouble in cooperation and to propose solutions for international project teams.

**Methods:** 21 FOCUS participants from 10 European research institutions took part in online 3-monthly surveys on the frequency, quality, and impact of internal cooperation within the project network.

**Results:** The 'red flags' revealed were administration and management (explaining project objectives, coordinating communication between partners, clarifying roles to participants, coordinating partnership activities and meetings, preparing materials to inform partners and assist them making decisions on time, performing secretarial duties, minimizing barriers to participation in meetings), decision-making (partners' comfort level with the way decisions are made, partners feeling they have been left out of the decision-making process), member participation (the low percentage of partners who suggest new ideas, ask for additional information, and express their opinions).

**Conclusions:** Within coordination of EU projects, attention should be paid to taking responsibility of the project, motivating the people involved, working to develop a common understanding and vocabulary, resolving conflicts among partners, combining the perspectives, resources and skills of members, fostering respect, trust, inclusiveness, and openness, and creating an environment where different opinions are welcome.

## 2.8. Education and professional development

### EVALUATION OF THE QUALITY OF PRESCRIPTION OF THIAZIDES IN HYPERTENSIVE PATIENTS WITH GOUT

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**Introduction:** Hyperuricemia is common in patients receiving thiazides and may lead to gouty arthritis. These drugs are an independent risk factor for gout. The degree of urate retention caused by diuretics is dose-dependent, which contrasts with the dose-response relationship between diuretics and blood pressure (BP).

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According to clinical guidelines, gout is an absolute contraindication for the prescription of thiazides in hypertensive patients.

**Objective:** To assess the therapeutic suitability of thiazide diuretics in hypertensive and gout patients.

**Methods:** Sample: patients coded with T92 (gout) + K85 (high BP) or K86 (HBP without complications) or K87 (HBP with complications); Type of evaluation: internal, interpare and retrospective; Data source: clinical process; Type of data: thiazide diuretic, allopurinol, sex; Data processing: Microsoft Excel®; Evaluation period: first phase - 1 April 2016, second phase - 1 October 2016; Type of intervention: educational.

**Results:** In the first evaluation, 76 patients had concomitant diagnosis, mostly men. 19.7% were medicated with thiazides, and chlorothalidone was prescribed in 53.3% of the cases, followed by indapamide (26.7%). Allopurinol was prescribed in 84.2% of these patients. After the educational intervention, 90 patients were evaluated in the second phase. Thiazides were instituted in 30% of cases, with associations with hydrochlorothiazide occupying 63% of this type of prescription. The percentage of patients receiving allopurinol was 50%. The increasing availability of new thiazide associations may be the basis of a 10.3% percentage point increase between the two evaluations. We highlight the reduction of 34.2 percentage points in the prescription of allopurinol, possibly resulting from the sensitization made for the distinction between gout and asymptomatic hyperuricemia.

## STUDENT'S NARRATIVES FOR SHARING THEIR EDUCATIONAL EXPERIENCES: A SUCCESSFUL METHODOLOGY FOR LEARNING AND A SURPRISING HEALING TOOL

Vitor Hugo Vachi, Lucas José De Antonio, Beatriz Lin Carbone, Jaqueline Margonato Porfirio da Rocha Ferreira, João Godoy, Pablo González Blasco  
*SOBRAMFA, São Paulo, Brazil*

**Introduction:** Medicine is a profession that involves relationship. Telling stories is a natural tendency deep-rooted in the core of human beings. Even nowadays, when physicians have much greater technical knowledge, patients don't trust doctors who do not pay attention to their stories and consider their feelings. To fully appreciate patient stories, physicians need to have the narrative skills. In Brazil, the predominant medical education model is based on specialization and technology, leaving no room for sharing stories and educational experiences which are the first step to pay attention to further stories coming from the patients themselves.

**Objectives:** To stimulate medical students to share their educational experiences with patients in their learning scenario. Students' stories are full of doubts, surprise, fear, anxiety and also frustration when they face patients' suffering and death, and they have no academic room for talking about.

**Methods:** Every year, at the Annual SOBRAMFA Meeting the opening Pre-Conference session is dedicated to narratives. The meeting's attendees sent their stories in advance through the registration web site, and they are asked for the audience during the session. A familiar ambiance is created for the presentation so the presenters can be comfortable and the audience can listen carefully. More than 20 different stories are told each year.

**Results:** Students and physicians learn practical lessons for improving their doctoring skills, and they become motivated to share their stories. The narrative session showed the narratives' healing and didactic potential for students and has become more popular each year among the attendees.

## OCCUPATIONAL ANXIETY LEVEL AND ASSOCIATED FACTORS AT SENIOR CLASS ELDER CARE TECHNICIAN STUDENTS

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**Introduction:** Elder Care Technician (ECT) is a personal, graduated after 2-years education from health services vocational school elder care program. The aim of the study is determine the elderly care senior student's occupational anxiety level and the factors that affect it.

**Methods:** A cross-sectional study was carried out with the participation of senior students attending Karabuk University Vocational School of Health Services Elderly Care Program. As a means of data collection a questionnaire used which include conditions related level of information about the department, occupational definitions and working fields. In addition this Beck Anxiety Questionnaire was used. It was estimated that relationship between anxiety levels and professional perspectives.

**Results:** 159 students participated (age  $20,98 \pm 1,80$ , 26,4% men, 73,6% women) from total 186 students (85.48%). 51,6% is satisfied with the program, 90,6% of them have occupational anxiety about future of the ECT. 52,2% of the students reported that there is no differentiation through professional definition among the elderly care staff. There was no correlation between the general anxiety levels of the students and the variables being questioned.

**Conclusion:** The majority of students are satisfied with the department and stated that the need for their profession will increase in the future. Besides this, the high level of occupational anxiety contradict the listed results. The main cause of occupational anxiety seems to be the lack of professional definition among the elderly care staff.

## ASSESSMENT OF COMMUNICATION SKILLS OF FAMILY MEDICINE, INTERNAL MEDICINE AND SURGERY RESIDENTS

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<sup>2)</sup>*Yuksekk İhtisas University, Faculty of Medical Sciences, Ankara, Turkey*

**Introduction:** Communication skills are essential for medical practice therefore many medical schools have added communication skills training to their curricula in recent years. Objective: The aim of this study is to determine and to compare communication skills attitudes of family medicine, internal medicine and surgery residents.

**Materials and Methods:** Family medicine, internal medicine and surgery residents of three training and research hospitals in Ankara were included in this cross sectional study. Age, gender, marital status, graduation date, taking course about communication skills of residents were recorded and Turkish version of the Communication Skills Attitude Scale was used.

**Results:** A total of 116, 58 (50%) family medicine, 30 (25.9%) internal medicine, 28 (24.1%) surgery residents were included. Of the residents 50% (n=58) was female, 50% (n=58) was male, 58.6% (n=68) was married. Mean age was  $29.47 \pm 4.63$  years. The rate of residents who has taken communication course was 59.5% and 56.5% of them has taken it at medical school. Mean positive attitude scale (PAS) score was  $57.89 \pm 8.77$ , mean negative attitude scale (NAS) score was  $26.66 \pm 5.82$ . PAS scores of female residents were higher than males ( $p=0.01$ ),

PAS scores of residents who has taken communication course were higher than others (p=0.01), PAS scores of family medicine residents were higher and NAS scores of them were lower than internal medicine and surgery residents.

**Conclusion:** The communication skills attitudes of family medicine residents were better than internal medicine and surgery residents.

## DETECTION AND DISCRIMINATION OF DIABETIC RETINOPATHY LESIONS BY TRAINED NURSES

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**Introduction:** Epidemic of diabetes mellitus is worsening by the lack of ophthalmologist needed for detection diabetic retinopathy (DR) and initiation prompt treatment. To cope with the problem, a group of nurses were trained to screen for DR

**Introduction:**To evaluate diabetic retinopathy lesions diagnostic performance of the trained nurses.

**Materials & Methods:** Sixty single-field mydriatic digital fundus images were prepared and defined lesion by retinal specialist. There were total 35,798 lesion documented. Twenty nurses trained for DR interpretation were asked to detect and classify DR types of lesions including not DR lesion. Each lesion identified was compared to the specialist defined lesion. Analysis of the results of the study was done by classification of the concordant types of lesions interpreted by nurses and the specialist as true positives and classification of discordances as false positive. True positive rates and 1-false positive rates were reported as sensitivity and specificity respectively.

**Results:** The number, the sensitivity and specificity of exudate (11992; 54%; 81%), neovascularization (1522; 51.6%; 97%), hemorrhage(13293; 43%; 72%), microaneurysm (6521; 39%; 81%), venous beading(512; 32%; 98%), vitreous hemorrhage(239; 21%; 99%), cotton wool spot(876; 19%; 96%), and IRMA(843; 5%; 99%)

**Conclusion:** Poor performance of trained nurses in detection diabetic retinopathy lesions even the serious lesion such as vitreous hemorrhage.

## RESIDENCY IN FAMILY MEDICINE IN CATALONIA: ELECTIVE ROTATIONS

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**Introduction:** There are 899 family medicine residents in Catalonia, 246 in their first year (R1), 214 R2, 222 R3 and 217 R4. This specialization is offered at different GP training schemes (TS), throughout Catalonia. Each TS's program is based on the Ministry of Health's 2005 guidelines.

**Objective:** Analyze family medicine training elective rotation distribution in Catalonia, to discover training differences according to residents.

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**Methods:** Descriptive design study realized in Catalan Primary Health. Selection criteria: first through fourth year residents. A prepared questionnaire was emailed to all Catalan family medicine TSs, from February to April 2016.

**Results:** We received 122 answers (13.6%): 18 (14.75%) R1, 20 (16.39%) R2, 34 (27.87%) R3 and 50 (40.98%) R4. Responses came from all TSs.

Elective rotation duration varied among TSs, most were 1-4 months. Each TS defines how these rotations have to be split amongst the residency, most residents have to complete these during their 3<sup>rd</sup> year (53.3%).

From all the responses, 84 respondents had completed their electives. Required rotations residents repeat as electives include: cardiology, ER and pediatrics amongst others. 65.48% chose new rotations, including radiology, ambulance area and palliative care. 21.43% chose external rotations, including community medicine in Argentina, rural medicine in Uruguay or Scotland, and primary health in Denmark or Ireland.

Finally, according to the residents, electives are useful for completing subspecialty training and to strengthen experience in too-short rotations or those unavailable in required areas. Some are focusing on training in chronic pathologies or community health, while others are choosing to gain further medical experience in other countries.

**Keywords:** Elective rotations, Family medicine, Catalonia

## IRISH GP TRAINEES PREPAREDNESS FOR ADVOCACY ON BEHALF OF PATIENTS

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**Introduction:** Advocacy on behalf of patients in general practice is an important skill for general practitioners (GPs). As GPs we are well placed to advocate on behalf of patients as we are at the front-line of the healthcare system. The importance of advocacy is highlighted both in national and international guidelines across Europe. Indeed, acting as an advocate is considered a "key role" for the profession in the WONCA definition of general practice. Evidence published internationally has found that GPs and trainees believe advocacy is a significant part of their role, but that they feel they are not adequately trained to carry this out effectively.

**Methods:** An online survey was distributed to all attendees at the 2016 Irish National GP Trainee Conference by email. Survey questions were based on those used for a recently published study of Canadian family medicine residents. Responses were evaluated using Microsoft Excel.

**Results:** Fourteen GP trainees responded; ten females and four males. Half were in their third year of a four-year training scheme. Nearly all survey participants stated a willingness to advocate for patients, and over 80% had advocated on behalf of patients during their training. Only 15% of participants had ever received formal advocacy training. 100% of respondents felt advocacy training should be offered to both medical students and GP trainees. Trainees were then asked to give examples of their participation in advocacy.

**Conclusions:** Irish GP trainees feel that advocacy is a very important part of their role, and they are eager for formal training in this regard.

## IS AN EDUCATIONAL INTERVENTION ON INHALATION DEVICES EFFECTIVE FOR PRIMARY HEALTH CARE PROFESSIONALS?

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**Background & aim:** This study aimed to analyse and compare the level of knowledge among primary care professionals before and after completing a theoretical class and a practical workshop on the following inhalation devices: Turbuhaler®, Accuhaler®, Handihaler®, Easyhaler®, Breezhaler®-Aerolizer®, pressurized cartridges(ICP), chambers, Respimat®, Novolizer®-Genuair® and NEXThaler®.

**Material and methods:** Pre-post intervention study was conducted in two primary care centres in Barcelona. The sample included 53 professionals, 40(75.5%) women, mean age 42, doctors(58.5%) and 22 nurses(41.5%). Participants were subjected to the same individual pre-post intervention survey. The task consisted of explaining in detail the technique of 10 inhalation devices. Descriptions of the steps to use inhalers were recorded. Variables: sex, age, professional level and knowledge of the different types of inhaler. The results were obtained by comparing the percentage of right answers in the first survey with that of the survey performed after the educational intervention.

**Results:** The attendance was 52% for theoretical class and 45.28% for practical workshop. Regarding the knowledge of the devices, the 3 best known were ICP(100%), chambers (100%); and Handihaler®(96.2%). The right answers increased the most in the following devices: NEXThaler®(from 21.7% to 73%) and Breezhaler®-Aerolizer®(from 42% to 84.9%). A generalised increase in the knowledge of inhalers was observed, since the percentage of right answer raised from 36.35% in the pre-survey to 48.88% in the post-survey among doctors and from 37.09% to 44.76% among nurses.

**Conclusions:** Providing educational workshops to public health professionals has proved to be a successful measure to increase knowledge of different inhalation devices, appropriate demonstration and awareness of side effects.

## GLOBALISATION OF GENERAL PRACTICE: THE GLOBAL HEALTH CAPABILITY FRAMEWORK

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**Introduction:** In our increasingly interdependent world, global health is of growing importance to healthcare professionals. With rising migration and shifting disease patterns, General Practitioners (GPs) are faced with the challenge of delivering high quality care to multicultural communities with diverse needs. GPs also require an understanding of, and the ability to respond to the effects of globalisation on health and health systems.

**Objective:** To determine competencies in global health relevant to GPs and speciality doctors.

**Methods:** The Academy of Medical Royal Colleges' International Forum commissioned research into what skills medical professionals in postgraduate training need in order to respond to the impact of globalisation on health. A modified Delphi process including an online survey, face-to-face and telephone interviews was conducted to develop core global health competencies that could be used across all post-graduate curricula.

**Results:** 250 stakeholders participated including patients, doctors, nurses, the public, policy makers and allied health professionals. All participants stated that Global Health competence is essential for doctors.

The five core global health competencies were defined as:

- Diversity, human rights and ethics
- Environmental, social and economic determinants of health
- Global epidemiology
- Global Health Governance
- Health systems and health professionals

These have been published as a capability framework which is easily accessible. Discussions were instigated across all UK Royal Colleges and there has been a positive response from the curriculum leads at the Royal College of General Practitioners to include fundamental Global health capabilities into the postgraduate GP training curriculum.

## ATTITUDES TOWARDS FAMILY MEDICINE AT THE END OF DEGREE OF MEDICAL STUDENTS WHO TOOK A SPECIFIC COURSE ONE YEAR BEFORE

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**Background:** A course in Family Medicine (FM) could dispel possible negative stereotyping about the specialty and instil in students a greater interest about it.

**Objective:** The aim of the study is to determine changes in the knowledge of and attitudes towards FM between 5<sup>th</sup> and 6<sup>th</sup> year of the degree of medical students who completed a course in FM in their 5<sup>th</sup> year and a pre-degree rotatory in their 6<sup>th</sup> year.

**Method:** This is a cohort study, at the Albacete Medical School, in the 2014-2015 and 2015-2016 academic years.

Students were asked to respond to the brief CAMF (Spanish acronym for "Knowledge and Attitudes towards Family Medicine"), a questionnaire with 21 closed response items (5 options on a Likert scale). The questionnaire also contained items on the socio-demographic and academic characteristics of the students. They responded at the end of the academic years.

Statistical analysis was performed with SPSS 17.0: descriptive statistics and comparison of proportions and means/medians for related data.

**Results:** We obtained responses from 36 and 95 students, respectively at the 5<sup>th</sup> and 6<sup>th</sup> year. At the 6<sup>th</sup> year, students had a median age of 23 years, interquartile range (IQR): 23-24; 66.3 were women.

After completing the FM course 41.7% of students said they would like to become a family doctor in the future, and 60.6% at the end of the degree (p=0.003).

The median of the CAMF score increased from the 5<sup>th</sup> year [25.0 (IQR:17.0-27.0)] to the 6<sup>th</sup> year [27.0 (IQR:20.0-30,0)] (p=0.001).

## II JORNADAS DE INTERNOS DO ACES LISBOA NORTE - HOW TO PLAN A CONTINUOUS MEDICAL EDUCATION EVENT DURING RESIDENCY

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**Introduction:** In October 2016 a group of family medicine residents organized a continuous medical education (CME) event called *Jornadas de Internos do ACES Lisboa Norte* in Lisbon, Portugal. This event aimed to do an update of the latest improvements in practice, specially developed for Primary Care.

Family doctors (FD) should not be constrained to their own medical office or health center. The excellence of their work must include a continuous update of their knowledge that can reflect on their daily clinical practice. As residents, we believe that sharing experiences and know-how is an important initiative during training.

**Objective:** To describe the experience of organizing a CME event during family medicine residency, listing positive aspects and presenting the difficulties encountered, in order to inspire other colleagues.

**Methods:** We aimed to promote a dialogue between hospital specialities and FD. The themes selected for this edition were Neurology, Psychiatry and Musculoskeletal pathology. We also had problem-discussion sessions in order to clarify doubts and daily uncertainties of all participants.

We also promoted the scientific work of our colleagues and organized workshops focusing on different topics, such as, sexual dysfunction, chronic pain, chronic obstructive pulmonary disease and insulin therapy.

**Discussion:** The experience of organizing a CME event had a positive impact in our residency, on a personal and professional level. The feedback received from our participants was extremely positive. We believe that projects like this should be encouraged and are extremely valuable to keep FD updated and connected to other colleagues.

**Key words:** medical event, conference, family medicine residency

## AN ANNUAL THREE DAY RETREAT IN PALLIATIVE CARE FOR FAMILY MEDICINE RESIDENTS

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**Introduction:** Palliative care in the home setting has become an integral part of family medicine. However, palliative care education has not yet been sufficiently adopted into the family medicine residency curriculum. Furthermore, residents and specialists have repeatedly expressed a lack of self-efficacy in their ability to provide high-quality palliative care.

Over the past four years, our Department of Family Medicine conducted an annual three-day retreat devoted to palliative care training for residents in family medicine.

**Objective:** To promote resident's palliative care competencies and sense of self-efficacy in their ability to provide appropriate palliative care.

**Methods:** The program format was divided into 3 categories: (i) "Chosen area of focus" in which, every year an area of focus was chosen according to a residents' needs assessment and

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was addressed on four levels: Knowledge, psychosocial, communication and spiritual; (ii) “Building physician resilience”; and (iii) “Ethical and philosophical discourse and discussion”. Modes of learning included: lectures, simulation workshops, large and small group discussions, films, balint-groups, and mindfulness training.

The three day retreat took place in a country side hotel, participation was not mandatory.

**Results:** The residents positively evaluated the retreat content and format. Qualitative post retreat evaluation demonstrated high levels of satisfaction from the program. Consistent high rates of participation were maintained over the years.

**Conclusions:** The intense three-day experience in isolation from the “everyday life”, combined with structured content, based on repeated needs assessments, allows for profound learning processes to take place, necessary in the field of palliative medicine and otherwise difficult to achieve.

## FAMILY MEDICINE 360° - GLOBAL EXCHANGES FOR YOUNG FAMILY DOCTORS

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**Introduction:** Exchange programs offer the possibility to develop Family Medicine by facilitating communication and taking ideas across different geographical locations and cultures. Motivated by the incredible experience that is the Hippokrates program, junior Family Doctors got together and developed the “Family Medicine 360°” program, the global exchange program for trainees and young FDs.

The first meeting for a potential international exchange program for junior FDs was held during the 20<sup>th</sup> WONCA World Conference in Prague and young doctors have been developing this project since then.

**Objective:** Family Medicine 360° is a global exchange program for junior FDs that wants to promote intercultural dialogue and provide participants the possibility to learn how family medicine is practiced in different parts of the world, so as to disseminate best practices globally and provide a useful learning experience for junior GPs and family doctors.

**Methods:** Exchanges are organized thanks to the collaboration of WONCA's seven Young Doctors' Movements. Visitors have to complete a template where they are required to state their learning objectives and discuss them with their host, prior to the exchange.

**Results:** Since 2013, the Family Medicine 360° program had 383 inquiries and organized 59 successful exchanges. Seeing different Health Care systems has made it possible for visitors to experience alternative ways or providing healthcare as well as have come up with improvements for their own practice. These intercultural exchanges allow young doctors and hosts to be prompted with new ideas that can trigger changes in their own practice and so, ultimately, lead to the improvement of Primary Care.

## THE CONTINUING MEDICAL EDUCATION SYSTEM FOR GENERAL PRACTITIONERS IN THE CZECH REPUBLIC

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**Introduction:** The competency of General Practitioners (GPs) is based on comprehensive Specialisation Training and Continuing Medical Education (CME). To maintain and develop their qualification, a CME system for GPs in the Czech Republic (CR) has been established by the Czech Society of General Practice (CSGP) under the rules of Czech Medical Chamber and Medical Association of Jan Evangelista Purkyně.

**Objective:** The aim was an assessment of existing CME system for the GPs with regards to infrastructure and attendance and its contribution for meeting criteria of Czech Medical Chamber.

**Methods:** CSGP database on CME activities and attendance was used for analysis.

**Results:** There are 5,200 GPs in the CR. Every year the CSGP offers the following CME possibilities: a free edition of the Medical magazine for GPs *Practicus*, studies and research through publications and textbooks for GPs, e-learning products, two national conferences for GPs, five weekend seminars and 140 regional seminars across the country. On the basis of an analysis of these actions organized by the CSGP, the regional seminars are the most followed – they created more than 10 000 educational contacts a year. Also the conferences were well attended with almost 3000 contacts a year.

The CSGP succeeded in developing the infrastructure of CME system in the CR well attended by GPs. A majority of GPs via this CME system met the criteria required to obtain the Diploma of CME from the Czech Medical Chamber.

## THE TRAINING OF HEALTH PERSONNEL ENHANCES THE QUALITY OF ANTICIPATED DECISION PLAN

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The Chronicity process is a consensual set (CATSALUT) of actions that lead to a greater follow-up, control and knowledge of the will of the chronic patient. The Shared Individualized Intervention Plan (PIIC) is a computerized document for universal consultation throughout Catalonia, designed to support clinical and end-of-life decisions. It records the recommendations in case of crisis (RCC) and the Plan of Advanced Decisions (PDA).

**Objectives:** To know the quality of the registry of RCC and PDA present in the PIIC in advanced complex chronic patients (MACA).

To evaluate the increase of quality of registration in the PDAs in MACAs after training and follow-up actions in the health professionals.

**Material and methods:** Semi-urban typology equipment; Two Primary Care Centers and three local clinics. Adult population attended: 32.68. Cross-sectional study with cuts at 12/31/2015 and 06/30/2016. Data extracted from Business Objects (BO) of the Metropolitan Management Nord and Internal Audit. Data comparison: Pearson  $\chi^2$

It is accepted as correct quality if it is useful as expressed. Training sessions are scheduled. Monthly monitoring of data. Semi-annual audit.

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## Results:

1.- December 2015: prevalence 0.43; 59.88% of PDA performed; Correct quality in 33.98%.

June 2016: prevalence 0.40; 78.52% of PDA performed; Correct quality at 69.53%.

2.- Comparison Registry: Chi2 = 13.59; P <0.01; Quality comparison: Chi2 = 7.21; P <0.01

## Conclusions:

-1.- Significantly improve results in registration and quality after training and follow-up of the process.

-2.- It is necessary to continue to involve professionals in the excellence of the quality of the registry

## HEALTH PROMOTION - AN OPEN DAY OF A PORTUGUESE FAMILY HEALTH UNIT

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**Introduction:** The health education of patients, with the propose of their own capacitation, can promote a provision of population health care. Health promotion activities help to increases health literacy.

**Objective:** Describe and evaluate the activities developed in the “1st Open Day” of a Portuguese Family Health Unit.

**Description of the activity:** We held an event with the objective of increasing health literacy and promoting community integration in our Family Health Unit (USFO). During five hours, divided in two periods, we promoted theoretical and practical sessions and educational activities covering the areas of contraception, arterial hypertension, diabetic foot, nutrition, screening, maternal and child health, combat of solitude, fall risk and practical operative aspects of our unit. Those activities had the collaboration of 29 health professionals (doctors, nurses and technical assistants) and the participation of 63 community members, 42 women and 21 men, with age between 1-84 years. At the end, each community participant filled an evaluation questionnaire.

**Conclusions:** The activities carried out during the first day of the USFO helped on the approach of our health unit to the community. The community members who had participate on the event were able to improve their knowledge and learn new attitudes and values that will support a better self-care and health.

## SOCIAL MEDIA AND HEALTH SCIENCE STUDENTS: CURRENT PERSPECTIVE AND WHERE WE ARE GOING

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**Introduction:** Social media have become the main tool of communication and access to information in our days. Its applicability has made it reach many areas, being more and more present in the field of health.

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**Objective:** To determine how the students of Health Sciences of the University of Castilla La Mancha in Albacete (UCLM-AB) use the social media and perceive their opinion on the applicability that these could have.

**Methods:** Transversal study. In 2015-2016, 176 students of Health Sciences at the UCLM-AB (Medicine, Nursing, Pharmacy) were invited to respond to a questionnaire specifically designed online. The project was previously approved by ethics committee.

The answers were coded and entered in a computerized database, with the program SPSS 17.0. Statistical analysis has included comparison of proportions (chi square) and means (Student's t / non-parametric tests).

**Results:** The majority of the participating students corresponded to the degree of Medicine (54%). The median age was 20 years (interquartile range 19-22), 71% were girls. 91.76% (95%CI: 87.33-96.19) believed they had not shared information that might have breached patient confidentiality. 61.62% would not be willing to post their facebook address on their curriculum vitae (95%CI: 54.07-69.18). 36.99% (95%CI: 29.51-44.47) think that certain information from their social media could be detrimental to their future work, and 44.82% of the participants willing to hire a private service to remove such information from the network (95%CI: 37.15 -52.5).

74.28% believe that social networks can be useful in their future work (95%; CI 67,52-81,04) and think that they should be given a course that teaches how to make a correct use of social media (95%; 61.93%, CI 54.47-69, 38)

## CZECH SOCIETY OF GENERAL PRACTICE - INTRODUCTION

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**Introduction:** The Czech Society of General Practice (CSGP) is an organizational component of Czech Medical Association Jan Evangelista Purkyně. CSGP will reach 40 years of its existence next year. During the last decades CSGP has transformed into a well organized body with an infrastructure for continuous medical education (CME) and information exchange, collaboration across the country, primary care research and project development. It serves as a reference body for the Czech government, medical universities and postgraduate medical schools. CSGP has developed into a successful host of international events.

**Objective:** To provide an overview of all CSGP activities around the year. To assess to which extent these activities respond to the needs of general practitioners in the Czech Republic.

**Methods:** A database of CSGP activities including the number of contacts with GPs around the year 2016 and their feedback was used as a source for information.

**Results:** CSGP organized 140 regional CME meetings a year (14 meetings a month) with 10 000 contacts with GPs. Another 5 CME meetings were organized on weekends. Two conferences on national level attracted almost 3000 participants. The standardized feedback showed positive response. The CSGP membership is growing and represents a high majority of the 5200 Czech GPs. CSGP publishes a scientific journal Practicus with 6000 issues on monthly basis, provided e-learning, e-library and website. CSGP has established a

sophisticated system for creating and updating practical guidelines and their implementation. CME lessons introduce also the knowledge learned from national representatives in different WONCA networks.

## 2.9. Undergraduate teaching

### MENTAL HEALTH ISSUES AMONG MEDICAL STUDENTS

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**Introduction:** Mental health issues among medical students are common due to the predisposition and situations. This is compounded by the fact that their ages between 18-24 years are particularly at risk of developing anxiety, depression and other psychiatric comorbidities.

**Objective:** Our study aimed to explore the most common types of mental health issues encountered by the students at Newcastle University Medicine Malaysia (NUMED), which is a branch campus of the UK Newcastle medical school in Malaysia.

**Methods:** This is a retrospective cross sectional study conducted between July 2015 and August 2016 among all medical students at NUMED. All students referred for mental health issues had proper consultation sessions carried out by our independently appointed panel of family physicians and psychiatrists.

**Results:** There were 52 out of 509 medical students (10.2%) referred to the student support services for various mental health related problems. Anxiety topped the list of the mental health issues (n=37, 71.2%), followed by depressive disorder (n=20, 38.5%) and others such as adjustment, sleep and eating disorders (n=10, 19.2%). Of the 20 depressive students, half of them had suicidal risks. Majority of the referrals were from Stage 2 (21.2%) and Stage 3 (53.8%), with a steep reduction of cases referred in their final two years of medical studies. Findings serve as a reminder to all medical educationists to be more vigilant in identifying mental health issues among medical students, especially the early clinical years. Prompt referral, appropriate interventions and adequate support for these students are crucial in preventing the worsening of their mental health conditions.

### HEALTH-RELATED QUALITY OF LIFE AND INFLUENCING FACTORS AMONG CPIRD MEDICAL STUDENTS AT SURATTHANI HOSPITAL MEDICAL EDUCATION CENTER, THAILAND

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**Introduction:** The Collaborative Project to Increase Rural Doctors (CPIRD) is a rural medical education programme in Thailand that aims to attract and retain rural doctors. Normal tract students take three years of clinical study in university hospitals while CPIRD students receive training in accredited regional and provincial hospitals of the Ministry of Public Health.

**Objective:** To explore factors influencing the health-related quality of life (HRQoL) among CPIRD medical students at Suratthani Medical Education Center.

**Methods:** This cross-sectional study, 113 medical students (94.2% response rate) completed the EQ-5D-5L which is a self-reported generic HRQoL questionnaire. The 95% confidence intervals were computed using a 1000 resampling bootstrap analysis.

**Results:** The average EQ-5D score was 0.77 (male 0.82, female 0.78). After evaluation of each dimension, level 1 had basically no problem (76%) while the self-care dimension was the best (97%) followed by the usual activities and mobility dimensions (78%). Half of them had anxiety/depression and pain/discomfort dimension problems (10% in moderate to severe). The EQ-5D score worsened by working more than 10 hours/day during workdays with a mean difference of 0.08 (95% CI 0.02, 0.15) and sleeping less than 6.5 hours/day during workdays with a mean difference of 0.09 (95% CI 0.16, 0.02).

**Discussion:** Long working hours and short sleeping hours depended on medical students' attitudes and the medical education system. Effective ward round teaching is one of the key issue such as organize dedicated teaching round or planned approach to bedside teaching.

**Conclusion:** The long working hours and less sleep were associated with low HRQoL. A qualitative study may be appropriate to explore in depth the 10% of moderate to severe dimensions (anxiety/depression and pain/discomfort).

## THE PATIENT-PHYSICIAN RELATIONSHIP FROM THE PERSPECTIVE OF PATIENTS AND MEDICINE STUDENTS OF A MEDICAL SCHOOL

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**Introduction:** Empathy is an essential skill for a good patient-physician relationship, which has impact on the treatment adherence and on the prognosis. Objective: Evaluate the empathy of the students of a medical school in Ribeirão Preto - Brazil.

**Methods:** The Jefferson Scale of Empathy (JSE) was applied to 35 medical students of the fifth and sixth year and the scale Consultation and Relational Empathy (CARE) was applied to the 35 patients after their consultation with these students. The JSE maximum score is 140, each question worthing up to 7 points, and the CARE maximum score is 50, each question worthing up to 10 points.

**Results:** The mean CARE score was 38.6 (77.2%), and for the JSE the mean score was 118.48 (84.62%). In the JSE, the question that achieved the highest mean score was if attention to patient's emotions is important in patient interviewing, with an average of 4,42. The answer with the lowest mean score was if physicians should try to stand in their patients shoes when providing care to them, with an average of 0,25. In the CARE, 12 questionnaires had the maximum score and the question with the lowest mean score was about the importance of showing care and compassion for the patient, with an average of 2,5.

**Conclusion:** The study demonstrated that students realise themselves more empathic in clinical practice than the perception of the patients after their consultation. This may indicate a lack of empathy, even though the students understand the importance of it.

## HEALTHCARE STUDENTS PERCEPTION OF THE BRAZILIAN PUBLIC POLICY

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**Introduction:** Brazil has a social security model, implemented by the 1988 constitution, which gives all Brazilian citizens the right to health and demands health services from the State. However, many Brazilians have private insurance and do not recognize the Brazilian Public Health System (SUS) as a health insurance plan. Objective: To identify the perception among healthcare students of the Brazilian Public Policy.

**Methods:** An open survey with the question: "Have you got health insurance?" was applied to undergraduate students of six distinct courses: cosmetology, biomedicine, nursing, physiotherapy, veterinary and social work.

**Results:** At cosmetology, 10 (58,8%) undergraduate students said that they have only private health plan; at biomedicine, 25 (65,8%) students; at nursing it was 34 (66,7%); at physiotherapy, 42 (68,8%) students; at veterinary medicine this number was 21 (72,4%) and, finally, at social work, it was 22 (68,75%) students. The number of students that included SUS as a health insurance ranged from 2 individuals, at cosmetology (11,8%) and biomedicine (5,2%), 3 individuals at physiotherapy (4,9%), veterinary medicine (10,3%) and social work (9,4%), to 8 students at nursing (15,7%).

**Conclusion:** Although SUS is present in everyday life of all Brazilian citizens, the population does not recognize it as a health plan, including healthcare students. This is a weakening point of the SUS, already discussed in the 2006 Health Pact, and efforts must still be made by public administrators and health professionals so that all Brazilians recognize the comprehensiveness of this public health policy and fight for the permanence and improvement of SUS.

## ERRATUM TO: IDEALISM IS THE MAJOR DETERMINANT OF MEDICAL STUDENTS CHOOSING THEIR FUTURE SPECIALIZATION

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**Introduction:** After graduating from medical school, medical students have to decide a career path to pursue for further specialization. The 6th year students, who are the last year of the Faculty of Medicine, enter the Medical Specialization Examination (TUS) to make specialty choices after graduation.

**Material and Method:** Our research is a cross-sectional questionnaire study conducted to the 6th year medical students of Çukurova University Faculty of Medicine who continued to study in the 2015-2016 academic year. The sample was 60 medical students selected randomly among these students, 50 of these students participated in our study.

**Results:** A total of 50 people participated in the study. Thirty-seven (74%) of the participants were male and 49 (98%) of the participants were single. The mothers of 35 (70%) of the respondents were housewife, 13 (26%) worked as civil servants and 2 (4%) were self-employed. The fathers of 9 (18%) participants were retired, 20 (40%) were civil servants, of 16 (32%) were self-employed, 3 (6%) were farmers and 2 (4%) were laborers. Forty-two (84%) of the participants did not work during their educational life in medical school to earn

money and 8 (16%) had to work in a number of jobs. 27 (54%) of the participants completed their Year 6 Family Medicine internship. While the vast majority of the participants were directed to one of the Internal branches with family (%44) and society influences (%26), they also moved away from Family Medicine and Surgical branches due to the influence of their families and society. Surgical branches are mostly preferred by reason of financial attraction (%36).

## BURNOUT IN UNDERGRADUATE MEDICAL STUDENTS

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**Introduction:** Burnout is a stress-related syndrome which includes diminished senses of accomplishment and exhaustion may happen in undergraduate medical students with subsequent influence over their health, professionalism, and patient care.

**Objective:** To explore aspects of burnouts in undergraduate medical students.

**Methods:** Literature review of Burnout in undergraduate medical students.

**Results:** The unsatisfactory aspects of the learning environment, over workload and a feeling one's efforts are meaningless or irrelevant may contribute to burnout. This may lead to detachment from patient and self, damaging a sense of self, and impeding the development of a mature, well-integrated professional identity. Problem areas included competences in clinical skills and handling stressful situations alone. Despite extensive practical training, medical students with burnout still face some problems in the transition from education to work.

Preventive measures such as optimizing the learning environment as well as more assistance and debriefing will enhance medical student's well-being. Share one's thoughts, feelings, and experiences with colleagues, close friends and family. Be honest with yourself and learn to forgive so that you have the strength to move forward after an adverse incident.

Particular attention should be addressed to increasing physical activity, improving dietary choices and encouraging medical students to engage in enjoyable activities that nurture their spirits and create a sense of balance, schedule time-out periods and pursue hobbies. Encouraging medical students to make healthier lifestyle choices early in their medical training life may reduce the likelihood of burnout development.

## WHAT PROCEDURES DO TEACHING GENERAL PRACTITIONERS USE WHEN USING THE MINICEX AND DOPS TO ASSESS STUDENT PERFORMANCE?

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**Introduction:** Teaching general practitioners (GPs) assess the performance of students in their general practices (4 weeks period) during the clinical practical year (year 6 at University) by using the MiniCex (Mini Clinical Evaluation Exercise) and DOPS (Direct Observation of Procedural Skills). To determine whether GPs understand these tests and to

find out what procedures they choose to measure performance, we analyzed students' test sheets from September to December 2016.

**Objective:** To find out what procedures teaching GPs select and to determine whether they assign them in the right way either to MiniCex or DOPS.

**Methods:** We collected 320 test sheets over a 4-month period, after the students had finished their clinical practical year inclusive their 4 weeks internship in a GPs practice.

**Results:** For the DOPS (n=167), intramuscular injections, n=30, were chosen most often, followed by intravenous medication applications, n=24, blood taking, n=20, and applying a urinary catheter, n=11. For the MiniCex (n=153), targeted medical history taking, n=33, was selected most often, followed by screening examinations, n=30, and examinations of persons with a viral infection, n=13.

7 unsuitable procedures were chosen for the DOPS and 12 for the MiniCex.

**Discussion:** In the analysis, we found that GPs tend to choose same procedures. For 4 % of the DOPS and 12 % of the MiniCex, the selected procedures were unsuitable. In order to provide a wider range of procedures and to avoid the use of unsuitable ones, it is necessary to provide teaching GPs with structured and repeated support.

## THE CONSISTENCY OF ASSESSMENTS OF CLINICAL SKILLS OF MARMARA UNIVERSITY MEDICAL FACULTY STUDENTS BETWEEN TRAINERS AND STUDENTS

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**Introduction:** Using standardized/simulated patients and models and receive feedback from the trainer is a part of modern medical education. Self-assesment of the students also is a part of professional development.

**Objective:** The aim of this study is to investigate whether a consistency between trainers and students in terms of the asesment of clinical skills practice.

**Methods:** Voluntary 2nd and 3rd grade medical students were included to the study. Grade 3 students were trained about blood pressure and ankle brachial index measurement; Grade 2 students were trained about intramuscular injection, cardiopulmonary resuscitation (CPR) and "history taking". Then, students practices with models and simulated patients were recorded with a closed-circuit camera system. All of the records were assesed by two trainers and the students by check-lists. Nine third grade students and 19 second grade students who completed the check-lists were included the study. The consistency between trainers and the student was evaluated with Spearman correlation analysis.

**Results:** There were a low level of correleation for "history taking" skills ( $r=0.497$ ,  $p=0.03$ ); a high level of correlation for ankle brachial index and CPR ( $r=0.839$ ,  $p=0.005$ ;  $r=0.733$ ,  $p>0.001$ ) and no any correlation for blood pressure measurement and intramuscular injection ( $p>0.005$ ) between teachers and students.

## 2.10. Quality and safety of care

### DETERMINANTS OF CONSULTATION TIME AT A FAMILY MEDICINE CENTER

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**Aim of study:** To explore duration and determinants of consultation time at a family medicine center.

**Methodology:** This study was conducted at the Family Medicine Center in Ahad Rafidah City, at the southwestern part of Saudi Arabia. It was conducted on the working days of March 2013. Trained nurses helped in filling in the checklist. A total of 459 patients were included. A checklist was designed and used in this study. It included: patient's age, sex, diagnosis, type of visit, referral and its type, psychological problems and additional work-up. In addition, number of daily bookings, physician's experience and consultation time.

**Results:** More than half of patients (58.39)

### QUALITY INDICATORS FOR PRIMARY CARE

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**Introduction:** Quality indicators (QIs) are defined as measurable items referring to the structures, processes or outcomes of care.

**Objective:** The objectives of this study were: (1) to determine methods to develop QIs for primary care and (2) to investigate sets of indicators prepared in various countries.

**Methods:** Design: thematic literature review. Data sources: two bibliographical databases, PubMed and EMBASE (1980 – November 2016) and reference lists of articles. Study eligibility criteria: review, guidelines and primary study in English language, with a description of development and implementation of QIs.

**Results:** After removal of duplicates, 861 records were screened. Generally, two methods of QIs development were identified: (1) non-systematic (individual; not-structured group opinions), which are quick and can be used in primary care practices and (2) systematic methods (consensus conferences; Delphi method; nominal group technique; RAND method), which combine scientific evidence with professional opinion. A huge number of QI were developed and comprehensive sets of these include (in brackets country and number of indicators): the Measuring General Practice Project (Great Britain - GB and the US, 168), Quality and Outcome Framework (GB, 123), Assessing Care of Vulnerable Elders (the US, 392), OECD indicators (international, 16), RACGP (Australia, 16), the Quality Tool (Canada, 81), PC Monitor (Europe, 99).

**Conclusions:** There are still doubts about the most appropriate method of the development of QIs. The examples of the patients involvement to this procedures are rare. A large number of developed indicators creates opportunities for their transfer between countries, but the adaptation process is required.

## EXECUTION OF SAFER-ACCESS PLAN AT SERGIO VIEIRA DE MELLO FAMILY MEDICINE CLINIC – A CASE REPORT

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**Introduction:** The priority in expanding the Family Health Strategy in Rio de Janeiro is to focus on areas of greater social vulnerability. Accordingly, many of the Family Clinics are located in places characterized by a progressive rise in armed violence. In the first ten months of 2016, one third of the overall total clinics had to be shut down at some point due to armed confrontation in the immediate vicinity. Given such circumstances, there is a need for safety protocols. Hence, the Municipal Secretary of Health in partnership with the Red Cross implemented a safer-access plan.

**Method:** This study is a case report covering the firsthand experience of residents in the UERJ Family Medicine and Community program between September and October 2016 and working at the Sérgio Vieira de Mello Family Clinic in Rio de Janeiro City, and addresses execution of the safer-access plan during an escalation in violence due to armed conflict between rival gangs disputing control over drug sales in the aforementioned area.

**Results and Conclusion:** Despite the aim of the safer-access plan being to foster a sense of safety in professionals while in their work environment, reduce stress and coordinate contingency efforts when faced with violent situations, we perceived inconsistencies in standard procedures and flaws in plan execution, resulting in psychological trauma for the healthcare workers, drops in performance, and high turnover in the workforce.

## INTRODUCING THE QUALITY CULTURE IN SANT FELIU DE GUÍXOLS PRIMARY CARE TEAM (CATALONIA)

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**Introduction:** Catalan hospitals have been engaged in a reputable quality program since 1981. That has been very positive for our public health system, so this experience has been adapted by the Primary Care system. In 2009 the Catalan's Government Health Department developed 347 standards based on the EFQM methodology (European Foundation for Quality Management). All the Catalan Primary Care Teams had to go through the accreditation process before the summer of 2017. This is a cyclic process that will be repeated every 4 years.

**Objective:** To take the opportunity that the Accreditation process means in the fact to introduce the quality culture in our Primary Care Team and also to start using quality methodology in order to work for continuous improvement.

**Methods:** We wrote our strategic planning focused on quality culture and on the performance management strategy. We defined our critical procedures and examined our customer,

professional, society and key outcomes. Then we planned lots of actions based on performance analysis and proposals for improvement by using the creation of improvement groups.

**Results:** We achieved the Quality Accreditation from Catalan's Government Health Department with an excellent rate, 96,7%. External audit, such as the Accreditation, is a powerful tool for change. A new working methodology has been introduced in our organization and our health outcomes had improved to levels of excellence, as can be checked in the EQA (Healthcare Quality Standard, in Catalan) results, which on November of 2016 was 846,74 points over 1000, while the Catalan average was 732,94 points.

## WHAT DOES THE COMPLAINTS BOOK HIDE?

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**Objectives:** To monitor the number of complaints, suggestions and acknowledgments that take place in a Health Centre, in a period of three years (2012-2015), in order to improve the quality of the care system.

**Description:** By using the complaints book of the Health Centre, we have reviewed the records in the book from January 2012 to December 2015. We have analysed and classified them into three categories: complaints, suggestions and acknowledgments, according to the claimants' age and sex, the professional to which each claim is addressed and reasons of its issuance.

**Conclusions:** The total number of records obtained was 93: 27 in 2012 (29.03%), 10 in 2013 (10.75%), 34 in 2014 (36.56%), and 22 in 2015 (23.66%). Out of the total, 84 records were complaints (90.33%), 4 were acknowledgments (4.3%), and 5 were suggestions (5.37%). There was a higher proportion of records made by women (68, totaling 73.12%) than by men (25, totaling 26.88%). The average age was lower in women than in men (37.79 vs 42.97 years old respectively).

28 records were addressed to general practitioners (30.1%), 18 to nurses (19.35%), 16 to administrative staff (17.3%), 12 to the health system, 15 to paediatrics (16.14%), 1 to social workers (1.08%) and 3 to non-medical staff (3.22%).

Finally, users evaluated the attention received a total of 49 times (52.69%), and excessive waiting time on 19 occasions (20.43%); infrastructure deficit was addressed 14 times (15.05%), administrative deficit 10 times (10.75%), and on 1 occasion users mentioned other reasons (1.08%).

**Applicability:** The aim is to recognise the needs for effective actions in order to ensure the safety of the basic rights of the users of the Health System; with the goal of improving the care quality of our services and patients.

## COMBINED HORMONAL CONTRACEPTION IN WOMEN SMOKERS OVER 35 YEARS OF AGE - CONTINUOUS QUALITY IMPROVEMENT STUDY

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**Introduction:** Smoking while taking combined hormonal contraceptives (CHC) is associated with an increased risk of venous thromboembolism and acute myocardial infarction. The WHO classifies the use of CHC in women smokers aged 35 years and over as category 3 or 4, that is, the risks outweigh the advantages of using the method or the risk of using the method is unacceptable, respectively.

**Objective:** This study of continuous quality improvement was developed to sensitize health professionals to this fact, with the purpose of reducing the use of CHC in women smokers aged between 35 and 54 years (inclusive).

**Methods:** An evaluation of this situation was carried out at the Santa Clara Family Health Unit. In the second half of 2015, prior to the intervention, 123 women smokers between the ages of 35 and 54 attended family planning consultations, 7 women (5.7%) classified WHO category 4 and 22 women (17.9%) as category 3. An intervention was carried out among the professionals of the Health Unit, providing also the WHO wheel of medical eligibility criteria for the use of contraceptives.

**Results:** A new evaluation was performed after three months of the intervention. Of the 54 women smokers who attended family planning consultations, zero women were in category 4 and 5 women (9.26%) were in category 3. Thus, there was a decrease in the use of CHC in women smokers aged between 35 and 54 years.

## AUDIT ON IMPROVING THE QUALITY OF REFERRALS

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**Introduction:** Referral letters sent by GPs to secondary care should be concise and contain key information in order to triage them efficiently. Good quality referral letters give valuable information to colleagues for effective further management and can also improve interdisciplinary cooperation.

**Objective:** To assess the quality of a sample of referral letters to ensure they contain all the appropriate information required by secondary care.

**Methods:** 15 referral letters from a period of 3 months in Summer 2016 were audited. Three referrals from five different doctors were analysed: one medical referral, one orthopaedic and one dermatology. The quality of referrals were assessed against a standard containing 11 domains: Reason for referral in first line, symptoms and signs (with duration), investigations undertaken (with results), current management of the problem, past management, current medication (with doses), allergies, other medical history, social circumstances, GP's and patient's expectations from the referral.

**Results:** The majority of the referrals contained the key clinical domains. However, five domains were only included in less than 50% of the referrals. None of the referrals stated a 'reason for referral' in a separate line at the beginning of the letter. Results and recommendations were presented to the practice team. Actions: a cue card was issued to all doctors to remind them of the key domains to include in their referral letters and a re-audit will be conducted in 3 months. The results of the complete audit cycle will be presented at the conference.

## REDUCING MEDICATION ERRORS IN GP NETWORKS IN SWITZERLAND BY IMPLEMENTING EQUAM MEDICATION GUIDELINES

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**Introduction:** A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to many different factors. EQUAM is an independent Swiss institution which established specific guidelines to reduce such medication errors in daily practice of GPs.

**Objective:** Implementing medication guidelines in daily practices and evaluating the adherence and feasibility in a pilot study in 2016.

**Methods:** Assessment of the implementation process by evaluating the adherence level to the given guidelines over a time period of at least six months in several dozens of general practices in Switzerland.

**Results:** We show the degree of adherence regarding medication guidelines and discuss obstacles and challenges in daily care for such a complex implementation process. There are many independent factors that need to be critically addressed in health units to succeed in achieving low medication error rates.

## IMPLEMENTING IMPROVEMENT TEAMS IN A PRIMARY CARE HEALTH CENTRE. AN UP TO DATE OF THE PROJECT

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**Introduction and objective:** In 2011, our Primary Care Health centre decided to improve the work organization focusing in quality. After a SWOT (strengths, weaknesses, opportunities and threats) analysis we could know the need of more cohesion, sense of belonging, reinforcement of our values and virtues, better communication and more team-decision participation. For these objectives we designed a new organization in improvement teams (IT)

**Methods:** We defined 5 areas of improvement: Quality, training, research, communication and clinical care. From this, we defined the 5 IT. Each team is composed by maximum ten workers of any position. All teams meet weekly and every two months, a representative meets the direction board. Once a year, all members of the teams meet to expose and share all the work done and develop new ideas

**Results:** 72 of our workers voluntarily take part in the IT. Projects developed: a program of safety and quality in health care, an improvement organization plan, the creation of a web page of the centre, two lines of clinical research, a continuous training program and the creation of clinical care protocols. Through these we could reach better health care results monitored by the Catalan Government and improved the satisfaction of the workers monitored by a satisfaction survey.

**Discussion:** Work with IT helps to achieve the health care objectives and improve the working environment. IT work like innovation cells which are poorly used in medical

teams. They are highly developed in the entrepreneurship field and have demonstrated their utility in developing new ideas through co-innovation

## QUALITY OF PRIMARY HEALTH CARE SERVICES IN KOSOVO

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**Introduction:** The Accessible Quality Healthcare (AQH) project in Kosovo aims to improve health of the Kosovar population through strengthening healthcare providers and managers to meet the needs of the patients (especially vulnerable groups), and making patients more aware of their rights and needs.

**Objective:** The AQH project conducted a baseline study with the overall objective to measure the quality of care in PHC in 12 Kosovo municipalities.

**Methods:** The study is designed as a facility-based cross sectional study at 40 primary health facilities in urban and rural locations. It captures the overall structural aspects (40 infrastructure evaluations), process aspects (1013 clinical observations) and patient satisfaction after consultation/outcome (716 exit interviews).

**Results:** *Infrastructure evaluations-* The mean infrastructure score over all facilities is 57% (32% - 90%). Only two equipment items were functional and available at all facilities (stethoscope for adults and a thermometer). Only hydrophilic cotton, bandages and adrenaline/epinephrine are available in all facilities. *Clinical observations-* Applying measures of hygiene and infection prevention is a main concern. The average score for diabetes and hypertension related quality of care, is around 30%. Availability and use of patient records is very low. *Exit Interviews-* Despite slightly lower performances in the infrastructure assessment and clinical observations, reported satisfaction with the health services was higher in rural facilities.

**Conclusion:** The assessment revealed major weaknesses of the infrastructure, hygiene and infection prevention practices, use of clinical records, and the need for considerable for improvement of the consultation skills, including history taking, clinical examination and advice for the diabetes and hypertension.

## DO THESE PATIENTS EMERGE OR NOT?

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**Objective:** Emergency rooms are the uninterrupted service places where all cause of applications are answered. In our study we aim to evaluate the patient profile who applied to emergency room and determine how much of them are primary health care patients in fact.

**Methods:** We retrospectively evaluated the data of patients who came to Şişli Hamidiye Etfal Education and Research Hospital Emergency Room during the time of April-December 2016. The data consists patients' age, gender, diagnose, wanted consultations, transfer to observation room and admission to services of the hospital. The data had been analysed with chi square and student-t tests and  $p < 0,05$  was considered significant.

**Results:** The total number of applications to policlinic was 20669 and 10643(51.5%) of it was female and 10026(48.5%) of it was male. The average age was  $37.36 \pm 15.34$  (min 0; max 96). Consultation was asked from the 1278 (6.1%) of patients. The 933(4.5%) patients have been

transferred to observation room, 121(0.6%)of them were hospitalized. Majority causes of application were infections, musculoskeletal aches, neurology and GIS complaints . Increasing of age and the ratio of transfer to observation room were significant (P=0.00) but hospitalization were not (0.652). Also there is no significance found between gender and transfer to observation room and hospitalization (p=0.572; 0.546).

**Conclusion:** The majority of patients who applied to emergency room policlinics are outpatients. This situation increases the workload of emergency rooms and that might compromise the vital patients' need of emergency service. To prevent this the referral chain must be placed and the efficiency of primary health care services must be increased.

## **BURNOUT AND QUALITY OF WORK PROFESSIONAL'S LIFE OF TWO ORGANIZATIONAL MODELS OF RELATIONSHIP BETWEEN PRIMARY HEALTH CARE AND HOSPITAL CARE**

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**Objective:** To describe level of burnout and quality of work professional's life of Primary Care and their associated factors. Check if there are differences between those who belong to Integrated Care Management (ICM) and those who do not.

**Material and method:** Observational cross-sectional multicenter study conducted of six health areas. 411 professionals (medicine,nursing) Primary Care were evaluated. Variables: sociodemographic, occupational variables, Perceived-Stress-Scale, burnout (Maslach-Burnout-Inventory) and quality of work professional's life(CVP-35).Descriptive bivariate and multivariate statistical analysis.

**Results:** Burnout was observed in subscale "Emotional Exhaustion"(EE) in 28.2%, in subscale "Depersonalization"(DP) in 39.2% and in "Personal Fulfillment"(PF) subscale in 8.0%.The prevalence of bournout (affectation  $\geq 2$  subscales) was 20.7% and 53.3% had altered at least in one subscale. The percentage of burnout-EE (42.0% vs 26.7%, p=0.009) was significantly higher in professionals working on an ICM than burnout-DP (37.5% vs. 50.1% P=0.036) and burnout in at least one subscale (54.2% vs 67.6%, p=0.028). By multiple linear regression, considering different quality subscales as dependent variables, the variable "working in an ICM" was associated with a higher score "support-manager" subscale (B:0.439, 95% CI: 0.031-0.847) and "off workday" subscale (B:-0.850, 95% CI:-1.361-0.338), whereas not working on a ICM was associated with a higher score of the "workload" dimension (B: -0.870; 95% CI:-1.287- 0.454).

**Conclusions:** More than a half of professionals presented burnout at least one subscale. Burnout's percentage was different in both types of management. Working in ICM is associated a higher quality of managerial support and disconnection of workday, whereas doing so in a non-integrated management is associated with a higher quality of workload.

## INTERRUPTIONS TO THE MEDICAL CONSULTATIONS IN PRIMARY HEALTHCARE

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**Introduction:** Interruptions to the consultations are a common issue in primary healthcare (58,7%-94%). These interruptions affect the dynamic between doctor and patients, having a negative impact on doctor's performance. Although some of these are justified, it is necessary to decrease the number to the lowest possible.

**Objective:** To identify and decrease the number of interruptions in primary healthcare consultations.

**Methods:** This is a retrospective transversal study and was conducted in three healthcare centers in Minho region, Portugal. This study was divided in two phases. In the first phase, it was verified the frequency, type and source of the interruption to the consultations, identifying the dimension of the problem, in those three centers. After the data analysis, the results were discussed and intervention measures, appropriate to each healthcare center, were established and implemented.

The second phase will be complete in March 2017 and it will be verified the frequency, type and source of the interruption to the consultations, comparing the data from the two phases and evaluating the impact of the intervention measures.

**Results/Conclusion:** In the first evaluation, 209 consultations were observed, of those 43,1% (n=90) were interrupted, with a total of 130 interruptions and an average of 0,6 interruptions per consultation. The door (50%) and the phone (30,8%) were the type of interruption more frequently. The clinic secretary (27,7%) and the nurse (19,2%) were the source of interruption in the majority of the consultations.

This study allows objectifying a problem that interferes in the daily clinical practice. Although substantial, the number of interruptions was inferior to those found in literature.

## APPROACHES TO THE EVALUATION OF THE EQUITY AT THE PHC LEVEL (REPUBLIC OF KAZAKHSTAN EXPERIENCE)

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**Introduction:** Currently used methods of assessing social efficiency of health did not sufficiently reflect the current situation with issues of equity and accessibility of health care. The objectives of the study were to evaluate the needs, equity and accessibility of health care, prioritization and development of assessment system of justice.

**Methods:** The research methodology included the following stages: carrying out a sociological survey of the population, expert method of determining the indicators of justice for carrying out their ranking based on the methodology of goal setting and the development of science-based multifunctional assessment system of justice and determination of equity.

**Results:** The results of the survey revealed that the satisfaction of the population with medical care at 61.9%, total level of quality is at 69.2%, the overall assessment of the needs of medical services is at 78.12%, and the affordability assessment – 66.9%. The evaluation system of justice included the final indicators of equity (equality and accessibility),

intermediate indicators (quality, need, different kinds of accessibility) and small indicators (satisfaction, clinical practice guide, medicines, the right choice, the guaranteed volume of free medical care, psychological comfort, prevention of diseases, the remoteness of the PHC institutions, organization, time availability, qualifications of medical staff, personnel management, unified information system of health, media, policy pricing).

**Conclusions:** The study showed that the level of equity at the PHC level is 0.7 out of 1. This study will continue its focus on the improvement of the medical care provision system on a PHC level in Kazakhstan.

## 2.11. Rural care

### TYPE 2 DIABETES GROUP EDUCATION PROGRAM IN A RURAL AREA

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**Introduction:** The prevalence of Type II diabetes is increasing in both developed and developing countries, becoming one of the most critical health problems of our time. In urban areas education programs are created in order to help the population learn about the prevention and control of Diabetes, unlike rural areas, which are normally forgotten.

#### **Objective:**

- Create a group education program focusing on Type 2 Diabetes in a rural area in Alicante (Spain), and monitor the level of engagement and ability of the participants to integrate what they have learned.
- Promote healthy habits in rural areas through creative workshop activities in the community.
- Encourage the patient's autonomy in the control of type 2 DM by offering skills training
- Determine and answer patients' concerns about the disease and a correct diet

#### **Methods:**

- Customized conference about type 2 Diabetes and its complications
- Diabetic diet workshop
- Exercise plan and workshops for seniors

#### **Results:**

- High participation in the conference and workshop
- High acceptance and interest in learning patient autonomy
- Positive results in satisfaction questionnaire
- General interest in the continuity of health education programs
- Cheap, affordable and reproducible health program in other areas

**Conclusions:** Due to the high prevalence of type 2 diabetes and the advanced age of the population in rural areas, more educational programs promoting healthy practices should be developed in order to improve prevention and control of type 2 diabetes as well as other

chronic diseases. Moreover, populations in rural areas have shown interest in these services, a fact that should motivate the continuity of these programs.

## 2.12. Cross-cultural medicine

### STRENGTHENING HEALTH SYSTEMS THROUGH VOLUNTEERING AND HEALTH PARTNERSHIPS

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**Introduction:** In 2012 the Royal College of General Practitioner's (RCGP) Junior International Committee developed a partnership with Bwindi Community Hospital (BCH) in Uganda to promote and support primary health care within the healthcare system. The RCGP sends two GP volunteers (one qualified, one trainee) to BCH each year.

BCH started as an outreach clinic for the Batwa pygmy community in 2003, after they were displaced from the Bwindi Impenetrable forest due to gorilla conservation. The clinic developed into a 112 bed hospital, now serving a population of 100,000.

**Objective:** This collaboration provides the hospital with additional clinical and educational support and sustainable contributions to the development of systems and services. Volunteers are provided with unique opportunities for developing their clinical acumen whilst enhancing their skills in leadership, quality improvement, change management and teaching.

**Methods:** The clinical work involves running the adult inpatient ward, overseeing chronic disease clinics, supporting the outpatient department, developing clinical policies and providing supervision for staff. These roles and responsibilities instil a deeper appreciation for the challenges of delivering healthcare in resource-poor settings.

We provide in country leadership for the USHAPE (Uganda Sexual Health and Pastoral Education) family planning training initiative, currently supported by the Tropical Health & Education Trust (THET), including planning and coordinating staff training, community outreach and service development.

**Results:** Such partnerships are not merely about strengthening overseas health systems. These GPs return to the workforce with vastly enhanced personal and professional skills, benefiting their future practice, the development of systems and services and ultimately patient care.

### 'EQUAL ACCESS FOR EQUAL NEED': DISPARITIES IN CERVICAL SCREENING UPTAKE AMONGST WOMEN FROM ETHNIC MINORITIES IN THE UK

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**Introduction:** Uptake of cervical screening is reducing UK-wide. In addition, fewer women from ethnic minorities are engaging in the programme. Rising immigration, recognition of the cost-effectiveness of preventative medicine and a growing awareness of health inequities means that cervical screening in ethnic minorities is becoming an increasingly prominent issue.

**Objective:** To explore how ethnic minorities engage with the National Cervical Screening Programme, the reasons for inequity of access and how these can be addressed in Primary Care.

**Methods:** From our review of UK-based literature, we present the pattern of cervical screening uptake in ethnic minorities, causative factors and suggest how we can surmount these barriers in Primary Care. A feasible Quality Improvement Project is suggested.

**Results:** With some specific variations, ethnic minorities have poorer engagement with the National Cervical Screening Programme. Barriers include a lack of awareness/knowledge of the programme compounded by language barriers, poor understanding and stigma of cervical cancer and embarrassment of the procedure. Based on these evidence-based barriers, we present a feasible Quality Improvement Project that practices can undertake over a year to begin to tackle this national problem.

By raising awareness of this issue, practices are encouraged to investigate and cater responses to their local population in order to provide a cumulative national response to this neglected inequity. Action now will surely serve to save mortality, morbidity and cost in increasingly challenging times to come.

## 2.13. Integrated care

### WHO LIVES IN THE GERIATRIC CENTERS IN OUR ENVIRONMENT?: ATTENDING TO THE GENDER

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**Objective** To establish the profile of the institutionalized patient in geriatric residences in our environment and the impact of gender in it.

**Methodology:** Scope: 600 patients from five geriatric residences of different profile (urban / rural, public / private). We studied all residents by collecting data on gender, age of admission (AA), current age (CA), average length of stay (AS), marital status, children, reason for admission (RA), funding, degree of dependency at entry (DE) and current degree of dependency (DC), associated limiting pathologies: dementia, Alzheimer's disease, psychiatric disorders, cerebrovascular disease (CVA), diaper use and psychoactive drugs. T-student test (quantitative), Chi-square (qualitative)

**Results** **AA:** Women (W) 79.76±0.5, men (M) 75.31±0.82 (p = 0.0002) CA: (W) 83.61 ± 0.46, (M) 79.44±0.72 (p = 0.0005). There is no difference in AS. DE (W) 50.69 ± 1.82, (M) 65.1 ± 2.43 (p = 0.0002). 55.66% women had a severe-total dependency on admission, 33.85% men

( $p < 0.0001$ ). DC (W)  $39.65 \pm 1.87$ , (M)  $59.56 \pm 2.5$  ( $p = 0.0002$ ). 68.81% women present a severe-total dependency at present, 42.19% men ( $p < 0.0001$ ). Marital status: Widowed (W) 61%, (M) 34%; Married (W) 10.4%, (M) 21.87%; Divorced (W) 6.4%, (M) 11.4%; Singles (W) 22%, (M) 32.3% ( $p < 0.0001$ ). RA: there are no significant differences. Financing: Public: (W) 52%, (M) 41.7% ( $p = 0.023$ ). Dementia: (W) 61.77%, (M) 45.83% ( $p = 0.0004$ ). Alzheimer's disease: (W) 27.22%, (M) 15.63% ( $p = 0.0024$ ). CVA, psychiatric disorders and psychoactive drugs: there are no significant differences. Use of diapers: (W) 81.65%, (M) 57.29% ( $p < 0.0001$ )

**Conclusions:** Women enter later and with a greater degree of dependence, probably related to the existence of a greater percentage of women with dementia and Alzheimer's and, consequently, a greater use of diapers. The majority are widowed. The income regime is predominantly public in women, and there are no differences in the reason for admission

## WHO LIVES IN THE GERIATRIC CENTERS IN OUR ENVIRONMENT? ATTENDING TO THE REASON FOR ADMISSION

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**Objetive:** To establish the profile of the institutionalized patient in geriatric residences in our environment and the relevance of the reason for admission

**Methodology:** Scope: 600 patients from five geriatric residences of different profile (urban / rural, public / private). Collecting data on gender, age of admission (AA), current age (CA), average length of stay (AS), marital status, children, reason for admission (RA), funding, degree of dependency at entry (DE) and current degree of dependency (DC), associated limiting pathologies: dementia, Alzheimer's disease, psychiatric disorders, cerebrovascular disease (CVA), diaper use and psychoactive drugs. G-Stat program. T-student tes (quantitative) Chi-square (qualitative).

**Results:** Age of admission, current age and average stay: no significant differences. Number of children: social reason (SR)  $1.2 \pm 0.8$ , other motives (OM)  $1.7 \pm 0.9$  ( $p = 0.0002$ ). Marital status: more than 60% of divorced and unmarried people enter for social reasons, compared to most married and widowed, who do so because of physical dependence or neuropsychiatric disease ( $p = 0.0006$ ). DE: Moderate-mild: (SR) 72.33%, (OM) 33.46% ( $p < 0.0001$ ). Current dependence: Moderate-mild: (SR) 61.66%, (OM) 21.43% ( $p < 0.0001$ ). Financing: Public: (SR) 43.87%, (OM) 52.26% (not significant). Dementia: (SR) 43.48%, (OM) 67.67% ( $p < 0.0001$ ). Alzheimer's disease: (SR) 13.44%, (OM) 31.9% ( $p < 0.0001$ ). CVA, psychiatric disorders and use of psychoactive drugs: no significant differences. Use of diapers: (SR) 58.1%, (OM) 86.4% ( $p < 0.0001$ ).

**CONCLUSIONS:** Talking about residents who enter for social reasons have fewer children and are usually divorced or single. Their degree of dependence (at entry or actually) is lower than in residents who enter by other motives. There is a lower prevalence of dementia in general, and Alzheimer's in particular, as well as less use of diapers.

## WHO LIVES IN THE GERIATRIC CENTERS IN OUR ENVIRONMENT? RURAL OR URBAN

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**Objetives:** To establish the profile of the institutionalized patient in geriatric residences and the relevance of the rural or urban environment

**Methodology:** Scope: 600 patients ,five geriatric residences of different profile (urban / rural, public / private). Collecting data on gender, age of admission (AA), current age (CA), average length of stay (AS), marital status, children, reason for admission (RA), funding, degree of dependency at entry(DE) and current degree of dependency (DC), associated limiting pathologies: dementia, Alzheimer's disease, psychiatric disorders, cerebrovascular disease (CVA), diaper use and psychoactive drugs. T-Student test (quantitative) Chi-Square (qualitative)

**Results:** AA: Rural (R)  $76.15 \pm 0.81$  Urban (U)  $79.18 \pm 0.53$   $p = 0.0013$ . CA(R)  $80.62 \pm 0.81$  (U)  $82.85 \pm 0.43$   $P = 0.008$ . AS: (R)  $4.48 \pm 0.29$  (U)  $3.81 \pm 0.24$   $p = 0.089$ . Children: (R)  $1.18 \pm 0.09$  (U)  $1.62 \pm 0.084$   $p = 0.0009$ . RA Social (R) 38.2% (U) 54.5% Neuropsychiatry (R) 46.6% (U) 15% Physical dependence (R) 15% (U) 30%  $p < 0.0001$ . Dependence: DE (R)  $51.75 \pm 2.48$  (U)  $58.35 \pm 1.85$   $p = 0.034$ . Severe-total dependence on income (R) 54.64% (U) 43.75%  $p = 0.0176$  DC: (R)  $40.56 \pm 2.55$  (U)  $50.53 \pm 1.93$   $p =$  (R) 44.8% (U) 61.9%  $p = 0.0002$  Psychiatric Disorders: (R) 69.4% (U) 53.27%  $p =$  (R) 19.67 (U) 41.96  $p < 0.0001$  Urinary incontinence (R) 86.34% (U) 65.18  $p < 0.0001$  Alzheimer's, stroke and psychoactive drugs use: No significant differences

**Conclusions:** Rural patients are institutionalized earlier and their current age is significantly lower. The average stay in the rural area is higher although it is not statistically significant. The number of children is lower in rural areas. The most frequent reason for admission is the neuropsychiatric pathology (rural)and social problems (urban). The level of dependence is higher in rural areas, both in income and in the present time. The prevalence of dementia and psychiatric disorders is greater in rural areas and incontinence in urban areas.

## WHEN MEDICINES WORSEN INSTEAD OF HEALING

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**Introduction:** 81 years old female polymedicated and with plurypathology. Due to a non traumatic arthritis of her right knee, two weeks earlier she was prescribed a treatment of low dose topic buprenorfine. Five days later she went to our practice with a progressive dyspnoea, pale and sweaty.

**Objective:** We would like to think over how we can improve the health of our patients as a hole individual and not only different pathologies assembled, because when we forget about the general vision things like this happened, we prescribe a treatment for a symptom and we

cause more secondary effects than benefits and cause the unbalancement of the previously controlled comorbidities.

**Methods:** Physical exploration: Pulmonary auscultation: Bilateral humid crackling. Inferior members oedema with fovea affecting the two third of her legs. Blood pressure 170/80. After this findings, we decided to intensify the diuretic treatment and progressively decreased buprenorfine.

**Results:** The patient was followed in the practice twice a week until the buprenorfine withdrawal with a progressive improvement of her condition and its resolution in 10 days. During this period a blood test was performed, finding chronic anaemia worsen than in the last one and we decide to settled an oral ferric therapy three times a day.

## 2.14. Information and technology

### CARDIOLOGY TELEMEDICINE IN A PRIMARY HEALTH CARE CENTER

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**Introduction:** Area 2 of the Murcia health service aiming for an improvement in quality of care through the use of telemedicine through the program SELENE has chosen several health centers to see the possibility that the doctor from the health center sent their consultation to the cardiologist. The cardiologist answers the primary care physician directly or quotes the patient to go to his cardiology department. In addition, a cardiologist from the hospital agrees to hold sessions every 15 days at the health center for the evaluation of patients and diagnostic doubts

**Objective:** Our goal was to ask the physicians of the health center, relationship of the improvement of the quality of medical care that involved the consultation of telemedicine of cardiology

**Methods:** We proceeded to perform a questionnaire to each family doctor of the health center where he was asked about the number of cardiological telemedicine referrals that had been made and that scored from 1 to 10 the quality improvement that presupposed the use of telematics in The derivations of cardiology

**Results:** 76% of family physicians at the health center responded (10), had performed an average of 2.6 cardiological telemedicine leads and the score obtained for quality improvement was 6'6. The new cardiology telemedicine system maintains a Tendency towards acceptance of the new referral system in cardiology

### USE OF APPS IN PRIMARY CARE; JOIN THE CHANGE

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**Introduction:** There are millions of Apps that are on the market aimed at health, these allow: appointment requests, behavioral techniques, pre-postpartum, diabetes control, vital signs and a long etc. In the era of eHealth, we believe it is necessary to join these advances in order to promote their adequate use by the patient and not the professional. This would make it possible to get away from the dreaded information offered by the network.

**Objective:** Show new advances that can be applied in primary care consultations. Determine the possible utility of apps, basing their application on scientific evidence.

**Methods:** We did a bibliographical search on the applications of Apps in health. From which we evaluate the need and / or possible effectiveness of the Apps offered by the market and its feasibility in the use in primary care.

**Results:** We found studies that show the use of Apps in health with good results and that demonstrate the need for quality control required by these new tools, as well as the collection of them for easy access by the professional and the patient. We believe the advice of a health professional for its proper use is necessary.

Care and follow-up of the patient can benefit greatly from the use of the analyzed Apps, whenever it is under supervision. More research is needed to standardize their use.

## 2.15. Ethics and law

### QUALITY OF APPROACH AND KNOWLEDGE OF LIVING WILL AMONG PRIMARY CARE PHYSICIANS, NURSES AND CLINICAL SECRETARIES

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**Introduction:** In recent years there has been a profound change in the relationship between medicine and society. Technological advancement and its use in the prolongation of life, have generated discussion about the right to die. In 1991 appeared the Advance Directives of Will, as document of manifestation of will for medical treatment. In Portugal the Living Will was unanimously approved in 2012.

**Objective:** To evaluate the knowledge about the vital testament of health professionals, to identify the main difficulties with the intention of carrying out a training intervention.

**Methods:** Dimension studied: knowledge. Unit of study: doctors, nurses and technical assistants of the health centers of the authors. Source: self-administered survey. Quality standard: Excellent if > 90%, Good if 50-90%, Insufficient if 30-49%, Bad if <30%.

Intervention: educational.

**Results:** After the first evaluation, a good or excellent quality standard was obtained for the knowledge of the existence of the living will and the existence of legislation that regulates it. However, when assessing general knowledge or knowledge about the process of registration, validation and consultation of the document, a sufficient quality standard of knowledge was obtained. An unsatisfactory pattern was obtained when assessing the capacity in the aid to the

filling and orientation of the user. A large majority of practitioners considered relevant training in this area and the willingness to participate.

The quality standard declined steadily as the issues demanded more knowledge about the subject by showing essential training about the living will.

## RESIDENTS' ATTITUDES IN A LEBANESE ACADEMIC HOSPITAL TOWARDS INTERACTION WITH THE PHARMACEUTICAL INDUSTRY

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**Introduction:** Relations with pharmaceutical companies, often starting early during residency, have an impact on prescriptions. The literature exploring it is still limited in Lebanon.

**Objective:** Evaluate residents' attitudes towards relations with pharmaceutical companies, particularly the gifts and the activities sponsored by these companies, and the possible need to apply a code of ethics regulating these relations.

**Methods:** Survey using an anonymous questionnaire distributed in January 2016 to residents of the Hôtel Dieu de France academic hospital in Beirut.

**Results:** A sample 100 questionnaires were selected for the study. Exposure was frequent in all years of residency: 96% of residents have already received at least one medical sample from a pharmaceutical representative. The opinion was generally favorable: 75% were against the prohibition of these contacts, and 59% thought that they have no influence on their prescriptions, although 68% of the residents judged the information provided by the firms as often biased. The benefits in the form of samples, funding for conferences and medical equipment seemed appropriate to a majority of students. Nonetheless, 75% did not feel sufficiently trained to interact with the industry. The analytical study showed that for the same monetary value, residents found it more ethical to receive medical equipment rather than leisure objects (Paired t-test, p-value<0.0001). Medical objects were more ethically acceptable when they were cheaper (p-value=0.0002).

## ETHICAL DILEMMA IN A PSYCHIATRIC PATIENT

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**Introduction:** 56 years old male with paranoid esquizofrenia followed at the Mental Health Centre, at our centre for diabetes and hypercholesterolemia. He lives on his own and is taken care by his relatives that give him risperidone drops treatment without his knowledge in order to have his mental disease stable.

**Objective:** Reflection about an ethical dilemma.

According to his family, the last months he has been nervous and susceptible. Specting better complementation and attempting to stabilise the pathology his psychiatrist prescribes long action parenteral paliperidone. His sister asks for our intermediation with the patient to have

him given the new treatment by reaching an agreement or even making he thinks the prescription is for other pathology.

**Methods:** We agreed to have the patient coming to the practice for an evaluation, aiming to be able to evaluate the situation and making the point to start the new treatment. At the interview the patient is sociable and collaborative, happy for our concern about his health and even he has avoiding conducts, accessible, not showing any prejudice ideas, anxiety nor agitation.

**Results:** Our ethical dilemma is whether we can prescribe a treatment to a patient without his knowledge even if our aim is to improve his health, and at the end it would be beneficial for his and his relatives. The balance between the autonomy of the patient, despite the fact that he does not recognizes his disease, and the beneficence principle, as it would mean a better control of the mental pathology.

### 3. Clinical management

#### 3.01. Prevention and health promotion

##### PROSPECTIVE ASSOCIATIONS BETWEEN INDIVIDUAL AND NEIGHBOURHOOD-LEVEL SOCIOECONOMIC FACTORS ON RISK OF TYPE 2 DIABETES IN OLDER BRITISH MEN

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**Introduction:** Current evidence linking socioeconomic factors to incident Type 2 Diabetes Mellitus (T2DM) in older populations is conflicting.

**Objective:** To investigate the prospective association of individual socioeconomic position and neighbourhood-level socioeconomic deprivation with incident T2DM in older British men, and examine possible underlying factors.

**Methods:** A socially-representative cohort of 3487 non-diabetic men, aged 60-79 years in 1998-2000, from 24 British towns, was followed-up for 14 years for incident cases of T2DM. Individual socioeconomic position was derived from social class of longest-held occupation. Neighbourhood-level socioeconomic deprivation was based on national Index of Multiple Deprivation (IMD) quintiles; higher score indicating greater deprivation.

**Results:** During the study 289 men developed T2DM (7.1 per 1000 person-years). Diabetes risk was higher in lower social classes and areas of greater socioeconomic deprivation (P for trend=0.001). Compared with men in the non-manual social class group, age-adjusted hazard ratio for men in manual group was 1.58 (95% CI: 1.24-2.01); which was largely attenuated (1.38; 95% CI: 1.08-1.76) after adjusting for body mass index (BMI). Further adjustment for blood pressure, smoking, alcohol, physical activity, diet, medication and family history caused slight attenuation; subsequent adjustment for triglyceride levels eliminated statistical significance. Compared with IMD quintile 1, hazard ratio was highest in IMD quintile 4 (1.79; 95% CI: 1.24-2.54). This largely attenuated on adjustment for BMI (1.46; 95% CI: 1.02-2.10), and became non-significant after adjustment for lifestyle factors. Our results support the need for public health campaigns specifically targeting obesity as a fundamental means towards preventing T2DM and reducing socioeconomic inequalities.

## THE IMPACT OF HEARING TECHNOLOGY ON COGNITIVE FUNCTION IN OLDER ADULTS: A META-ANALYSIS

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**Introduction:** Hearing loss is becoming an increasingly vital public health issue as worldwide population ages. Recent publications have suggested hearing loss is related to cognitive decline.

**Objective:** The aim of this meta-analysis was to assess efficacy of technological interventions for hearing loss on cognition in the elderly.

**Methods:** We conducted a comprehensive search using PubMed and Cochrane Library for relevant published studies written in English from inception until 30 November 2016.

Inclusion criteria were as follows: (1) the experiment group received any types of hearing technology and the control group did not receive any treatment, (2) adults at least 60 years old, (3) mean difference and standard deviation were provided in the article. All data was analyzed using Review Manager 5.3.

**Results:** Two randomized controlled trials and three prospective observational studies with a total of 1,183 participants (372 participants in the intervention group and 811 participants in the control group), met our inclusion criteria. Compared with the control group, the intervention group did not show significant protective effect against cognitive decline in older adults (standardized mean difference = -0.06 [95% CI, [-0.27, 0.15]] for two RCTs and standardized mean difference = -0.02 [95% CI, [-0.15, 0.10]] for three non-RCTs). The available evidence indicates that interventions for reduction of hearing handicap do not appear to enhance cognitive function in older adults. Further larger well designed randomized controlled trials are needed to make advances on understanding of this association.

## ACUTE INTERSTITIAL NEPHRITIS WITH PROTON PUMP INHIBITORS USE. QUATERNARY PREVENTION NEEDED

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**Introduction:** Proton Pump Inhibitors (PPI) are among the most extensively prescribed classes of drugs in Europe and USA.

It might be assumed that overprescribing occurs mainly, in primary care settings. However, this inappropriate use of PPIs appears, even more, in secondary care.

Although PPIs are usually safe and effective therapeutic agents, serious adverse effects can occur.

The first association between PPIs and Acute Interstitial Nephritis (AIN) was published in 1992. Nowadays, PPIs are considered one of the most common causes of drug-induced AIN worldwide. Nonetheless, its mechanism is unknown and its clinical presentation is non-specific.

It is likely that a proportion of PPI-induced AIN may be missed and contribute to chronic kidney disease.

Prompt diagnosis and rapid withdrawal of the offending agent are necessary to preserve renal function.

Future researches will evaluate this association between PPI use and chronic kidney disease.

**Objective:** To present the case of a 52-year-old woman suffering from epigastric pain, weight loss and asthenia for the last six weeks. She had been taking omeprazole 20 mg daily, with poor improvement, so then she increased dosage. She had no other diseases.

**Methods:** Blood test showed acute renal failure (Creat 4.98 mg/dL, GFR 10 ml/min). After ruling out obstructive failure, and pre-renal causes through imaging tests, finally, kidney biopsy confirmed AIN. She was taken off omeprazole and began methylprednisolone for two months.

**Results:** Clinical and analytical improvement ends in normal renal function in the following two weeks, suggesting AIN for Proton Pump Inhibitors.

**Conclusions:** A greater attention implies protecting people from unnecessary adverse drug effects and suppressing extra-cost in the healthcare system. Quaternary prevention aims to avoid patient overdiagnosis and overtreatment.

## PREVALENCE OF HEARING LOSS ATTRIBUTED TO ITS CAUSES AND EPIDEMIOLOGICAL CLINICAL PROFILE OF PATIENTS ATTENDED IN VILA VELHA UNIVERSITY POLYCLINIC

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**Introduction:** Hearing loss is a relatively common disorder in the social environment. Most individuals in the course of their lives are influenced by the environment in which they are inserted, their profession and the natural aging process itself. Late diagnosis and inadequate treatment are aggravating factors.

**Objective:** To determine the clinical-epidemiological profile of the patients attended at otorhinolaryngology outpatient Vila Velha University Polyclinic and to obtain the prevalence of hearing loss, relating to its main causes.

**Methods:** A cross-sectional, retrospective observational study was carried out by consulting 1275 patients' medical records, from April 2014 to April 2016. Data were analyzed using absolute and relative frequency and chi-square test.

**Results:** Among the 1275 patients, 49.3% were female and 50.7% were male. The most prevalent age group was the elderly (38%), with systemic arterial hypertension (SAH) and Diabetes Mellitus as the main comorbidities. 99% used the Unified Health System (SUS) as the main means of accessing the consultation. The most frequent major complaints were hypoacusis (40%) and tinnitus (37%). The most prevalent diagnosis among all age groups was Conductive and Neurosensory Hearing Loss followed by Conductive Hearing Loss. The most prevalent risk factor was exposure to noise (26%).

**Conclusion:** The hearing loss associated with tinnitus in the elderly population is still the main demand of otorhinolaryngology services. The implementation of hearing aids and strategies to prevent exposure to noise, may be a path to improve these patients' quality of life.

## FALLS IN ELDERLY: THE IMPORTANCE OF HOUSEHOLD PREVENTION

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**Introduction:** Falls in elderly people frequently occur related to inferior members' weakness, visual acuity decrease, balance alteration and psychotropic drugs use. It is important to determine related aspects, such as occurrence location and prevention.

**Objective:** to inform the community elderly population on falls preventive cares.

**Methods:** The Health Community Agents invited the elderly to participate on the educational activity performed by the Vila Velha University medical students. The activity consisted in one single interactive lecture approaching epidemiology, risk factors, consequences and prevention on elderly falls. A formulary was applied to the community elderly population in order to inform the health team on elderly falls factors profile in the assisted community for planning preventive actions.

**Results:** Even though there was a few participants in the activity, the patients felt comfortable to interact with the students and receive crucial information on the theme. During the lecture all the participants informed that 100% of their falls were related to the physical environment. The formularies demonstrated that 65% had at least one episode of falling. Among the reasons quoted were: walking in the street without support, use of stairs without protection, slippery bathroom floor and objects spread throughout the home floor.

**Conclusions:** From the activity it was possible to recognize the importance of the home structure in the falls prevention to improve the elderly quality of life and autonomy. Therefore, it is necessary to perform more educational activities in the health unities, aiming the falls risk factors monitoring and control.

## **AWARENESS AND ATTITUDE REGARDING PAP SMEAR TESTING AND CERVICAL CANCER IN LEBANESE WOMEN**

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**Introduction:** Cervical cancer is the fourth most common cancer in women worldwide. However, the Pap smear is a low-cost screening test proved to be very useful in reducing the mortality due to cervical cancer.

**Objective:** This study aims to assess the knowledge and practices of Lebanese women regarding Pap smear testing and cervical cancer. Ultimately, this evaluation will facilitate the development of comprehensive education on cervical cancer screening, to increase the awareness and decrease the rate of this preventable cancer in our population.

**Methods:** This cross-sectional study of a convenient sample included 274 Lebanese women aged 18 years and above, recruited from different public locations in Beirut city. Data were collected through a self-administered questionnaire. Logistic regression analysis was used to identify the effect of socio-demographic characteristics on the knowledge and practices regarding Pap smear testing and cervical malignancy.

**Results:** The mean age of participants was 39.4 years (range 18–62 years). 84.7% had heard about Pap smear, however 59.8% had never performed this test. Almost two-third (68.0%) of the respondents considered Pap test useful, and 39.5% stated it would protect women from

cervical cancer. Their level of knowledge regarding cervical cancer was inadequate. Also, 71.6% did not know about the infectious origin of this cancer. The knowledge and practices of Lebanese women regarding Pap smear test and cervical cancer depend significantly on their level of education, and whether or not they are employed (p-value<0.05).

## **MINDFULNESS-BASED INTERVENTIONS FOR INFORMAL CAREGIVERS' BURNOUT PREVENTION**

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**Introduction:** After applying Zarit burden interview to all dependent individuals' caregivers enrolled in home care services provided by a health center in Lisbon and acknowledging that 65% of them showed high burden results, need for evidence-based interventions to support these caregivers was evident. Mindfulness based interventions have evidenced mental health benefits for diverse populations and may have application in caregiving burnout prevention.

**Objectives:** Review of literature about Mindfulness based interventions in caregiving burnout prevention and burden relief for home care protocol improvement in a primary health care center.

**Methods:** Qualitative analysis of randomized control trials, cross-sectional studies, retrospective cohort studies and observational studies, using PRISMA model. Data Sources: PubMed, Cochrane Library and Essential Evidence Plus. Eligibility criteria: studies about mindfulness application to caregivers. Integration of pertinent techniques in the institutional home care plan developed for a primary care health center.

**Results:** Of 16 articles identified initially seven were included. Two for general dependent population and others for specific incapacitating pathologies. Techniques elicited were: personal instruction about concepts of mindfulness, practicing meditation and yoga exercises. Handing out CDs and written material to prone and accepting subjects helps them engage in home practice. For those apt to it, free internet available resources with music meditation and relaxation exercises contribute to adoption of techniques beyond group training programs. There is no one-size-fits-all approach to caregivers so Mindfulness based interventions offer an alternative intervention to promote wellbeing and establish a burden prevention plan for this vulnerable population.

## **INCIDENCE AND COST OF ACCIDENTS AMONG STUDENTS AT PRINCE OF SONGKLA UNIVERSITY HATYAI CAMPUS SONGKHLA**

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**Introduction:** Student accidents and injuries are now a growing and serious problem in Thailand. We can assume that more students mean more cars on the road, and the possibility for more accidents. According to the 2012 certificate of death, the top two age groups died from the accidents were young adults. If we can proactively lower students' rates of accidents,

we will be able to reduce crash deaths, critical injuries, disabilities and also budget spent on medical cares.

**Objectives:** To measure the incidence of accidents and assess the cost of cure and treatment per event of accidents among undergraduate students at prince of songkla universiry, hatyai campus.

**Methods:** Retrospectively collected undergraduate students accident information from students' refund document which is part of outpatient department of Songklanagarind hospital electronic medical records.

**Results:** The total number of undergraduate students at Prince of Songkla University academic year 2013 was 14,648. 7.6% of those had filed an accident claim on the entire 1,176 episodes of accidents. Female and male students accounted for 53% and 47%. The engineering students made up the largest part of population which accounted for 31.3% followed by injured related to sharp and blunt objects which accounted for 39.6% of total hospital charge. The average cost of dog bite related injuries was 1,972 baht. The second highest hospital charge was from traffic collision which cost 753 baht per event.

**Conclusions:** The most common type of accidents was motorcycle accident. To reduce this number, the authority should promote to prevent traffic accidents to students.

## WILL THERE BE ROOM FOR A SPORTS MEDICINE CONSULTATION WITHIN PRIMARY HEALTH CARE? THE PORTUGUESE REALITY

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**Introduction:** Benefits and relevance of sports are widely recognized and accepted. On the other hand, the diversification of the fields of healthcare assistance are an added value for primary care. In 2014, the author started a Sports Medicine for Primary Care (SMCPC) consultation within his clinic, with a monthly frequency.

**Objective:** Presentation of data regarding the first year of activity.

**Methods:** Electronic records of SMCPC were retrospectively assessed. Data regarding consultations were collected, as well as patient's sex, age and motives. Descriptive statistical analysis was performed using the SPSS v20.0.

**Results:** A total of 65 consultations were scheduled(90% of the available), and 47 took place. Patients were mostly males(74%), aged between 8 and 75 years. Main reasons for consultation were: therapeutic prescription of exercise(51%); sports injuries(21%); issuance of a medical certification(17%).

**Conclusion:** In the Portuguese National Health Service(PNHS), sportsmen in need of a specialized medical support have great difficulty accessing these services. Primary Care(PC) is the guarantee of accessibility for the PNHS users and, with the increasing specialization of professionals, its expected to provide higher standards of healthcare. Although recent, this SMCPC was used regularly. The reasons for consultation were varied. We should note, however, that the monthly frequency of consultations could put off patients who need support in shorter periods. Despite the difficulties, and although we consider fundamental to shorten the periods between consultation, in order to improve access and relevance of SMCPC for the practice and for patients, these results seem to justify the maintenance of this project in our Primary Care Unit.

## NEPHROPATY SCREENING IN DIABETIC PATIENTS IN PRIMARY CARE

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**Introduction:** Diabetes Mellitus (DM) is a chronic disease considered to be highly prevalent in the world population and a major challenge for health systems. Objective: The present study aimed to evaluate the screening coverage of nephropathy in a diabetic population of a Family Health Unit.

**Methods:** This is a cross-sectional study that evaluated 35 diabetic patients' records of a Family Health Unit in Ribeirão Preto, Brazil, considering variables such as the results of the last glycated hemoglobin, screening tests performed for diabetic nephropathy - microalbuminuria or Albumin / Creatinine Ratio (RAC) - and its periodicity, treatment to control DM, presence or absence of diabetic nephropathy and its treatment.

**Results:** Out of 35 patients, only 16 (45.7%) had RAC or microalbuminuria results in their records in the year of 2016; 4 (11.4%) of them had at least two exams in the last four years and none of them had exams in the last two consecutive years (2016 and 2015). Five (14,2%) patients already used insulin, and none of them had RAC or microalbuminuria annually for the past three years. 13 (37.1%) patients had glycated hemoglobin higher than 7.0% in the last dosage. No patient in the study had developed diabetic nephropathy.

**Conclusion:** It was verified that screening exams for diabetic nephropathy are not requested at the correct intervals. This can lead to late diagnosis of this complication in these patients. Therefore, it is necessary to educate physicians and patients about the importance of requesting and doing RAC or microalbuminuria annually.

## SCREENING FOR CHRONIC KIDNEY DISEASE (CKD) RISK IN BELGIUM, USING THE QKIDNEY®-2014 RISK CALCULATOR AND FACEBOOK®

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**Introduction & objective:** On World Kidney Day 2015 (WKD 2015) we launched the QKidney®-2014 risk calculator ([www.qkidney.org](http://www.qkidney.org)) to screen for risk of developing CKD or end stage renal disease (ESRD) in the general population, aged between 35 and 75 years.

**Methods:** A webpage was created ([wereldnierdag.zna.be](http://wereldnierdag.zna.be)) and launched on WKD 2015 using different campaigns. In February and October 2016 we launched Facebook® advertising campaigns targeting users in the desired age group.

**Results:** The first weeks after the launch the risk calculator was used by about 5000 people. During the rest of the year a steady activity on the website created about 30.000 records.

Launching two Facebook campaigns was highly effective in creating new records in a short time span (35.000 records). A total of 49.000 complete records could be analysed.

Most people had no or a slightly increased risk for kidney disease. 188 (0.74%) women and 458 (1.94%) men had a high risk for developing ESRD within 5 years (scores >15). The latter, as well as the people with a slightly increased risk were advised to visit their general practitioner and have a proper CKD-screening test (blood and urine testing).

**Conclusions:** The use of the Qkidney risk calculator allows detection of high risk persons, eligible for screening. This can easily be applied during a consultation in the generalists' practice.

The use of social media in order to reach a specific target population was highly effective. The risk of developing CKD or ESRD is low in the general population.

## INCIDENTS RELATED TO THE SECURITY OF THE PATIENT NOTIFIED IN AN EMERGENCY DEPARTMENT

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**Introduction:** To reduce the accidents and medical errors is vital to improving quality and lowering costs in health care. It is imperative to improve patient safety by analyzing situations, problems and incidents that produced, or could have produced, harm to patients.

**Objective:** To describe the outcome after implantation of a notification system of accidents related to the security of the patient in an Emergency Department.

**Methods:** Prospective and observational study, descriptive of the incidents reported during 2016 in an emergency room. Variables that were analysed were: type of incident, importance of the damage produced, severity according to the Severity Assessment Code (SAC) and the medical health personnel who is advising.

**Results:** During 2016, 127 incidents were reported. The most frequent ones were related to the assistance, medication and devices and equipment. Attending to the severity, most occasions were registered as low risk, but a 28% were considered high-risk. Data shows that 66% of times the incidents affected the patients, of those, a 21.2% did not produce any damage, 6% low damage, 38% moderate and 8% were considered as serious damage.

**Conclusions:** Most of the incidents which were reported were related to the assistance, medication and equipment. The personnel who notified the most was nursery. Most of the incidents affected the patient although not all of them produced damage, even though a 28% were catalogued as high-severity (finally only 8% did produce serious injuries).

The notification system of incidents is an effective tool to improve the culture of security of the patient.

## USEFULNESS OF THE AUDIT-KOREAN REVISED VERSION IN SCREENING FOR DSM-5 ALCOHOL USE DISORDER AMONG COLLEGE STUDENTS

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**Introduction:** There is a distinction between adults and college students. This study aims to verify the usability and the optimal selection criteria for screening alcohol use disorder of college students by AUDIT-KR when DSM-5 diagnostic criteria is applied.

**Objective:** This study verified AUDIT-KR is applicable usefully as a screening examination for alcohol use disorder in groups of college students when DSM-5 diagnosis criteria is applied.

**Method:** 922 college students living in Daejeon enrolled this study. These subjects were divided into two groups according to how many items they correspond to among a total of 11 items of DSM-5 alcohol use disorder diagnostic criteria: those in the patient group corresponded to two and more out of the 11 items (107 males and 89 females) while the others were classified as the control group (311men and 415 women). The subjects have been evaluated by AUDIT-KR to find the optimal cut off point for screening alcohol use disorder, sensitivity and specificity.

**Result:** The mean±SD score and standard deviation of AUDIT-KR resulted in 12.76±7.27 for males and 10.72±4.62 for females in the patient group. In contrast, the result for males in the control group was 6.26±5.23 and 3.95±3.59 for females in the same group. The AUROC(95% CI) regarding alcohol use disorder screening by AUDIT-KR was 0.768(0.715-0.821) and 0.883(0.848-0.919) for males and females respectively. The optimal cut off point of alcohol use disorder for males was over 9, and Youden index was 0.4131, sensitivity 64.49% and specificity 76.85% at the moment. The optimal cut off point for females was over 6, and Youden index was 0.6250, sensitivity 82.02% and specificity 80.48% at the moment.

## MINDFULNESS AND SMOKING CESSATION – AN EVIDENCE-BASED REVIEW

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**Introduction:** Cigarette smoking is a major preventable cause of morbidity and mortality. Optimal treatment includes nonpharmacologic support, together with pharmacotherapy. Mindfulness has been defined as a cognitive skill that involves present-focused attention that is intentional, nonjudgmental, and accepting. As mindfulness-based interventions become increasingly widespread, interest has grown in better understanding if these treatments produce beneficial effects.

**Objective:** The aim of this study is to evaluate the evidence level of mindfulness use in smoking cessation.

**Methods:** We conducted a literature search on 11<sup>th</sup> November 2016 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 and Portuguese, using the MeSH terms: "Mindfulness" and "Smoking Cessation". 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 smokers; Intervention - mindfulness; Comparison - other treatments, placebo or no treatment; Outcome - smoking cessation).

**Results:** We found a total of 138 articles, from which 10 were selected, including 1 meta-analysis, 1 systematic review and 8 randomized controlled clinical trials.

All studies suggest that mindfulness based approaches may be effective to smoking cessation and might contribute to the maintenance of tobacco abstinence.

**Conclusions:** With this review we conclude that mindfulness may have some effect on smoking cessation, however, additional well-designed clinical studies are needed (level of evidence 1, strength of recommendation A).

## ASSESSMENT OF THE INDIVIDUAL RISK FOR DEVELOPMENT OF CARDIOVASCULAR PROBLEM IN THE PATIENTS WITH HYPERTENSION AT THE LEVEL

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**Objective:** To study prevalence of the individual risk for development of the mortal cardiovascular complications by system SCORE in the patients with AH stage I-II.

**Material and methods:** This study included 210 patients of the age 35-65 years with primary revealed AH or not received regularly antihypertensive drugs during the last month. For

assessment of the risk of mortal cardiovascular disease there was used Systematic Coronary Risk **Evaluation:** Results: At the evaluation of the risk factor prevalence among the male patients with AH there was revealed very high prevalence of smoking. Among the patients of the age 15-54 years smokers accounted for 42,1%, and only beginning from 55 years old the number of smokers reduced to 28,5%, and from 65 years old – to 16%. Analysis showed that obesity prevalence increased with age in patients with AH of the both genders, but faster in women. Among the males with AH the frequency of obesity increased from 16,3% to 23,6% - among the individuals of the old age. Among the female patients this indicator increased from 30,9% among the young women to 42,6% in the age group 45-54 years, then it reduced to 31,7% in the following decade. The frequency of HCS increased also with age in patients with AH: in males – from 5,3% in the younger age group to 19,3% - in the senior, in women – from 5,9 to 24,3%, respectively. Besides, the risk was evaluated for patients with AH without receiving and receiving antihypertensive therapy. In the group of patients with AH without treatment the share of individuals, having lower risk, was 2 times higher among women: 16,9% comparatively with 7,9% among men.

## LIFESTYLE IMPORTANCE FOR ASSESSMENT METABOLIC DISEASES RISK

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**Introduction:** Relation between living a life and conditions of living is nowadays style of existence. Young people follow tendency in every sense, even in a way of nutrition, so-called "fast life".

**Goal:** Influence of a way of life on assessment metabolic diseases risk.

**Methodology:** Data were statistically processed for three age groups, which were tested, with an inquiry for assessment metabolic diseases risk. Data were processed in statistical software STA7 and ANOVA.

**Results:** Examined were generations born in 1972, 1983 and 1993, which makes the amount of 259. Statistically are significant: BMI (Body Mass Index) was the highest for people born in 1993 for both genders, which is followed with the biggest waist in the same group of 20%. Women born in 1983 eat the least amount of fruit and vegetable (17%). Antihypertensive treatment is in a group of men born in 1993 (12%). High percentage of glucose is in a group born in 1973 (8%) and only at women at the same age is 5%. Positive heredity is the highest in generation born in 1973 (42%), 24% are women and the lowest is at men born in 1993 (14%). Tendency for risk is the highest in generation born in 1993, particularly girls 20%.

**Conclusion:** External etiological factors and conditions of living as well change our sustained metabolic patterns. There is a necessity for sustaining preventive patterns of behavior, rising awareness at young people and educate them about healthy styles of life.

## HYPERCHOLESTEROLEMIA IN PRIMARY PREVENTION TREATMENT AUDIT

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**Introduction:** The current evidence shows a scarce efficiency in absolute terms of statins use in primary prevention, it is very important to select properly the patients that really need to be treated in order to avoid unnecessary treatments.

**Objective:** We want to check how statins are used in a Catalan Primary Care Team.

**Methods:** Descriptive study. We extracted data from our electronic computing system called ECAP (Clinical Workstation for Primary Care, in Catalan). We looked for patients with diagnosis of hypercholesterolemia taking into account if it has been calculated or not the cardiovascular risk using the REGICOR scale (a FRAMINGHAM's function adaptation to Catalan population), and its value. Then we check if our treatment attitude is according to the value obtained.

**Results:** In our Primary Care Team there are 4806 patients diagnosed of hypercholesterolemia (excluding the patients needing secondary prevention). A 33,5% of these (1610 patients) is receiving treatment with statins. If we exclude the 63 patients with a total cholesterol over 320 mg/dL and /or LDL over 240 mg/dL, there are 1547 patients (32,2%) receiving treatment with any calculated REGICOR value. Only a 9,4% (151) of the patients under treatment had a REGICOR value over 10% (when there's need to treat). We usually use the REGICOR scale; however the decision taken is not according with the obtained value in the risk table. So, at the end, there are many more patients treated than would be strictly needed in primary prevention. There is a worrying clear trend to overtreat hypercholesterolemia.

## CARDIOVASCULAR DISEASE PREVENTION PROGRAM IMPLEMENTATION IN PRIMARY CARE

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**Introduction:** Based on the unfavourable situation with cardiovascular morbidity and mortality the Lithuanian High Cardiovascular Risk (LitHiR) programme aimed at estimation and aggressive managing of cardiovascular risk factors has been launched in 2006.

**Objective:** The aim of this research was to analyze primary care level participation in cardiovascular disease preventive program and program efficiency itself.

**Methods:** A prospective cohort study was enrolled in 2015 – 2016. 300 family doctors filled in a questionnaire. Calculations were made by SPSS 20.

**Results:** All primary care clinics in Lithuania execute the program. In addition, 100 percent of general practitioners participate. The most encouraging factor to carry out the program is an opportunity to improve patient's health (89, 3%) as well as ability to perform additional tests (78 %) and incentive supplement (79, 3%). When abnormal levels of lipids are found in blood the vast majority of general practitioners ask for cardiologist consultation (70, 3%). The main source of information regarding cardiovascular disease prevention program according to the survey is family doctors themselves (76, 3%). Correlations were found ( $p < 0, 05$ ): Young doctors more often tend to run the program because of the opportunity to make a lipid panel free of charge for patients and because they were asked by the patients for this program. Also young doctors do not notice a positive change after the program, results remain the same but they follow test results to assess the efficiency of treatment. Family doctors with a greater experience more often do not follow test results and do not discuss it with patients because of a lack of time.

## SEXUALITY IN THE ELDERLY - THE FAMILY DOCTOR CONTRIBUTION

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**Introduction:** The problem of aging is an area of research of singular interest, not only because of the importance that has been assuming, but also for what remains to be known and understood about this process. Sexuality, as a basic human need, is a fundamental element of this stage of life and cannot be reduced to the absence of sexual dysfunction or disease, but to a state of physical, emotional, mental and social well-being. In the elderly population, sexuality encompasses the affective stimuli and the ability to meet the other, suffering the influence of external factors, such as myths and prejudice, that affect sexual behavior and response. Personal and social detachment, lack of support, institutionalization, and the way the elderly live the changes of their sexuality, often causes difficulties in achieving their personal needs. In the third age, the maintenance of sexual activity contributes to increase the quality of life.

**Objective:** This work aims to acquire knowledge about sexuality and the changes that occur in the third age, and understand the contribution of the Family Doctor to the experience of healthy sexuality in the elderly.

**Methods:** It resulted from a research in the Pubmed database, of clinical reviews and prediction guides, published between 2010 and 2016, using the terms "sexuality" AND "elderly".

**Results:** It is concluded that Family Doctors should have a holistic view of the elderly, enabling them to develop strategies to facilitate harmonious aging, including the sexuality, and contribute to demystify this issue through health education sessions in the community.

## EVALUATION OF NIGHT EATING SYNDROME IN MEDICAL AND HEALTH SCIENCES STUDENTS

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**Introduction:** Night Eating Syndrome is characterized by a delay in the circadian pattern of eating, such that  $\geq 25\%$  of the daily total caloric intake occurs after the evening meal and/or there are at least three nocturnal awakenings accompanied by eating per week.

**Objective:** The aim of our study is to investigate night eating syndrome in students from faculty of medicine and faculty of health sciences.

**Methods:** Data were collected through a questionnaire consisting of sociodemographic features, Fagerstrom Nicotine Addiction Scale, Cage Alcohol Questionnaire and Night Eating Questionnaire at Trakya University, Edirne, Turkey in 2016.

**Results:** Our study was conducted with a total of 575 participants, comprising of 306 medical, and 269 health sciences students with the age between 18 to 37 years. 72% participants were female. Of the participants, 5.7% got between 25-29 Night Eating Questionnaire scores, whereas 1.6% of them got 30 and over. 84,8% with 25 to 29 Night Eating Questionnaire scores had normal weight and 3% had obesity, whereas 77.8% of participants with Night Eating Questionnaire scores 30 and over were within normal range. Significant relationship has been found between night eating and drug using. There was a negative relationship

between smoking, alcohol consumption and antidepressant use with the ratio of night eating. Among participants with nocturnal awakenings, 3.1% have high risk. There is need in comprehensive researches about Night Eating Syndrome. People with the risk of Night Eating Syndrome must change their lifestyle. People with psychiatric disorders need treatment to decrease the risk.

## IMPROVING VACCINATION OF PATIENTS WITH DIABETES MELLITUS - A CYCLE OF EVALUATION AND CONTINUOUS QUALITY IMPROVEMENT PROTOCOL

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**Introduction:** Invasive Pneumococcal Disease (IPD) includes a series of diseases caused by pneumococcus bacteria: pneumonia, meningitis and sepsis. Routine vaccination is recommended only to people aged above 65 years. It's also recommended to people who are considered to be at risk of developing IPD (for example, patients with Diabetes Mellitus). Vaccination aims to prevent incidence, morbidity and mortality caused by this bacteria.

**Objective:** To evaluate and improve the quality of vaccines prescription to patients with Diabetes Mellitus (DM), comparing two Family Health Units (FHU)

**Methods:** Cycle of Evaluation and Continuous Quality Improvement. The sample will include all patients with DM of Castelo FHU and São Filipe FHU (codified as T89 and T90, ICPC-2). Retrospective data will be collected, about anti-pneumococcal vaccine, since 2014. After presenting the first results to both FHU doctors and nurses and also after the implementation of improvement strategies, we will re-evaluate data (from September to December of 2017).

**Results:** We expect doctors to be more alert of the importance of preventing IPD in patients with DM by vaccination. It is also important to educate patients, so they can also ask their doctors for this vaccine. We expect to improve vaccination rates of both FHU, contributing for decreasing hospital admissions due to IPD.

## QUALITY ASSESSMENT IN PROPER USE OF PLATELET ANTIAGREGANT THERAPY, IN PRIMARY PREVENTION, IN HYPERTENSIVE DIABETIC PATIENS

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Cardiovascular disease is the leading cause of morbidity and mortality in users with diabetes and is the main contributor to the direct and indirect costs associated with diabetes.

Hypertension is a common comorbidity of diabetes, being a major risk factor for cardiovascular disease and microvascular complications. Platelet antiagregant therapy has been shown to be beneficial in the primary prevention of cardiovascular events in adults with diabetes and no previous history of vascular disease in those with a cardiovascular risk > 10% (generally men > 50 years or women > 60 years with one or more of the following risk: smoking, hypertension, dyslipidemia, family history of premature cardiovascular disease and albuminuria).

To evaluate the use of antiplatelet agents in primary prevention in diabetic and hypertensive patients as a risk factor (May 2015), to introduce educational measures (June 2015) and to re-evaluate results (May 2016).

Users of a list of users of a Family Health Unit, type 2 diabetics. Inclusion criteria: type 2 diabetics (men > 50 years and women > 60 years) with arterial hypertension as a coded and associated risk factor.

Of the 187 type 2 diabetic patients identified (102 females and 85 males, mean age 67.8 years), 120 met the inclusion criteria. Of these, 35 fulfilled antiplatelet therapy. Of the second evaluation, 187 type 2 diabetic patients (104 females and 83 males, mean age 68.1 years), 119 fulfilled the inclusion criteria. Of these, 45 fulfilled antiplatelet therapy. Patients were excluded from anticoagulation. Of the universe of patients with indication for platelet antiaggregation as primary prevention of cardiovascular events, 29.2% fulfilled this indication before corrective measures. After applying educational intervention measures to health professionals, a reevaluation of 37.8% was obtained.

## MULTIDISCIPLINARY COOPERATION-BASED COACHING PROGRAM CONTRIBUTED TO PREVENT THE PROGRESSION OF DIABETIC NEPHROPATHY IN JAPANESE

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**Introduction:** Diabetic nephropathy (DN) is the leading cause of end-stage renal disease. As the dietary salt intake in Japan (11-13g/day) is reported to be higher than those (7-9g/day) in foreign countries, dietary intervention to decrease salt intake is important for preventing the aggravation of DN which leads to induction of hemodialysis. We have established and operated multidisciplinary cooperation-based coaching program for the patients with DN.

**Objective:** The study aim is to evaluate the effectiveness for preventing aggravation of renal function by multidisciplinary coaching program.

**Methods:** 356 diabetic patients at stage 2, 3 and 4 of DN were included. Number of the patients of CKD stage was as follows; stage 2: 169, stage 3: 156 and stage 4: 31. Multidisciplinary program consists of the coaching tools and workflow by certified diabetes educator (CDE) and dietitian for the dietary salt restriction (6g/day) and blood pressure control. In the program, lifestyle support and salt restriction recipe was delivered by CDE and dietitian. All patients were administered ARBs and treated on conventional therapy. Renal function (decrement rate in estimated GFR;  $\Delta eGFR$ ), urinary albumin excretion, proteinuria were determined at every two months.

**Results:** A salt intake after multidisciplinary coaching revealed significant reduction. The ratio of patients whose salt intake exceeds more than 11g/day showed significant decrease from 83% to 57% ( $p < 0.05$ ). Though the decrement rate in estimated GFR ( $\Delta eGFR$ : ml/min/1.73M<sup>2</sup>/year) was  $-6.58 \pm 1.50$  before multidisciplinary coaching, it eventually turned to a positive growth of 0.33 ml/min/1.73M<sup>2</sup>/year ( $p < 0.01$ ). More than 80% of each DN patients categorized as stage 2, 3 and 4 showed no exacerbation in eGFR, at a ratio of 79.9%, 82.6%, 83.9% respectively.

## PATIENTS RESPONSE TO SCREENING MAMMOGRAPHY IN PRIMARY CARE

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**Introduction:** Oncological diseases (OD) morbidity is increasing worldwide. In Latvia the incidence of OD is one of the highest in Europe. Breast cancer (BC) is one of the most common OD in women (20.2%), despite recommendations of screening mammography (ScrMG). Responsiveness to national screening program (NScrP) delivered by post is rather low (30-40%).

**Objective:** Aim of this study was to find out data about receiving and usage of NScrP invitation letters compared to general practitioners (GP) active involvement in providing ScrMG.

**Methods:** The study included 143 women with average age of 59±6 years, which had to receive National Health Service Latvia invitation letter to ScrMG. The study revealed if patients had received the letter, conducted investigation or reason why they did not do it. Every woman who had not taken ScrMG was offered a re-referral and investigation performance option. At the end of study the numbers of done ScrMG were evaluated.

**Results:** 3 women were excluded because of living abroad. 55 women (39.3%) had done ScrMG was done by 55 women (39.3%) using letters. After the involvement of GP in providing screening, it was found out that letter of invitation received 77.1% (108) from which half of women did investigation. After the GP recommended to do and rewrite referral, 73 women (85.9%) agreed to do ScrMG, but 70.8% did the investigation. There is no statistically significant difference in age between women groups with and without performed ScrMG. After GP did repetitive invitation the number of performed ScrMG was 115 (82.1%).

## PROSTATE CANCER SCREENING

Marta Perez-Valencia, Rocio Garcia-Romero, Jose Antonio Caballero-Canovas, Clara Montesinos-Asensio, Rafael de-Mena-Poveda, Ana Zaragoza-Ripoll  
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**Case Description:** 58-year-old man goes to medical center asking for routine analytical and PSA. Last PSA control in 2012, results close to the high limit of normality (PSA: 3.33). The patient does not report prostatic clinic. No medical or family history of interest. The analysis is performed with PSA results of 22.28 ng / ml, so it is decided to consult with urology for evaluation. In urology they perform rectal examination showing nodular induration of the prostate, so biopsy and transrectal ultrasound are carried out.

**Exploration and complementary tests:** Good general condition. BMI: 27 kg / m<sup>2</sup>. Abdomen soft without rigidity, not painful, not masses or megalias. Rectal examination: prostate volume II, nodular induration on right lobe. Transrectal echo: heterogeneous prostate, prostate volume of 22.0. Prostate biopsy: Prostate adenocarcinoma Gleason 7 (3 + 4) affecting base of both lobes and medium right lobe. MRI findings compatible with PIRADS 5 lesion in right lobe and PIRADS 4 lesion in left, with signs of extracapsular involvement and retroperitoneal adenopathies

**Diagnosis:** Prostate adenocarcinoma

**Differential diagnosis:** Benign prostatic hyperplasia and prostatitis.

**Final coment:** Prostate screening cancer should be performed at age 50 and repeated every 2 years if PSA is below 2.5 ng/ml or annually if the PSA value is equal or greater to 2.5 ng/ml. It is important to insist on regular check-ups when there is indication such as prostate cancer in older men.

## PROJECT “TO PUT IT IN OTHER WORDS... HEALTH”

Marina Martins

*USF Tornada, Caldas da Rainha, Portugal*

**Introduction:** Starting from our first day in medical school, we are confronted with a whole new language, a language only health professionals understand. Of course, this serves a point for us: for instance, it helps us locate ourselves within a human body, it helps us to better communicate with our peers, but after years and years of speaking "our own special language" it becomes easy to make the mistake of using this terminology with a patient, especially when consulting times are decreasing and patient numbers increasing.

**Objectives:** It is the purpose of this project to create and divulge a series of small books with simple stories and illustrations that tell the "story of a disease", this is, the simplification and explanation of medical terminology and physiological processes involved in the most common diseases (like diabetes and hypertension) and medical procedures (like antibiotherapy and vaccination).

It is the purpose of this presentation not only to divulge this project, but also to invite physicians from other countries to join in, offering their translations to the stories, and their help in the dissemination the project in their countries of practice.

**Materials and methods:** A series of small (12 pages) booklets have been created for the distribution in all Portuguese Family Health Units. The books will be delivered free of cost to patients either by their family physician or family nurse.

## STATINS FOR PRIMARY PREVENTION IN ELDERLY?

Ines Tinoco, Joana Oliveira Ferreira, Ferreira Brigitte

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**Introduction:** Cardiovascular disease (CVD) is the main cause of death worldwide and it has high prevalence in the elderly. There is nowadays a controversy regarding the need to prescribe statins for the elderly who don't have established CVD.

**Aim:** Analyzing the evidence on the use of statins for CVD primary prevention in the elderly population ( $\geq 75$  years)

**Methods:** Meta-analyzes, Systematic reviews, Original studies in PubMed using MeSH terms: "primary prevention", "statin", "hydroxymethylglutaryl-CoA reductase inhibitors", "elderly", in Portuguese and English, from 01/2010 to 12/2015. Evaluation of the level of evidence and strength of recommendation using the Strength of Recommendation Taxonomy scale of the American Family Physician.

**Results:** Identified 28 articles; 4 were selected by the inclusion criteria and obeying to the objectives. 3 studies included the elderly population without established CVD: 2 studies recognize benefit of statins for decreasing specific mortality for acute myocardial infarction and stroke but not for global mortality; 1 study reveals benefit for global mortality. For the elderly  $\geq 75$  years: 2 studies include this population. There is no evidence of benefit in neither specific nor global mortality; it was found an association between total cholesterol  $< 5,5$ mmol/L and global mortality increase.

**Conclusion:** Recent evidence doesn't consistently support CVD primary prevention with statins in elderly, and it should be considered individually, taking into account the co-morbidities of each subject. More studies are required.

## MANAGEMENT OF GOUTY ARTHRITIS IN PRIMARY CARE

Jose Maria Fernandez Gonzalez, Hector Leonardo Lugo Ramos, Pedro Guijo Gonzalez  
SAS, CADIZ, Spain

**Introduction:** Gouty arthritis is a common disease and that is handled in primary care, by Physicians family (PF).

**Objectives:** Assess Management of the drop in the clinical practice of the Physicians, Family compared with the recommendations EULAR and with the 'British Society for Rheumatology and British Health Professionals in Rheumatology guideline for the management of gout'.

**Methods:** A questionnaire was passed out with 9 items to 105 PF.. 101 questionnaires were answered correctly. The average age was 39.2 % 8.9 years. 63.8 % were women. 23.1 % were residents.

**Results:**

The deficits found most noteworthy were:

- 32,7 % of the PF diagnosed gout only by clinic. A 65.3 % also uses the serum uric acid.
- a 43.3 % of the PF removed allopurinol during the attack of gout.
- a 53.5 % of respondents is asymptomatic hiperuricemias.
- Only 42,6 % of the DRrefieren a uricemia 6 mg/dl as the objective in the treatment hipouricemiente in recurrent gout.
- a 85.1 % of the PF never exceeds the 300 mg/day of allopurinol.
- Only a 33.6 % considers that hyperuricemia is an independent risk factor for suffering from hypertension and kidney disease or cardiovascular. A 47.5 % believes that only are associated.

**Conclusion:** In this study we confirm and found significant deficits in the knowledge and management of gout by family doctors

## NASAL SEPTUM DEVIATION AND ETHNICITY

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**Introduction/Objective:** Nasal septum deviation (NSD) is one of the common diseases in daily practice for family physicians. The risk factors of nasal septum deviation has not been fully studied especially in ethnic disparities. The objective of this study is to determine the risk factors of NSD between aborigines and non-aborigines.

**Method:** Between 2001 and 2016, the patients with first diagnosis of NSD in our hospital were enrolled in this study. Our hospital, Puli Christian Hospital, is located in the mountainous area of central Taiwan which many aborigines resided. History of chronic sinusitis, chronic rhinitis, allergic rhinitis, nasal polyps, trauma (traumatic brain injury, any contusion of face, scalp and neck except eyes, fracture of face bones, open wound of head), and hypertrophy of nasal turbinates were selected as the risk factors for NSD. The difference were compared between aborigines and non-aborigines.

**Results:** A total of 529 patients (72 aborigines and 457 non-aborigines) were enrolled in the final study. The aborigines had a earlier age to develop NSD (41.8 vs 48.9, p =0.001). Among

the risk factors: chronic rhinitis, allergic rhinitis, nasal polyps, trauma and hypertrophy of nasal turbinates were no difference between aboriginal and non-aboriginal patients. However, the aborigines had a significantly higher incidence of chronic sinusitis (25.0% vs 13.1%,  $p=0.008$ ), especially in women (32.2% vs 12.2%,  $p=0.005$ ).

**Conclusion:** The aborigines had a earlier age to develop NSD than non-aborigines. Furthermore, the aborigines had a significantly higher incidence of chronic sinusitis, especially in women. NSD should be considered when treating the aboriginal patients with chronic sinusitis.

## DO WE KNOW DIFFERENCES AND HANDLING OF VACCINATION NEUMOCOCIA?

Jose Maria Fernandez Gonzalez, Hector Leonardo Lugo Ramos, Pedro Guijo Gonzalez  
*SAS, Cadiz, Spain*

**Introduction:** Pneumoniae is the pathogen most frequently identified in the pneumonia of the community. There is a special importance in the chronic disease and immunosuppressed patients. There are differences between vaccines polysaccharides levels with regard to conjugates.

**Objective:** We survey in health centers to assess knowledge of these vaccines.

**Methods:** We performed survey written for family physicians from different health centers. There is a total of 45 surveys. In these wonder about if they know patients of risk to which the guidelines recommend vaccination, wonder differ polysaccharide vaccines planes vs conjugates. We analyze management of pattern with both vaccines. We collect data with Excel and analyzed with the SPSS.

**Results:** Of the 45 surveys, 65% knew the majority of the signs in high risk patients ( were considered most hit 80% of indications). Only 9 per cent nailed the total of indications. With regard to the differences between vaccines; 40 % responded that she did not know the difference between conjugated and planes. The 55 per cent recognized the total differences described (type of immune response, immunological memory, since that week is effective, duration of the protection). With respect to the handling, differentiate between immunodepressed, and risk group. In both groups we asked management depending on whether prior vaccination polysaccharides simple or no. Only 15% nailed in all indications. The 45% nailed in the management of the risk group. And 30 % in the handling of immunosuppressed patients.

## COMUNITARY EDUCATION WITH WOMEN

María Teresa Palacios López<sup>1)</sup>, Almudena Salas Sola<sup>1)</sup>, Elena Sánchez Pablo<sup>1)</sup>, Soledad Blasco Muñoz<sup>2)</sup>, María José Mendoza D'Arcy<sup>1)</sup>

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**Introduction:** Given the doubts about climacteric expressed by some patients at Primary Care consultations emerged the idea of performing a course with different sanitary professionals to deal with the subject in a multidisciplinary perspective.

**Objectives:** Evaluate the degree of satisfaction and usefulness of the course about climacteric given to women in this period of life, willing to improve for future courses.

**Description:** Two editions have taken place in our Health Centre in January and June 2016, with four sessions of one hour and a half, on Thursdays morning. We dealt with physiology and sexuality in climacteric, pelvic floor and discomfort. The recruitment was at midwife consultations. The sessions consisted of a theoretical introduction given by sanitary professionals and the active participation of the attendees. At the end we distributed a survey form among the participants and the professionals involved.

**Conclusions:** 100% of the attendees were very satisfied. The work performed has been useful to solve doubts, share experiences and concerns with equals and avoiding feeling lonely and estrange in this period of life. All the professionals agree about the schedule issues, given the usual assistance charge and the importance of improve diffusion and recruitment.

**Applicability:** After the experience and response of the attendees, we conclude that this is a good activity in health education. Given the circumstances of assistance pressure, a biannual periodicity will be keep. Recruitment will be broaden to medicine and nursing consults. Posters will be displayed at the notice board of the health centre.

## THALASSEMIA MAJOR THAT OCCURS AFTER IVF PREGNANCY WITHOUT A PREIMPLANTATION GENETIC DIAGNOSIS: CASE PRESENTATION

Arş. Gör. Dr. Latife URGAN, Prof. Dr. Ümran Çalışkan, Yrd. Doç. Dr. Hüseyin Tokgöz  
*Necmettin Erbakan University, Meram Medical Faculty Family Medicine Department, Konya, Turkey*

**Introduction:** Thalassemia is a group of disease that occurs due to the fact that Hb chain or chains, defined as OR transitive  $\alpha$ ,  $\beta$ ,  $\gamma$ ,  $\delta$ , are formed in limited amounts or never. In this paper, thalassemia major case which doesn't get a preimplantation genetic diagnosis and occurs after IVF pregnancy is presented.

**Case:** A 7-month male patient applied complaining of temperature, nasal flow, asthenia that started 2 days ago and of pallor that started 20 days ago. Our case was born as a term infant by C/S as 3.500 gr after IVF pregnancy. In his physical examination, his body weight was 7.250 gr (10.P), body height was 62 cm (<3.P), he did not have a positive result apart from handling his spleen 3 cm and his liver 4 cm. In complete blood count, WBC:65.8  $10^3$  /ul, HGB:6.0 gr/dL, MCV:59.1fL, RBC:3.0  $10^6$ /ul, PLT:254  $10^3$  /ul Hb; in electrophoresis, HemoglobinF:%78 HemoglobinA:%19.5 HemoglobinA2:%2.5. In peripheral smear; erythrocytes were hypochromic microcytic, target cell and tear cells, distint normoblastosis existed, blast was not seen. The patient was accepted as thalassemia major. He was included in transfusion program in such a way that hemoglobin value will not go down below 9.5 mg/dl. The parents were asked for whole blood and Hb electrophoresis. Genetic counselling was given to the family detected as a carrier of thalassemia.

**Results:** Beta thalassemia is a genetic and preventable blood disease. Treatment cost is high and runious. Protection is simple and cheap. Genetic counselling and preimplantation genetic diagnosis are necessary.

## ASPIRIN AND NSAIDS IN COLORECTAL CANCER PREVENTION

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**Introduction:** Colorectal cancer (CCR) ranks among the most common worldwide malignancies. Several protective factors have been identified, stimulating interest in primary prevention. Recent studies have shown that aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) inhibit colorectal carcinogenesis. The evidence is diverse and is based upon animal models, epidemiologic data, intervention trials of NSAIDs in patients with familial polyposis, and, more recently, randomized controlled trials of aspirin and selective COX-2 inhibitors in humans.

**Objective:** Summarize data supporting the potentially beneficial role of aspirin and other NSAIDs for CCR, and discuss the potential clinical implications.

**Methods:** A bibliographic search was performed in the PubMed database until December 30, 2016. The key word used was the MeSH term "aspirin", "NSAIDs", "Colorectal cancer". This research was limited to articles such as reviews, systematic reviews and meta-analyses published in the last ten years, in English or Portuguese, with free access to the full text.

**Results:** Aspirin and other NSAIDs are associated with reduction in the risk of colonic adenomas and CCR. These potential benefits of long-term therapy must be weighed against the potential adverse effects given the availability of other options for CCR screening. Based upon the long-term results of a single clinical trial, high doses of aspirin (600 mg/day) appear to provide a benefit for patients with hereditary nonpolyposis CCR. Further studies are needed to understand if such high doses are needed and the net benefits and risks in other high-risk groups such as those with a personal history of CCR or adenoma.

## PNEUMOCOCCAL VACCINE

Jose Maria Fernandez Gonzalez, Pedro Guijo Gonzalez, Hector Leonardo Lugo Ramos  
*SAS, CADIZ, Spain*

**Introductions:** Pneumococcal vaccine according to indications of clinical guides of all societies to Primary Care, is of great utility and the results obtained are after its administration.

**Objective:** Sent a survey to assess knowledge, management, indications of pneumococcal vaccine conjugated in medical professionals from 2 health centers.

**Methods:** We performed a survey on immunization antineumococcal conjugate vaccine, where you query for each professional on: indications; prescription and information to patients; management in consultation; utility in the patient who has used and whether they should encourage their implementation. Are collected a total d 65 surveys.

**Results:** Of the 65 respondents, 85% knew about vaccine but only 20% knew all their indications according to guides of Primary Care. Connection information to patients, who knew management, and indications of vaccine, 87 per cent reported to patients, prescribing only 20%. Of the prescribed only 22% put the vaccine. In the section on usefulness of vaccine, 100 per cent of those who had prescribed and scheduled, saw positive its administration. With regard to its promotion, 100 per cent of respondents said that it needed more information both for all professionals of the Health Center (doctors, nurses, ...), as for the same patients through campaigns.

**Conclusion:** There is little information in the physicians. We believe that we should work more your information to patients. We called the attention that they all refer to the possibility of create campaign of information to professionals and patients.

## DEVELOPMENT STUDY - ASSESSMENT OF PARENT'S ATTITUDES ABOUT CHILD DEVELOPMENT PROMOTING ACTIVITIES

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**Introduction:** The performance of child development promoting activities is of the greatest importance, associating with cognitive, physical, emotional and social gains. Parent's knowledge about these activities influences the interaction with their children and, consequently, child development.

**Objective:** This study aimed to evaluate the importance attributed by the parents to the activities that promote the development of the child and the frequency with which they are performed.

**Methods:** An observational, cross-sectional and analytical study was carried out with convenience sampling of all parents/caregivers whose children were enrolled in Santa Clara health unit, aged between 9 and 36 months (exclusive). A questionnaire, anonymous and individual, previously submitted to a pilot study, was provided to the parents/caregivers in the medical or nursing consultation, between June and November 2016.

**Results:** Participants in the study were 96 caregivers, mostly mothers (88, 5%) with a mean age of 33,7 years. About 92,7% of the caregivers had obtained information about developmental activities, with the health professionals being the main source of information (69,8%). The caregivers obtained on a scale of 1 (minor importance/frequency) to 5 (major importance/frequency) an average score of 4, 3 for the importance given to child development promoting activities and of 3,7 for their frequency of accomplishment. During the consultations, 84,4% of caregivers were informed about the activities to stimulate child development. Most caregivers (87,5%) are very or completely satisfied with their role in their child development.

## WOMEN'S KNOWLEDGE OF CERVICAL CANCER RISK FACTORS AND ITS PREVENTION PROGRAM

Gintare Narusaite, Lina Kudinaviciute  
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**Introduction:** As cervical cancer is the fifth most deadly gynecological neoplasia in Lithuania, it is becoming more and more important to raise awareness about it. Finding out women's knowledge level of the cervical cancer would let us better understand what should be improved in the primary care practice while introducing women to the cervical cancer prevention program.

**Objectives:** The aim of the study was to assess knowledge about cervical cancer risk factors and screening program among women aged 25-60 in Vilnius, Lithuania.

**Methods:** The prospective study was based on a questionnaire consisting of 24 questions asking women about the cervical cancer prevention program generally and the risk factors of this disease. We have collected 450 questionnaires from Vilnius University Hospital Santariskiu Clinics Family Medical Centre and the Centre's clinic of which 384 were fully answered. The confidence level of the study was 95%.

**Results:** We found that 93,7% of the surveyed women have heard about cervical cancer prevention program and nearly 75,8% of them were tested. Asking about the risk factors, only

65,2% answered that HPV infection is the risk factor, while 20,6% did not know about it at all. Those women who had more than 5 sexual partners during their life did not know that HPV infection is the most important risk factor ( $p=0,001$ ). Only 40,8% knew that smoking is a risk factor and even 20,9% said that it is not a risk factor at all. We have noticed that women older than 40 years old knew more about all the risk factors in general than younger ones ( $p=0,0001$ ).

## EXAMINEES' COMPREHENSION AND RESPONSE ABOUT GENERAL HEALTH EXAMINATION

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**Introduction:** The health screening program makes possible of early detection and prevention of chronic diseases and promote lifestyle and health status. In Korea, National Health Examination of chronic disease is performed regularly, which is divided into General Health Examination (GHE) and Life Turning Point Health Examination (LTHE).

**Objective:** Our study aimed to assess how well examinees who have performed GHE and LTHE comprehend and take the result of examination and to find out the ways of improvement.

**Methods:** We recruited 120 examinees who have performed General Health Examination and Life Turning Point Health Examination and conducted question survey for comprehension and response of result forms about the National Health Examinations. This survey was conducted from Jan 7, 2016 to Jan 26, 2016.

**Results:** Examinees' comprehension was poorest at blood test (59.2%) among GHE and low at depression, cognitive function disorder, physical function of the elderly in LTHE. Examinees' awareness for the necessity of life style modification after GHE was highest in physical activity (84.0%) and examinees' response towards counseling was most helpful in physical activity (83.3%) as well.

**Conclusion:** It is necessary to revise the result form of blood test in GHE. Proper counseling and training program will be needed for the comprehension of depression, cognitive function disorder, and physical function of elderly. Since many examinees tried to modify life style after health examination, it will be helpful to manage and prevent chronic diseases with the appropriate counseling after National Health Examination.

**Keywords:** National health screening program, result forms

## ASSOCIATION BETWEEN HEART RATE VARIABILITY AND SERUM DHEA, AS AN INDEX OF ADRENAL FUNCTION

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**Introductions:** Heart rate variability (HRV) and its computed components are non-invasive, reliable, and popular indicators for assessing the activities of the autonomic nervous system. They are used for indirect evaluation of chronic stress, which may lead to activation of the hypothalamic-pituitary-adrenal (HPA)-axis, resulting in a lower level of the Dehydroepiandrosterone sulfate (DHEA-s).

**Objective:** In this study, we investigated the associations between HRV parameters and serum DHEA-s as an index of adrenal function.

**Methods:** The study included 325 adult Korean subjects (mean age 54.311.9 years) who visited Health examination center in the Chaum Life center from 2010 to 2015. Hormonal analysis included serum levels of cortisol, DHEA-s, total testosterone(TT) and estradiol(E2). HRV parameters were derived from the recordings of device named SA-300P, performed in 5 minutes at the same condition.

**Results:** In the evaluation of HRV, most of parameters for vitality and autonomic nervous system activity (SDNN, LF and HF) decreased with age ( $P<0.05$ ). Pearson correlation analysis with control of age, sex, smoker, drink and BMI showed that DHEA-s were positively correlated with LF ( $P<0.01$ ), TP ( $P<0.01$ ) and SDNN ( $P<0.05$ ).

Our results demonstrated positive correlations between LF and DHEA-s, independent from age, sex, smoker, drink, BMI. It suggests that HRV analysis is a reliable method in the assessment of adrenal function. HRV parameters can be utilized in non-invasive screening test or individual follow-up of adrenal function, not only stress management.

## FRAX APPLIED TO THE PORTUGUESE REALITY

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**Introduction:** Osteoporosis is a disease with an important economic and social burden. When using solely the World Health Organization (WHO) osteodensitometry' T-Score, there are approximately 50% of the patients already with fragility fracture that do not meet the criteria for osteoporosis. Therefore, there was an imperial need to create a different tool – FRAX, already validated for Portuguese reality.

**Objectives and methods:** Indications for osteoporosis treatment in Portugal according to FRAX. Advantages and limitations of FRAX.

PubMed search: December'16.

**Results:** Worldwide, it is generally consensual that premenopausal women without history of fragility fractures should be treated for osteoporosis when FRAX major risk is  $\geq 20\%$  and hip fracture risk (HFR)  $\geq 3\%$ . For Portuguese reality, these targets can be cost-effectively lowered with generic alendronate, as follows:

1.  $\geq 1$  hip fragility fracture or  $\geq 1$  vertebral symptomatic fragility fracture OR  $\geq 2$  fragility fractures regardless symptoms or location – treat without need for FRAX or osteodensitometry.
2. If no history of fragility fractures:

FRAX: major risk  $\geq 11\%$  or HFR  $\geq 3\%$  - treat

FRAX: major risk  $\leq 7\%$  or HFR  $\leq 2\%$  - don't treat

FRAX: intermediate risk – do osteodensitometry and recalculate FRAX with T-Score:

- Major risk  $\geq 9\%$  or HFR  $\geq 2,5\%$  - treat
- Major risk  $\leq 9\%$  and HFR  $\leq 2,5\%$  - don't treat

**Discussion:** FRAX allows determinations of when osteodensitometry is needed or not as well as a more accurate osteoporosis diagnosis. However, it is not validated for monitoring treatment, does not consider de “fall” risk of the patient and is calculated considering the costs of using generic alendronate.

## BREASTFEEDING AS A PROTECTIVE FACTOR AGAINST OBESITY AND CHILDHOOD OVERWEIGHT

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**Introduction:** The cases of overweight young-aged-people showed a progressive increase in recent years. In this context, it is argued breastfeeding as protective factor of excess weight in children, and the World Health Organization recommends exclusive breastfeeding until 6 months of life. The role of general practice is crucial in promoting breastfeeding.

**Methods:** Cross-sectional and retrospective study with 170 children, aged 6 to 17 years old. Current height and weight were measured. Subsequently was collected information through a questionnaire completed by the parents, about birth weight, weeks of gestation, duration of exclusive breastfeeding, the presence of gestational diabetes, information on age, education and nutritional status of father and mother. Finally were performed descriptive analysis through the tests of independence chi-square and odds ratio.

**Results:** The mean duration of breastfeeding was 3.95 months, registering 43.5% were breastfed for six or more months, and 13.5% were never breastfed. The prevalence of overweight and obese youth was 17.1% and 5.3%, respectively. Mother's body mass index  $\geq 35$  was identified as risk factors for children's overweight and obesity. Exclusive breastfeeding for at least 6 months remained a significant protective factor against the development of childhood overweight and obesity.

**Conclusion:** It was found that the duration of exclusive breastfeeding equal to 6 months or longer was associated with a decreased risk of overweight and obese children and adolescents. This study reinforces the idea of breastfeeding as a protective factor for overweight and obese children and adolescents, however further studies are needed

## WOMEN'S OPINION ABOUT THE FAMILY PHYSICIAN ROLE IN THE CERVICAL CANCER PREVENTION PROGRAM

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**Introduction:** Family physician institution is the back bone with an extensive informatory knowledge regarding work prevention programs. This study helps us find out communication between patients and doctors, shows us where we must improve.

**Objects:** The aim of this study was to find out women's knowledge and opinion about the role of the family physician in cervical cancer prevention program.

**Methods:** The survey was conducted among women aged 25–60 years seeking for family physician's consultation at two primary health care centers in Vilnius. Study was based on questionnaire of 24 questions. The number in total response was 450 with 384 full answers.

**Results:** Most of the surveyed women have heard about cervical cancer prevention program. 75,8% of women were tested, but more than 5% didn't think program is useful. Despite having wide range of information women were found with lack of confidence and communication gape with family doctor. Only 25,2% of women knew about this program

from GP while others from other resources. Almost 12% women complained that doctor didn't provide with a proper explanation and more than 34% women were shamed to discuss about their gynecological issues with GP. Almost half of the respondents were unaware that the O / C smear can be taken by GP and women aged more than 40 prefer to be tested by obstetrician – gynecologist with a view that he/she is better specialist and answers questions promptly. However women aged 25 – 39 years trust their GP more than others.

## DYSLIPIDEMIA PEDIATRIC SCREENING

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**Introduction:** Dyslipidemias are one of the modifiable risk factors that most contribute to the development of the atherosclerotic process and cardiovascular disease, is the main cause of death in countries around Europe. There seems to be a tendency to maintain total cholesterol and LDL levels from infancy to adulthood. The screening of pediatric dyslipidemias is controversial, questioning the association with cardiovascular risk reduction and morbidity and mortality.

**Objective:** Review clinical recommendations for the screening of dyslipidemias in children and adolescents.

**Methods:** Were selected articles of the main medical databases in English and Portuguese, using MeSH terms “dyslipidemia”, “children and adolescents”.

**Results:** Clinical recommendations of dyslipidemia in pediatric screening are variable with regard to indication for achievement, target age, and screening methods world wide. The American Academy Pediatrics recommend universal screening at 9-11 and 17-21 years old, although there is no personal or family marker of increased risk of dyslipidemia. The American Association Clinical Endocrinologists, and American Heart Association recommend screening for dyslipidemias only in children with risk factors. In Portugal the general direction health recommends screening at 2-4 years old if there's family history of early CVD or altered lipid profile. The personal history of overweight, obesity, diabetes mellitus, hypertension, renal, cardiac, hormonal and/or metabolic disorders or with prolonged therapy with hyperlipidemic drugs should also be screened.

**Conclusion:** These recommendations of dyslipidemia screening pediatric aren't based on studies demonstrating benefit reducing cardiovascular risk and morbidity and mortality, and screening should be weighed individually. Further studies should be conducted to assess potential benefits/risks.

## EFFECT OF PHYSICAL ACTIVITY IN BLOOD GLUCOSE LEVELS OF DIABETIC PATIENTS

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**Introduction:** The prevalence of Diabetes worldwide reaches 8,5%. Its major complications are associated with the peripheral nervous system, visual and microvascular kidney system. The disease is an important cause of death, increasing the risk of ischemic heart disease and stroke. There is an indication for physical activity as part of disease prevention and management.

**Aims:** Provide evidence of the practical effect of physical activity in blood glucose levels to diabetic patients. Promotion of the disease awareness.

**Methods:** Diabetic individuals with <75Y under metabolic control (HbA1c<8%) with no contraindication for physical activity. Demonstration of the program – breakfast between 9.30-10 am, evicision of exertion prior to the class, measurement of pre exertion blood glucose levels, Zumba class attendance and repeat blood glucose measurement after class. Informed consent was obtained.

**Results:** 24 participants of whom 16 were male, with median of age of 67Y. Wilcoxon test was applied showing a statistically significant relation between both measurements ( $p=0.0008$ ) –  $w=222$  with  $r=0.8305$  by Spearman correlation ( $p<0.0001$ ).

**Conclusion:** Physical activity is recommended for diabetes prevention. It is the first line of the non-pharmacological therapeutic approach together with modification of eating habits. Drugs are a therapeutic option when this approach alone is insufficient. This action was part of an education strategy for diabetic patients, based on a group approach for a collective motivation, resulting in improvement of capacities for self-control and disease management.

## THE ROLE OF THE FAMILY DOCTORS TO REDUCE THE RISKS OF PREMATURE BIRTH IN ROMANIA

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**Introduction:** Premature birth is one of the main causes of infant mortality and an important risk factor to develop obesity, and diabetes in adult life. More than 11% of all the new-borns are prematurely born in Romania. The percentage of premature new-born with a birth weight under 1000g is low (0.3%), but with high mortality rates (50%).

**Objective:** The aim of this study is to evaluate the level of knowledge regarding the care of the pregnant women in daily practice of the family doctors.

**Methods:** We used a simple questionnaire with 15 questions addressed to family doctors from Bucharest. We focused on antenatal care for pregnant women, causes of preterm birth, and postnatal management of preterm infants.

**Results:** We have analyzed the answers from 45 family doctors, out of which 62.22% are consultants, 28.88% are associate specialists, and 8.9% are medical residents. Three quarters of them perform an average of 20-25 medical examinations per day. Of all the responders, 55.55% of them have cared for at least one premature child in the last 12 months. A third of them perform regular check-up of the vision and hearing of the premature new-born. Only 17.76% of them are aware that the maternal diabetes and hypertension increases the risk of premature birth. Even less (11.11%) know that premature infants have an increased risk to develop non-communicable disease later in life. There is a certain need to organize training courses for family doctors to ensure antenatal care for all pregnant women, meaning a screening and management of those of higher risk of preterm birth, regularly.

## DR. MY FEET HAVE ENLARGED. I NEED AN EXTRA SHOE SIZE

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**Background and aim:** Male, aged 41 who refers feet enlargement from the last three months, his shoe size has changed.

**Clinical features:** Obesity grade I; hypertension, obstructive sleep apnoea, smoker (15 boxes/year).

Physical exploration: blood pressure: 130/82 mmHg; cardiac rhythm 82 bpm; normal neurological exploration. The most outstanding is a projecting lower jaw (prognathism), so as foot and hands enlargement, without inflammatory joint signs or functional limitation.

**Methods:** ECG: normal; Rx thorax: normal

Under clinical suspicious of a hypophyseal disorder (acromegaly) is sent to the endocrinology unit for further study.

Fasting Glycaemia: 90 mg/dl; uric acid, ions, hepatic and renal function, both normal; triglycerides: 98mg/dl; TSH:0,11 microU/ml, T4 free: 1.19 ng/ml, T3: 2,47 pg/ml, PTH: 4,3 Hormonal study: GH: 18,6; IGF-1: 579; prolactin: 15,1 ng/ml; LH: 4,94 mUi/ml; testosterone: 3.3 ng/ml; cortisol: 18,1 mg/dl.

Brain CAT: macroadenoma hypophyseal (1,8 cm diameter).

RM with contrast: hypophysis tumour 2,3 x 1,8 x 2,2 cm compressing optic chiasma.

Study of visual field: normal.

The patient is sent neurosurgery to adenomectomy.

**Clinical judgement:** Acromegaly. Macroadenoma hypophyseal what displaces optic chiasma.

**Differential Diagnostic:** Inactive acromegaly; prolactinoma; familar big foot and hands; mixedema (dropsy hypothyroidism).

**Discussion:** Acromegaly is a chronic and inappropriate oversection of GH (growth hormone) after sealing of cartilaginous joint. Its prevalence is of 40 to 70 cases per million. Mostly is caused by hypophysis adenoma and associated to an increase of vascular and respiratory diseases and related mortality, so what diagnostic suspicious throughout overall physic exploration by systems realized from Primary Care is essential for a right diagnosis which will let an early surgical treatment in order not to endanger patient's life.

## THE EXPERIENCE OF USING ONLINE SURVEY FOR OPTIMIZATION OF PREVENTIVE EXAMINATION OF EMPLOYEES IN FAMILY PRACTICE

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Quality of preventive medical examinations is the basis of life expectation increase, development of labor potential and employees' productivity in the work environment.

Aim - to improve effectiveness of preventive medical examinations of enterprises using

electronic questionnaire.

**Materials:** The previous survey of employees with specially designed questionnaire was implemented for optimization of preventive examination of enterprises' employees (Google Docs: [www.google.com/docs/d/1V4NeLp](http://www.google.com/docs/d/1V4NeLp)). The questionnaire included 46 questions about risk factors of the most common diseases, presence of pathology and prevention measures. The study involved 82 employees of pharmaceutical company (39,5±6,8 years old; 76% women; 24% men). Statistical analysis made with Excell 2007.

**Results:** The survey showed that 47.6% of employees complained on bad health; 46.3% had extreme fatigue; 41.5% - worsening emotional state or emotional burnout syndrome; 34.1% - presence of pain of various localization; 13.4% - drink alcohol more than once per week; 22% - smoke; 74.4% - don't adhere to proper diet; 62.2% - have hypodynamia (in connection with work at the computer at workplace). Online survey allowed to select 34 workers (41.5% surveyed) for further medical examination, after which 29.4% were determined healthy, while 70.6% of workers had disorders: 20%-dystonia; 5.8% -hypertension; 5.8% - obesity; 8.6%-osteocondrosis; 5.8% - myopia. All employees after examination received preventive and therapeutic recommendations. The use of online survey has reduced the time of preventive medical examinations on 58.5%, (by formation of a group for a further medical examination) and reduced the financial costs by 18%.

**Conclusions.** Using the results of individual online surveys before general medical examination of workers made possible to improve the quality and speed of medical examinations, to correct better risk factors thanks to pre-prepared information booklet; to reduce the financial costs.

## VITAMIN D SUPPLEMENTATION AND RISK OF FALLS IN THE ELDERLY: EVIDENCE-BASED CLINICAL REVIEW

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**Introduction:** Vitamin D has direct effects on muscle strength modulated by specific vitamin D receptors present in human muscle tissue. Falls are a frequent cause of mortality and morbidity in the elderly. Vitamin D may have a preventative role in this context to improve a function and muscle strength.

The objective of this study is to review the available evidence regarding the reduction of the risk of falls in the elderly with vitamin D supplementation.

**Methodology:** Starting from the MEDLINE databases, NHS British Guidelines, Canadian Medical Association Practice Guidelines, Cochrane Library, DARE, Bandolier, Pubmed, a survey of articles published between January 2000 and July 2016 in the English language, using the MeSH terms: "Accidental Falls", "Aged", "Aged, 80 and over", "Vitamin D".

For the attribution of levels of evidence, the American Family Physician's Strength of Recommendation Taxonomy (SORT) scale was used.

**Results:** We found 38 articles, of which we selected six meta-analyses, two systematic reviews and one systematic review and meta-analysis. All have demonstrated a reduction in the risk of falls in the elderly with vitamin D supplementation, with statistical significance in most studies, however there is no consensus regarding calcium supplementation, vitamin D type, dose and duration of supplementation. Thus, more randomized and controlled studies with more homogeneous results are necessary. **Conclusions:** The results obtained show evidence that vitamin D supplementation seems to be associated with a decreased risk of falls

in the elderly (SORT B). Once, the heterogeneity of the studies presented a limitation to this review.

## NON-NUTRITIVE SWEETENERS' EFFECT ON WEIGHT LOSS: AN EVIDENCE-BASED REVIEW

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**Introduction:** Non-Nutritive Sweeteners (NNS) are part of nowadays diet and one of its possible benefits is the contribution to weight loss (WL). Obesity's prevalence is increasing and strategies to reduce caloric intake and facilitate the WL are needed.

**Objective:** Review the existing evidence on the efficiency of NNS consumption in weight loss.

**Methods:** Search for articles, using the MeSH terms: "Weight Loss" AND "Non-Nutritive Sweeteners" published from 2006 to 2016. Assessment of evidence levels (EL) and strength of recommendation (SR) by the Strength of Recommendation Taxonomy scale of the American Family Physician.

**Results:** We found 33 articles and selected 8 for this review. Two original studies refer to the same intervention, concluding that NNS were significantly superior to water in WL, as adjuvant of an intervention for EL (EL 2). In a 2014 meta-analysis, NNS significantly reduced body weight, but were associated with a slightly higher Body Mass Index (EL 1). A 2012 consensus says NNS may facilitate the reduction of dietary sugars and WL (EL 3). A 2015 guideline recommends the choice of water or other sugar-free drinks, for weight management (EL 3). In all systematic reviews, the consumption of NNS beverages was associated with WL.

**Conclusions:** NNS appear to have a benefit in WL when compared to added sugar beverages. NNS can be recommended as an adjuvant for WL, replacing sugars added to the diet (SR B). Studies with a longer follow-up are needed, to demonstrate the long term benefit, but also the safety when included in the daily diet.

## POLIMEDICATION IN THE ELDERLY - STUDY IN A HEALTH UNIT IN PORTUGAL

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One of the most worrisome aspects regarding drug therapy in the elderly is polymedication. Polymedication increase the risk of drug interactions and adverse effects of therapeutics. The main objectives of this study were to evaluate the prescription on a list os elderly users of a Health Unit in Portugal.

From the study of chronic medication, it was possible to observe that about 20% did not do any chronic medication and the majority, 57.7%, consumed 5 or less drugs per month, as desired. The results also reveal that the average consumption per elderly was 4.8 drugs, and that a significant percentage, 11.44% consume 10 or more drugs in a chronic way. Benzodiazepines are one of the most prescribed classes of medication. Of the sample studied, 34.3% had a benzodiazepine prescription in the last 6 months. The high prevalence of anti-inflammatory and analgesic use is widely discussed because of the risks of adverse effects, iatrogenic and drug interactions. The prescription of anti-inflammatories and analgesics in this sample was studied and it was verified that the majority of the users, 72%,

did not present any prescription of these classes of drugs. One in five had a prescription, while 6% had two prescriptions and 3% had three prescription drugs for the treatment of pain. The elderly are a vulnerable group, which consumes health resources. The physician is responsible for a careful, attentive, global follow-up, paying special attention to the major geriatric syndromes (dementias, malnutrition, falls, chronic pain) as well as polymedication and its consequences.

## PROTECTION PUMP INJURIES AND DEMENTIA: WHAT IS THE RELATIONSHIP?

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**Introduction and objectives:** Drugs that increase the risk of dementia in the elderly are of potential interest to the prevention of dementia which has a major impact on people's quality of life. Recent studies present controversial results regarding the association between prolonged use of Proton Pump Inhibitors (PPIs) and the development of dementia. The objective of this study is to know the evidence of the association between the continued use of PPIs and the development of dementia.

**Methods:** Evidence-based medical database search of classical reviews, systematic reviews, meta-analyzes and clinical guidance standards, published between 2006-2016 and available in Portuguese, Spanish and English using the terms "Dementia "And" Proton Pump Inhibitors.

**Results:** Of the articles found, 2 showed a significant increase in the risk of developing dementia in patients with chronic PPI use compared with patients who did not use it continuously. However, 1 study did not demonstrate a relationship between dementia and continued use of PPI, revealing that the use of this drug is a protective factor.

**Discussion:** Based on this study, the association between continued use of PPI and the development of dementia has limited scientific evidence.

Further studies are needed to demonstrate the association between PPI and dementia, but also their safety when carried out as continuous therapy, thus alerting potential PPI harm as continued therapy

## THE RELATIONSHIP OF SOCIO-DEMOGRAPHIC FACTORS AND PREOPERATIVE ANXIETY: CROSS SECTIONAL SURVEY OF PATIENTS BEFORE PLANNED SURGERY

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Life changes are significant factors that cause anxiety; hospitalisation and surgery are among such changes. Anxious patients have worse perception of information that makes it harder to communicate and collaborate with the staff.

**The purpose** of the study was to assess patient's anxiety before surgery and determine its links with sociodemographic factors.

**Method:** 867 patients hospitalized for planned surgery in two hospitals (University and Regional hospital) were invited to take part in the study. The 102-item questionnaire was used for the study. 552 completed the survey properly (response rate -63,7%). HADS was used for measuring preoperative anxiety. Scores from 0 to 10 indicated no or low preoperative anxiety, scores from 11 to 21- moderate or severe preoperative anxiety.

**Results:** 208 of 552 patients were males and 344 females; 49,6% were younger than 65 years, 50,4 % were 65 years old and older. Gender was related to the preoperative anxiety: anxiety among females was expressed more often than among males (45.1% and 24.5% respectively,  $p < 0.001$ ). Severe preoperative anxiety women also felt twice as men (10.6% and 20.1% respectively,  $p < 0.004$ ). Older age (65 years and more) and living together with family members, who cannot serve themselves fully increased statistically significant the prevalence of preoperative anxiety.

**Conclusion:** Aiming to decrease preoperative anxiety the complex measures should be applied with special attention paid to females, patient 65 years age and older and those, who live with persons with any kind of disability.

**Key- words:** Operation, anxiety, socio- demographic factors, gender, Lithuania

## SCREENING FOR COLON AND RECTAL CANCER IN A FAMILY HEALTH UNIT IN PORTUGAL

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**Introduction:** According to the World Health Organization (WHO), Colon and Rectal Cancer (CRC) is the world's third leading cause of cancer death after lung and stomach, accounting for nearly 700,000 deaths annually. In Portugal is the first cause of death, affecting about 9 people per day and mostly men. Therefore, screening is becoming a priority of integrated health programs in Primary Health Care.

**Objective:** To describe the screening of colon and rectal cancer in a Family Health Unit (FHU) in Portugal.

**Methods:** Clinical experience report, based on the routine of a Family Health Unit.

**Results:** Screening for colon and rectal cancer includes asymptomatic patients between the ages of 50 and 74 years. Our FHU summons 10 to 15 users each day of screening for the purpose of attending a joint health education session and where the screening in question is explained and appealed to their participation. At the end of the session each patient has a consultation with the Family Doctor and the questionnaire is filled in and the sample collection kit is delivered. This is a screening in a health program and includes a free stool screening every 2 years (if it is negative). If the survey is positive in the 3 samples collected, colonoscopy is performed free of charge at the reference hospital level.

## PREVENTION OF URINARY INCONTINENCE (IU) ASSOCIATED WITH AGE IN PRIMARY CARE

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**Introduction:** Urinary incontinence affects the physical, psychological and social spheres of the patient, a condition that is favored by the physiological changes characteristic of aging. It

is considered as one of the main causes of institutionalization of the elderly, in addition to carrying a tremendously important socio-economic cost (diapers, probes, soaks, etc). As for its prevalence, updated studies are scarce and show an important percentage of underdiagnosis.

**Objective:** To publicize the repercussion, both for the quality of life of the patient and socio-economic level, for an early diagnosis and treatment of UI from primary care.

**Methods:** A bibliographic review is carried out in the main scientific databases: Pud Med, Cochrane, PEDro, magazines and books. With the keywords (MeSH: Primari Health Care, Urinary Incontinence, Diapers, Adult and Aged.

**Results:** The studies consulted conclude that UI is a pathology with a great impact on public health, being an important hidden problem (which the patient does not consult). They also show that an early and combined approach is the most successful way to treat and / or prevent it.

A system of early diagnosis and treatment and / or a preventive protocol is essential to prevent the occurrence or irreversibility of UI. Improving the quality of life of the population as well as their level of health and significantly reduce the accompanying economic expenditure.

## PROPOSAL OF PROTOCOL IN PRIMARY CARE FOR THE PREVENTION OF HIP DYSPLASIA FOR CHILDREN WITH MOTOR DEFECTS

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**Introduction:** Developmental dysplasia of the hip (DDH) denotes aberrant development of the hip joint and results from an abnormal relationship of the femoral head to the acetabulum. Dislocation of the hip in cerebral palsy results in significant morbidity in terms of pain, contractures, problems with sitting, standing or walking, fractures, skin ulceration and difficulty with perineal care pelvic obliquity and scoliosis. A dislocated hip in a child with cerebral palsy is a serious problem.

**Objective:** The objective of this protocol is to orient primary care professionals on the management of orthopedic charts that are most in demand (often dislocation hip) for physiotherapeutic intervention proper follow-up, diagnosis and / or referral to specialist if applicable.

**Methods:** A bibliographic review is carried out in the main scientific databases: Pud Med, Cochrane, PEDro; As well as magazines and books.

**Key words:** Hip dysplasia, cerebral palsy, bipedestation. Mesh Terms: Hip Dislocation, Central Nervous System Diseases, Cerebral Palsy, Standing, Postural Balance. Results: The review of the literature and investigations related to the use of positioning techniques in the prevention of hip dysplasia indicates that the evidence of the effectiveness of this treatment is limited. We did not find studies that clearly quantified the impact of early standing, or clearly established protocols, but documented the benefits of this type of approach. Postural interventions are a basic tool in the prevention of hip dysplasia in patients with motor deficits, and early diagnosis is the most crucial aspect of the treatment of these children, with the consequent improvement of the quality of life of the child and its surroundings.

## IS RECREATIONAL FOOTBALL AN EFFECTIVE STRATEGY TO PREVENT OBESITY-RELATED CARDIOMETABOLIC COMORBIDITIES IN OBESE CHILDREN?

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**Introduction:** The role of physical activity (PA) in the treatment of childhood obesity is recognized. Soccer is the most played sport in Portugal.

**Aim:** To understand the efficacy of soccer practice as treatment program for childhood obesity and evaluate its influence on obesity-related cardiometabolic comorbidities.

**Subjects and methods:** Sixty-five overweight/obese males [10(1.4)years] were divided in three groups: soccer (G1;n=25), individual sport-program (G2;n=20) and control (G3;n=20). Training sessions were carried out three days-week during 6 months by specially-trained professionals. Baseline and 6 months anthropometry, body mass index z-score (BMIz-sc), waist to height ratio (WtHR), body composition [body fat mass (BFM) and fat free mass (FFM)], blood pressure [systolic (SBP) and diastolic (DBP)], lipid profile and HOMA-IR were evaluated.

**Results:** Participants presented characteristics of severe obesity (BMIz-sc=2.5±0.7; %BFM=35.5±7.0) with high cardiovascular risk profile (WtHR=0.58±0.06; SBP=110.6±11.8%90<sup>th</sup> percentile). PA was associated with a decrease in BMIz-sc (G1 p=0.001; G2 p=0.000), BFM (G1 p=0.036; G2 p=0.000), WtHR (G1 p=0.000; G2 p=0.000) and an increase in FFM (G1 p=0.023; G2 p=0.000). Soccer was associated with a decrease in DBP (p=0.082) and LDL-c (p=0.007). A decrease in the prevalence of at-risk SBP and lipid profile score were observed after 6 months of organized PA. HOMA-IR was between normal range at baseline and no differences were observed after intervention.

**Conclusion:** Six month exercise-program coordinated by specially trained professionals improves nutritional status, body composition, blood pressure and lipid profile in severe obese children/adolescents. Soccer should be implemented as an innovative PA program to treat childhood obesity.

## IMPROVING THE EFFECTS OF Pedometer USE IN INDIVIDUALS 65 YEARS OF AGE AND OLDER, UNDER THE SUPERVISION OF FAMILY PHYSICIAN

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**Introduction:** Pedometer use in elderly patients, and assessing the possible potentiation of the effects of pedometer use by close follow-up of the patient. The aim of this study was to assess changes in physical activity among elderly individuals based on pedometer readings and motivational interviews

**Methods:** Our randomized controlled study was conducted in patients 65 years of age and older who were registered at the Bolu Izzet Baysal Family Health Center between April 2014 and March 2015. Group 1 (pedometer+interview group) comprised 41 individuals, and group 2 (pedometer only group), 36 individuals. The participants' anthropometric measurements, counts of GDS and steps were compared.

**Results:** Final GDS was significantly lower in group 1 than in group 2 ( $p < 0.001$ ). At the end of the 12-month study, the BMI values were lower than at baseline ( $28.19 \pm 2.89$  vs.  $28.73 \pm 14.94$  kg/m<sup>2</sup>;  $p < 0.001$ ) in group 1 and higher in group 2 ( $27.77 \pm 2.72$  vs.  $27.69 \pm 2.77$  kg/m<sup>2</sup>;  $p = 0.033$ ). The WHR change was higher in group 1 than in group 2 ( $0.02 \pm 0.04$  vs.  $0 \pm 0.04$  cm;  $z: -5.051$ ,  $p < 0.001$ ).

**Conclusions:** This represents the first study to our country in primary care. Regular walking should be part of daily life in people of all ages, but especially in elderly individuals to prevent negative effects that can occur with increasing age. Primary care physicians can play an important role in encouraging regular free walking by their patients by emphasizing its protective and remedial effects

## RELATIONSHIP BETWEEN VITAMIN D LEVELS AND DEMOGRAPHIC FACTORS AND LIFE STYLE CHARACTERISTICS OF 18-49 AGE WOMEN

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**Introduction:** The aim of our study as primary health care providers is to investigate the factors affecting vitamin D levels in women during reproductive period in our region.

**Methods:** Our work was completed between September 2015 and January 2016, including 289 women aged 18-45 in our province. The participant who meets the conditions for participation was administered face-to-face interview questionnaire consisting of 42 questions by a family medicine specialist. In our study,  $\geq 30$  ng / mL serum vitamin D concentrations were normal and those below 30 ng / mL were grouped as inadequate.

**Results:** Vitamin D value was calculated as  $16,64 \pm 7,53$  ng / ml. Only 7.6% (n: 22) of them had normal vitamin D levels. Vitamin D level was found to be inadequate in 98.4% (n: 123) of the body-worn clothes ( $p: 0.04$ ). As the physical activity score decreased, the vitamin D insufficiency rate increased 4.2 times (OR = 4,208), as the area exposed to sun / regions decreased 2.6 times (OR= 2,683).

**Conclusion:** We think that women should be informed about vitamin D sources and it would be appropriate to have repetitive follow-ups in terms of treatment effectiveness during conversations for any reason at the primary care.

## MONITORING OF CITIZENS' ATTITUDES TOWARDS GENERAL PRACTITIONERS IN THE CZECH REPUBLIC

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**Introduction:** Czech general practitioners (GPs) strive for higher competencies and for strengthening their role in the health care system. There is lack of information about how are GPs currently perceived by patients and the general public in the Czech Republic. Therefore the Czech Society of General Practice decided to hire an independent professional company INRES to conduct a representative sociological research.

**Aim and Methods:** The aim of the research was to find out what are the attitudes of citizens to GPs and to their activities, their role in mediation of specialized care, the guidance through the health system and how patients would acknowledge the increased competence of GPs. The research was designed as an independent sociological. A field survey was carried out using a technique of standardized guided interview of the applicant with the respondent. Statistical data processing was done by SASD 1.4.10.

**Results:** The survey demonstrated a high degree of citizens' satisfaction with GPs, including their accessibility and the way they refer patients to specialist care. A significant majority of citizens would like to see their GPs competent to prescribe drugs for which you otherwise have to go to specialists.

## EVALUATION OF THE CORRELATION BETWEEN SERUM OSMOLARITY AND DEGREE OF CORONARY ARTERY STENOSIS DETERMINED BY CORONARY ANGIOGRAPHY

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**Objective:** In study, we investigated whether the serum osmolality, effected by feeding style, is related to CAD or not and whether it is a reliable parameter in the later stages of the disease or not.

**Materials and Methods:** We investigated 399 patients who underwent coronary angiography under elective condition and 152 control groups which had not been diagnosed for coronary artery disease. Patients were divided into three groups according to the results of angiography: no stenosis with Gensini Score is 0, mild stenosis with Gensini Score is between 1 and 19, severe stenosis with Gensini Score is greater than or equal to 20.

**Results:** The mean osmolality levels was calculated as  $293,34 \pm 4,39$  (mOsm / L). Mean osmolality level of the control group was calculated as  $291,81 \pm 4,00$  mOsm / L. The mean osmolality level of the group with total Gensini Score of 0 was  $293,71 \pm 4,56$  mOsm / Lt, the mean osmolality level of the group with Gensini Score between 1-19 was  $293,58 \pm 4,51$  mOsm / Lt, in the group with Gensini Score greater than or equal to 20, the mean serum osmolality was measured as  $292,87 \pm 4,15$  mOsm / Lt. There was no significant difference between Gensini Score groups according to osmolality levels.

**Conclusion:** Calculated osmolality can be used as a risk assessment in CAD until the manifestation of the symptoms. Thus, the nutrition management of the individuals could be based on more scientifically concrete data and the effectiveness of the interventions would be higher.

## THE HEALTH BELIEFS OF THE PATIENTS, WHO WERE REFERRED TO THE FAMILY MEDICINE OUTPATIENT SERVICE, ON PREVENTION FROM COLORECTALCANCER

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**Aim:** The aim of this study is to evaluate the people's health beliefs in respect of preventing from colorectal carcinoma (CRC), and to determine the influential factors on it by taking the sociodemographic features of the patients into consideration.

**Materials and Methods:** The study was realized on 215 people, who were over 18 year-old, voluntarily accepted to be included in the study, and not having any communication problem at that time, among the patients who applied to the Family Medicine Outpatient Services of Ankara University, Faculty of Medicine. An approval was obtained prior to this study from the Ankara University Ethical Committee for non-clinical research. A form of survey, which includes 14 sociodemographic and 33 health belief model scale questions, was filled in for every participant by face-to-face interview.

**Results:** 62.8% of the participants (135 people) were women while nearly half of them (108) were university graduates. The scores of 18-29 years group in the Barrier subgroup were significantly higher than the other age groups ( $p=0.04$  and  $<0.001$ , respectively).

**Conclusion:** Despite the participants of the study comprised a well-educated population, their compliance to the recommendations for the screening of CRC remained under 70%. We think that social projects with regard to the benefits and applicability of the CRC screening tests can be planned and implemented especially among the youth, undereducated. Some interventions on the health education and literacy, which hopefully will eliminate the barrier perception among the youngsters, women, singles, and under educated people, can be put into effect.

**Key Words:** Colorectal cancer (CRC), Health Belief, Health Belief Model, Screening

## STEINERT DISEASE AND BRUGADA SYNDROME: FAMILY EVALUATION HAS PAID OFF.

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**Introduction:** Steinert Disease (SD) is a DMPK gene disorder, affecting smooth and skeletal muscle fibers. Brugada Syndrome (BrS) is the main cause of sudden death in patients with normal heart structure, it causes fatal arrhythmias arising from sodium channel malfunctioning. During a family evaluation to a woman with classical SD we found other relatives with both conditions.

**Objective:** To determine if both conditions are related and if ECG evaluation of asymptomatic family members is advisable.

**Methods:** Research on articles databases.

**Results:** in a 406 SD patients follow up, 27 had sudden death. On another study, 18% of patients suffering from SD presented Brugada ECG pattern when tested with ajmaline. No study recommended screening SD patients relatives with ECG.

**Discussion:** Though DMPK functions are not fully understood and SCN5 mutations are not present in Steinert Disease, these patients can present altered ECG's which is an independent predictor of sudden death. In our consult, every year we performed ECG to all asymptomatic relatives. In 2015 we diagnosed one of her brothers with Brugada Syndrome and a Cardioverter Defibrillator was implanted. Since then, all family members were studied by local Cardiology department and 3 other patients presented suspicious ECG's patterns.

**Conclusion:** Despite not having found a clear pathophysiologic connection between SD and BrS, it appears that Brugada phenotype may be present in some patients. Currently there are no recommendations whether to evaluate or not asymptomatic relatives. We have choose to annually perform an ECG, since it is a cheap and non invasive exam.

## THE RELATIONSHIP BETWEEN SCREEN TIME AND SLEEP QUALITY IN PORTUGUESE ADOLESCENTS

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**Introduction:** Despite the published evidence on the potentially harmful effects of excessive use of screen devices, children and adolescents spend too many hours in front of them. The World Health Organization defines that at school age, two hours a day are the maximum recommended time limit for the use of these devices.

**Objective:** Relate the screen time and sleep quality in adolescents.

**Methods:** Cross-sectional, descriptive study with analytical component. The convenience sample corresponded to the adolescents attending five schools in the District of Leiria. A self-completed inquiry was used, composed of two parts: the first to evaluate the patterns of use of screen devices and the second one, the Pittsburgh Sleep Quality Index (IQSP). Statistical analysis was performed with SPSS Statistics 23.0®. The statistical test used was the Student's t-test ( $p < 0.05$ ).

**Results:** A total of 446 adolescents, 45% male, with a mean age of  $12.9 \pm 0.9$  years, were included. Of these, 94% use screen devices more than two hours a day. According to the IQSP, 40% have poor sleep quality and these spend more time with screen devices compared to adolescents with good sleep quality, with statistical significance ( $p = 0.003$ ).

**Conclusion:** We verified the existence of an association between the use of the screen devices and the sleep quality in adolescents, being that those with greater time of use present worse sleep quality. This should alert the family doctor and pediatrician to the importance of approaching this topic in medical appointments.

## WHEN FEAR OVERCOMES PREVENTION

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**Introduction:** In spite of the relative ease for the healthcare provider to accomplish a visual and tactile examination of the oropharyngeal cavity, fully two thirds of oropharyngeal cancers (OPCs) will present with advanced disease at the time of diagnosis. Cancers are often indurated and firm with a rolled border. As the lesions increase in size, pain, dysarthria, and dysphagia may result.

**Case Report:** A 67-year-old white woman, with history of hypertension and anxiety disorder, and without history of smoking or alcohol abuse, presented to the physician's office saying "I can't handle anymore, I have to show this". During physical examination the patient showed two nonhealing painful lesions on the tongue. The lesions had increased in size recently and patient was worried. However, patient told that the lesions appeared one year ago, but she didn't said to the doctor during regular appointments because she was afraid. The patient was referred to an oncological center. A biopsy showed squamous cell carcinoma and she was submitted to hemiglossectomy and adjuvant radiotherapy and chemotherapy.

**Discussion:** Concern has been raised that general practitioners are missing early disease by not accomplishing a thorough soft-tissue examination on a routine basis. However,

institutions such as USPSTF concluded that there was insufficient evidence to recommend for or against routine screening for OPCs in asymptomatic adults. This case enhances the importance of a good doctor-patient communication and a routine follow-up on a dental care unit. The patient's role in the disease self management is crucial to an early diagnosis.

## HOME ENVIRONMENTAL INFLUENCES OF TURKISH FAMILIES ON SECONDARY SCHOOL STUDENTS' OBESITY

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**Abstract and aim:** Over the last decade, researches have identified the home environment as a key influence on the diet and physical activity of children. The aim of this study is to identify factors within the home environment of Turkish families that are associated with childhood obesity and to provide recommendations for future research and intervention development.

**Method:** A short questionnaire was applied to secondary school students, including parental influences (e.g., parent feeding practices, modeling), physical activity/sedentary behavior, sociodemographic status and characteristics.

**Results:** 150 students participated in the survey. 77 of the students were female (51.3%), 73 were male (48.7%). The average age of the students is 12.63 years (min: 9 max: 15). 98 students (65.3%) stated that they had breakfast regularly in the morning. 62 students (41.3%) stated that they had regular sports habits. The frequency of doing sports was mentioned as 23 students (15.3%) a day, 92 students (61.3%) a few times a week, 13 students (8.7%) a few times a month, 4 students (2.7%) a few times a year, 18 students (12) never. The frequency of eating with their parents was mentioned as 123 students (82%), 24 students (16%) a few times a week, 2 students (1.3%) a few times a month, and 1 student (0.7%) never. There was a meaningful relationship between the student weight and the eating habits with their families ( $p < 0.05$ ).

**Conclusion:** Several home environment factors that may contribute to the disparities in childhood obesity for Turkish children. Focusing on decreasing controlling parent feeding practices and increasing parent modeling of healthy behaviors can be used in developing culturally-specific interventions for Turkish children.

**Key words:** Home Environment, Family Physician, childhood obesity

## NATIONAL PROGRAMME FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASES IN AN AMBULANCE OF FAMILY MEDICINE IN MARIBOR

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**Introduction:** Slovenian national programme for primary prevention of cardiovascular diseases is a systematic and universally available programme for primary prevention of cardiovascular diseases at a national level, which has been successfully implemented since 2002. Includes all men aged 35 to 65 years and women aged 45 to 70 years. The aim of the

programme is to detect individuals who are at risk for developing cardiovascular diseases, individuals with unhealthy lifestyles and risk factors for these diseases as well as the action, which includes counselling and changing a lifestyle, which are the most effective approaches for the prevention and management of chronic diseases.

**Methods:** In our ambulance we have 1798 patients.

In 2015 year we have 125 preventive examination. 64(51%)patients was male and 61(48,8%) was female. We control for 9 risk factors : 1. genetic disposition for cardiovascular diseases, 2. unhealthy diet, 3. physical inactivity, 4. overweight, 5. smoking tobacco, 6. alcohol, 7. hypertension, 8. high blood glucose, 9. hypercholesterolemia.

**Results:** With sistematic prevention examinatin in our ambulance of family medicine we found 28(22,4%) patients with Hypertension, 30 patients (24%) have high blood glucose in 88 (70,4%) have Hypercholesterolemy.

**Conclusion:** Control of chronic non-communicable diseases and promotion of healthy lifestyle are one of the prioritetes in ambulance of family medicine.

People with high or very high risk for cardiovascular deseases need assesment and management (pharmacological or nonpharmacological) as well as control.

Promotion of healthy lifestyle is very imporant not only in our ambulants of family medicines on primary level.

## MEDICAL CONDITIONS OF PATIENTS RECEIVING HOME CARE SERVICES IN A UNIVERSITY SAMPLE

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**Introduction:** Elderly and disabled patients receiving home health care often have functional loss and multiple disease conditions.

**Objective:**The aim of this study was to determine of patient's home care requirements and evaluate the impact of a university home health care program on healthcare costs, care coordination and collaboration.

**Material and Methods:** This descriptive, cross sectional study included 249 patients undergoing home health care service of Baskent University, Ankara between 2015-2016.We analyzed retrospectively the diagnosis of any disease and any medical treatment at home during this period. We also analyzed healthcare costs of homecare.

**Results:** The mean age of 249 patients (164 women , 85 men) was  $82.0 \pm 13.5$  years (median:86, min:18, max:105). In 133 patients (53.4%) visited for only physical examination by specialist at home. Venipuncture blood sampling was also performed in 133 patients (53.4%).Urethral sounding was performed in 19 patients (7.6%). Diagnostic procedures such as ultrasonography at home was used only 4 patients (1.6%). Wound care and treatment were performed 14 patients (5.6%). Chronical disease was diagnosed in patients before and during home care services, including diabetes mellitus (n:50), cerebral infarction (n:27), and dementia (n:34). 27 patients was diagnosed only elderly for home care. The mean costs of homecare of patients was  $292.8 \pm 171.2$  TL (median:250.0, min: 10, max :1107.6).

**Conclusions:** This study results demonstrated that diabetes mellitus, cerebral infarction and dementia the presence of serious comorbidities were associated with frequently using home

medical care among elderly patients. The family physicians are in this context positioned as "case managers".

## NON TRAUMATIC HEARING LOSS INDUCED BY COTTON BUDS: REPORT OF TWO CASES

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**Introduction:** Complications that arise from self-cleaning the external ear canal by the use of cotton buds are common. Not infrequently cotton buds can lodge in the ear canal, requiring removal by an experienced health care professional. We present the management of two patients who developed temporary hearing loss secondary to forgotten cotton buds in the ear canal.

**Cases report:** A 71 years old woman and a 13 year old boy without previous ENT problems presented in our practice complaining of fullness and acute onset diminished hearing, secondary to impacted cotton buds in the ear canal.

Physical inspection of the external auditory canal revealed a cotton bud and cerumen impaction secondary to cotton bud use. The cotton bud was removed by using a Hartmann's aural forceps. Warm water irrigation and a small cerumen curette were used to remove the remaining cerumen. No other treatment was needed and the patients left being warned about the use of cotton buds.

**Discussion:** Cotton buds are commonly used by adults and pediatric population either by children themselves or by parents to clean the ears. The frequently reported complications secondary to cotton bud use include wax impaction, otitis externa and tympanic membrane perforation. The most common foreign bodies in children are beads, cotton tips, insects and paper while cotton tips, insects, cotton wool and silicone ear plugs are commonly seen in adults.

**Conclusion:** Family physicians' efforts for public awareness of cotton bud use related complications needs to be raised.

## SPORT ACTIVITY – POSSIBLE RISK FACTOR OF VENOUS THROMBOEMBOLISM

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**Introduction:** Sport is an activity recommended by general practitioner in the prevention of venous thromboembolism (VTE). Van Stralen et al. proved in the population-based case-control study that regular sport activities decrease the risk of VTE. A participation in sport activities reduces the risk of VTE compared to others doing no sport (OR 0.64;95% CI 0.58-0.71) regardless of the differences in risks for various frequencies, intensities, and types of sport. However, sport activities may lead in certain cases to enforcing Virchow trias. Hypercoaguability might be achieved by polyglobulia due to training in high altitude or abuse of erythropoetin, restriction of liquids or abuse of diuretics, excessive perspiration without the adequate liquid supply, abuse of anabolic steroids, using of contraceptives, thrombophilia or malignancy. Travelling, wearing tight footwear or clothes, excessive abdominal press participate in the stasis of blood. Damage of venous wall is problem in the contact sports. Objective.

We try to mediate the experiences with VTE prophylaxis and treatment of sportsmen..

**Methods:** Case No.1: 25-year-old patient, student of the Faculty of Physical Education and Sports. As World Cup skiers suffered a knee injury in the race in the Alps. Fracture was complicated by development of popliteal thrombosis and subsequent pulmonary embolism. Case no.2: 53-year-old patient, who throughout his life intensely devoted to many kind of sports. Repeatedly surpassed venous thrombosis with severe pulmonary embolism due to travelling.

**Results:** Sportsman, his coach and manager have to be well educated by doctor not only in medical prevention but also in nonmedical measures.

## FACTORS WHICH EFFECT THE CONCORDANCE OF ORAL DRUG INTAKE IN PATIENTS WITH HYPERTENSION, HYPERLIPIDEMIA, DIABETES MELLITUS AND CHRONIC HEART DISEASE

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**Introduction:** Concordance of medical therapy or “therapy support” by the newer term means the ratio of behaviour effect to the standard of expected treatment. Objection:Our study is a descriptive and sectional one by the aim of establishing the obstacles of patients’ behaviours of not taking the pills at proper time and dose and create an awareness to prevent the complication, additional hospital stays and increased costs which are caused by inappropriate drug usage.

**Methods:** The study performed in Ankara Numune Training and Research Hospital between 15<sup>th</sup> January 2016 – 1<sup>st</sup> March 2016 and 295 patients were included the study. Modified Morisky Scale with 36 questions were applied to patients face to face.

**Results:** By the results of Modified Morisky Scale, 202 patients (68,5%) have high motivation, 286 (96,9%) have high level of knowledge. In our study, drug use concordance is found to be correlated with mean age, number of daily taken pills, educational status, knowledge on the illness and treatment, drug costs, news on television about health issues, complications, hospital stay, belief of destiny and herbal medicine.

To increase the rate of concordance of medical therapy, national campaigns should be started, courses should be held for physicians, negative effects of health system should be minimalized and the patients should be given education on their illnesses, drugs and the importance of the issue.

## SCREENING OF CERVIX CANCER IN PRIMARY CARE IN OUR AREA: NEW STRATEGY STARTS IN 2016

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**Introduction:** Currently in the European Union cervix cancer is the fourth in incidence and the seventh in mortality.

In the last years the campaigns of early detection through cytological screening have allowed the diagnosis of precursor lesions and the 70% decrease in mortality. The existence of specific programs that allow the realization of an injury detection protocol is essential in primary care.

Human papillomavirus (HPV) is a causal and necessary factor for the development of cervical cancer and precursor lesions, so its detection plays an important role in new screening strategies.

**Objective:** Know the new recommendations for cervical cancer screening in primary care in our area established in 2016.

**Methods:** Systematic review of current recommendations in our area.

**Results:** It is established that screening is not recommended in women under 25 years old. In asymptomatic women 25 to 30/35 years old screening cytology is recommended every 3 years. In asymptomatic women aged 30/35 to 65 years is recommended the HPV test every 5 years or screening cytology every 3 years. It stipulates that screening will be completed at 65 years as long as an adequate and negative screening (previous 10 years) exists and there is no history of alterations in the screening (previous 20 years). Screening will not be performed on women who have not had sex or on women who have had a total hysterectomy.

Primary care professionals must conduct an active search aimed at increasing the participation of the target population, with special emphasis on the high-risk population.

## THE STUDY OF ANEMIA IN PATIENTS AT RISK FROM PRIMARY CARE

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**Introduction:** Anemia in patients with cardiovascular risk factors is a prevalent pathology and rapid detection in primary care, it is important to study the reach of the family physician who derives the patients to be transfused. In order to reflect this action, we have prepared the present work with the following objectives:

### **Objectives:**

-Describe blood transfusions performed at an emergency department.

-Evaluate the referrals of patients with anemia from Primary Care to hospital transfusion.

**Methods:** Retrospective study performed at a hospital emergency department for ninety days, the data came from the blood bank database and the digital clinical history to analyze the clinical profile of the patient, the variables were: age, sex, hemoglobin, Reason for transfusion, destination and referrals from Primary Care.

**Results:** A total of 148 patients were transfused and analyzed, mostly men (61.49%) and women (38.51%). The mean age was  $71 \pm 16$  years, the source: own resources 55.41%, primary care 29.05%, mobile UVI 10.14%, other 5.41%. The causes of transfusion: chronic anemia (66.22%), digestive hemorrhage (31.76%) and metrorrhagia (2.03%). Cardiovascular risk factors were identified: Hypertension 52% diabetes 39.9%, Dyslipemia 25%, ischemic heart disease 11.5% and stroke 8.1%. The mean pre-transfusion Hb was  $6.6 \text{ g / dl} \pm 1.36$  and post-transfusion Hb of  $8.2 \text{ g / dl} \pm 1.38$ . Patients derived from primary care Hb Pre-transfusion  $6,06 \text{ g / dl} \pm 1,07 \text{ R } \{3,8-7,9\}$  patients admitted by other means Hb Pre-transfusion  $6.85 \text{ g / dl} \pm 1.4 \text{ R } \{3, 9-13.2\}$ . Chronic anemia 83%, digestive hemorrhage 11.6% and metrorrhagia 4.7%, and those who entered by other means: chronic anemia 59%, gastrointestinal hemorrhage

40% and metrorrhagia 1%. The following destinations: Plant entrance 54.05%, high 44.59%, and exitus 1.35%.

## **PAP SMEAR IN PRIMARY HEALTH CARE – THE PATIENTS' POINT OF VIEW: A PILOT STUDY**

Katarzyna Nessler<sup>1)</sup>, Anna Krztoń-Królewiecka<sup>1)</sup>, Monika Storman<sup>2)</sup>, Francis Ball<sup>2)</sup>, Adam Windak<sup>1)</sup>

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**Introduction:** Poland is among countries with the lowest percentage of 5-year relative survival of women suffering from cervical cancer. One reason for the high mortality rate of cervical cancer in Poland is an unsystematic approach to Pap smear use, and therefore, detection of lesions in late stages. Family physicians almost never perform Pap smears in Poland.

**Objective:** The aim of the study was to determine current barriers to patients undergoing regular Pap smears and their opinion of the possibility to have the Pap smear done by their family physician.

**Methods:** A cross-sectional questionnaire-based survey was carried out among randomly selected primary health care centers in the Malopolska region. We invited 100 consecutive female patients visiting their family physicians to take part in the study.

**Results:** In the pilot study the sample included 83 women. Approximately 85% of patients were sexually active, and 14% had a positive family history for cancer of the female reproductive system. Approximately 40% of surveyed women were not undergoing Pap smears regularly. The reason for this given most often by patients was lack of symptoms of any gynecological disease. More than half of all the respondents believe it would be more convenient for them if cytology could be performed by their family doctor. The possibility of performing cytological tests by family physicians may have a positive effect on the regularity and frequency of Pap smears among Polish women.

## **THE INFLUENCE OF CHRONIC DISEASE CLINICS AND TELEPHONES CONSULTATIONS IN THE MANAGEMENT OF ASTHMA IN PRIMARY CARE**

Soleman Begg, Florika Radia, Alexandra Sinclair

*Begg Practice & St George's Hospital Medical School, London, United Kingdom*

The results of the impact of chronic disease clinic and telephone consultation in the management of asthma in an inner city practice with a population of 4,700. The asthma cohort is 205.

The poster will define details, for the population group in this surgery, of the activity and role of chronic disease clinics. As well outline effectiveness of self management via telephone consultations as mentioned in British Thoracic Guidelines SIGN Asthma Guideline 2016 The results will be presented upon the poster.

## THE HUMANITARIAN CRISIS: THE NEED FOR INTEGRATED PRIMARY AND SOCIAL CARE

Soleman Begg<sup>1)</sup>, Alexandra Sinclair<sup>2)</sup>, Florika Radia<sup>2)</sup>

<sup>1)</sup>*Begg Practice, London, United Kingdom*

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A retrospective analysis of comparison of patient identified by risk stratification software and the patients that practically required input Identifying patients who requires more social support and provision of services to them.

As well as an overview of the impact of integrated primary and social care on chronic disease management and unplanned A&E admissions.

The patient population will be from an inner city practice in London with a population of 4,700.

## COMMUNITY CARDIOLOGY – THE MISSING LINK BETWEEN CLINICS OF CARDIOLOGY AND PRIMARY CARE

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**Background:** Community cardiac services represent a concept including community development strategies for reducing heart disease in the population. The role is to organize community-based cardiac rehabilitation programmes, to provide multidisciplinary support in the community for patients with heart failure, and to diagnose some of the heart conditions in the primary care.

**Objective:** The aim of this study was to identify the cardiology services the community cardiology can provide in the community based on equity and excellence, with the role of saving lives, but also of putting prevention first.

**Method:** This study is based on our experience as cardiologists in university and emergency hospitals, and as family doctors in primary care in Bucharest, Romania. We brought together in our study clinicians, family doctors, other professionals, patients, so they can improve services for patients, by providing integrated services between primary, secondary and tertiary care.

**Results:** We consider the community-based diagnostic services may include: ECG, echocardiography, 24 hours ECG/ ambulatory BP monitoring, telemedicine, offered by public or private providers. Specialist intermediate care services run by skilled multidisciplinary teams can also provide: cardiac rehabilitation programmes, arrhythmia/AF services, secondary prevention, heart failure services, screening programmes. There is a need for remote diagnosis and management/follow up for certain heart disease conditions, and also a need for increasing investment in the skills and equipment to diagnose heart disease in the community settings.

## 3.02. Cardiovascular disease

### THE USE OF BETA-BLOCKERS AND BETA-2-AGONISTS IN CARDIAC PATIENTS WITH CONCOMITANT RESPIRATORY DISEASE

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**Introduction:** Beta blockers (BB) are medicaments used in the standard treatment of hypertension and congestive heart failure (CHF). Cardiac disease patients with reactive respiratory disease or chronic obstructive pulmonary disease (COPD) have severe airway obstruction, and they may be more sensitive to small changes in FEV1 due to beta-blockade and bronchospasm, therefore, usually there is a lack in general readiness for use of BB.

**Objective:** Use of BB and beta-2 agonists in patients with heart disease with concomitant respiratory disease.

**Patients and Methods:** A retrospective analysis was conducted, that included cardiac patients with concomitant respiratory disease, that were indicated for the use of BB and beta-2-agonists.

**Results:** In 60 patients there is an indication for the use of BB. 32 (53%) patients used BB exclusively due to hypertension, of which 6 (10%) of them also had concomitant respiratory disease. 16 (27%) patients used BB for treatment of CHF and 4 (7%) of them had concomitant respiratory disease. 3 (5%) patients that had survived myocardial infarction and have concomitant disease of the airways were using BB. 13 (22%) heart patients with concomitant respiratory disease were using BB continuously, and beta-2-agonists occasionally in short-term.

**Conclusion:** For heart patients with lesser degrees of respiratory diseases, the use of beta1 selective blockers, in the short term and low doses, is useful, because the interaction with the beta receptors is limited. The use of more selective BB in lower doses is safe and can be used in.

### SHOULD WOMEN WITH ENDOMETRIOSIS BE CONSIDERED FOR PRIMARY AND SECONDARY CARDIOVASCULAR PREVENTION?

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**Background:** Endometriosis (EM) is a chronic benign gynecological disease characterized by the presence of endometrium-like tissue outside the uterine cavity. It has been linked to systemic chronic inflammation, heightened oxidative stress, and an atherogenic lipid profile, which play key roles in the pathogenesis of atherosclerotic coronary heart disease. Therefore,

the presence of endometriosis may promote coronary artery atherosclerosis formation and progression, increasing the risk of coronary artery disease (CAD).

**Objective/Methods:** Review of the literature addressing the question on whether women with endometriosis should be considered for both primary and secondary cardiovascular prevention. Medline citation database was searched using the MeSH terms: endometriosis, cardiovascular disease, coronary artery disease.

**Results:** Women with EM have a higher low density lipoprotein (LDL) and lower high density lipoprotein (HDL) levels in the peripheral blood. Laparoscopically confirmed women with EM had a high relative risk of acute myocardial infarction, coronary artery bypass grafting, and/or percutaneous coronary intervention, and angiographically confirmed angina. Both symptomatic and surgically treatments for EM have been linked to a high risk of CAD.

**Discussion:** The elevated risk of CAD has been underestimated for a long time, due to the young age of the patients. A cardiovascular evaluation should be an integral part in the management of women with EM, in order to assess the global CV risk both at diagnosis of EM and then during the follow-up of the disease. Primary care physicians play a key role promoting lifestyle changes and treating comorbidities that increase CV risk.

## INFLUENCE OF INTERVENTION ON IMPROVEMENT OF LIFESTYLE IN PATIENTS WITH CORONARY HEART DISEASE

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**Introduction:** Coronary heart disease (CHD) is the primary cause of death worldwide. Significant increasing in cardiovascular morbidity and mortality has seen in Bosnia and Herzegovina in the past decade.

**Objective:** The objective of this study was to investigate the influence of intervention on improvement of lifestyle in patients with CHD in primary care setting.

**Methods:** This study was conducted in Family Medicine Teaching Center Tuzla and included 98 randomly selected patients (52 men and 46 women), with established CHD, aged 40-80 years. We evaluated the effect of family medicine team led on lifestyle improvement in patients with CHD. All participants were randomly divided in experimental group which received family medicine team intervention on lifestyle modification (50 participants) and control group which received usual care (48 participants). We evaluated effect of six months follow up of intervention on lifestyle components: smoking, dietary habits and physical activity.

**Results:** Dietary habits and physical activity were improved in participants who received family medicine team intervention. Mean fat intake after intervention was significantly lower comparing to the control group (26.74±6.86 vs 32.02±7.18; p<0.0001). Mean level of physical activity in experimental group after intervention was significantly higher comparing to the

control group ( $10.76 \pm 2.16$  vs  $9.46 \pm 1.87$ ;  $p < 0.0001$ ). We didn't find any changes in smoking status of participants in the both groups ( $p = 1$ ). Usual care resulted in significantly lower fat intake after six months ( $p = 0.012$ ). Improvement of physical activity in control group wasn't significant ( $p = 0.083$ ).

**Conclusion:** Intervention of family medicine team resulted in significant improvements of dietary habits and physical activity in patients with coronary heart disease.

## TRENDS IN BLOOD PRESSURE AND PREVALENCE OF HYPERTENSION IN KOREAN ADULTS BASED ON THE 1998–2014 KNHANES

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**Introduction:** Hypertension is closely related to complex socioeconomic environmental factors and is considered a major risk factor of cardiovascular diseases. In addition, hypertension poses a large public health burden.

**Objective:** To investigate the trends of blood pressure and hypertension prevalence in Korean between 1998 and 2014

**Method:** We examined this study based on the Korean National Health and Nutrition Examination Survey (KNHANES) I (1998), II (2001), III (2005), IV (2007–2009), V (2010–2012), and VI (2013–2014). In total, 57,121 participants (24,452 men and 32,669 women) were included in this study.

**Results:** From the KNHANES I to VI, the mean systolic BP (SBP) and diastolic BP (DBP) decreased in both genders (Male SBP: 128.2 to 120.0 mmHg, male DBP: 81.9 to 78.4 mmHg; female SBP: 125.6 to 116.1 mmHg and female DBP: 77.4 to 73.1 mmHg from the KNHANES I–VI, respectively, with all p-values for trend  $< 0.0001$ ). The age-adjusted prevalence of hypertension was not significantly altered in males (33.4 to 30.4%,  $p$  for trend = 0.3699) but decreased in females (29.1 to 23.3%,  $\beta$ -coefficient = -5.1,  $p$  for trend  $< 0.0001$ ). In the subgroups taking anti-hypertensive medication or not, SBP and DBP declined universally in both genders.

**Conclusion:** The mean values of BP in both genders and the prevalence of hypertension in females showed marked downward trends during the 16-year period, whereas the prevalence of hypertension did not change significantly in males. Steady declines in mean BP were noted in both genders regardless of current treatment with anti-hypertensive medication.

## ISCHEMIC HEART DISEASE: LIPIDIC CONTROLLED PROFILE?

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**Introduction:** The therapeutic goal in clinically evident cardiovascular disease is to obtain an LDL-C (LDL-C) of less than 70 mg / dl or, if not possible, achieve a reduction of  $\geq 50\%$ . It was therefore considered relevant to characterize the lipid profile of patients with ischemic heart disease (IHD) and those who have already suffered acute myocardial infarction (AMI).

**Objectives:** To characterize the lipid profile of patients with IHD and those who have already suffered AMI and determine the % of patients with statin prescription.

**Methods:** Study: observational, descriptive, cross-sectional

Population: Users of two Health Units with the diagnosis K74 (IHD with angina), K75 (AMI) and K76 (IHD without angina)

Inclusion criteria:  $\geq 1$  contact in 2015; Diagnosis of K74, K75 and K76 as of 12/31/2014

Sample: Patients meeting criteria

Data source: MIM@UF and SClinico

Statistical analysis: Microsoft Excel 2013

**Results:** Of the 2506 users of the files under study, 2.07% (n = 52) were coded with K74, K75 and K76, and 38 users (56.2% ♂) were included.

-Total cholesterol (TC mg / dl): TC > 190-36.8%; CT between 155-190 - 26.3%; CT < 155-34.2%.

-C-LDL (mg / dl): LDL-C > 115-34.2%; LDL-C between 100-115 - 2.6%; LDL-C between 70-100 - 36.8%; C-LDL < 70 - 26.3%

-HDL cholesterol (C-HDL mg / dl): C-HDL ♀ > 45-66.6%; C-HDL > 40-70%

-Triglycerides (mg / dl): TG < 150 - 73.7%.

- Of patients with LDL-C < 70, only 2 have no prescribed statin.

- 21% of patients do not have statin prescription.

Conclusions:

Most of the sample has:

CT > 190 (36.8%), C-HDL ♀ > 45 (66.6%); C-HDL ♂ > 40 (70%) and TG < 150 (73.7%).

LDL-C < 70 is one of the main therapeutic goals of these patients, however, only 26.3% complete it.

The results show that many of the patients at risk need a greater control of the cardiovascular risk factors.

## NEUROLOGICAL PRESENTATION OF AN AORTIC DISSECTION, THE SOMATIZATION WAS NOT THE FAULT

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**Objective:** To present a case of Acute Type A Aortic Dissection with atypical clinical presentation of neurological symptoms.

**Material and Methods:** A descriptive study of a clinical case corresponding to a patient who comes to the emergency department of Primary Care (PAC) for syncope and convulsion.

**Results:** A 45 years old female patient brought by the 112 to the PAC because of a convulsion during the mother's funeral. Ambulance technicians refer relaxation of sphincters and a non-reactive patient when they arrived. The family refers situation much emotional stress.

**PAC Care:** Unconscious, not responding orders, unreactive left pupil mydriatic. Collapsed right eyelid, spastic movements MSD and MID. Relaxation of sphincters in the shuttle service to Emergency Care Hospital. CPA: bradycardia, not cardiological noises, murmur vesicular preserved, SatO<sub>2</sub> 98%, radial pulse preserved. Monitor shows bradycardia. Transfer to Hospital in medicalized ambulance.

**Emergency Care Hospital:** On arrival no changes in physical examination. Brain CT is performed for suspected stroke than is normal.

A child with Marfan's syndrome is on the patient's medical history. Thoracic-abdominal CT scan is performed confirming aortic dissection from the root to iliac arteries. We proceed to

endotracheal intubation and sedation and the patient is referred to the cardiac surgery where she is urgently operated.

**Conclusions:** Aorta's aneurysmal disease is a multifactorial pathology that is associated with a large number of unexplained sudden deaths. It's not commonly suspected in the clinic, so it makes it difficult to make the specific diagnosis before the complications thus compromising the prognosis of the patient.

## **ALERT OVERWEIGHT / OBESITY (O / O) IN ADOLESCENTS DUE TO HYPERTENSION (HY) AND KIDNEY DISEASE: CR, ADPKD, ATS**

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The study "Epidemiology of ADPKD: an in-depth clinical study for South- Western Germany" has shown prevalence between 0.327 – 0.573 per 1.000 / inhabitants, concluding that the study overstates by 2 to 5 times the RDs (National registry for hereditary disease) limit. The ATS has a standardized ratio on Italian population (according to ISTAT 2015) of 12,5±4,4 cases per 1000/inhabitants.

**Aims:** Correlation between O/O Vs Hy, BMI (body mass index), abdominal girth (AG), heart rate (HR), urinary and renal disturbances (microscopic haematuria and urinary albumin).

**Materials and methods:** 1076 teenagers (M:478, F:598), age 15.6÷24.6 chosen in high schools of Martina Franca (TA). Has been checked blood pressure (BP), HR, BMI, AG, examination fresh urine, survey on familiarity [diabetes mellitus type 2 (DM), Hy, renal cysts (CR), polycystic kidney disease (ADPKD), Alport syndrome (ATS)]. Instrumental tests: renal echography, tone audiometry.

**Results:** average BMI: 23.32±6.85 – 4.83% underweight, 72.4% normal weight, 22.8% O/O. Average AG: 82.13±8.74 cm ♂ e 76.92±10.24 ♀, 10.2% AG compatible for abdomen obesity. 11% BP>140/90 mmHg. Urinary albumin 10.4%, haematuria 24.3%, CR: 4.3%, ADPKD: 2 patients, hypoacusis with microscopic haemeturia: 8 patients (ATS?). Familiarity for: hypoacusis 12.9%, ADPKD 3.4%, CR 10.2%, Hy 40.1%, DM: 25.4%.

**Conclusions:** in a multivariate analysis adjusted for age and sex O/O is related to Hy and HR. No correlation between Hy and Urinary Albumin. No correlation between Hy, CR, ADPKD and ATS. Found 2/1000 cases of ADPKD. In presence of microscopic haematuria and famialarity on renal disease and hypoacusis: echographycs tests and tone audiometry; for simple renal cysts: decennial periodic checks.

## **THE STRESS OF THE JOB**

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**Introduction:** Pheochromocytoma is a tumor of the chromaffin cells of the adrenal gland that causes excessive secretion of catecholamines, so that high blood pression is a frequent manifestation. It is predominant between 30 and 60 years of age, regardless of gender and age. Measurement of urinary catecholamines and computed tomography (CT) or magnetic resonance facilitate diagnosis and location of the lesion. Surgery is usually curative.

**Objective:** To describe a relevant clinical case.

**Methods:** Clinical history collection and clinical process consultation.

**Results:** A 51-year-old man, healthy until September 2012, at which time he resorts to the emergency service for sudden onset of headache, paleness, tremor, palpitations, hypersudorese and general malaise, after an episode of emotional stress. The assessment of blood pressure revealed values of 200/160mmHg. After normalization, he was followed by the family physician, who requested ambulatory blood pressure monitoring (conserved circadian profile), urinary cortisol dosage (increased) and CT scan for diagnosis of adrenal hyperplasia. The study revealed solid masses in the adrenal capsule, both of which enhanced by contrast. The patient is directed to a national reference center, where he was submitted to left adrenalectomy in May 2013. The right adrenal node is currently followed by the Family Physician.

Although this case presented with the classical triad of pheochromocytoma associated with hypertension (headache, profuse sweating and palpitations), this is a rare condition that is not always taken into account in differential diagnosis. It is important that Family Physician is alert to this possibility in cases of paroxysmal hypertension.

## THROMBOEMBOLIC EVENTS PREVENTION IN ATRIAL FIBRILLATION: ARE WE DOING ENOUGH?

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**Introduction:** Atrial fibrillation(AF) prevalence has been rising, reaching 2% in general population (4-10% among older patients). AF is an important cause of morbidity and mortality. Ischemic stroke rates are six time higher among patients with AF. Prevention of these events is possible, with the use of anticoagulants. Several drugs are available, from classic vitamin K antagonists (VKA) to New Oral Anticoagulants (NOACs).

**Objective:** Assess AF patients' thromboembolic prevention strategies adequacy in two Portuguese health care units.

**Methods:** A representative sample of patients with AF from both units was selected(n=270). Data **regarding** age, sex, Glomerular Filtration Rate (GFR), comorbidities, CHA2DS2VASc, HAS-BLED and INR scores(last 6 months), as well as medication. Time in therapeutic range was calculated for patients taking VKA.

**Results:** Most patients were male (54%), and median age was high(78-years). Eighty-five percent were hypertensive, 29% diabetic and 26% had the diagnosis of cardiac heart failure. GFR was < 90ml/min in 71%. Regarding anticoagulation: 15.6% were not anticoagulated; 33% were on VKA; 54% on NOACs. Regarding those taking VKA, 46% were considered to be well-controlled (considering TTR≥65%; number of INR controls>5 or<1.5). Ninety-eight percent of patients not taking any drug had CHADSVASC scores>1.

**Discussion:** Our results show that 30% of all patients were at high risk of a thromboembolic events: 15.6% were not taking any anticoagulant and 54% of those on VKA were not well-controlled. Patients with AF present a real challenge to Family Doctors, especially due to their age and comorbidities. Effective strategies need to be implemented aiming at reducing the risk of thromboembolic events.

## IS HYPERTENSION A RISK FACTOR OF SENILE CATARACT?

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**Introduction/Objective:** Age-related cataract is one of major causes of blindness. The objective of this study is to identify the onset age of senile cataract between aboriginal and non-aboriginal patients those who with hypertension.

**Methods:** Between 2013 and 2015, the patients with first diagnosis of senile cataract in our hospital were enrolled in this study. Our hospital, Puli Christian Hospital, is located in the mountainous area of central Taiwan which many aborigines resided. The onset age of senile cataract were compared between aboriginal and non-aboriginal patients those who with hypertension.

**Results:** A total of 916 patients (107 aborigines and 809 non-aborigines) were enrolled in the final study. Patients with hypertension had 3.3 years later in aborigines ( $P = 0.019$ ) and 2.2 years later in non-aborigines ( $P = 0.001$ ) to develop senile cataract. The aboriginal group, either with (63.9 vs 68.7,  $p < 0.001$ ) or without (60.6 vs 66.5,  $p < 0.001$ ) hypertension, had significantly earlier than non-aboriginal group to develop senile cataract.

**Conclusion:** Patients with hypertension had a later onset age of senile cataract, the reason may be the effect of anti-hypertensive drugs. Angiotensin-converting enzyme inhibitor (ACEI) and angiotensin II receptor blocker (ARB) were used widely in Taiwan. The animal experimental research proved that ACEI and ARB inhibit cataractogenesis resulting to delay progression of cataract formation.

## DIABETES AND CARDIOVASCULAR CARE AMONG PATIENTS ON ANTIPSYCHOTICS

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**Introduction:** Adults with severe mental illnesses die, on average, 25 years earlier than the general population, most often from cardiovascular disease (CVD). Many of the antipsychotic medications used to treat mental illnesses contribute to Cardiovascular risk by increasing risk for obesity, type 2 diabetes, dyslipidemia, and hypertension. The etiology of the increased risk for metabolic abnormalities is uncertain, but their prevalence seems correlated to an increase in body weight.

**Objective:** To review recommendations regarding the monitoring and management of risk factors for diabetes and CVD in adults taking antipsychotics.

**Methods:** A research was made on Pubmed database and guidelines of scientific societies, in the last 10 years.

**Results:** Given the serious health risks, these patients should receive appropriate baseline screening (weight and height, waist circumference, blood pressure, fasting plasma glucose and fasting lipid profile) and follow-up monitoring. The patient weight should be assessed at 4,8 and 12 weeks after initiating therapy and quarterly thereafter and fasting plasma glucose, lipid levels, and blood pressure should be assessed 12 weeks after. Thereafter, blood pressure and plasma glucose values should be obtained annually. In those with a normal lipid profile,

repeat testing should be performed at 5-year intervals. Despite the existing guidelines for screening for diabetes and other cardiovascular risk factors in this population, up to 70% of people taking antipsychotics remain unscreened and untreated. This observation supports the importance of the General Practitioners on the follow-up of these patients, addressing the metabolic complications for which are at increased risk.

## FIRST EPISODE OF HEART FAILURE

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**Introduction:** We report a 66 years old male, attended in primary care for presenting first episode of Heart Failure.

**Objective:** Identify causes of heart failure.

**Methods:** Chest Rx: absence of cardiomegaly, findings consistent with pulmonary venous hypertension. ECG: low-voltage QRS complexes. Echocardiography: ventricular walls appear symmetrically thickened; with restrictive filling. RM detect abnormal texture in heart muscle due to infiltration with amyloid. Bone Marrow Biopsy confirms the diagnosis of Amyloidosis.

**Results:** Restrictive Cardiomyopathy is a myocardial disease characterized by restrictive filling and reduced diastolic volume with normal or near-normal systolic function and wall thickness. It may be idiopathic or associated with other diseases. Symptoms of heart failure are most common. ECG is not specific enough for a diagnosis. Echocardiography shows that the atria are enlarged and heart functioning normally only during systole. Magnetic resonance imaging can detect abnormal texture in heart muscle due to infiltration with abnormal substances, such as iron and amyloid. Although the procedure is not often necessary, sometimes cardiac catheterization to measure pressures in the heart chambers and remove a sample of heart muscle to identify an infiltrating substance. A biopsy of another area, such as the abdomen, or bone marrow, is often done as well.

**Amyloidosis:** Disease caused by extracellular deposition of fibrils of polymeric protein insoluble in tissues and organs. Cardiac amyloidosis is the leading cause of restrictive cardiomyopathy. Stiffness of the myocardium occurs by deposition of materials, which replace myocardial fibers. Cardiac involvement is the most frequent cause of death in primary amyloidosis.

## IMAGE QUALITY OF CT ANGIOGRAPHY WITH MODEL-BASED ITERATIVE RECONSTRUCTION IN YOUNG CHILDREN WITH CONGENITAL HEART DISEASE

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**Introduction:** Comparison with sonogram affirmed iterative reconstruction (SAFIRE) algorithm and adaptive statistical iterative reconstruction (ADMIRE) algorithm.

**Objective:** To compare the image quality of CT angiography (CTA) reconstructed by sinogram-affirmed iterative reconstruction (SAFIRE) with those by advanced modeled iterative reconstruction (ADMIRE) in children with congenital heart disease (CHD).

**Methods:** Thirty one childrens (8.23 ± 13.92 months) with CHD who underwent CTA (Definition Flash, Siemens) were enrolled. Images were reconstructed using SAFIRE (strength 5) and ADMIRE (strength 5). Objective image qualities (density, noise) were measured in the great vessels and heart chambers and the contrast-to-noise ratio (CNR) was calculated by measuring the density and noise of myocardial walls by two radiologists independently. In addition, subjective noise, diagnostic confidence, and sharpness at the level prior to the first branch of the main pulmonary artery were graded by two radiologists independently.

**Results:** Objective image noise of ADMIRE was significantly lower than those of SAFIRE in the ascending aorta, descending aorta, pulmonary artery and left atrium ( $p < 0.05$ ). However, regarding attenuations in the four chambers and great vessels, no statistically significant difference was observed ( $p > 0.05$ ). Mean CNR values were 21.56 ± 10.80 for ADMIRE, 18.21 ± 6.98 for SAFIRE and there was significant difference ( $p < 0.05$ ). In addition, diagnostic confidence of ADMIRE was significantly higher than SAFIRE ( $p < 0.05$ ), while the subjective image noise and sharpness of ADMIRE was not significantly different from those of SAFIRE ( $p > 0.05$ ) and the effective radiation dose was 0.22 mSv. CTA using ADMIRE was slightly superior to those using SAFIRE in comparison of objective and subjective image quality in children with CHD.

## APPROACH OF THE YOUNG ADULT WITH ISCHEMIC STROKE SEQUELS IN FAMILY MEDICINE – A CASE REPORT

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**Introduction:** Stroke affects mainly people aged over 65 years, and atherosclerosis predominates as the main etiopathogenic factor in ischemic stroke (IS). However, 10-14% of IS occur in young adults.

This case report intends to show the importance of the Family Physician (FP) in the follow-up of young adults with IS sequels, promoting their rehabilitation and controlling cardiovascular risk factors.

**Case description:** M.C.R. female, aged 49. History of hypertension medicated with losartan. In January 2015 she had IS and remained with sequelae of left hemiparesis and dysarthria. She was discharged from hospital with enalapril, atorvastatin and acetylsalicylic acid and she had a home visit with her FP. The patient presented depressive symptoms reactive to her situation of dependence on others. So, in addition to active listening, she was medicated with fluoxetine and alprazolam. The importance of a good control of cardiovascular risk factors was reinforced and she started rehabilitation treatments.

The patient and her family were followed up by their FP and by the psychologist during several months so that they could find mechanisms of adaptation to the disease.

**Discussion:** A stroke with sequels in the young population represents a significant rehabilitation challenge. When compared to older patients, young patients are more often employed, caring for dependants, and relying on work-related income.

This case report shows the central role of the FP in physical and mental rehabilitation of young adults with IS, giving them and their families the appropriate support and focusing on the primary and secondary prevention of cardiovascular diseases.

## USE OF ABPM IN A PORTUGUESE FAMILY HEALTH UNIT: THREE YEARS OF EXPERIENCE

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**Introduction:** Ambulatory blood pressure monitoring (ABPM) is established as a more sensitive predictor of cardiovascular outcome than conventional measurement.

**Objective:** We reviewed all the 24-hour ABPM studies performed in a Portuguese Family Health Unit (*USF Cova da Piedade*), to gather the experience gained from the use of this technique.

**Methods:** We analysed data from 154 exams, concerning the years 2013 to 2016, using clinical files and exams' reports.

**Results:** Patients' ages ranged from 19 to 90 years old, with almost equal distribution between genders (51.9% female, 48.1% male). The indications for which the ABPM was used were diagnosis of hypertension (48.7%), assessment of treatment (40.3%), exclusion of suspected white-coat hypertension (3.9%), diagnosis of ambulatory hypotension (2.6%) and diagnosis of masked hypertension (1.3%). Eight percent of the studies failed, mainly due to cuff leak. Of the exams performed for diagnosis, usually following sustained abnormal values during examination, 48% showed a normal blood pressure (BP) profile, while 26.7% had hypertension criteria. From a total of 50 patients with grade 1 or 2 hypertension on ABPM (no grade 3 were found), 20 started antihypertensive drugs, 14 suffered adjustments on dosage and/or schedule regimen and 7 maintained treatment, with the remaining splitting between unknown course of action (2), emphasis on lifestyle adjustments (2), death (1) and no measures applied (1). As to the nocturnal BP behaviour 33.8% were non-dippers, with 7.8% corresponding to reverse dippers.

The vast majority of patients with hypertension are being managed in family health units, hence ABPM can be an extraordinarily important tool in improving the quality and accuracy of care.

## SECONDARY ARTERIAL HYPERTENSION IN A YOUNG ADULT: A CASE REPORT

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**Background & Aim:** Secondary arterial hypertension is a type of hypertension with a potentially correctable cause. Approximately 5-10% of adults with hypertension have a secondary cause. These causes should be ruled out in young adults (19-39 years) with hypertension. The most frequent causes are thyroid dysfunctions, fibromuscular renal artery dysplasia and renal parenchymal diseases. We report a case of hypertension in a young adult, whose study revealed autoimmune hyperthyroidism.

**Case report:** A 19-year-old woman presented to her family physician with palpitations, tachycardia, and high blood pressure with one month of evolution. At physical examination it was confirmed grade 1 isolated systolic hypertension and tachycardia. Initial evaluation revealed an autoimmune hyperthyroidism, microcytic and hypochromic anemia and thyroiditis on ultrasound. Further evaluation confirmed a diffuse goiter with increased uptake in thyroid scintigraphy, suggestive of Graves' disease. The patient was initially treated with methimazole 5 mg bid and referred to endocrinology consultation.

**Conclusions:** This case intends to illustrate the initial approach to hypertension in young adults at a primary care setting. It also intends to foster critical spirit in face of a clinical-imaging dissociation. Hyperthyroidism is a common cause of isolated systolic hypertension. Family physicians play an essential role in the initial approach of this disorder, through early diagnosis and treatment which, along with good articulation between primary and secondary health care, may prevent complications and improve these patients' prognosis.

## VOMITING AND DYSPNEA IN CHILDREN – IS MYOCARDIOPATHY?

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**Introduction/Objective:** Cardiomyopathies consist of a heterogeneous group of myocardial diseases, usually associated with poor heart performance. Dilated cardiomyopathy (DCM) is considered the most common form of cardiomyopathy and is characterized by left ventricular dilatation and systolic dysfunction. Although its incidence is lower in children, the prognosis is severe, with higher rates of heart transplantation and mortality.

**Methods/Case Description:** Female child, 19 months, caucasian. Child of eutocic childbirth, with Apgar Score of 9/10. The mother had a monitored pregnancy and her overall psychomotor development took place within the normal range. In early July 2016 she had history of vomiting and dyspnea, which led her to the urgency service. On physical examination she was prostrate, pale, polypneic and with low oxygen saturations. Chest x-ray revealed increased cardiothoracic index and analyzes revealed increased troponin. An echocardiogram demonstrated probable acute myocarditis, with dilated cardiac chambers and poor systolic function. She was referred to pediatric cardiology and there was diagnosed with dilated cardiomyopathy, but of unknown etiology for now.

**Results/Discussion:** The main manifestations of DCM are fatigue, dyspnea, persistent cough, edema, pallor and arrhythmia. Myocarditis is a major cause followed by genetic disease and malformation disorders. Unfortunately, the vast majority of pediatric DCM have no known etiology, and the natural course of the disease is also unclear. Given the high mortality rate and poor prognosis, prompt recognition of symptoms and timely referral to a specialist is essential. When the cause is not established it is recommended the family evaluation, with cardiovascular study of first-degree relatives and genetic study.

## HYPERTENSION IN ADOLESCENT – WHAT IS THE CAUSE?

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**Introduction/objectives:** Hypertension is a very common clinical condition in the general population. Secondary hypertension is a type of hypertension with an identifiable cause, and potentially reversible. It should always be considered in patients with refractory hypertension, or with early or late onset. Its prevalence and the most common etiologies vary by age group, but in children, secondary hypertension tends to be much more common.

**Methods/Case Description:** Male teenager, 16 years old, caucasian. His personal and family background is irrelevant. During a sporadic appointment with his family doctor, was found that had persistently elevated blood pressure values, approaching 150/70 mmHg, with no other complaints. About 2-3 weeks later, he maintains high values for age. In the meantime,

exams were requested: analyzes had elevated catecholamines, ECG had borderline criteria for LVH, and ABPM had systolic hypertensive profile. He was then referred for endocrinology, and is currently waiting for results of complementary exams, including renal arteriography and adrenal tomography.

**Results/Discussion:** In children, the diagnosis of secondary hypertension implies the evaluation of more variables, such as age, weight and height, being therefore often underdiagnosed. The prevalence of secondary hypertension in adolescents is around 10 to 15%, and the main causes are renal parenchymal disease and coarctation of the aorta. It is essential to understand if we are not facing an inadequate measure of blood pressure, "white coat" hypertension, poor adherence to treatment, or adverse effects of diet or medication. Unfortunately, the non-recognition of secondary hypertension or underdiagnosis can lead to resistant hypertension, and complications of the underlying disease.

## PREDICTORS OF CORONARY ARTERY STENOSIS ON CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY IN ASYMPTOMATIC PATIENTS

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**Background:** Coronary computed tomography angiography (CCTA) has emerged as an important non-invasive imaging modality for the assessment of coronary artery disease (CAD). However, additional tests are necessary to screen high risk populations of CAD among those without symptoms.

**Methods:** We analyzed coronary artery stenosis (CAS) on CCTA related biomarkers using data from subjects who underwent a comprehensive medical check-up including CCTA.

**Results:** After adjustment for age, only  $\gamma$ -glutamyl transferase (GGT) was significantly and independently associated with CAS on CCTA (OR, 1.006; 95% CI, 1.001–1.011;  $P = .026$ ). The diagnostic accuracy for CAS, as quantified by the area under the curve (AUC), of GGT (0.636; 95% CI, 0.550–0.722;  $P = .004$ ), uric acid (AUC, 0.605; 95% CI, 0.518–0.691;  $P = .028$ ) and visceral fat area (VFA, AUC, 0.678; 95% CI, 0.595–0.762;  $P < .001$ ) were all similar.

**Conclusion:** Before conducting CCTA, we recommend that clinicians identify high risk patients of CAS by referring to relatively simple and inexpensive test such as GGT, uric acid, and VFA.

## CARDIOVASCULAR RISK FACTORS: EVOLUTION AND CONTROL AFTER 5-YEAR FOLLOW-UP OF THE ARTPER COHORT. RELATION TO CHANGES IN THE ANKLE-BRACHIAL INDEX.

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**Background and Objective:** Although cardiovascular risk factors (CVRF) are well known, their control is not optimal. The objective of this study was to evaluate the evolution and control of classic CVRF after a 5-year follow-up of the ARTPER cohort and its relation to changes in the ankle-brachial index (ABI).

**Methods:** Prospective, population-based cohort study in Barcelona area. 3786 subjects > 49 years were recruited in 2006–2008 and a follow-up visit was carried out in 2012–2013. In both phases, an ABI was performed and demographic variables, antecedents and CVRF, blood

pressure, total cholesterol and fractions (HDL, LDL), triglycerides, glucose and glycosylated hemoglobin were recorded. Multivariate logistic regression models (fixed follow-up time).

**Results:** 2762 (63%) participated in the follow-up visit, although only 2125 people were analyzed after excluding patients with cardiovascular diseases or arterial calcification. 59% women, mean age 68 (standard deviation 8). In 5 years the control of hypertension (40% to 60%) and hypercholesterolemia (22 to 41%) but not DM (60% to 40%) increased. The prevalence of peripheral arteriopathy (PAD), ABI <0.9, increased from 3% to 7%. This increase was higher in patients with some incident CVRF and even higher if CVRF was prevalent. Adjusting for possible confounders, the incidence of PAD doubled among patients with uncontrolled hypertension compared to controlled hypertension, and smokers compared to non-smokers, and increased 50% in uncontrolled DM versus controlled DM.

**Conclusions:** Poorly controlled smoking, hypertension and diabetes increase the risk for PAD. Despite the increase in pharmacological treatment, suboptimal control of CVRF persists.

## CONTRIBUTION OF THE ANKLE-BRACHIAL INDEX IN THE RECLASSIFICATION OF THE CARDIOVASCULAR RISK ACCORDING TO THE CLASSICAL RISK SCORE

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**Background and Objective:** The prevention and early diagnosis of atherosclerotic disease is an essential objective in the field of vascular diseases. The present study wants to determine the contribution of the presence of peripheral arterial disease (PAD) in the reclassification of cardiovascular risk according to the classic risk tables as REGICOR.

**Methods:** Prospective ARTPER cohort study, population, conducted in the Barcelona area. 3786 subjects > 49 years were recruited in 2006-2008 and followed by visit in 2012-13, telephone call (every 6 months) and review of medical records. Follow-up 5 years. An ankle-brachial index (ABI) was performed. (PAD if ABI <0.9) and REGICOR was calculated (low <5, moderate 5-10, high > 10). All suspected events were confirmed / discarded by a medical committee. Multivariate Cox regression models were used.

**Results:** 2686 patients were studied after excluding those who were > 74 years old in recruitment, had any prevalent events and arterial calcification. 58% women. In recruitment: mean age 62 years, PAD 4.7%, REGICOR moderate 43% and high 10%. The incidence of coronary heart disease (CHD) was 5.4 per 1.000 patient-years (95% confidence interval (95% CI 4.2-6.9). A joint analysis REGICOR and PAD were positively and independently related to the incidence of CHD: AP increased risk [(HR= 3.2 (95% CI 1.7-6.0)] respect to REGICOR [HR = 3.3 (95% CI 1.7-6.3)] and high REGICOR [HR = 5.8 (CI 95% 2.8-12.3)].

**Conclusions:** ABI can improve the quantification of the risk of a coronary event, complementing the role of the classic risk tables such REGICOR.

## PHEOCHROMOCYTOMA - THE SIGNIFICANCE OF EARLY DETECTION IN PRIMARY HEALTH CARE

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**Introduction:** Pheochromocytoma is a chromaffin cell tumor that produces and secretes catecholamines.

**Objective:** Significance of early detection extracardiac - pheochromocytoma causes of atrial fibrillation.

**Method:** Case Report

**Results:** Male, 43, 180cm, 82kg, an engineer. The first difficulties experienced in 2010 in the form of occasional feeling of dizziness, chest discomfort and palpitations independent of physical exertion lasting of a few minutes that spontaneously stops. At 2010 during cardiological tests electrophysiological studies- spontaneous episodes of atrial fibrillation with a ventricular rate up to 175/min. 2013 repeated studies - occasionally registered atrial flutter with frequency 215/min. Th: amiodarone, the patient does not tolerate beta-blockers. Symptoms occur mainly in home conditions, and are registered as paroxysms of hypertension up to 180/100mm/Hg which withdraw spontaneously after a few minutes. In September 2014, RF ablation of the pulmonary veins underwent after which persists sinus rhythm. In November 2014 periodic episodes of shortness of breath with a sense of palpitations, headache, paleness and jumps in blood pressure up to 210/150.

**Laboratory:** Vanilla mandelic acid 25mg/24h, chromogranin A 114.9, morning serum cortisol 651 nmol/l. Daily excretion of metanephrines 2740mcg (reference value up to 350mcg) Daily normetanephrine excretion in urine 5338mcg (reference value up to 600mcg).

**MSCT abdomen:** In the lodge left adrenal gland can be seen well vascularised expansive changes 44x53mm diameter. Dg: Noplasma benignum glandulae suprarenalis - pheochromocytoma.

In March 2015, Operation: Adrenalectomia l.sin. The postoperative course was normal.

In January 2016 on the control MSCT abdominal finding normal.

## THE PULSE PRESSURE AS A CRITERION FOR DETERMINING METABOLIC SYNDROME

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**Objectives:** To analyze the impact of the pressure pulse (PP) on the occurrence of cardiovascular events (CVE) in a cohort with metabolic syndrome (MetS) (without previous events) followed during five years.

**Material and methods:** Cohort study, in Primary Health Care. We selected subjects between 35 - 75 years, with diagnostic criteria for MetS at the beginning of the study. The criteria used were defined by 2005 NCEP-ATPIII revised set [Hypertension (HT)/Obesity (OBE)/ HDL-cholesterol (CHO)/glucose disturbances (GLU)/hypertriglyceridemia (TG)], anthropometric variables, PP, CVE type (Myocardial Infarction/Ischaemic heart disease/stroke).

The sample was distributed according to the presence of three, four or five criteria set for MetS and correlating the PP with the incidence of CVE occurred during follow-up five years.

**Results:** 401,784 people; 51.1% men, mean age of 60.11±9.9 years. The blood pressure (BP) was: Systolic BP 135.2 ±14.5 mmHg/Diastolic BP 79.52 ± 9.4 mmHg. Total cholesterol 211± 40.7 mg/dL and HDL-cholesterol 48.72± 12.7 mg/dL.

92.3% of patients had hypertension, 46.8% obesity, 80.6% dyslipidemia and 76.5% diabetes mellitus. Smokers 21.9%, ex-smokers 19.7%.

In five years, we recorded a 5.5% of CVE: ischemic heart disease (2.3%), myocardial infarction (0.9%) and stroke (2.3%), impacting 6.4% in men and 4.4% in women. PP distribution: 11.8%

PP1 (21-40 mmHg); 59.5% PP2 (41-60 mmHg); 25% PP3 (61-80 mmHg) and 3.7% PP4 (>81 mmHg).

Regarding the MetS phenotypes, we observed the highest CVE incidence associated to the phenotypes: HT + CHO + GLU (6.57% CVE); HT + CHO + TG + GLU (6.91% CVE) and HT + OBE + CHO + TG + GLU (6.78% CVE). In correlation with PP, we found that these phenotypes have the highest percentages of PP3 and PP4.

**Conclusions:** In the population affected by MetS, higher PP can be a major criterion to determine greater CVE risk.

## DOCTOR, I'M NOT FEELING GOOD...

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**Introduction:** Cerebrovascular diseases are the main dead cause in Portugal, especially because of the high vascular risk factors' prevalence. To prevent this event it is important good risk factors' control and at this point Family Doctor can be essential.

**Description of the case:** Female, 75 years old, with known hypertension (stable under a multidrug pharmacological therapy) and dyslipidemia. She recurred to her Family Doctor with vomiting, imbalance and solid and liquid dysphagia for 2 days. On the physical examination she had slight left ptosis, left deviation of the lip's commissure, left deviation of the tongue on the protrusion, left hemi-hypoesthesia and right hemiface hypoesthesia (alternating sensitive syndrome). Because of the clinical diagnosis of stroke, we decided to send her to the Emergency Department. CT didn't show alterations but the MRI showed an ischemic stroke of the brainstem in the transition from the pons to the protuberance. She started a treatment with antiplatelet antiaggregant and was discharged 9 days after. On the Family Doctor follow up she had neuropathic pain on the left side of the body and pregabalin was started.

**Conclusions:** A brainstem stroke is a challenging diagnosis and depends on the physician's clinical suspicion. On this case, the alternating sensitive syndrome identified contributed to the thought of a vascular brainstem lesion. With this case we reinforce the importance of the Family Doctor on the acute pathology suspicion and correct referral of patients. Control the vascular risk factors is important to the primary and secondary prevention.

## WHEN A "TORTICOLLIS" IS SOMETHING MORE

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**Introduction:** Aortic aneurysm is a dilatation of the Aorta that can occur at any level. Smoking, dyslipidemia and hypertension are among the main risk factors. The diagnosis is clinical (chest pain, dysphagia, dyspnea, among others) and medical imaging. The treatment depends on the size.

**Description of the case:** female, 79 years old, with known hypertension (in treatment with lercadinipine). Recurred to her Family Doctor with an interscapular pain and headache with one day of evolution, that relates to physic efforts. Physical examination: no stiff neck,

Brudzinski and Kernig signs negative, with pain to cervical mobilization; remaining normal. Medicated with analgesic and muscle relaxant. Three days later returns with the same complaints, no relief with medication and more pain. Was decided to request an urgent CT scan that showed a supraaortic aortic aneurysm with dissected segment until the beginning of aortic arch (type A of DeBakey) with 6.2 x 5.4 cm of diameter. She was immediately transferred to cardiac surgery, where they submitted her to an emergent replacement of the ascending aorta until the arch. Postoperative complications with embolic stroke. At the moment followed in cardiac surgery and in physiatrist for rehabilitation.

**Conclusions:** Every day we struggle whether or not we should ask for tests or whether we should treat the symptoms and reevaluate later. The fact that we are in a health center limits the capacity to request certain tests with a more urgent character, which sometimes forces patients to be referred to the emergency service.

## WHEN HYPERTENSION IS DIAGNOSE IN A YOUNG PATIENT

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**Introduction:** Hypertension is one of the main pathologies why people visit their family doctor. The resistance to treatment may indicate secondary hypertension. Among the most common causes of secondary hypertension are drugs, renal diseases, renovascular hypertension, pheochromocytoma and primary hyperaldosteronism.

**Description of the case:** male, 34 years old, with known hypertension (diagnosed in 2011, non-medicated) and dyslipidemia. Recurred to his Family Doctor for a series of episodic headaches (occipital and frontal) with 2-3 months of evolution and blurred vision in the last 15 days. Deny other symptoms. On the physical examination: almost everything normal except blood pressure (247/133 mmHg). After captopril and showing no response, is sent to the Emergency Service. He is hospitalized in Internal Medicine to study secondary hypertension with poor response to therapy and organs damage (Left Ventricular Hypertrophy and renal dysfunction). During hospitalization, abdominal CT scans show a 13mm adenoma in the left adrenal. He was discharged with triple therapy and referred to Endocrinology. The endocrinologist carried out an ample study without obtaining a clear diagnosis, except adrenal adenoma. Currently, presents more controlled blood pressure after therapeutic adjustment and lifestyle change.

**Conclusions:** Before a young man with hypertension, we must make a thorough study and a rigorous follow-up to reach the targets of blood pressure. With this case we reinforce the importance of the Family Doctor on the acute pathology suspicion and correct referral of patients. Control the vascular risk factors and reinforce healthy life styles are an important role of a family doctor.

## EVALUATION OF EFFICACY OF MEDICAMENTOUS AND NONMEDICAMENTOUS THERAPY IN PATIENTS WITH ARTERIAL HYPERTENSION UNDER CONDITIONS

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**Objective:** To study efficacy of medicamentous and nonmedicamentous therapy in patients with AH under conditions

**Methods.** The study included 211 patients with arterial hypertension of mild and moderate degree of the age 45-56 years. The first degree of AH was revealed in 37,9% and the second stage in 62,1% of patients. The obesity degree was determined by calculation of the body mass index by formula Kettle:  $BMI = \text{weight (kg)} / \text{height (m}^2\text{)}$ . For identification of the abdominal obesity (AO) with use of centimeter ribbon there was measured waist size (WS). The biochemical blood analysis was performed. Nonmedicamentous correction was performed by gradual intensification of the activity with use of regular standardized physical loadings of moderate or high. Side by side with above-mentioned methods of nonmedicamentous correction of the life style there was carried out medicamentous correction by adding of antihypertensive drug Enalapryl.

**Results.** Among the studied patients the average values of SAP accounted for 164,3 1,75; DAP – 97,7 1,36 mm Hg. The patients with excessive body mass were 147(24,1%), with obesity stage I -250 (41%), stage II – 12(2%); the index BMI was, on the average, 33,7 0,51. In 38,2% of patients there were revealed hypercholesterinemia. Due to 12-week treatment with enalapryl there was observed reduction of the average level of SAP by 23,4 mm Hg, average level of DAP – 13,6 mm Hg, there was achieved the target level of AP in 79% of patients.

**Conclusion:** Thus, the use of enalapryl on the basis of life style change allowed achievement of the improved parameters If BMI, AI and reliable lowering of the cholesterol level and promoted to AP reliable reduction.

## DOCTOR, IT COULD BE A HEART ATTACK?

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**Introduction:** A 67-years-old woman without relevant clinical history who comes to the Outpatient Clinic due to a crushing chest pain radiating to left arm, which appears after have helped a neighbour in a fire. Pain was relieved at rest and taking Lorazepam.

**Physical exam:** The patient was conscious and oriented, eupneic breathing, afebrile. TA 113/81. FC 67lmp. Heart-lung auscultation with ordinary results.

### Methods:

Analytics: stand out Troponina T 6.4

ECG : Sinus rhythm 75 IPM axis of +60° , PR 0.18, wave Q in III-aVF with segment rectification ST en II-aVF, T negative in V1-V3, wave Q in right referrals.

Echocardiogram: Apical dyskinesia with slightly dysfunction of the ejection fraction.

Coronariography: Normal coronary arteries. Left ventricular dysfunction keeping with Takotsubo Syndrome.

### Diagnosis:

- Takotsubo Syndrome with apical dyskinesia.
  - Differential diagnosis
- Acute coronary syndrome with segment ST elevation.

### Conclusions:

- This is an under-diagnosed pathology, most common in women over 60-80 years of age. There is a physical and/or psychological stress factor which acts as trigger of this pathology. Clinically, it's indistinguishable from acute coronary syndrome, the only difference lies in there is not impact in coronary arteries. In the echocardiogram, we can perceive left ventricle dysfunction with segment dyskinesia. It presents a favorable development with the standardization of electrocardiogram, the cardiac enzymes and the ventricular function.

## ACUTE MYOCARDIAL INFARCTION, THE CONSEQUENCE OF PERSONAL AND SOCIETY LACKING CARE FOR HEALTH, CASE REPORT

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**Introduction:** Acute myocardial infarction (AMI) is the type of Coronary Heart Disease with bad prognosis. The most affective are working men population (from 45 to 55 years), and that is important from medical and social point of view (1). Serbia's Datas 2010, 54.7% population died from cardiovascular diseases, 21.4% from ischemic heart disease, and 54.6% from acute coronary syndrome (2).

**Case report:** 53 years old man, smoker, having hypertension 5 years so far. On therapy, ACE-inhibitors 2 times a day, hasn't gone orderly to his General Practitioner. Blood pressure unstable. During the night he felt chest discomfort, chest fullness, shortness of breath. Discomfort was spreading to jaw, shoulder and left arm. He woke up and decided to wait 3 hours, Primary health care centre to open. He was sweating and feeling exhaustion. At doctor, blood pressure 140/100mmHg. ECG confirmed acute myocardial infarction, ST elevation V1-V4, minus T D1, aVL, V1-V6. He got Aspirin to chew, Nitrolingual spray, opened intravenous route, and doctor called Emergency Medical Service. They took him into hospital where he was a good candidate for PCI.

**Conclusion:** Knowing how much is serious prognosis for those who have AMI, education for all population is very important. The education is going to decrease rate of patients. Speaking about risk factors, pushing people to change life style. The focus must be work population. The aim like healthier population, means that we have a lot of to do.

**Key words:** acute myocardial infarction, hypertension, chest fullness, ST elevation, education

## OUTCOMES OF AN AMBULATORY BLOOD PRESSURE MONITORING CONSULTATION IN PRIMARY CARE

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**Introduction/Background:** Ambulatory Blood Pressure Monitoring (ABPM) is being postulated as a basic tool for the diagnosis and monitoring of the treatment response for hypertension.

**Objective/Methods:** To study the characteristics of an ABPM consultation in Primary Care. A cross-sectional descriptive study was performed with 217 patients. Variables: age, sex, smoking, hypercholesterolemia, diabetes mellitus, previous diagnosis and treatment of hypertension, mean of blood pressure (BP) in 24h, daytime BP and nocturnal BP.

**Results:** The mean age was 58.7 years (SD 14.6). 54.8% were men, 14.7% smokers, 37.8% with hypercholesterolemia and 13.4% were diabetis mellitus. 61.3% had previous hypertension, being treated with drugs 65.6%. The most frequent were: ACE inhibitors (39.4%), thiazide diuretics (36.5%), beta blockers (29.2%), calcium channel blockers (15.3%) and ARA II (14.6%). The average of BP in 24h was: systolic BP 132.2 mmHg (SD 16.4), diastolic BP 79.5 mmHg (SD 10.4). The average of daytime BP was: systolic BP 135.6 mmHg (SD 16.7), diastolic BP 82.5 mmHg (SD 11.0). Finally, the average of nocturnal BP was: systolic BP 124.6 mmHg (SD 18.1), diastolic BP 72.2 mmHg (SD 10.6). In patients without previous diagnosis of hypertension, the ABPM was diagnostic in 76.3%. In patients already diagnosed with hypertension with poor control, a good control of BP was confirmed in 19%.

**Conclusions:** ABPM provides more accurate diagnosis of hypertension in a significant proportion of patients, avoiding the overtreatment in many cases.

## EFFECT OF USING CARDIOVASCULAR RISK SCORING IN ROUTINE RISK ASSESSMENT IN PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE: OVERVIEW OF SYSTEMATIC REVIEWS

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**Introduction:** Major clinical guidelines recommend assessing risk of cardiovascular disease (CVD) using absolute/global/total CVD risk scores. In recent years several randomised controlled trials (RCTs) estimating the effectiveness of using absolute/global/total CVD risk scores in clinical practice were published. Despite these publications, there are still unsolved issues. We carried out an overview of existing systematic reviews (SRs) to summarise and analyse current knowledge in this field.

**Objective:** Our objective was to assess the effect of using cardiovascular risk scoring in routine risk assessment in primary prevention of cardiovascular disease compared with standard care.

**Methods:** We have searched 3 bibliographical databases (MEDLINE, EMBASE, CENTRAL) for SRs which take into account RCTs and quasi-RCTs investigating the effect of using cardiovascular risk scoring in routine risk assessment in primary prevention of cardiovascular disease. Two reviewers assessed the SRs independently for eligibility and bias. Any disagreement was resolved by discussion or arbitrage of third author.

**Results:** After duplicates removal and thorough assessment of all potentially relevant articles, we found 5 SRs that met criteria for inclusion in our overview. Only in one SR effectiveness, expressed by reduction of CVD mortality and morbidity was the primary end point, in other studies the surrogate end points were used. To get a conclusive evidence for or against performing absolute/global/total risk assessment (TRA) in primary prevention, further studies, regarding hard outcomes have to be conducted. After analysis we draw the conclusion, that there is still too little data to evaluate the efficacy and effectiveness of TRA in clinical practice.

## BACK PAIN AND HYPERTENSIVE CRISIS WHICH DO NOT IMPROVE WITH CONVENCIONAL TREATMENT

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**Background and aim:** Forty-three years old man with cerebral palsy since he was born, who came to the health-center because he had a terrible back and chest pain and he became pale and sweaty mainly when the pain got stronger. He had seen a doctor before who had injected antiinflammatories without any improvement.

**Method:** I thought first that it could be anxiety so I gave him relaxing-pills. Then, I checked his vital-signs and I discovered an hypertensive crisis:250/130mmHg. I gave him five different kind of medicines to lower the pressure but it didn't work, even the pain was getting worse. I ask for blood-test and chest-X-ray but I didn't find anything. I was thinking of Aortic Dissection. I presented this clinical case to my workmates:some of them thought he was too young to have aortic-pathology, other workmates said he had cerebral palsy and he could have any other malformations on his arteries. Finally I ordered a thoracic-abdominal CT.

**Results:** When the radiologist saw the image, she said our patient had to be operated as soon as possible. He had a huge aortic dissection, which started near carotid artery and ended near iliac artery.

**Conclusions:** We need a complete interview and a comprehensive physical exam to suspect the presence of a rare disease. We can think a pathology is very mild and sometimes we can make a terrible mistake. If you have any doubt with the diagnosis, ask for the right test which can give you the answer to your question.

## HYPERTENSION IN THE ELDERLY

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**Introduction-Objectives:** To study the control of systolic blood pressure(SBP) and diastolic blood pressure(DBP) in hypertensive patients older than 75 years and their differences according to gender.

**Methods:** A descriptive cross-sectional observational study was carried out with a simple random sample of people aged 75 years or older belonging to 5 places of a Rural Health Center in the Rincon de la Victoria(Málaga). The data collected were age, sex, SBP, DBP, and BP control(SBP <140 and DBP <90). We applied the statistical program "R", studying average(x), standard deviation(SD), confidence intervals(CI), student t for independent means.

**Results:** The size of the sample: 685 individuals, 473 females(H), and 212 males(V), of which 523(76.35%) are hypertensive: 153 V, 370 H; aged 75 years or older. The x age: 81.56(SD of 5.11, 95% CI(± 0.439)). The x SBP: 134, 0247(95% CI (± 1.7237)), the mean DBP: 76.28(95%

CI ( $\pm 1.1156$ ). The x age for females: 81.9837(95% CI ( $\pm 0.5421$ )) and for males: 80.5359(95% CI ( $\pm 0.7134$ )). There were significant differences in favor of females with a  $p < 0.05$ . On the other hand, the variables SBP, DBP and gender were studied as well and no significant differences were found for SBP and sex( $p > 0.05$ ); for DBP levels and sex( $p > 0.05$ ); for control and sex. Out of the 523 patients, 39 of them did not have BP registered. Out of the 484 patients with registered BP, there were 270 patients(55.79%) with controles of BP and 214 patients(44.21%) that did not have BP controlled. Only significant differences were found between control of BP and age,  $p < 0.05$ , the age of the controlled group being greater.

## LOW BACK PAIN WITH ERECTILE DYSFUNCTION

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**Case description:** 52 year old man with medicated hypercholesterolemia, smoker with an index of 40 packs /year, farmer. The patient started 4 months ago with low back intermittent pain episodes. Symptoms increased 2 months ago radiating towards lower limbs and disappearing with rest. He also has difficulty with erections during intimate relationships in the past 3 weeks.

**Exploration and complementary tests:** No rachialgias or irritative signs on lumbar exploration, no trophic alterations in extremities and pedal pulses diminished in right leg. No pathological findings on lumbar x-rays, with ankle-brachial index of 0.7 in right and 0.8 in left. It is urgently transferred to cardiovascular surgery for an Angio-CT aorta and peripheral arteries resulting from partial occlusion of primitive iliacs with revascularization in external iliacs.

**Diagnosis:** Leriche Syndrome

**Differential diagnosis:** Low back pain with radicular affectation versus peripheral arteriopathy.

**Final comment:** The importance of a good differential diagnosis through the anamnesis and physical examination to guide the final diagnosis first with ankle-brachial index and later with an angio-CT.

## HOW WE TREAT OUR OLDER HYPERTENSIVE PATIENTS

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**Introduction-Objectives:** We intend to know how we treat hypertensive patients older than or equal to 75 years, as well as to know if they have any other cardiovascular risk factors(CVRF).

**Methods:** A descriptive cross-sectional observational study was carried out with a simple random sample of people aged 75 years or older belonging to 5 randomly chosen places(out of 20) at a Rural Health Center in the Basic Health Zone of the Rincón de la Victoria (Málaga). The data collected were systolic(SBP) and diastolic (DBP), pharmacological groups for treatment (ACEI, ARA-II, ALFA-BETABLOCKERS, DIURETICS, CALCIUM ANTAGONISTS), number of drugs per patient,% of pharmacological groups in the treatment and the presence

of CVRF. We applied the statistical program "R", studying average, (x), standard deviation (SD), confidence intervals (CI), student t for independent means, Chi square and percentages. **Results:** X of SBP: 134.5083 (95% CI ( $\pm 1.5623$ )). X of DBP: 76.5309 (95% CI ( $\pm 1.0288$ )). X of SBP Male(M):134.8815 and Female(F):133.5727. X for DBP: F:77.0202, M:75.3043. Of the sample, 194 diabetic patients (37.09%), 284 with dyslipidemia (54.30%), 203 obese (38.81%) and 17 smokers (3.25%) were found. The mean number of antihypertensive drugs per individual was 1.8553 with SD of 1,0009 (95% CI ( $\pm 0.0894$ )). No significant difference was found between sex and number of drugs used, being x F:1.8959, M:1.7536. Percentage of drugs used according to the pharmacological group: IECA:27.68%, ARA-II 45.86%, alpha-beta blockers 29.13%, diuretics 54.75%, calcium-antagonists 27.89%. The relationship between sex and antihypertensive pharmacological group was studied by means of Chi square test and no significant differences were found.

## DOCTOR, I USED TO WALK MORE THAN FOUR HOURS A DAY

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**Introduction:** A 76-year-old man refers exertional dyspnoea, which forces him to stop and return home. Previously, the patient walked more than 4 hours daily, with no heart failure or chest pain. The night before, he began with paroxysmal nocturnal dyspnoea, with no other accompanying symptomatology. The auscultation showed a systolic murmur in the mitral focus, irradiated to the armpit. The rest of the physical examination was normal.

**Methods:** Initially we requested an electrocardiogram without significant findings. The blood test showed an increase of the NT-proBNP and a chest x-ray emphasizes a cardiomegaly. According to these findings, we decided to send the patient to the hospital in order to complete the study. A transthoracic echocardiography showed mitral prolapse of posterior valve, without being able to exclude the presence of a broken chordae tendineae, which is not clearly seen and severe mitral insufficiency. A transesophageal echocardiography showed a posterior valve prolapse, flail image probably due to chordae tendinea rupture, suggestive of fibroelastic degeneration that generates a severe mitral insufficiency. The coronariography was normal.

**Results:** Severe symptomatic mitral regurgitation due to probable chordae tendinea rupture.

**Conclusion:** The appearance of congestive symptoms leads to a worse prognosis. The correct treatment is the surgery, preferring valve repair to replacement de valve, especially indicated in mitral valve prolapse. In asymptomatic cases the surgical indication generates controversy.

## ADHERENCE TO TREATMENT IN NEW ORAL ANTICOAGULANTS

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**Objective:** To know the level of adherence to the new oral anticoagulants (NOACs) Dabigatran, Rivaroxaban and Apixaban in prevention of acute stroke due to non-valvular atrial fibrillation (NVAf) and to analyze the relationship with the presence of risk factors which limit the correct adherence.

**Methods:** Observational descriptive study of level of adherence in patient coverage and under treatment with NOACs and diagnosis of NVAf during year 2016. Medication compliance was analyzed with the percentage of containers which were picked up from the pharmacy, taking as an optimal level up to 95% of collection of containers. Variables analyzed were: age, number of active treatments, previous treatment with acenocumarol, number of containers which were picked up, number of total containers that should be picked up, diagnosis of cognitive impairment or psychiatric disease.

**Results:** 45 patients medium age 78. 51% were men, a medium of 8 active treatments. 24% with cognitive impairment or psychiatric disease. Adherence to treatment were 98%. Of those, 4 cases with previous treatment with acenocumarol and one of them with Alzheimer and bad control of previous INR, and 1 case of polypharmacy up to 10 drugs per day.

**Conclusions:** A good adherence to NOACs can be observed even in patients with risk of non-adherence factors. Nonetheless, there is a little percentage of patients with a suboptimal adherence. Given the medication has a narrow therapeutic index without monitoring possibility, it's vital to review the medication which is picked up from the pharmacy in order to detect all of these cases.

## HYPERTENSION – A POPULATION STUDY

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**Introduction:** Arterial hypertension (HTN) is the most prevalent cardiovascular risk factor, affecting 30-45% of the population worldwide.

**Objectives:** Characterization of hypertensive patients of a primary care unit (PCU)

**Methods:** Type of study: Descriptive Transversal. Population: hypertensive patients of a primary care unit. Data source: electronic medical records, from 21/10 to 18/11 of 2016. Variables: Gender, Age, HTN diagnosis, Cardiovascular Risk Factors (CVRF), Comorbidities, Hypotensive Therapy and Complications. Data Processing: Excel®.

**Results:** Sample with 329 hypertensive patients, 56,5% female gender, age average 68,1 years, 75% with > 5 year of diagnosis.

Non-Modifiable CVRF: age (74%) (♂ > 55 years; ♀ > 65 years); male gender (43,5%).

Modifiable CVRF: Abdominal obesity (66,9%), dyslipidemia (63%); Smoking (17%). Essential HTN 83,6% and secondary HTN 16,4%: Obstructive sleep apnea syndrome, primary hyperaldosteronism; renal cancer, sequelae and congenital endocrine malformation. Majority medicated with 1 or 2 pharmacological classes (76%), most used: Renin-Angiotensin-Aldosterone modifiers (43%), diuretics (32%) and calcium channel blockers (14%). Complications: cardiac insufficiency (13,7%); valve disease (13,1%); nephropathy 13,1%; atrial fibrillation (7,3%); coronary disease (9,4%); Stroke (3,6%).

**Conclusion:** We can verify a high prevalence of CVRF in hypertensive patients, mainly abdominal obesity. PCU are the first line of access to medical care, occupying a privileged place in prevention, diagnosis and treatment of HTN and CVRF. This study is a propellant for quality improvement in the prevention of CVRF and medication used.

## CASE REPORT: HIGH BLOOD PRESSURE AND MEDICATION INTOLERANCE. WHICH APPROACH?

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**Introduction:** High blood pressure (BP) accounts for approximately 12.8% of deaths worldwide and is the most common treatable risk factor for cardiovascular disease. In Portugal, about 30% of hypertensive patients control their BP with appropriate treatment. The aim of this case report is to highlight the importance of open access and proximity of family doctors in controlling hypertension.

**Case Report:** We report a case of a 78-year-old obese female part of a nuclear family, with hypertension without complications since 1993. Hypertension management has been done by a private physician, and the patient has reported intolerance to different medications such as lercanidipine, indapamide, hydrochlorothiazide. In November 2016, she recurred to us with dizziness, headache, systolic BP greater than 200mmHg. During physical examination, her BP was 175/91mmHg and heart rate 63bpm. The patient was on antihypertensive therapy with clonidine 0.075mg twice daily, candesartan 16mg and furosemide 40mg. After discussing with the patient, we decided to introduce nebivolol 5 mg/day and to increase furosemide to 60mg daily. Following that appointment, we had 3 more contacts with the patient to adjust the medication in accordance with her BP. One month after the last consultation the patient was satisfied for keeping her BP below 145/76mmHg.

**Conclusion:** This clinical case was difficult due to the complexity of the patient, since she had many intolerances to different antihypertensive medicine. This case illustrates how important is the open access to the family physician and the knowledge of the patient medical record in managing chronic diseases.

## WHEN A SNEEZE DOESN'T COME ALONE: A CASE OF CEREBRAL VENOUS THROMBOSIS

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**Background:** Cerebral venous thrombosis (CVT) is an uncommon cause of cerebral ischemia, affecting particularly young female patients in the absence of classic cardiovascular risk factors. Its multifactorial etiology includes hypercoagulation conditions and oral contraception, among others. This is the case of a young female patient diagnosed with CVT and the therapeutic challenges throughout clinical investigation.

**Description:** 20-year-old caucasian woman, with a history of mixed anxiety-depressive disorder, treated with lorazepam+mirtazapine for several years. No other relevant personal or family antecedents. Non-smoker. Under oral contraception with ethinylestradiol+gestodene. Presentation, on january/2016, with intense thunderclap right occipital headache that started after a sternum. No associated symptomatology or findings on examination. No analytical findings, including negative immunological study. Imagiology revealed "partial thrombosis of the right transverse sinus and right sigmoid sinus". Discharge after three days, under warfarin 3/4 od. Contraception was suspended. Referral to a neurologic consultation and indication for INR surveillance in Primary Health Care setting. In this context, she presented successive values outside the therapeutic range

(time in therapeutic range of 53%), referring anxiety and difficulty in complying with dietary recommendations. Warfarin was suspended and apixaban 5mg bid initiated. New imaging study revealed "resolution of previous CVT". Therefore, anticoagulation was suspended after 9 months, having initiated aspirin 150mg. A pro-thrombotic study was scheduled for January/2017.

**Discussion:** This case illustrates the challenges in the investigation and management of a young patient with CVT, including therapeutic decisions, adherence and patient expectations. Primary Care physicians must be prepared to reassure and motivate patients until etiological clarification of the condition.

## ADHERENCE TO INDEX DRUGS AFTER ACUTE CORONARY SYNDROME

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**Objective:** To evaluate the long-term adherence to index drugs after an acute coronary syndrome (ACS) and to analyze the factors associated in our primary care center.

**Methods:** Cohort retrospective of patients over 35 years old discharged alive after an ACS in during the period of 2011-2013 and traced until 2015.

Principal variable of result: adherence after 24 month to the recommended medication (antiplatelet, beta blockers, IECA/ARAI, statins). Patients who were considered adherent to the treatment were those who had an 80% of the period of tracing with available medication. The treatment coverage was determined attending to the dosage scheduled and the dispensed containers. SPSS 22.

**Results:** 15.782 patients were included. Medium age was 68.2; 70% were men and the most frequent admission diagnosis was acute myocardial infarction. To 82.7% of the patients, 3 or more drugs were prescribed one month after discharge, and of those, 53.6% of patients were adherent in the 24 month after discharge. The non-adherence was associated positively to be over 75 years old (OR: 1.46), to be a woman (OR:1,11) to have a co-payment (OR: 1,83), to have chronic comorbidities (heart disease, acute stroke, chronic renal failure, arrhythmias, heart failure, EPOC and dementia) and to have some hospital stay or attendance to the emergency room the previous year (OR: 0.87), stent in the index event (OR:0.63), to have hypertension or dyslipidemia (OR:0.75 and 0.84 respectively) and to polypharmacy (OR:0.81).

**Conclusions:** The treatment to secondary prevention of ACS has substantially improved, however, the adherence is suboptimal.

## ADHERENCE TO ANTIHYPERTENSIVE MEDICATION AND FACTORS AFFECTING ADHERENCE IN PRIMARY CARE

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**Introduction:** Hypertension is one of the most important risk factor for global disease burden, which affects the development of cardiovascular and cerebrovascular disease.

**Objective:** The aim of our study is to evaluate adherence to antihypertensive medication and identify factors affecting adherence in primary care.

**Method:** From August, 2012 to February, 2015, we recruited and assessed 1523 Korean patients with hypertension who visited family physicians. Adherence was defined as the proportion of days covered (PDC)  $\geq 80\%$  and nonadherence was defined as nonattendance or PDC  $< 80\%$ . We compared the characteristics of patients who are adherent to antihypertensive medication to those who are not adherent using chi-square test and t-test. Also, we evaluated factors that may affect adherence by univariate and multivariate logistic regression.

**Results:** Of the 1523 patients, 1245 (81.7%) patients were adherent to antihypertensive medication and 278 patients were not. In binary logistic regression, increasing age and number of antihypertensive medication, concomitant disease such as diabetes or dyslipidemia, family history of hypertension or cardiovascular disease, doing exercise are strong factors associated with achievement of adherence.

**Keywords:** Hypertension, Adherence, Associated factors

## DOCTOR, I SUDDENLY FEEL DIZZY

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**Introduction/Background:** A 30 years-old female, with vascular risk factors: smoker and cannabis user for 16 years and dyslipidemia (untreated). Family history: mother dead at age 48 due to heart attack. Ingestion of a caffeine energy drink hours before. She attended the Emergency Department for two-hour chest pain with irradiation to the back and heaviness in arms. She suddenly feels dizzy. Immediately an episode of medium disconnection and in EKG ventricular fibrillation; with desfibrillation and cardiac massage the pulse is recovered and restoring to sinus rhythm. Coma situation persists for which we proceed to orotracheal intubation and mechanical ventilation in ICU.

**Objective/Methods:** EKG: ST-segment elevation in I, aVL and V2-V6. After a systemic thrombolysis without success, rescue angioplasty was done. The patient was haemodynamically stable without requirement of vasoactive amines and extubation in 24 hours. Is admitted to cardiology. Physical examination: Blood pressure: 104/59 mmHg. Heart rate: 86 bpm. Rest normal. Blood test: Cholesterol (total: 90, HDL: 26; LDL: 42), triglycerides: 108. Echocardiogram: severe systolic dysfunction at the expense of extensive akinesia in anterior descending coronary artery, without parietal thinning. Left ventricular ejection fraction (LVEF): 30%.

**Results:** Extensive anterior acute myocardial infarction with ST-elevation. Primary ventricular fibrillation with PCR resuscitated.

**Conclusion:** Due to the patient's age (30 years) and severe cardiac dysfunction it is important to emphasize healthy habits with absolute cessation of smoking, avoidance of alcohol, energy drinks and any toxics. In addition to carrying a cardiosaludable diet and to practice moderate physical exercise regularly. And not least, she must comply with the pharmacological

treatment described. Rapid intervention in the emergency department was crucial for the patient's prognosis.

## PORTAL HYPERTENSION- A CASE REPORT

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**Introduction:** Among asymptomatic patients with cirrhosis, 80- 90% will have Portal Hypertension (PHT), 40 % of whom will have esophageal varices. PHT develops when there is resistance to portal blood flow and is aggravated by increased portal collateral blood flow. PHT is often asymptomatic until complications like splenomegaly, abdominal wall collateral vessels, and thrombocytopenia develop. Other manifestations are related to the underlying cause (spider angiomas and gynecomastia) or the complications of PHT.

**Objective:** Increase diagnostic awareness during workup of any patient with increased liver enzyme levels. Phase to the clinically asymptomatic evolution is of importance to keep in mind its causes to better enable its clinical approach.

**Methods:** Case Report of a 55-year-old male caucasian patient with dyslipidemia taking fenofibrate diagnosed with PHT

**Results:** Former alcoholic (448 g/w) and smoker (UMA=30) until about 2 years ago, with recent weight increase (11 kg/7 months). Routine analyzes revealed normalization of lipidic profile under treatment but an increase ALT (112mg/dl) with AST / ALT > 1 ratio, so the study was carried out with abdominal and viral markers. In the last visit, results revealed mild hepatomegaly and severe steatotic infiltration without focal lesions, portal vein ectasia (18 mm)- PHT and homogeneous splenomegaly (18 mm). Negative viral markers. Asymptomatic patient who on physical examination revealed obesity (BMI > 30,6), HTA Grade I and gynecomastia. We asked for a study with low endoscopy, ECG echocardiography, and analysis with lipid, renal, hepatic and cardiac profile review to take the surgery consultation to which we refer. HTA treatment was initiated. Waiting for results.

## PHARMACOLOGICAL SECONDARY PREVENTION POST MYOCARDIAL INFARCTION

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**Introduction:** Coronary heart disease is the leading cause of death in Western countries. After an acute myocardial infarction (MI), the prognostic modifying interventions are lifestyle changes, control of risk factors and pharmacological intervention with impact on survival. These include antiplatelet agents and lipid lowering substances, with most guidelines also recommending beta-blocker and inhibitors of the renin-angiotensin system.

**Objectives:** To evaluate the appropriateness of the prescription of prognostic modifying drugs in secondary prevention after a MI at four primary care units in Coimbra, Portugal.

**Methods:** Descriptive observational study. Study period: 01-01-2016 to 06-31-2016. Case definition: users of the four units with previous history of MI. Variables: sex, age, prescription

of antiplatelet agent, statin, beta-blocker and/or renin-angiotensin axis inhibitor in the six months under evaluation. Data analysis: Excel®.

**Results:** A total of 353 patients with previous infarction were found, of which 70.8% were male and 29.2% female. Of the total, 68% had single or double antiplatelet therapy prescriptions, 88.7% were on statin, 77.6% had beta-blockers and 79.3% fulfilled ACEI or ARA. Only 46.5% of the patients had prescriptions of all four pharmacological groups.

**Discussion:** The highest compliance rate is verified for the statins group. The prescription of antiplatelet agents may be significantly underestimated by the fact that, in Portugal, acetylsalicylic acid at the 100mg dosage is dispensed without prescription. The possible contraindications of the drugs were not considered. Only 46.5% of the patients had prescriptions of all the medication stipulated by most societies as having impact on survival. Measures need to be taken to improve the follow-up of this group of patients.

## AORTIC DISSECTION IN A YOUNG WOMAN - WHEN MARFAN SYNDROME IS UNKNOWN

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**Introduction:** Marfan syndrome (MS) is an autosomal dominant disease of the conjunctive tissue, caused by mutations in the FBN1 gene. The incidence is approximately 1 in 5,000 worldwide.

**Case Report:** We report a case of a 33-year-old female with systolic arterial hypertension diagnosed one year ago, under atenolol prescription. She attended the emergency department on a general hospital with severe retrosternal chest pain and acute resting dyspnoea. She described worsening symptoms for up to 9 months. During physical examination, she was conscious, pale, diaphoretic and haemodynamically stable. Of notice, she was tall, long face shaped, with micrognathia, arachnodactyly and articular hypermobility. A diastolic murmur grade III/VI and pulmonary bibasilar crackles were identified. Electrocardiogram revealed ST segment depression on all leads and echocardiography reported dilatation of aortic root, severe aortic valve regurgitation and mild left ventricle dilatation. She was diagnosed with thoracoabdominal chronic aortic dissection, Stanford type A, through CT angiogram. MS was pointed out as possible cause. The patient was transferred to an hospital with cardiac surgery. Intraoperative findings confirmed the diagnosis. Aortic valve replacement with ascending aorta repair was performed with no complications.

**Discussion:** Upon diagnosis of systolic arterial hypertension on a patient younger than 40 years, secondary causes should be excluded. Aortic regurgitation is one of the well-known complications of MS and is characterized by widened pulse pressure. On our case, the presence of typical phenotype and systolic arterial hypertension were key features on diagnosis. To prevent acute or chronic events, adequate follow up (clinical and radiologic) including family physician is crucial.

## EVALUATION OF THE QUALITY OF PRESCRIPTION OF ANTITHROMBOTIC PROPHYLACTIC THERAPY IN PATIENTS WITH ATRIAL FIBRILLATION

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**Introduction:** Atrial fibrillation has a significant impact on morbidity and mortality, leading to an increase of thromboembolic events. CHA<sub>2</sub>DS<sub>2</sub>VASc score is used to help in the clinical decision of prescribing (or not) antithrombotic therapy.

**Objective:** To evaluate and improve the quality of antithrombotic prophylactic therapy prescribed to patients with atrial fibrillation.

**Methods:** This cycle of quality evaluation and improvement was applied to the population of two Family Health Units. It was carried out a first evaluation, which was followed by an educational intervention, and for a second evaluation. The CHA<sub>2</sub>DS<sub>2</sub>VASc score was calculated, and, according to the value obtained, it was checked if the prescribed therapy was adequate.

**Results:** The first evaluation included 219 patients, 82.65% of whom had adequate prophylactic therapy. In the second evaluation, made 2 months after the educational intervention, there were evaluated 218 patients and there was an improvement to 84.40%.

**Conclusions:** The first evaluation exceeded expectations compared to similar national studies, which present a therapeutic adequacy around 40%. In a large number of cases where the therapy was not in agreement with the obtained score, it was found that the patient seemed to present a higher benefit-risk when not initiating hypocoagulation, or the patient had refused the therapy. It was difficult to improve for the good results already found and for the short time available after the educational intervention. In the future, the list of patients who are incorrectly treated will be distributed, in order to help each doctor to improve his/her list of patients.

## AN UNEXPECTED DIAGNOSIS IN PRIMARY CARE – ATRIAL SEPTAL DEFECT IN ADULTHOOD

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**Introduction:** Atrial septal defect (ASD) is one of the most common congenital cardiac anomalies in adults. Ostium secundum defect (OS) occurs in fossa ovalis and allows the return of pulmonary venous blood to pass from the left to the right atrium, which resulting in right atrial/ventricular dilatation. Symptoms usually take 30-40 years to develop (exercise intolerance, atrial fibrillation(AF), paradoxical embolization, pulmonary hypertension).

**Objective:** To emphasize the role of the family doctor (FD) in the early diagnosis of ASD.

**Methods/Results:** 44-year-old male, caucasian, with history of recurrent respiratory infections in childhood, asymptomatic, resorts to an appointment with his FD to perform a routine consultation. The physical examination revealed an evident fixed splitting of the second heart sound. Therefore, it was requested an ECG that presented a first degree atrioventricular block and a right bundle branch block. A dilated left atrium/ventricle and interventricular septum with paradoxical motion was revealed through a transthoracic echocardiography.

He was referred to a central hospital and transesophageal echocardiography confirmed an ASD OS-type, with a significant left-to-right shunt (23-26mm).

The percutaneous closure was not well succeeded, so a surgical closure with autologous pericardial patch was performed.

In the following 2 years, the patient developed paroxysmal AF and biatrial enlargement. He was medicated with amiodarone, bisoprolol and rivaroxaban. Currently, the patient is asymptomatic, the rhythm is sinus and practices physical exercise.

**Conclusions:** A history of respiratory infections in childhood is very common in ASD. The diagnosis must be done before the development of complications to improve the prognosis.

## WOLF PARKINSON WHITE SYNDROME, A PURPOSE OF A CLINICAL CASE

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**Introduction:** Wolf Parkinson White Syndrome (WPW) is a tachyarrhythmia where the electrical impulses between the auricles and the ventricles are driven by an accessory pathway. Hypertension (AHT) is a chronic elevation of blood pressure (BP) (systolic  $\geq 140$  mmHg or diastolic  $\geq 90$  mmHg).

**Case description:** A male patient, 36 years old, comes to the routine appointment due to having high blood pressure evaluated in Occupational Medicine. Personal history to be highlighted: hyperuricemia, myopia, an episode of voiding syncope at age 27, smoker. No usual medication. Has a family history of mother with essential hypertension, father died of heart disease that he can not specify. In the objective examination, the patient presented: pulmonary and cardiac auscultation without alterations; BMI 32kg/m<sup>2</sup>; BP 138/93mmHg; FC 92bpm. We asked for analyzes, ambulatory blood pressure monitoring (ABPM) and electrocardiogram (ECG). The ECG documented a WPW. ABPM had AHT I and analyzes were normal. Holter showed a pre-excitation pattern with rare supra ventricular extra systoles and the echocardiogram did not present any alterations. Treatment actions were nebivolol 5mg, diet with saline restriction, and referentiation was made to Cardiology. After six months, we scheduled another appointment to reassess his BP.

**Conclusion:** This case report combines a pathology with a high prevalence in clinical practice (second most prevalent chronic health problem of my Health Care Center patients) and a review of a serious pathology of insidious symptoms or even non-existent. I conclude by citing the fourth principle of Family Medicine "The family physician views his patients as a population at risk" by Mcwhinney.

## EVALUATION OF THERAPEUTICS ADEQUACY AFTER MYOCARDIAL INFARCTION IN A PRIMARY CARE PRACTICE

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**Introduction:** Patients with history of acute myocardial infarction (AMI) have a very high cardiovascular risk with higher chances of new events and premature death requiring close follow-up. Regardless of previous personal history and besides lifestyle interventions, guidelines recommend specific drugs with evidence-based prognosis improvement – antiplatelet therapy, statin, angiotensin-converting-enzyme inhibitor (ACEI)/ angiotensin receptor blocker (ARB) and beta-blocker (BB).

**Objective:** To evaluate if patients with previous AMI followed at the practice were adequately medicated regarding recommended long term therapies.

**Methods:** Descriptive cross-sectional study. A list of patients followed at the practice with AMI diagnosis (ICPC-2 code K75) was collected using the software MIM@UF. Patients without medical appointment in the last 12 months were excluded. Data collected: sex, age, personal history of dislipidemia, smoking, diabetes, hypertension and obesity, values of blood pressure, LDL and body mass index, current prescription of antiplatelet therapy, statin, ACEI and BB. Data processing: Excel@2010.

**Results:** A total of 75 patients were included, 76% male, mean age 68,7 years. Personal history of dislipidemia, smoking, diabetes, hypertension and obesity were present in 92%, 36%, 73% e 27%, respectively. 57,3% (n=43) of patients were under antiplatelet therapy. A statin was prescribed in 69,3% (n=49), an ACEI/ARB in 69,3% (n=52) and a BB in 53,3% (n=40). Full recommend long term routine treatment was found in 36% of patients (n=27). Limitations include absence of information regarding the presence of individual drug contraindications. A practice team update and individual patient consultation in order to review chronic treatment is recommended.

## ALMOST LETHAL HEATED ARGUMENT

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**Background and aim:** Woman, aged 40, that comes urgently to our Primary Care office by sudden dyspnea along with oppressive thoracic pain and a three minutes length syncope after a discussion with her couple.

**Clinical features:** Bad controlled Hypertension; smoker (six boxes per year)

**Physical exploration:** poor general condition, drowsiness without neurological focus; BP: 105/52; no fever; skin pallor; Auscultation: cardiac rhythm 113 bpm and pulmonary: global hypophonesis predominatly on left basis and sibilants both sides. Lower extremities oedematous with signs of chronic venous insufficiency.

**Methods:** ECG: sinus tachycardia to 100 bpm, no repolarisation changes. Under suspicion of pulmonary embolism by hemodynamic instability is transferred on medicalized ambulance to the hospital.

**In emergency room:** Rx thorax: right basal athelectasis and right pleural effusion. Analysis: Tnl: 0.030 < 0.015. Dwyer D 6285 PCR 6,8 Hb: 9,7 Hto: 29,7 %. Leukos: 9500; platel: 10700; normal coagulation. Angio CAT: severe pericardic effusion that is confirmed with urgent ultrasound and show hemodynamic compromise.

Urgent pericardiocentesis is realized, drawing 300 ml of hematic fluid (Biochemistry: Gly:42; RBC: 3069000; leuk: 8784; Mn: 26%; Pmn: 74%. Micro LP: negative)

*Clinical judgment:* severe pericardial tamponade with hemodynamic involvement.

*Differential Diagnosis:* cardiogenic shock; broken aortic aneurysm into pericardic cavity; aortic dissection; neoplasias; acute pericarditis.

*Discussion:* cardial tamponade is a medical emergency so that cause severe hemodynamic disorder which endangers patient's life, since Primary Care is essential to establish diagnosis criterion (pain thoracic clinic, dyspnea, hypotension and associated symptoms with low

cardiac output) to a right approach that could allow to improve the study (CAT and/or MNR) and a quick and effective therapeutic performance through pericardiocentesis.

## IS THE GLOBAL CARDIOVASCULAR RISK MORE THAN THE SUM OF THE INDIVIDUAL RISK FACTORS

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**Background:** The major cardiovascular risk factors have high impact on the incidence and prevalence of cardiovascular disease (CVD), especially coronary artery disease.

**Purpose:** The aim of this study is to assess the impact of association of cardiovascular risk factors at the individual level regarding the occurrence of CVD in the hypertensive patients of a local population.

**Method:** We conducted a retrospective study 2011-2012 in which we assessed the risk of cardiovascular disease based on the number of risk factors present at each patient in the study. The study involved 119 hypertensive patients Bucharest with aged between 44 and 92 years. The study was conducted on two groups of patients with hypertension, one consisting of 59 patients with established CVD named case (50.84% male) and another group of 60 patients (38.33% male) called control without CVD.

**Results:** In the subgroup with established CVD, it is observed that 54 patients join between 4 and 9 cardiovascular risk factors (an average of 6.76 risk factors per patient), with a maximum of 20 patients with 7 risk factors. In the control group without CVD, it appears that most of the patients aggregate between 1 to 8 cardiovascular risk factors (an average of 4.2 risk factors per patient), with a maximum of 12 patients with 2 cardiovascular risk factors. Patients from case group have a stronger aggregation of cardiovascular risk factors than those in the control group. The risk of cardiovascular disease in hypertensive patients with more associated risk factors is greater than the risk represented by each factor separately.

## JUST TWO CIGARETTES - A BUERGER'S DISEASE CASE

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Buerger's disease is an inflammatory, non-atherosclerotic pathology of blood vessels of unknown etiology that affects the segmental vessels of the limbs and leads to a prothrombotic and occlusive state. It affects smokers between 40 and 50 yo. Presents itself through paresthesias and decreased temperature of the extremities, intermittent claudication, painful ulceration and gangrene.

FCBSB, female, 43 years old, Caucasian. Smoking habits with about 20 years of evolution: "only two cigarettes a day, Dr.". On May 20, 2016, sudden onset of paresthesias in the second finger of the left hand followed by edema, pain and purplish redness. No other complaints. A complementary study (extensive blood tests with evaluation of autoimmunity and

echocardiogram) was requested and was referenced to Vascular Surgery consultation. Advised to quit smoking and alarm signs were transmitted. On June 30, 2016, changes in the finger had regressed to normal and the complementary study did not present alterations. She had been on smoking cessation and was awaiting appointment for the specialty consultation. Buerger's disease occurs suddenly and timely diagnosis is crucial. The approach, severity assessment and initial study for the exclusion of differential diagnosis are the responsibility of the Family Doctor. Smoking is the main risk factor and progression is closely related to the persistence of habits. The quantity is a relevant factor, but as it happens in this concrete case, even the slight habits of long evolution confer susceptibility. Smoking cessation is therefore the only strategy capable of preventing. The Family Doctor, responsible for the promotion of healthy and preventive lifestyles, plays a key role here.

## THE ROLE OF CARDIOVASCULAR RISK FACTORS AS REGARDS THE CARDIOVASCULAR DISEASES IN PATIENTS WITH HYPERTENSION

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**Background:** The prevalence of cardiovascular risk factors is increased in Romania, our country joining the European countries club with high cardiovascular risk.

**Purpose:** In this study we focused on the role of cardiovascular risk factors in hypertensive patients for development of cardiovascular diseases (CVD).

**Method:** We conducted a retrospective study (in the period 2011-2012) in which we compared the prevalence of cardiovascular risk factors and influence on the risk of CVD in two groups of patients with hypertension, one consisting of patients with established CVD, called case and another group called control without CVD. The study involved 134 hypertensive patients from urban area Bucharest (39.6% male, with age between 44 and 92 years ( $70.48 \pm 10.6$ )).

**Results:** The dyslipidaemia accounted for CVD a RR of 1.63 (p 0.026) and had a prevalence of 74.6% in the case group and 56% in the control group.

Smoking accounted for CVD a RR of 2.14 (p 0.001) and had a prevalence of 44.1% in the case group and 13.3% in the control group.

Fasting blood glucose above 100 mg/dl accounted for CVD a RR of 1.52 (p 0.032) and had a prevalence of 55.9% in the case group and 37.3% in the control group.

Uncontrolled blood accounted for CVD a RR of 2.96 (p 0.001) and had a prevalence of 78% in the case group and 36% in the control group.

**Conclusions:** The prevalence of cardiovascular risk factors was higher among the patients in the case group which proves their role in the occurrence of cerebrovascular or cardiovascular diseases.

## HOW ANAEMIA CAN AFFECT MORBIDITY AND MORTALITY IN ACUTE HEART FAILURE

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**Introduction:** Anaemia is a condition often coexistent with chronic heart failure, worsening its prognosis.

**Objective:** The purpose of this study is to determine if anaemia modifies morbidity short-term and long-term mortality in patients diagnosed of acute heart failure in emergency department.

**Methods:** a retrospective study of patients admitted to an emergency department diagnosed with acute heart failure during 2015. variables collected: demographic, previous diseases, pharmacological treatment, previous cardiological reports. Full blood exam at the admission and previous discharge, need of blood transfusion, length of stay, morbidity, short-term and long-term morbidity, exitus and causes. Statistic analysis performed with spss®.

**Results:** 450 episodes of acute heart failure were admitted to our emergency department, corresponding to 378 patients (43.6% men, 56.4% women). Previous anaemia diagnosed: 18.2%. Receiving treatment 17.3%. Anaemia during hospital stay, according to who criteria: 50,9%. Need of transfusion and amount, decreased haemoglobin, and haematocrit predicts morbidity and delays discharges ( $p = 0.003$ ,  $p = 0.007$ ,  $p = 0.046$ ,  $p = 0.000$ , respectively). Low haematocrit is associated with long term mortality ( $p = 0.000$ ), and mean corpuscular haemoglobin concentration with short term mortality ( $p = 0.019$ ).

**Conclusions:** An accurate follow-up on patients with anemia and cardiac failure could reduce their need of hospital admissions, prevent adverse events, and also improve their quality of life.

## UTILITY OF BRAIN NATRIURETIC PEPTID (BNP) AS PROGNOSTIC FACTOR IN ACUTE HEART FAILURE

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**Background:** To demonstrate if bnp values at the diagnosis of acute heart failure in an emergency department could predict morbidity, short-term and long-term mortality.

**Methods:** A retrospective study of patients admitted to an emergency department diagnosed with acute heart failure during 2015. variables collected: demographic, previous diseases, pharmacological treatment, previous cardiological reports. Full blood exam at the admission and previous discharge, need of blood transfusion, length of stay, morbidity, short-term and long-term morbidity, exitus and causes. Statistic analysis performed with spss®.

**Results:** 450 episodes of acute heart failure were admitted to our emergency department, corresponding to 378 patients (43.6% men, 56.4% women). Bnp determinations at the hospital admission: mean 1168.25 pg/ml, range 710-9990. Values at discharge: mean 851.15

pg/ml, range 60-4495. Bnp levels over 500pg/ml were predictors of short-term mortality ( $p = 0.014$ ) and need of readmissions ( $p = 0.018$ ). We also found association between higher levels of bnp with decreased haemoglobin ( $p = 0.026$ ).

**Conclusions:** The association between high bnp levels and severity of heart failure it's well known. Its determination in primary care could avoid unexpected events, specially after discharge, by means of intensifying treatments, and providing accurate and individual follow-up to our patients.

## ANOTHER LOOK AT CHRONIC KIDNEY DISEASE CATEGORY G3. ANALYSIS OF A POPULATION WITH LOW INCIDENCE OF CORONARY HEART DISEASE

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**Introduction:** The last KDIGO clinical practice guideline for lipid management in chronic kidney disease (CKD) defines CKD as a high cardiovascular risk condition in people aged more than 50 years. Although this concept comes from a study performed in a population with high incidence of coronary heart disease (CHD), this recommendation applies for all kind of populations.

**Objective:** To describe the distribution of traditional risk factors, cardiovascular risk and incidence of cardiovascular events in a CKD category G3 population with low incidence of.

**Methods:** Retrospective descriptive study of a population-based cohort of 68953 people aged 35 to 74 years with CKD category G3. Main variables: Age, sex, Hypertension, Dyslipidaemia, smoking status, obesity, diabetes, 10-year CHD risk estimation, medication and GFR. Outcomes: CHD, cerebrovascular disease, cardiovascular diseases and all-cause mortality

**Results:** The mean age was 63 (9.73) years, and women constituted 54% of the cohort. Diabetes was present in about 11.5% of participants, obesity in 40.8%, hypercholesterolemia in 29% and hypertension in 56%; about one third were smokers. Mean 10-year coronary risk was 5.19%. In participants aged more than 50 years the incidences of cardiovascular events (1000 participants/year) were: CHD 4.5, stroke 4.7, cardiovascular diseases 9, all cause mortality 4.5.

**Conclusion:** People over 50 years with CKD category G3 in a population with low incidence of (CHD) have a low-intermediate cardiovascular risk. People with early CKD in populations with low incidence of (CHD) should not be considered automatically at a high cardiovascular risk. Thus, direct treatment with statins should be reconsidered in these populations

## SEIZURES AND TRANSITORY RENAL FAILURE LEADS TO CHRONICAL HIGH BLOOD PRESSURE

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**Introduction:** 25 years old male with focal temporary crisis that evolve to generalized seizures and migraine with aura treated with levetiracetam and lacosamide. He was found laying in the floor, rigid, without involuntary movements nor sphincters relaxation. Later, in bed, new episode of lose of conscience with lips cyanosis and rigidity. He was taken to the hospital after this second episode with average general status, sinus tachycardia, blood pressure 128/78mmHg, 37.8° temperature and 97% oxygen saturation. Without meningeal signs nor neurological focality. No urinary alterations, abdominal pain nor periumbilical soplos. No oedema. He related that three days earlier he had an isolated determination of 38° with pharyngeal pain and mucus.

**Objective:** Identify unusual progression of pathologies

**Method:**

Complementary test:

ECG: sinus rhythm at 120 bpm without any repolarisation alteration.

Blood test: normal renal function and ions. PCR 3.7mg/dL. Urea 30 mg/dL, Creatinine 0.96 mg/mL, creatinkinase 180 UI/L. Proteins in urine. Toxicology negative. Normal hemogramme and coagulation panel.

**Results:** While in ER the patient develops very low diuresis and a progressive worsening of renal function despite de hidratacion and slightly high creatinkinase with fever. The day after his admision the blood test showed: urea 59 mg/dL, creatinine 4.32 mg/dL, creatinkinase 537 UI/L, PCR 5.2 mg/dL. Thorax X-Rays, Abdominal ultrasound and cerebral CT without any findings. Urocultures and hemocultures were negatives.

After diuretic therapy the patient starts a good diuresis but remains an average BP 145/85 while hospitalized. After been discharged from hospital, despite creatinine level normalized blood pressure level remains high and amlodipine treatment for this purpose must be started.

## ALTERED RADIOGRAPHY, CONFIRMED DISEASE

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**Introduction:** A 40-year-old male smoker of 23 packs a year and a drinker (2 liters of beer a day), with sleep apnea-hypopnea syndrome and total bilateral amaurosis, who came to the clinic for dyspnea of 4 days that had progressed from moderate (basal) to minimal efforts, associating orthopnea and paroxysmal nocturnal dyspnea, with generalized edema. He didn't indicate to have chest pain, vegetative cortege or infectious antecedents. He had gained about 20 kg in one-a-half months.

Slightly tachypnoid at rest. Abdomen very globulous, with edemas pretibiales with fovea. Electrocardiogram: sinus tachycardia at 114 bpm, BIRDHH and V1-V3 negative T waves, previously unknown. Chest x-ray: cardiomegaly and mediastinal enlargement of cranial predominance, and bilateral pleural effusion. He is referred to the referral hospital, where he enters for study.

**Objective:** Normal blood test. Cardiac enzyme: maximum peak 0.063 (upper limit of normality 0.045). Arterial gasometry: pH 7.38, pCO<sub>2</sub> 24.4, pO<sub>2</sub> 82, everything else shows normal results.

Echocardiogram: aneurysmatic dilatation of ascending aorta of 9.5 cm. Moderate aortic insufficiency. Dilatation of left atrium and ventricle with systolic dysfunction. Severe pulmonary hypertension.

**Methods:** Giant aortic aneurysm. Congestive heart failure.

**Results:** The chest X-ray performed at his health center allowed the detection of an anomaly of low incidence but of great repercussion. The beginning of the study and subsequent follow-up of the patient was done from the primary consultation. Access to this type of complementary exploration allows for greater efficiency for the healthcare system itself as well as the patients themselves.

## BIOPSY OF A DEPRESSION

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**Introduction:** A 75-year-old man, hypertensive, type 2 diabetes and a 10-pack-a-year smoker, who is attended in a primary care clinic for subacute clinical signs of asthenia, dyspnea on exertion and mild loss of superior cognitive functions (frequent forgetfulness, disorientation, difficulty in naming uncommon objects, etc.), in the context of a depressive syndrome. The patient shows a weight loss of about 5 kg in 2 months with hyporexia and daily fever in the evening, of several weeks of evolution.

**Objective:** Chest X-ray and electrocardiogram are performed, which show normal results, and a blood test that shows an acute phase reactants and anemia of multifactorial origin. In view of the persistence of daily fever, a new and exhaustive anamnesis and physical examination were performed, with slight edema with a perimaleolar fovea and a diminished left temporal pulse. Therefore, it was decided to move to a reference hospital for a complete study, where, after discarding occult neoplasms or infectious processes, they requested a biopsy of the temporal artery.

**Methods:** The patient is diagnosed with left temporal arteritis.

**Results:** Although the patient's baseline depressive disorder and the atypical presentation of the procedure resulted in a delay in diagnostic suspicion, the biopsy confirmed a diagnosis that was initially almost discarded. Therefore, we outline the need to think about less frequent pathologies in the presence of atypical symptoms like in this case.

## PERSISTENT HEADACHE

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**Introduction:** A 17-year-old woman consults for a persistent left hemicranial headache with a 2 days of evolution, with no associated alarm signs, which does not respond to usual analgesia.

She was assessed at the beginning of the clinic by right quadrantanopsia, right facial hypoaesthesia, and right upper limb weakness of 5 minutes, preceded by left hemicranial oppressive headache, which calmed with anti-inflammatory drugs.

Given poor clinical tolerance, she is moved to the referral hospital for assessment.

**Objective:** No neurological or other abnormalities are detected after physical examination. Blood test, electrocardiogram, and chest x-ray were normal.

In spite of intravenous analgesia, headache persists, and cranial tomography is requested.

Corticostriatal left hypodensity is observed, suggesting infarction in the territory of the posterior cerebral circulation, with associated edema. Cerebral nuclear magnetic tomography: atypical left occipital subacute ischemic infarction. Cerebral angiography: subocclusion of several branches of the left posterior cerebral artery, without signs of vasoconstriction or vasculitis. Transthoracic echocardiography: permeable foramen ovale.

**Methods:** Left occipital ischemic infarction

**Results:** Given the alterations in the image tests, a stroke study of young patient was completed, after discarding the presence of cranial neoformations. It was unable to ascertain the triggering etiology.

Although this disease is more frequent in the elderly, the quality and life expectancy of these patients is diminished relative to the contemporary population, and it is essential to control cardiovascular risk factors, as well as any measures aimed at preventing new episodes.

## SECONDARY ARTERIAL HYPERTENSION - CLINICAL CASE

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**Introduction:** Arterial hypertension (HTN) is a very prevalent pathology and in 3 to 5% of the cases it is possible to identify a secondary etiology.

**Description of the case:** Female patient, 40 years, belonging to a Duvall Phase IV nuclear family. Background of obesity class I, pre-eclampsia and anxiety, smoking (3cig/day), alcohol consumption (10g/day) and without chronic medication. In December of 2015, she went to primary care unit with hypertensive blood pressure records, some symptomatic (headaches and vertigo). Objective examination revealed blood pressure 165/116mmHg and heart rate 92bpm; cardiopulmonary auscultation without relevant changes and without edemas. An analytical control was ordered, she was medicated with enalapril 5mg and changes in daily lifestyle.

In January 2016, she maintained hypertensive blood pressure values and, analytically, elevations of plasma aldosterone (357.4ng/dl) and renin (4.66ng/dl) with a 76.7 ratio, hypokalaemia and remaining control within normal limits. An abdominal computed tomography scan revealed a 6mm hypodense nodular formation in the left adrenal gland, corresponding to a functioning adenoma. Immediately medicated with spironolactone and referred to Urology specialty for surgical treatment.

**Conclusions:** The case discussed allows to alert to the benefit of the study of arterial hypertension mainly in young and sudden onset patients, valuing the present clinic and excluding secondary etiologies.

## UTILITY OF THE TELEMEDICINE TO REDUCE THE PRESENCIAL VISITS IN A MODEL OF CONSULTATION OF INTEGRATED CARDIOLOGY WITH PRIMARY CARE

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**Introduction and objectives:** The Virtual Consultation (CV) improves the quality of health care. We created 1 on-line CV program (consultation without patient) between the primary care physician (PA) and the specialized care cardiology (AE) consultation aimed at reducing face-to-face visits and encouraging communication between both levels.

**Methods:** Implantation of CV between an AP center with an assigned population of 10,805 inhabitants and 1 cardiology consultation of an AE center. We responded with a maximum delay of 48 hours. Access to the clinical history of AP and the visualization via the web of the electrocardiogram (ECG) was available to decide whether it was necessary to consult on-site (CP) or could be solved with the information obtained. Clinical data, reasons for consultation and the decision made by the cardiologist (whether or not they were present or not) were evaluated from all CVs.

**Results:** From May 2014 to May 2015 the CV was used for 535 patients: 48.9% men and 51.1% women. Mean age  $65.8 \pm 17.9$  years. The main reason for consultation was ECG changes routinely performed in AP in 22% of cases, followed by rhythm disorders (palpitations, presyncope or syncope) in 15.7%. There were 12.3% of patients with atrial fibrillation, chest pain in 11.5%, patients with chronic ischemic heart disease in 7.4%, heart failure in 7.3%, murmurs in 6.7% and adjustment of treatments in 6.7% cases. They were cited for CP to 61.3%, being solved in a safe way without a face-to-face appointment to 38.7%.

**Conclusions:** The use of a CV, with the availability of a digital ECG performed in PA, prevents almost 40% of CP, improving communication between the two levels of care.

## PATTERNS OF STATIN USE AND THERAPEUTIC OBJECTIVES IN PATIENTS WITH NO VASCULAR DISEASE ESTABLISHED IN PRIMARY CARE

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**Objectives:** To describe the patterns of use of statins in the actual care practice and the degree of achievement of the therapeutic objectives in a cohort of patients with high cardiovascular risk without established vascular disease.

**Methods:** Retrospective cohort. Data were obtained from Primary Care. Individuals without established vascular disease who started treatment with statins (2007-2012). It was considered high cardiovascular risk REGICOR > 10% or SCORE > 5%. Usage patterns were defined by statin type, potency, and type and power changes per year. The attainment of therapeutic goals was defined by the relative mean reduction of LDL cholesterol levels and the lower levels 130 mg / dl. Statistical analysis: Multiple correspondences and logistic models.

**Results:** 19,636 patients. Mean age (SD) 63.3 (6.3) years, 18.3% women. Three patterns of statins use were identified: low, moderate and high intensity (3.8%, 71.9%, 24.2% of

participants, respectively). Baseline mean LDL levels (mg / dl): 151.9 (38.6), 163.1 (37.1) and 161.2 (46.0). After one year, there was a decrease in power in the three patterns (42.7%, 64.1% and 50.9%, respectively), the dropout rate was 37.4%, 29.4%, and 30.1%; The relative reduction of LDL: 15.7% (95% CI: -22.96-54.36); 29.72% (95% CI: 29.12-30.32) and 24.20% (95% CI: -8.08-40.32) and the percentage of individuals <130 mg / dL was 57.9% 63.1% and 66.3% in the low, moderate and high intensity patterns, respectively.

**Conclusions:** Membership of any of the three patterns of use is not related to baseline levels of LDL. The therapeutic objectives are lower than expected. There is greater target attainment in the high intensity pattern. There is a high dropout rate at the end of the year. In primary care should prioritize the improvement of adherence to treatment with statins in patients with high cardiovascular risk.

## ALWAYS DO AN EXHAUSTIVE STUDY IN PATIENTS WITH CHEST PAIN, TAKING INTO ACCOUNT THE DIFFERENTIAL DIAGNOSIS

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**Introduction/objective:** To be aware of factors that incline towards cardiovascular disease.

**Methods:** observational.

**Results:**

*Reason for consultation:*

Woman, 49, oppressive chest pain that radiates to the ribs, back and both arms. It was initiated 3 days ago while she was swimming.

The pain has been stable during all days, in the morning more intense, and it didn't worsen with efforts. She took alprazolam without improvement.

*Medical history:*

- Three paternal uncles had ischemic heart disease before age 60.
- Ex-smoker for 25 years

*Physical examination:*

The pain is reproduced in the acupressure of sternum, rib cage and biceps muscle. She impresses affected.

*Diagnostic tests:*

ECG: sinus rhythm, 75beats, PR 0,15seconds, QRS narrow, T negative in III and isoelectric in aVF.

*Diagnostic orientation:*

Atypical chest pain.

Differential diagnosis:

- Ischemic heart disease.
- Acute aortic syndrome.
- Pericarditis.
- Musculoskeletal pain.
- Anxiety.

We refer the patient to the emergency room in the hospital for study:

- Aorta-CT: Normal.
- Blood test: troponins 18211'4ng/l.
- Chest x-ray:normal

- ECG: ST rectified V5-V6, I, aVL.

Suspecting acute myocardial infarction, a coronary angiography is performed, objectifying dissection of the left coronary trunk.

**Treatment:** The establishment of four stents was necessary. In addition treatment is initiated with Adiro, bisoprolol, atorvastatin and ticagrelor.

**Evolution:** While the patient was in the hospital, she again had chest pain. Coronary angiography was performed, seeing post-stent dissection, so she needed new implantation.

**Conclusions:** Although at first moment, a chest pain is not typical or no ECG changes, and it can be oriented as anxiety, other studies are needed to rule out more serious pathology.

## CHARACTERISTICS OF RENAL DISEASE ACCORDING TO THE TIME COURSE OF DIABETES MELLITUS IN PATIENTS INCLUDED IN THE IBERICAN STUDY

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**Introduction:** The IBERICAN study is a longitudinal, observational, multicenter study that wants to determine the prevalence and incidence of cardiovascular risk factors as well as the development of cardiovascular outcomes in a population attended in Primary Care setting in Spain.

**Objective:** The aim of this paper is to know the prevalence of renal disease related to the time course of DM. We show the results of cross-sectional analysis of the first 3,042 patients.

**Methods:** Glomerular filtration was estimated by the CKD-EPI formula, if it was <60ml / min with high creatinine, it was considered chronic kidney disease, and if creatinine was normal, occult renal disease. Regarding the time to progression of DM, patients were classified into three categories (<5 years, 5-10 years and > 10 years) that grouped, respectively, 34.1%, 31.4% and 34.5% of the Patients. The results are shown by keeping this order of the groups.

**Results:** The prevalence of DM was 19% (n = 572) and the mean evolution time was 9.1 ± 6.2 years. Nephropathy was more frequent with a longer time of evolution of DM (55.6% vs 28.9% vs 15.6%, p = 0.009).

Chronic kidney disease was more prevalent in patients with a longer time of evolution of DM (22.6% vs 14.0% vs 8.8%, p = 0.002) and in older patients (22.6% vs 14.0% vs 8.8%, p = 0.002). Both the presence of glomerular filtration <60ml / min (11.2% vs 6.4% vs 6.4%, p = 0.043) and the simultaneous lesion of glomerular filtration associated with albuminuria (10.1% vs 5, 8% vs 1.8%, p = 0.043) was higher in patients with a longer time of evolution of DM.

Patients with a longer time of evolution of DM have a higher prevalence of all forms of renal injury.

## PREVALENCE OF CARDIOVASCULAR DISEASE IN OBESE PATIENTS INCLUDED IN THE IBERICAN STUDY

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**Introduction:** The general objectives of the IBERICAN study are to determine the prevalence and incidence of cardiovascular risk factors as well as the development of cardiovascular outcomes in a population attended in Primary Care setting in Spain.

**Objective:** The aim of this paper is to know the prevalence of cardiovascular disease in obese patients.

**Methods:** The IBERICAN is a longitudinal, observational, multicenter study in which patients are being included, aged 18 to 85 years old, attended in Primary Health Care consultations in Spain. All patients will be followed-up at least during 5 years. The estimated final sample is 7,000 patients. We show the results of cross-sectional analysis of the first 3,042 patients.

**Results:** Of the 3,042 patients included, 33.0% did not do any type of physical activity (n = 971). The obese patients were older ( $60.8 \pm 13.5$  vs  $56.7 \pm 14.9$ ,  $p < 0.0001$ ), with no differences by gender (54.6% vs. 56.1%,  $p = 0.432$ ). The prevalence of established cardiovascular disease was higher (18.7% vs 14.3%,  $p = 0.002$ ). The pathologies that presented the greatest difference were ischemic heart disease (9.3% vs 7.2%,  $p = 0.050$ ), atrial fibrillation (6.9% vs 4.5%,  $p < 0.007$ ) and heart failure (4, 1% vs. 2.4%,  $p = 0.012$ ). Peripheral arterial disease (5.4% vs 4.1%,  $p = 0.110$ ) and stroke (4.7% vs 4.7%,  $p = 0.955$ ) showed no difference.

Obese patients present a higher prevalence of any of the cardiovascular diseases analyzed, except peripheral arterial disease and stroke.

## ABDOMINAL AORTIC ANEURYSM SCREENING PROGRAM USING HAND-HELD ULTRASOUND IN PRIMARY HEALTHCARE

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**Objective:** To determine the feasibility of an abdominal aortic aneurysm (AAA) screening program led by family physicians in public primary healthcare using hand-held ultrasound.

**Methods:** The potential study population included 11,214 men aged  $\geq 60$  years attended by three urban, public primary healthcare centers. Participants were recruited by randomly-selected telephone calls. Ultrasound examinations were performed by four trained family physicians with a hand-held ultrasound device (Vscan®). AAA observed were verified by confirmatory imaging using standard ultrasound or computed tomography. Cardiovascular risk factors were determined. The prevalence of AAA was computed as the sum of previously-known aneurysms, aneurysms detected by the screening program and model-based estimated undiagnosed aneurysms.

**Results:** 1,010 men, mean age 71.3(SD 6.9) years, were screened; 995 (98.5%) men had normal aortas and 15 (1.5%) had AAA on Vscan®. Eleven out of 14 AAA-cases (78.6%) had AAA on confirmatory imaging (one patient died). The total prevalence of AAA was 2.49% (95% CI 2.20-2.78). The median aortic diameter at diagnosis in was 3.45 cm in screened patients and 4.7 cm ( $p < 0.001$ ) in patients in whom AAA was diagnosed incidentally. Multivariate logistic regression analysis identified coronary heart disease (OR = 4.6, 95%; CI 1.3 to 15.9) as the independent factor with the highest odds ratio.

**Conclusions:** A screening program led by trained family physicians using hand-held ultrasound was a feasible, safe, reliable and inexpensive tool for the early detection of AAA.

**ClinicalTrials.gov Identifier:** NCT01882634

## CARDIOVASCULAR DISEASE IN PATIENTS WHO ARE TAKING NSAI IN THE IBERICAN STUDY

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**Objective:** The general objectives of the IBERICAN study are to determine the prevalence and incidence of cardiovascular risk factors as well as the development of cardiovascular outcomes in a population attended in Primary Care setting in Spain. The aim of this paper is to analyze the prevalence of cardiovascular disease in patients who are taking non-steroidal anti-inflammatory (NSAI) drugs.

**Methods:** The IBERICAN is a longitudinal, observational, multicenter study in which patients are being included, aged 18 to 85 years old, attended in Primary Health Care consultations in Spain. All patients will be followed-up at least during 5 years. The estimated final sample is

7,000 patients. We show the results of cross-sectional analysis of the first 3,042 patients. Chronic NSAID consumer was considered at the discretion of the investigator.

**Results:** The chronic NSAID consumer patients were older ( $61,2 \pm 12,3$  vs  $57,5 \pm 14,8$ ,  $p < 0,0001$ ) and with a higher prevalence of women ( $66,1\%$  vs  $32,9\%$ ,  $p < 0,0001$ ). Chronic consumption of NSAIDs was similar in patients with cardiovascular disease ( $12,7\%$  vs  $12,5\%$ ,  $p = 0,876$ ), ictus ( $13,8\%$  vs  $12,4\%$ ,  $p = 0,643$ ), peripheral arterial disease ( $15,2\%$  vs  $12,5\%$ ,  $p = 0,370$ ) and heart failure ( $16,1\%$  vs  $12,4\%$ ,  $p = 0,303$ ). Only in patients with ischemic heart disease was less frequently the use of them ( $8,1\%$  vs  $12,9\%$ ,  $p = 0,035$ ). Regarding subclinical lesions, no differences were observed in ventricular hypertrophy ( $17,0\%$  vs  $12,3\%$ ,  $p = 0,100$ ), microalbuminuria ( $13,2\%$  vs  $13,0\%$ ,  $p = 0,925$ ), or pulse pressure ( $14,4\%$  vs  $14,5\%$ ,  $p = 0,973$ )

## PREVALENCE AND CHARACTERISTICS IN PATIENTS WITH ISCHEMIC HEART DISEASE IN THE IBERICAN STUDY

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**Objective:** The general objectives of the IBERICAN study are to determine the prevalence and incidence of cardiovascular risk factors as well as the development of cardiovascular outcomes in a population attended in Primary Care setting in Spain. The aim of this paper is to know the prevalence of ischemic heart disease and its relation with cardiovascular risk factors (CVRF) subclinical organ injury (LOD) and established cardiovascular-renal disease (CVD) in the IBERICAN Study population.

**Methods:** The IBERICAN is a longitudinal, observational, multicenter study in which patients are being included, aged 18 to 85 years old, attended in Primary Health Care consultations in Spain. All patients will be followed-up at least during 5 years. The estimated final sample is 7,000 patients. We show the results of cross-sectional analysis of the first 4,403 patients.

**Results:** 234 (7,8%) patients had cardiovascular disease, and 44,4% were women. The mean age was  $61,6 \pm 13$  years, and the prevalence of ischemic heart disease was higher in men ( $9,8\%$  vs  $6,3\%$ ,  $p < 0,001$ ). The CVRF were more frequent in patients with ischemic heart disease: hypertension  $64,5\%$  vs  $45,8\%$ ,  $p < 0,001$ ; obesity  $38,7\%$  vs  $32,4\%$ ,  $p = 0,05$ ; diabetes  $28,6\%$  vs  $17,9\%$ ,  $p < 0,001$ ; dyslipidemia  $68,8\%$  vs  $48,8\%$ ,  $p < 0,001$ . Also, left ventricular hypertrophy was higher ( $11,5\%$  vs  $4\%$ ,  $p < 0,001$ ), glomerular rate  $< 60$  ml/min ( $12,6\%$  vs  $8\%$ ,  $p < 0,05$ ); and no differences were observed in ankle/arm index ( $31,6\%$  vs  $16,9\%$ ,  $p = ns$ ) and albuminuria ( $13,3\%$  vs  $9,3\%$ ,  $p = ns$ ). The CVD was higher: heart failure ( $9\%$  vs  $2,4\%$ ,  $p < 0,001$ ); ictus

(10,3% vs 4,1%,  $p < 0,001$ ); peripheral arterial disease 8,5% vs 3%,  $p < 0,001$  and nephropathy (16,4% vs 10,6%,  $p < 0,05$ ).

**Conclusion:** The prevalence of ischemic heart disease was higher in men, and it was related with other cardiovascular risk factors and other cardiovascular disease.

## MITRAL REGURGITATION AS COMPLICATION OF ACUTE MYOCARDIAL INFRACTION

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**Introduction:** Mitral regurgitation (MR) is well-known and common complication of acute myocardial infarction (AMI). It is often clinically silent, which is the reason why it should be diagnosed by echocardiography, considering the fact that is negative prognostic factor of survival in patients with AMI.

**Objective:** Determination of presence and schocardiographic features of MR in patients who survived AMI.

**Methods:** This retrospective study included 130 patients who had AMI, with mortality rate of 14,63%. Men were more prevalent and average age was  $65,80 \pm 11,76$  years. All the patients underwent achocardiography examination done by experienced cardiologist.

**Results:** Our study showed presence of MR in 55,56% of examined patients, with highest percentage of mild form of MR (40%). We found significant negative statistical correlation between MR and ejection fraction of left ventricle ( $p = 0,0013$ ), significant positive correlation between MR and heart rate ( $p = 0,0420$ ) and corealtion between more severe forms of MR and localization of AMI on the apex of the heart ( $p = 0,0075$ ). Non-significant correlations were detected with regard to age, gender, level of troponin in the blood, left ventricle diameters, presence of atrial fibrilation and any form of reperfusion. MR is often present in patients with AMI. Degree of MR is related to lower values of ejection fraction, higher heart rate and lower level of apex contractility due to AMI localization.

## PROGNOSTIC VALUE OF VIABLE MYOCARDIUM IN REVASCULARIZED AND MEDICALLY TREATED PATIENTS

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**Introduction:** Ischemic cardiomyopathy is a disease characterized by a functional weakness of the heart as a consequence of loss of or damage to cardac tissue ( $>20\%$ ) due to acute or chronic ischemia. Coronary heart disease makes the pathophysiological substrate of this disease, and it is actually the cause of chronic heart faliture in 70% of cases. Detection of reversible dysfunction has clinical and prognostice significance.

**Objective:** To determine prognostice value of viable myocardium in revascularized compered to medically treated patients.

**Methods:** We followed 83 patients (60 males, 23 femals), mean age  $61,1 \pm 9,2$  years, diagnosed with coronary artery disease and left ventriculare dysfunction, who underwent doubutamine test. We used the standard protocol of doubutamine test. We registered the appearance of unwanted events during monitoring of patients.

**Results:** We registered the appearnace of 14 (35,9%) unwanted events in a group of 39 patients with doubutamine test diagnosed nonviable myocardium and 14 (31,8%) unwanted

events in a group of 44 patients with viable myocardium. In patients who were treated with revascularization was noted 5 (29,4%) unwanted events and in medically treated group 3 (34,8%) of unwanted events. In our study there was no statistically significant association between the presence of viable myocardium and less incidence of unwanted events. Also, there was no significant association between the treatment and the incidence of unwanted events.

## BLOOD PRESSURE DURING HEAD UP TILT TEST IN PATIENTS WITH PACEMAKER SYNDROM

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It is important to distinguish syncope and other symptoms of pacemaker syndrom (PS) from vasovagal syncope (VS) of patients (pts) after pacemaker implantation. The purpose of this study was to evaluate the usefulness of head-up tilt test (HUT) in pts with symptoms of PS.

**Methods:** 24 pts (age 60 ±11 years, 14 females, 10 males) with single-chamber ventricular pacing (VVI) were entered into the study. Pts were divided into two groups: A (n=14) with clinical symptoms of PS and B (n=10) without any symptoms. HUT was performed in all pts during ventricular pacing (HUT1) and in 19 pts (14 from group A and 5 from group B) who had sinus rhythm (HUT2). We recorded: electrocardiogram, systolic (SBP), diastolic (DBP) and mean blood pressure (MBP) before and after 1, 5, 10, 15, 20 min. of HUT. Statistical differences were analysed using the Student's t-test.

**Results:** In group of pts with a sinus rhythm during test-HUT2 vasovagal syncope was induced in 2 pts from group A (14,3%) and in nobody from group B. In group of pts with ventricular pacing during test (HUT-1) syncope was induced in one case from group A. SBP, DBP and MBP in pts from groups A and B during VVI stimulation (HUT-1) are reported in the table.

### GROUP A

[mmHg]	0 min.	1 min.	5 min.	10 min.	15 min.	20 min.
SBP	134±23	124±18*	122±20*	119±22*	116±22*	113±32*
DBP	84±16	82±15	82±15	80±18	75±19*	71±28*
MBP	100±15	96±15	96±14	93±15*	89±17*	85±17*

### GROUP B

SBP	137±24	133±23*	133±22*	130±23*	135±22	133±21
DBP	84±12	81±13*	82±12	84±12	85±15	84±15
MBP	101±15	98±15*	99±14*	99±15	102±17	100±17

(\*p<0.05)

**Conclusion:** HUT is a useful diagnostic test in patients with symptoms of pacemaker syndrom. It shows non-physiological effect of VVI mode stimulation and allows to distinguish vasovagal syncope from syncope connected with pacemaker syndrom.

## THE IMPACT OF NOISE ON CARDIOVASCULAR RISK

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**Introduction:** A noise is defined as any unwanted sound. In industry it's caused by different devices in production process.

**Objective:** The aim of this study was to analyze the impact of noise on cardiovascular risk.

**Methods:** We determined lipid status among 26 workers employed in paper industry. Control group comprised 20 workers who did not work in noisy conditions, in noise intensity of 70-110dB. Total cholesterol, triglycerides, LDL and HDL are measured. Statistical analysis was done by Students T test.

**Results:** In exposed workers there were significantly higher total serum cholesterol concentration ratio ( $5.87 \pm 1.38$ mmol/l), triglyceride concentration ( $2.69 \pm 1.01$ mmol/l) and LDL cholesterol concentration ( $4.01 \pm 1.23$ mmol/l), total cholesterol/HDL ratio ( $6.73 \pm 1.32$ ) and LDL/HDL ratio ( $4.21 \pm 1.17$ ) compared to control group ( $5.38 \pm 1.27$ mmol/l,  $1.42 \pm 0.68$ mmol/l,  $3.11 \pm 1.24$ mmol/l,  $5.01 \pm 1.28$ ,  $2.56 \pm 1.02$ , prospective). A significantly lower HDL serum concentration level ( $1.04 \pm 0.18$ mmol/l) was found in experimental group than in control group ( $1.25 \pm 0.27$ mmol/l). This investigation showed that industrial noise induced significant disturbance in lipid profile of exposed workers, especially in those who were exposed to noise over 90dB, and longer than 15 years. The increase of atherosclerotic risk influences on cardiovascular system and can cause serious, life-time threatening conditions.

## AN UNUSUAL CAUSE FOR HEART FAILURE

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**Introduction:** Cardiac amyloidosis (CA) is a difficult diagnosis that should always be suspected in a patient with heart failure (HF) and preserved ejection fraction. Easily accessible methods present subtle changes, especially in the early stages. Therefore, a high index of suspicion is necessary to correctly and timely orient these patients.

**Objective:** Alert to other less frequent causes of HF, poor prognosis and recognize the importance of early diagnosis.

**Methods:** Man, 73 years old, medical history of benign prostatic hyperplasia, hypertension and overweight, doing dutasteride 0.5mg, candesartan 4 mg and torasemide 5mg. Asymptomatic patient until about 3 years ago when he started sudden onset of easy fatigue for small/medium efforts. About one year ago, marked edemas of the lower limbs appeared but improved with diuretic therapy. Currently in HF class II-III NYHA, without orthopnea or paroxysmal nocturnal dyspnoea. Absence of dizziness, lipothymia or palpitations, but presence of rare episodes of precordial pain like stings lasting for seconds (atypical). At cardiac examination: good general condition, 135/80mmHg, 65bpm, S1 and S2 present, no murmurs, bilateral maleole edema. ECG:sinus rhythm, 62 bpm, 1st degree AV block, RBBB, LAFB. Echocardiogram: moderate atrial dilatation, moderate-severe concentric LVH with restrictive ventricular filling pattern, LVEF at the lower limit of normal, and mild depression of right ventricular systolic function. Reference to cardiologist for suspicion of restrictive heart disease.

**Results:** A myocardial perfusion imaging test confirmed the diagnosis of CA associated with TTR.

**Conclusion:** Treatment of HF in these cases is ineffective and often poorly tolerated. Awareness of this pathology is the most important requirement for early diagnosis.

## VAGAL ATRIAL FIBRILLATION

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**Introduction:** The prevalence of atrial fibrillation (AF) on general population ranges from 0.4% to 1%. In most of the AF cases, patients do not show an identifiable cause for AF. Certain forms of AF manifests itself during physical exercise, or, on the other hand, after the interruption of physical exercise, being, in this cases, induced by a vagal withdrawal.

**Case presentation:** Female, 46 years old. Caucasian. Healthy. No cardiovascular risks factors. Healthcare assistant, has two part-time jobs that are physically demanding.

12.12.2016: The patient goes to an urgent primary care appointment, with chest discomfort, palpitations and dyspnea after an intense walk (rest phase). When the patient was evaluated, was asymptomatic. Clinical examination was normal. Patient describes other similar episodes on the last three months, always in post-effort phase. The patient remained asymptomatic. Cardiac stress test and Echocardiogram were requested with urgency.

Cardiac stress test result: On the first minute of rest, it was revealed cardiac rhythm compatible with symptomatic Auricular Fibrillation. Rhythm was restored after administration of bisoprolol. Echocardiogram: Normal. The patient was oriented to a urgent cardiology appointment under Bisoprolol and rest.

**Discussion:** In some patients with structurally normal hearts AF is triggered by elevated parasympathetic tone as in post exercise situations – FA vagally mediated. Vagal AF usually occurs in young patients with ages between 30 and 50, more frequently in men and without structural heart disease. Careful history-taking is important for accurate diagnosis and appropriate pharmacological treatment. Evidence regarding the pathophysiological mechanisms underlying vagal AF isn't consistent, demanding more studies that supports it.

## FACTORS FAVORING DECOMPENSATED CHRONIC HEART FAILURE

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**Introduction:** Chronic Heart Failure (CHF) is a complex clinical syndrome in which patients presents typical signs and symptoms as a result of an abnormality of structure or cardiac function. Its prevalence ranges from 1-2%. This increases to more than 10% in people over 70 years.

**Methods:** Smoker of 59 year old with hypertension, type 2 diabetes, hyperlipidemia and stable CHF. He went to the emergency department due to edema in lower limbs, along with dyspnea of minimal exertion, orthopnea and nocturnal paroxysmal dyspnea.

The examination revealed tachypnea at rest. With pure and rhythmic tones, no audible murmurs, crackles in both lung bases and maleolar edema with fovea ++ / +++.

**Results:** The electrocardiogram was similar to previous ones. Cardiomegaly and signs of vascular redistribution were seen in the thorax radiography. In the analytical: hemoglobin 7g/dL, VCM 70fl.

Clinical judgment: Decompressive CHF secondary to iron deficiency anemia.

We made a blood transfusion and started treatment whit enalapril, furosemide and bisoprolol.

**Conclusion:** As primary care doctors we must take into account the precipitating factors of cardiac decompensation. They refer to those situations that decompensate the circulatory situation of the patient with HF and can accelerate the appearance of symptoms. Its recognition and correction are important to maintain a stable clinical situation. Some are: incorrect treatment: lack of adherence, inadequate prescription or incorrect doses. Dietary noncompliance. Consumption of alcohol and tobacco. Acute coronary syndrome. Arrhythmias. Infections. Anemia. Renal insufficiency. Pulmonary embolism. Exacerbation of COPD/asthma. Thyroid dysfunction. Pregnancy. Obesity. Environmental factors. Drugs

## THE UTILITY OF ECG IN AORTIC DISSECTION

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**Introduction:** The SAA is an acute process of the aortic wall with involvement of the middle layer, which may affect the thoracic or abdominal aorta and a high risk of breakage that condition and therefore a high mortality, making it a medico-surgical emergency.

**Objective and methods:** 54 year old patient who attends the hospital by sensations of palpitations for 1-2 days, accompanied by mild discomfort and epigastric pain.

In the auscultation of the patient, arrhythmic heart sounds are perceived with a murmur in an aortic IV / VI focus.

- Rx thorax where we can see the ICT increased with aortic elongation
- The ECG showed AF at 160 bpm which reverts to sinus rhythm while remaining BRIHH.
- In the Analytic we found Hb 13.7 g / dl, renal function and hepatic conserved. Creatine kinase: 20 IU / L and Troponin I 0.15 ng / ml.

Echocardiogram, VI and normal FEV1 were observed, with moderate mild LVH and severe aortic insufficiency with severe dilatation of the ascending aorta suggestive of aneurysm, for which thoracic CT was requested with VSD confirming the diagnosis of aortic dissection type A from Stanford Aortic until beginning of iliac bifurcation. Therefore it is contacted with Thoracic Surgery Service for intervention.

**Results:** It is 3 times more frequent in men than in women. Almost 80% of the patients have a history of hypertension, DM or smoking.

Pain is the main and most frequent symptom. Abrupt, intense, sometimes irradiated to the mandible.

The treatment will be surgical but it is essential:

- TA control, 120/80 mmHg. Labetalol 50mg iv every 5 minutes until satisfactory response.

## PREVALENCE OF CARDIOVASCULAR RISK FACTORS AND CARDIOVASCULAR DISEASE IN PATIENTS WITH OBSTRUCTIVE SLEEP APNEA-HYPOPNEA SLEEP SYNDROME

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**Background/Objectives:** 1-Determine prevalence of cardiovascular risk factors (CVRF) in patients diagnosed with obstructive sleep apnea-hypopnea syndrome (OSA).2-Analyze prevalence of cardiovascular disease, renovascular (ERC) and cerebrovascular disease (CVD).3- Rate correlation between severity of OSA, cardiovascular risk factors and adherence to continuous positive airway pressure (CPAP)

**Methodology:** A retrospective cross-sectional study. Subjects: 185 patients  $\geq 18$  years, diagnosed with OSA and on the regular check up for Pneumology department. Zone: urban health area. Study period: November 2012-October 2014. Variables: age, sex, body mass index (BMI), cigarette smoke, alcohol, high blood pressure (hypertension), diabetes mellitus (DM), dyslipidemia (DLP), overweight, heart disease, nephropathy and / or CVD, severity OSA (apnea-hypopnea index "AHI"), CPAP treatment and adherence to treatment (considering effective treatment  $\geq 4$  hours / night). Descriptive univariate and bivariate statistic analysis.

**Results:** 185 patients with a mean age  $52.7 \pm 12.8$ , 73.5% males with mean BMI  $33.4 \pm 6.31$ . 60.5% with severe OSA (AHI  $> 30$ ) in CPAP treatment 69.8% of cases. CVRF prevalence: obesity (71.4%), smoking (30.3%), alcohol (20.5%), hypertension (64.9%), type 2 diabetes (28.6%), dyslipidemia (63.2%). 69.7% of obese suffer severe OSA ( $p < 0.001$ ). 53.5% have a moderate cardiovascular risk, associating 3-4 CVRF (excluding age / sex). 71.4% of patients with severe OSA had more cardiovascular risk factors than those with AHI  $< 30$  ( $p < 0.061$ ). The prevalence of ERC was 12.4%, ischemic heart disease (9.2%), heart failure (5.4%) and CVD (5.9%).

**Conclusions:** The profile of patients with OSA is a man of a middle age, overweight, with severe OSA (AHI  $> 30$ ) and treated with CPAP, being effective in most patients. We observed high prevalence of hypertension, dyslipidemia and cardiovascular risk factors among patients with severe OSA.

## BUERGER'S DISEASE: UPPER EXTREMITY AND CORONARY INVOLVEMENT

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**Introduction:** Buerger's disease (thromboangiitis obliterans) is a nonatherosclerotic, segmental, inflammatory disease that most commonly affects the small to medium sized arteries and veins of the extremities. The disease is strongly associated with the use of tobacco products. The specific role of smoking in the pathogenesis of thromboangiitis is unknown.

**Case Presentation:** 47-years-old female, in a nuclear family, in the V stage of the Duvall Life Cycle.

**His medical history:** Arterial hypertension, dyslipidemia and tobacco use (20 pack-year). The patient presents with acrocyanosis of the distal phalanx of the 5th finger of the right hand, associated with a decrease in local temperature; no fluxes in the distal ulnar artery at continuous Doppler. After hospitalization in vascular surgery, she performs an arterial echocardiogram showing ulnar occlusion from  $\frac{1}{2}$  of the forearm; hypoplastic ulnar artery. The diagnostic angiography demonstrated corkscrew collaterals, suggestive of thromboangiitis obliterans. Observed by rheumatology and excluded rheumatologic disease. She initiated treatment with a prostaglandin analog and clopidogrel with clinic improvement and was discharged oriented for consultation.

Two months after this episode, she is again hospitalized for unstable angina and underwent catheterization with stent placement in the anterior descending artery.

**Discussion:** Our patient meets all diagnostic criteria for Buerger's disease. In addition to reaching the extremities of the upper limbs, it also presents coronariopathy, only described in the literature in case reports. This is a clinical case initially addressed in primary health care having been carried out its early referral, allowing for the timely treatment of the patient.

## MEASUREMENT OF ANKLE-BRACHIAL INDEX - A NEW MODALITY OF PREVENTIVE EXAMINATION

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**Introduction:** Peripheral arterial disease (PAD) is one of the possible manifestations of systemic atherosclerosis. The incidence of PAD is 5-10% of the population over 60. 15.1% of patients with PAD have also a severe coronary artery disease and 7.1% have serious cerebrovascular impairment. Measurement of ankle-brachial index ABI is simple, highly sensitive and specific, thus fulfilling the WHO criteria for screening and confirms vascular etiology of leg pain.

**Aim:** Slovak Angiological Society of Slovak Medical Society and Slovak Society of General Practice have devoted to education in ABI measurements.

**Methods:** In 2009 they accomplished a pilot study: 24 general practitioners under supervision of 7 angiologists carried out ABI examinations in 2,207 consecutive patients older than 60 years.

**Results:** 67.4% of patients had normal ABI (0.9-1.2), 9.4% of patients had a decreased ABI (<0.9) and 23.2% of patients had increased ABI (> 1.2).

This study and educational activities resulted in the inclusion of ABI measurements by automatic devices to preventive examination carried out by general practitioners in the Slovak Republic. General practitioners measure ABI in patients with risk factors over 50 years and in all over 60 years from April 2016 and it is covered by health insurance.

The general practitioners are primary care physicians who determines the dominant way and rate of health care. They must rationally dispose of ABI measurement results, manage risk factors of atherosclerosis and consider consulting an angiologist. The aim is to prevent the development of critical limb ischemia, amputation and fatal cardio-vascular events.

**Keywords:** Peripheral arterial disease - ankle-brachial index - general practitioners

## HYPERTROPHIC CARDIOMYOPATHY

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Hypertrophic cardiomyopathy (HCM) consists of marked ventricular hypertrophy in the absence of another obvious cause such as arterial hypertension (AHT). It has a prevalence of 1/500 adults and usually appears between 20-40 years.

A 59-year-old man with AHT, obesity and smoking habits. Irrelevant family history. It comes to the consultation by asthenia for small effort and sporadic thoracalgia with non-anginal characteristics. Deny palpitations, syncope or dizziness. Blood pressure 110/70 mmHg; heart rate 90 bpm; cardiac auscultation: rhythmic with grade III/VI systolic murmur; no edema of the lower limbs. Changes in lifestyle and smoking cessation are advised. Requested analyzes, ECG and transthoracic echocardiography. Returns with results and refers maintenance of complaints. Analysis with mixed dyslipidemia. ECG: sinus rhythm; Left axis deviation; Voltage criteria for left ventricular (LV) hypertrophy; T-waves inverted and deep in V2-V6 and aVL. Echocardiogram: LV with non-dilated cavity but with asymmetric hypertrophy that mainly involves the interventricular septum (21 mm), good global systolic function, without alterations in segmental contractility and dilated left atrium. Therapy for dyslipidemia is started and reference is made to Cardiology for HCM suspicion. In the cardiology he was diagnosed with an HCM of apical and non-obstructive predominance in basal conditions. Currently with heart failure NYHA class II, maintaining without significant arrhythmic events and without criteria of high risk sudden death, but with contraindication to the performance of moderate-high intensity physical activity and isometric exercises.

This case demonstrates the importance of an adequate evaluation of the signs and symptoms by the Family Doctor, allowing the diagnosis and timely referral of a serious and potentially fatal pathology.

## DESCRIPTION OF THE POPULATION WITH ATRIAL FIBRILLATION AT USF S. DOMINGOS

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Atrial fibrillation (AF) is the most common form of sustained cardiac arrhythmia, associated with several thromboembolic events and increased mortality of its patients.

The objective is to determine the prevalence of AF in USF S. Domingos, to identify associated comorbidities, as well as the current antithrombotic therapy and its adequacy. Observational, transverse and descriptive study of patients enrolled with the diagnosis of AF (K78). Data from MIM@UF®, SClínico® and PDS® (July 2016), which were treated in Microsoft Excel® and SPSS®.

A total of 238 patients were diagnosed with AF, with a global disease prevalence of 1.3%, but 2.5% among patients over 40 years old. The mean age was 74.7 years and 52.1% were men. The most frequent comorbidity was arterial hypertension (HT) (87.0%), followed by dyslipidemia (68.9%) and heart failure (31.9%). 92.4% had non-valvular AF, of which 97.7% had a CHA<sub>2</sub>DS<sub>2</sub>-VASc ≥ 1 and 5.9% had a HAS-BLED ≥ 3. Antithrombotic therapy was prescribed in 91.2% of patients. Of the total sample, 12.2% had antiplatelet agents, 73.1% anticoagulants, 5.9% antiplatelet agents + anticoagulants and 8.8% did not take any therapy.

The prevalence of AF was 2.5% (≥40 years) and was in agreement with the FAMA study. According to Caldeira et al, the prevalence of antithrombotic therapy in Portuguese patients with AF is about 40%, but a much higher value was found in our sample (91.2%). Regarding the type of therapy in progress, the majority did oral anticoagulation. According to the 2016 Guidelines of ESC 80% of users with CHA2DS2-VASc=0 were mistakenly performing therapy, while 78.1% of users with CHA2DS2-VASc≥1 were adequately to perform antithrombotic therapy.

## RIGHT VENTRICULAR MYOCARDIOPATHY – DIAGNOSIS AND DECISION IN SPORTS MEDICINE

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Right Ventricular Myocardiopathy (MVD) is a hereditary disease of the heart muscle that predominantly affects the right ventricle.

The MEDLINE database, The Cochrane Library, National Institute for Health and Care Excellence and others sites of international scientific associations were searched using various keywords, including various combinations of search terms “Right ventricular cardiomyopathy”, “Sudden death”, “Diagnosis” and “Sport competition”.

Right Ventricular Myocardiopathy is a rare disease, but its prevalence and incidence are imprecise due to the complexity of its diagnosis. It is characterized by the progressive replacement of cardiomyocytes by fibroadiposal tissue with a propensity for the development of fatal ventricular arrhythmias at an early stage of its evolution, thus constituting an important cause of sudden cardiac death. The natural history of this disease has 4 phases with different clinical characteristics and degrees of severity. Genetic heterogeneity and the broad spectrum of clinical manifestations make the diagnosis difficult, thus creating a set of criteria by a Task Force in 1994 and revised in 2010 to increase its sensitivity and maintain specificity. MVD patients are candidates for an active therapeutic approach with the potential to alter the natural history of the disease, including restriction of physical activity, pharmacological therapy, catheter ablation or implantable cardioverter defibrillator placement. Confirmation of the diagnosis constitutes a contraindication to the practice of competitive sport.

## NON-ISCHEMIC THORACIC PAIN

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**Introduction:** We often have emergencies in our Primary Health Care Centre. If a patient with a chest pain comes in, it is really important to consider a myocardial infarct to activate AMI Code (acute myocardial infarct). But it is also important not to forget that there are other pathologies that express chest pain as a symptom, and have an altered ECG, and there are not myocardial infarcts.

**Objective:** To show the differential diagnosis between myocardial infarction and pericarditis.

**Method:**

Clinical case.

Clinical history: 35 years old male patient, without pathological history, consulted for oppressive pain radiating down his left arm.

Physical examination: Blood pressure: 114/76, Cardiac auscultation: rhythmical auscultation, without tachycardia

ECG: rhythmical with elevation of ST segment in anterior, lateral and inferior side.

Temperature: 37,5°

**Procedures:** First of all call emergencies and activate emergencies. In the hospital emergencies they do: Troponins and creatine kinase curve which is negative. Thoracic x-ray shows cardiomegaly. Echo-doppler: moderate pericardial effusion. Blood test: leukocytosis of 17.000/mm<sup>3</sup>.

Hepatitis B and C serologies negatives. HIV and lues negatives.

No chronic clinical treatments.

Action strategy: Upon suspicion of myocardial infarct we activate Myocardial Infarct Code.

Emergency Unit excludes Infarct and diagnoses viral pericarditis.

**Results:** The patient have a viral pericarditis. It is really important the differential diagnosis between pericarditis and myocardial infarct. When we doubt it is really important to exclude the myocardial infarct because it needs to be treated quickly.

## AN UNUSUAL CAUSE OF PERICARDITIS, THE ELECTRICAL CARDIOVERSION

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**Introduction:** Electrical cardioversion (ECV) is a safe and widely used technique for treating both supraventricular and ventricular tachyarrhythmias. There may be some complications, although the pericardial affection is rare.

**Objective:** A 50-year-old male come to the health center querying by thoracic oppressive pain for 1 hour, increasing with deep inspiration and decubitus. As background: He is an active smoker and occasional drinker, and atrial fibrillation of indeterminate duration treated with carvedilol and rivaroxaban, and subsequently with electric cardioversion (reverting to sinus rhythm) 2 days ago.

**Methods:** Physical examination: Hemodynamically stable. Rhythmic cardiorespiratory auscultation, without blows or friction and without added noise.

First electrocardiogram (ECG), a sinus rhythm is seen at 67 beats, with no changes in conduction or repolarization.

Second ECG, concave ST elevation was detected in I, II, aVF and V3-V4 of 1 mm, with slight decrease of the PR segment.

The chest x-ray, blood test with cardiacs enzymatics and echocardiogram were normal.

**Results:** There are complications associated to ECV such as hypotension, pulmonary edema, pulmonary or systemic embolism... but the pericardial affection, as we have said, is rare. ECV-associated pericarditis was first described by Ström in 1974 in a patient with atrial flutter and variable atrioventricular block.

The mechanism is unclear, but electrical shock is thought to produce pericardial irritation, which would be manifested as ST elevation on the surface ECG. In the exposed patient,

symptomatology, diffuse ST elevation and response to anti-inflammatory treatment support the diagnosis of acute pericarditis post cardioversion.

## **NONSPECIFIC SYMPTOMS FOR AIM WITH ST ELEVATION**

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**Introduction:** Cardiovascular diseases are the large heterogenic group of diseases which include: ischaemic hart disease, stenocardia, AIM and ischaemic cardiomyopathy. Acute coronary syndrome which includes: AIM with elevation, AIM without ST elevation and stenocardia. Acute coronary syndrome is one of the most frequent causes of hospital admission and sudden death in developed parts of the world, but last several decades even in developing countries.

**Objective:** A case report of AIM with ST elevation with nonspecific symptoms.

**Methods:** Analyses of data collected from the medical records.

**Results:** Male ages 51. Locksmith by profession. Coming because of the felling shortness of breath, independently of the effort or peace. Difficulties were one hour before coming to general practitioner. He never had before such difficulties. Smoker for twenty years. Not at any medical treatment for any illness. Family history is positive for cardiovascular diseases. In physical finding heartbeat was rhythmic, tones clear, heart murmur was not found, TA 130/89mmHg. ECG heartbeat 79/min, ST elevation 1,5mm of V<sub>2</sub> – V<sub>6</sub>. Pulmo: Normal respiration noise without pathological murmur.

In primary health care institution, from general practitioner, to patient was given Aspirin 300mg and O<sub>2</sub> 5l/min. Transported for ER like urgent for reperfusion therapy.

**Conclusion.** Timely diagnostics and modern therapy significantly improve prognosis for AIM patients with ST elevation.

## **EFFECT OF ANTIDIABETIC TREATMENT ON LEFT ATRIAL VOLUME INDEX IN PATIENTS WITH TYPE 2 DIABETES MELLITUS**

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**Introduction-Objective:** Left atrial(LA)enlargement can occur from conditions associated with volume and pressure overload plus that the left atrial volume index(LAVI) is related to cardiovascular morbidity and mortality.Clinical trials have shown that treatment with dipeptidyl-peptidase-4(DPP-4) inhibitors has a neutral effect on cardiovascular outcomes.The aim of this study was to estimate the effect of DDP-4 inhibitors treatment to LAVI in patients with type 2 diabetes mellitus(T2DM).

**Methods:** We recruited 95 patients(55 males) with T2DM,mean age(±SD)65.1±9.1 years,HbA1c 6.4±0.8%,body-mass index(BMI) 29.21±5.4Kg/m<sup>2</sup>,duration of diabetes 8.1±4.9 years receiving treatment with metformin(40 patients,group A)or metformin plus DPP-4 inhibitors(55 patients,group B)for at least 6 months without known cardiovascular disease.All participants underwent clinical examination and echocardiography while blood sample was

taken at fasting state. Patients were divided according to left atrial volume index (LAVI)  $\geq 32$  ml/m<sup>2</sup>.

**Results:** 63.8% of participants had arterial hypertension (AH), 78.9% dyslipidemia, 10.6% retinopathy, 17.0% neuropathy while 13.7% were current smokers. LAVI  $\geq 32$  ml/m<sup>2</sup> was found in 14 patients (17.3%). LAVI did not differ between the two study groups (group A:  $25.1 \pm 6.0$  vs. group B:  $25.9 \pm 7.1$  ml/m<sup>2</sup>,  $P=0.58$ ). Multivariate regression analysis, after controlling for age, sex, BMI, duration of T2DM, HbA1c, smoking status, dyslipidemia, neuropathy, retinopathy, antidiabetic treatment, C-reactive and biochemical markers showed that LAVI was positive related only with AH ( $\beta=0.39$ ,  $p=0.008$ ), white blood cells (WBCs) count ( $\beta=0.262$ ,  $p=0.09$ ) and triglycerides levels ( $\beta=0.42$ ,  $p=0.07$ ). No significant association between LAVI and DPP-4 inhibitors therapy was found. Regarding the well-established indexes of left ventricular (LV) diastolic dysfunction no significant association between LAVI and LV ejection fraction, LV mass index and E/e' ratio was found. Conclusion: The results of the present study showed that treatment with DPP-4 inhibitors has a neutral effect on LAVI. On the contrary, presence of hypertension, WBCs count and a triglycerides level were the only determinants of LAVI.

## ALCOHOLIC CESSATION IN WHITE COAT HYPERTENSION – A CLINICAL CASE

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**Introduction:** White coat hypertension (WCH) is defined as the transient increase in systolic and/or diastolic blood pressure values persistently in the office, with normal blood pressure outside the office. Generally considered a benign entity, it does not appear to be modified by antihypertensive therapy, therefore no treatment is indicated.

**Objective:** The presentation of this clinical case aims to warn about the concept of WCH, and the need to distinguish it from other types of hypertension.

**Results/Description of the case:** A man with marked alcoholic habits and no prominent pathological antecedents, attended the family doctor multiple times during the first half of 2014, presenting successively high blood pressure values. He was asked to take blood pressure measurements at home, which revealed values within normal limits. As this situation was interpreted as WCH, no treatment was initiated. In July 2014 he entered an alcohol cessation program. He returned to the family doctor in October 2014, presenting blood pressure values within normal limits. Since then, his blood pressure presents normal values, both in the office and at home.

**Conclusion:** Hypertension is a common pathology worldwide, with a national prevalence (in Portugal) estimated as 42%. However, some authors state that this number includes cases of WCH, which undergo antihypertensive therapy unnecessarily. This clinical case points out the concept of WCH and the need to distinguish it from other types of hypertension. Also, it warns about the importance of alcoholic cessation in the control of all types of hypertension, an assumption already recommended in the latest Hypertension European Guidelines.

## STATIN THERAPY IN CHILDREN AND YOUNG ADULTS WITH HIGH LEVELS OF LDL-CHOLESTEROL?

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**Introduction:** There are several uncertainties whether to start statins for primary prevention in children and young adults with high levels of LDL-cholesterol. The rationale for statin use is based on “cumulative damage hypothesis”: 1) atherosclerotic damage from nonoptimal lipid levels starts early in life; 2) statin could reduce the risk of vascular damage; and 3) reducing atherosclerotic damage could decrease cardiovascular disease (CVD) risk.

**Objective:** Ascertain whether guidelines and literature propose primary prevention with statins in children and young adults with high levels of LDL-cholesterol.

### Results:

*Children:* the focus in children with high levels of LDL-cholesterol should be lifestyle changes and correcting metabolic abnormalities. The exception is an underlying genetic cause, in whom statin-intervention should be considered between 10-18-years if there is a great familial burden of CV events.

*Young adults:* When genetic burden/CV risk are low in people under 35-years, there is a very low short-term risk for coronary heart disease and primary prevention doesn't seem to provide any short-term benefit. However, in high-risk patients for CVD (diabetes, clinically evident atherosclerotic CVD, LDL-cholesterol levels of  $\geq 190$ mg/dL), the benefit of starting lipid-lowering treatment is well proven, being reasonable high-intensity statin therapy to achieve at least a 50% reduction in LDL-cholesterol.

**Conclusions:** In patients with secondary high-LDL-cholesterol levels, the underlying disease or metabolic change should be corrected or treated. If there is a high CVD risk, statin treatment should be considered. However, when there is a primary LDL-cholesterol increase in patients with low CVD risk, statin treatment is controversial since risks can outweigh benefits.

## DYSARTHRIA-CLUMSY HAND SYNDROME (DCHS) IN THE CONTEXT OF HIGH BLOOD PRESSURE CRISIS

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**Background:** No known medical history. Smoker 40 packs/day. Occasional alcohol consumption. No surgeries.

**Clinical history:** A 58-year-old man wakes up the morning of the 11<sup>th</sup> November 2016 with speaking difficulties, weakness of the right arm and numbness on the right side of his face. He did not attend to the doctor. With slight improvement of the symptoms during the day but no resolution, the family decided to take him to the hospital. At his arrival to the emergency room the blood pressure was 210/90. At the Physical examination was found: mild dysarthria, right unilateral “central” facial weakness, ipsilateral clumsiness (right hand), no other alterations.

**Methods:** Laboratory tests, chest radiography, and electrocardiography were performed with no alteration. Brain CT scan: Small hypodense lesion in left caudate nucleus / knee internal

capsule compatible with lacunar infarction. MRI study confirmed the brain lesion sites. Echo Doppler of the supra-aortic trunks: no significant conditions. ECO TRANSCRANEAL DUPLEX: No alterations

**Diagnosis:** Lacunar stroke in left caudate nucleus / knee Internal Capsule left. Hypertensive crisis

**Conclusion:** Hypertension can lead to lacunar strokes and other cardiovascular events. This condition early detection and adequate control are essential in order to reduce the morbimortality it generates. It is a true challenge for primary care to detect it, due to the lack of symptoms that characterize it. Develop actions both to increase the levels of information of the population, as well as early detection and adequate control must become a fundamental priority in preventive action in primary attention.

## BRUGADA'S SYNDROME UNMASKED BY FEVER

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**Introduction:** Brugada's syndrome is characterised by abnormal electrocardiogram (ECG) findings and an increased risk of sudden cardiac death. It is included among channelopathies, primary electrical disorders not associated with concomitant structural heart disease. Prevalence of about 5 / 10,000 habitants, although this figure probably underestimates the true prevalence because there are silent forms.

**Methods:** Review the clinical record of a 67- year- old patient with diabetes mellitus, dyslipidemia and obesity. Family history of sudden death in 3 of the 6 brothers and two nephews under 45 years old There has never presented syncope or palpitations. Consultation about chest pain, fever and dry cough. CXR: base I pulmonary condensation. ECG: sinus rhythm 100x', descending ST elevation of 2 mm in V1-V3 with T negative companions. (In previous clinical history there are normal ECG.) Diagnosis is orientated as pleuritic chest pain in context of community-acquired pneumonia of low risk and compatible ECG with Brugada syndrome unmasked with fever. Although the patient has a family history of sudden death, finding asymptomatic after days of hospitalization it decides to complete outpatient program study and implementation of ICD (implantable cardioverter defibrillator). It is recommended to control fever and chronic medical treatment review

**Conclusion:** The ICD is the only treatment that really demonstrates efficacy in Brugada syndrome. In general, ICD implantation is recommended for all patients who have already had symptoms and for asymptomatic in whom the drug test induce ventricular arrhythmias.

## BLOOD PRESSURE READING DIFFERENCES BETWEEN ARMS

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**Introduction:** In daily practice blood pressure measurement is one of the most common procedures performed in the office of Family Doctors. In the event of a significant and consistent blood pressure difference between arms there might be the presence of congenital heart disease, aortic dissection, peripheral vascular disease or unilateral neuromuscular abnormalities. Therefore, this is an important matter to be discussed and revised.

**Objective:** Describe the correct method of blood pressure measurement and the significance of detecting blood pressure differences between arms.

**Methods:** Revise the correct arterial blood pressure measurement.

Define what is a significant blood pressure difference between arms.

Illustrate the presentation describing a case study consisting of a 53 years old woman in which it was detected blood pressure differences between arms in a routine evaluation of its so far controlled arterial hypertension. This difference has led to finding an exuberant arteriosclerotic calcification of left subclavian artery.

**Results:** This presentation pictures how detecting blood pressure differences between arms may lead to further investigation unveiling diseases that imply different approaches. Revising this topic points the significance of measuring blood pressure in both arms during routine consultations.

## ACUTE CORONARY SYNDROME IN THE CONTEXT OF ANAPHYLACTIC SHOCK

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**Introduction:** Occasionally we find simultaneously the occurrence of acute coronary events and allergic reactions of the anaphylactic type. The aim of this case is to present a Kounis Syndrome type I that relates the concept of angina and allergic infarction.

**Objectives and methods:** A patient who suffered a bumblebee sting in the neck was treated by the emergency team for general malaise and hypotension maintained along with poorly defined thoracic center discomfort and dyspnoea. She was treated with Actocortina 200mg + Polaramine IV + Adrenaline 0.5mg + serotherapy.

Echocardiography was performed, showing segmental changes in contractility, reason why she was hospitalized. In the context of a patient with anaphylactic shock and chest pain compatible with acute coronary syndrome.

Electrocardiogram: sinus bradycardia at 51 bpm, BIRDHH, with ST rise around 1 mm in V1-V3 and negative T in V1 and isodiphasic in V2. In subsequent electrocardiograms, she initially maintains these alterations of repolarization, subsequently normalizing ST with T-beads in precordials.

Troponin I peak, X-ray Chest, Catheterism: Normal

**Results:** Acute coronary syndrome in the context of anaphylactic shock. Kounis syndrome type I.

The importance of this case is based on objectifying symptoms and signs of allergic reaction and an acute coronary event coincident over time since the diagnosis of Kounis Syndrome is fundamentally clinical.

The most frequent finding on the electrocardiogram is the rise of the ST segment in anterior and inferior leads. Cardiac enzymes are usually in normal ranges in Kounis Syndrome type I. The right coronary artery is usually the most affected by vasospasm.

## ACUTE HEART FAILURE IS DEFINED AS THE RAPID ONSET OF SYMPTOMS SECONDARY TO ABNORMAL CARDIAC FUNCTION

Marisol Chong Zhao, Cristina Figueroa Rosas  
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**Introduction:** This is the case of a patient presenting acute heart failure secondary to a mitral prolapse. His main sign was a sudden onset of a murmur.

51-year-old male, smoker with mild cognitive deficit, diabetes type 2, hepatic steatosis, idiopathic eosinophilia and asymptomatic first degree atrioventricular block

**Reason for consultation:** General discomfort of 24h, mid-strain dyspnea and cervicalgia with nausea.

He denies orthopnea or paroxysmal nocturnal dyspnea, chest pain, palpitations, syncope or other accompanying clinic.

No previous catarrhal symptoms or fever.

Physical examination: BP 150 / 90mmHg, tachycardia 110bpm, T<sup>a</sup> 35,9°C and oxygen saturation 94%. Cardiorespiratory auscultation: Gallop with third sound with panfocal systolic murmur irradiated to axilla. Jugular ingurgitation and hepato-jugular reflux. Crackling on bases. Extremities with discreet edema with perimaleolar fovea.

Additional tests: Hemogram with leukocytosis of 12,100 Troponin 8 ng / l. D-dimer 359æg / l. Gasometry with discrete respiratory alkalosis. Rest as normal.

ECG: Rhythmic sinus at 140 bpm. PR extended by AVB of 1<sup>o</sup>. No alterations in repolarization.

Chest X-ray: Bovine bronchoalveolar infiltrates central perimediastinal predominance.

Urgent echocardiography: Normal / hyperdynamic global systolic function. Severe mitral insufficiency, posterior veil with ruptured cords.

Diagnostic: Acute cardiac failure secondary to severe mitral regurgitation due to cord rupture.

Differential diagnosis: Acute coronary syndrome, myocardopathies, endocarditis, sepsis.

The immediate treatment in this case was to treat acute heart failure. Definitive treatment, valvular repair. The patient presented good postoperative evolution ..

The importance of this case lies in the importance of an adequate physical examination, when finding a recent heart murmur.

## ARTERIAL HYPERTENSION IN YOUNG PERSON - CLINICAL CASE

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**Introduction:** The weak perception and treatment of the disease in young people is probably due to the fact that arterial hypertension (ATH) is, for many years, a silent disease, but also because young adults are less routinely followed by their GP and less subjected to systematic screening of cardiovascular risk factors. Usually, hypertension cases in young people (< 35 years old) lack research for secondary hypertension, even though the secondary forms are the most prevalent in this age group.

**Objective/Methods:** Female, 21 years old, not a smoker, normal BMI index. In a routine consultation, the patient presented an arterial tension of 148/107 mmHg (average of 3 measurements, after rest). The domestic control showed AT values persistently high and, in the new consultation, the patient was asked to stop her oral contraception and a ABPM was asked, which revealed a moderated level of ATH in 24h, with a tensional charge of 100 % for systolic and diastolic AT. The secondary ATH research was started. From the study, ECG, echocardiography, catecholamine, renal and thyroid functions were normal. After all the exams were done, the patient started bisoprolol 2.5 mg and oral progestogen.

**Results:** It is recommended for prevention and treatment of ATH to be more prospective and effective since a younger age. It is therefore important to alert the primary health services to

this pathology in younger ages, so that general practitioners can detect this condition in patients at an earlier age.

## **AVOID GRAPEFRUIT JUICE DURING TREATMENT WITH STATINS - WHAT DOES THE EVIDENCE SAY?**

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**Introduction:** Statins are used in the treatment of hypercholesterolemia. Its interactions with medications and foods such as grapefruit, are known. Currently it is advisable to avoid grapefruit juice consumption during treatment with a statin.

**Objective:** Review the available scientific evidence on the avoidance of grapefruit juice consumption during treatment with statins.

**Methodology:** Research of guidelines, systematic reviews (SR), meta-analysis (MA) and randomized controlled clinical trials (RCCT) published in the last 10 years. The Mesh terms “Citrus paradisi” AND “Hydroxymethylglutaryl-CoA Reductase Inhibitors” were used.

**Results:** 25 articles were found in English, French and German languages. 5 articles were selected: 1 RCCT, 1 observational study (OS) and 3 SR.

All studies conclude that there is an increase of statin levels in plasma with consumption of grapefruit juice. 2 SR report a more significant increase with simvastatin, lovastatin and atorvastatin.

The OS showed no adverse effects associated with grapefruit juice consumption in patients receiving a statin that were attended in the emergency department despite the fact that this drug interaction was known. (EL 2b).

1 SR concluded that the increased risk of rhabdomyolysis resulting from this is minimal when compared to the high preventative effect of statins on cardiovascular disease. (EL 1a).

The perception that consumption of grapefruit juice should be avoided during treatment with a statin is doubtful. This conclusion is based on pharmacokinetic studies that used large amounts of grapefruit juice, which transcends the reality of daily consumption of this juice. Patients receiving statins should not have to avoid grapefruit juice.

## **PAGET-SCHROETTER SYNDROME**

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**Introduction:** Effort thrombosis refers to axillary-subclavian vein thrombosis associated with vigorous and repetitive activity of the upper extremities usually sports activities

**Objective:** Consultation of male 47 years old. American football coach. PMH: hemi thyroidectomy 8 m prior to event. Medication: thyroxine. Not known allergies. Referred to the center by team doctor to exclude right upper limb Deep vein thrombosis. One week history of swelling to right arm, getting worse after a long haul flight with pins and needles sensation to top of fingers. No Shortness of breath, haemodynamic stability.

On observation, vitals within normal values, no fever, no redness, and dilated veins on right upper limb till shoulder with slight asymmetry of perimeter size (1cm around bicipital area). Chest clear, normal RR. No abdominal nor urinary complaints.

**Methods:** The well's score reflects mainly to lower limb, however there were some clinical signs suggestive of venous obstruction. D Dimer came back positive (no inflammatory markers). US Doppler: "compatible with proximal subclavian vein thrombosis, with the history, Paget Shcroetter syndrome should be considered". Liaised with radiologist and consultant. CT angio: bilateral widespread segmental and sub segmental pulmonary emboli.

**Results:** Challenge case as per the infrequency of this syndrome, costoclavicular crowding due to anatomical abnormalities and repetitive endothelial trauma from muscular strain are the key pathogenic factors in the initiation and progression of effort thrombosis. Colour Doppler is the preferred test to diagnose. Routine catheter-directed thrombolysis, therapy directed at thoracic outlet decompression, physical and occupational therapy are part of the management of this syndrome.

## VARIABILITY OF EP CLINICAL PRESENTATION

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Pulmonary embolism (EP) is a relatively common emergency requiring rapid performance. Since the presentation of the symptoms can be varied, so a good initial orientation determines the possibility of an early and effective treatment.

The most frequent symptoms are: Sudden dyspnea (73%), tachypnea (54%), acute pleuritic pain (44%), and hemoptysis (41%). The existence of a history of surgery with prostration, DVT in extremities and neoplasias increase the clinical prediction of EP. However, there are other atypical symptoms.

We analyzed the variability in the initial clinical presentation of EP of the patients visited with this diagnosis in Hospital Emergency and compared them with the guidelines of clinical practice of cardiology of the European society through a retrospective descriptive analysis. We analyzed the initial presentation table and separated the cases into two sections: Typical or atypical initial presentation. We studied 17 diagnosed cases of EP in a timeline; we found that 5 of them did not initially present any of the most typical signs or symptoms of EP. In these 5 cases, the initial symptoms were: Subacute dyspnea (more than one week of evolution), tachycardia, isolated nonspecific thoracic pain, syncope, acute dementia. We conclude that there is a high risk of not orienting an acute EP. So we should not forget the possibility of this entity, even if the typical signs of initial form are not present.

## ORAL CONTRACEPTIVES AND PULMONARY THROMBOEMBOLISM IN PEDIATRIC AGE

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**Introduction:** Pulmonary thromboembolism is a rare but potentially fatal entity in the pediatric age. There are few data on the incidence, describing two peaks: up to 24 months of age and in adolescence. The clinic is variable and often non-specific, with manifestations ranging from thoracalgia, fatigue to minor exertion, dyspnea, cough, cyanosis and cardiovascular collapse.

**Objective:** To alert to the diagnosis of pediatric PTE and to recognize its risk factors.

**Methods:** Adolescent, 13 years, with a history of deep venous thrombosis in the mother, of unclear etiology, was initiated oral contraceptive therapy five months before.

He applied to Emergency Service with complaints of cough, dyspnea, orthopnea and left thoracalgia with a week of evolution. Concomitantly referred pain in the left thigh and inguinal region, with no local inflammatory signs associated with sports practice. She was polypneic and tachycardic. There was pain on palpation of the left internal hip region with slight claudication of the leg, without Homanns sign.

She showed elevation of the D-dimers. Due to clinical suspicion of PTE, DVT performed a venous echo-doppler of the lower limbs showing left DVT. Angio-CT was compatible with extensive bilateral PET. It initiated anticoagulation at a therapeutic dose associated with the use of elastic containment stockings.

**Discussion:** This case illustrates the importance of a detailed anamnesis, which allowed to identify two risk factors for PE. Family history of DVT suggests possible genetic cause emphasizing the importance of the study of thrombophilia. Oral contraception with estrogens is a well-established risk factor for PE.

## CLINICAL CASE REPORT: WHEN HYPERTENSION IS NOT ESSENTIAL

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**Case Report:** A 39-year-old male from Ghana. High blood pressure treated for several years. He consults for cough, dyspnea, chest pain and hemoptotic sputum. He show not improving after antibiotics and bronchodilators, patient's clinical status was deteriorated. Physical exam: PA 200/128 mmHg, SaO<sub>2</sub> 95%. Small cervical and supraclavicular bilateral lymph nodes, tachypnea, rhonchus scattered.

Laboratory tests: CBC: Hb: 7.2, WBC: 8740, Plt: 17000, Cr 2.53 mg/dL, BNP 695.

X ray: right thorax basal infiltrate.

Culture sputum, BK, Antigenuria S. pneumonia, HIV serology, HBsAg, PCR HB negatives and anti-HBc IgG positive.

ADAMTS 13 normal, Shiga toxin Negative, Complement: C1q Inhibitor and CAM elevated. On process genetic test

Thoracoabdominal scan: diffuse myocardial thickening of the left ventricle, mild bilateral pleural effusion.

Renal biopsy: Acute and chronic thrombotic microangiopathy.

Clinical judgment: Patient presents microangiopathic non-autoimmune hemolytic anemia, thrombocytopenia, and acute kidney injury oriented as a hemolytic uremic syndrome in a patient with poorly controlled hypertension. The evolution after the correction of the BP persists with important signs of hemolysis and worsening renal function.

After plasmapheresis not improvement were observed and eculizumab was added, presenting significant clinical improvement and normalization blood parameters. Oriented as an atypical hemolytic uremic syndrome; since it exhibits negative Shiga toxin, C1q Inhibitor and CAM elevated, being pending the genetic study.

**Conclusions:** The most common cause of atypical hemolytic uremic syndrome in absence of Shiga toxin from E. coli is a complement dysregulation, treatment with eculizumab demonstrated improvement in renal function and hematological parameters. Poor controlled hypertension was not only because patient refuse treatment also maybe a secondary component was related. It is important, especially in certain ethnic groups, to rule out the presence of secondary causes. In this case it was not possible due to patient refuse it.

## SUPRACLAVICULAR ADENOPATHY AND BLUE FINGERS IN A YOUNG MAN. A CASE REPORT

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**Introduction and objectives:** Arterial thrombosis is a blood clot that develops in an artery and can be very dangerous if obstructs the flow of blood to major organs. The left subclavian artery pseudoaneurysm is a rare entity with few cases reported in the literature. Most injuries were related to iatrogenic manipulation with catheters for canalization of central lines. Thrombus formation of the subclavian artery can occur in situ or can be dislodged from the pseudoaneurysm.

**MeSH terms:** Arterial thrombosis, clavicle, fracture fixation

**Methods: Case report:** We present an unusual case of a young man with arterial thrombosis and subclavian pseudoaneurysm secondary to surgery.

A 36-year-old man presents to his Primary Medical Doctor (PMD) with a solid lump in the left supraclavicular zone that progressively increased in the last 3 weeks accompanied by signs of left-hand hypoperfusion.

No relevant medical history except left clavicle fracture that required surgical intervention two years ago.

Clinical examination revealed a cyanotic discoloration of the left distal upper extremity that was cold on touch suggesting inadequate or obstructed circulation. Clavicular inspection showed an immobile firm and left supraclavicular mass of 2 cm in diameter that was painful and attached to underlying structures. No left radial pulse could be detected. Oxygen saturation (StO<sub>2</sub>) in the right hand was of 98% and in the left of 85%; temperature 36,7°C (97,8 °F), CPA normal, blood pressure 131/92mmHg. Review of systems was negative for fever, chills, fatigue, headache, chest pain, palpitations, abdominal pain, paresthesias, or any other symptoms. No palpable lymph nodes in any other location. Chest X-rays revealed only the metal plate in the left clavicle from the surgery. The patient was derived to the Emergency Room with suspected acute vascular affection.

Arterial Doppler and CT of the neck and thorax were suggesting of subclavian artery injury by a screw that surpasses the posterior cortical of the clavicle, leaving the distal radial region with no flow, with soft tissue enlargement corresponding to thrombosed pseudoaneurysm.

The patient was diagnosed with arterial thrombosis in MSI and thrombosed pseudoaneurysm of the left subclavian artery secondary to osteosynthesis.

After the diagnosis the patient was referred to Vascular Surgery Department of his referral hospital.

**Results:** After 2 months, the patient is progressing favorably after left transhumeral thrombectomy with removal of material from osteosynthesis by Traumatology (previous stent placement in subclavian artery). Maintains antiaggregation with daily aspirin 100mg.

**Conclusion:** The rapid differential diagnosis and clinical suspicion are of a great importance at the Primary Care Units that frequently are the crucial part in the General Healthcare System.

## 3.03. Respiratory problems

### COPD- MORE THAN A DISEASE OF THE LUNGS?

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**Introduction:** COPD is common and a major cause of morbidity and mortality worldwide. Recent studies suggest that comorbidities in COPD increase the risk of hospitalisation, polypharmacy and mortality but their estimated prevalence varies widely in the literature.

**Objective:** To evaluate the prevalence of 38 physical and mental health comorbidities associated with COPD compared to people without COPD in a large nationally representative dataset.

**Methods:** A Cross-sectional data analysis of 314 primary care practices in Scotland including 1,272,685 adults.

Data on COPD and 31 other physical and 7 mental health comorbidities was extracted. The prevalence of comorbidities was compared in people with COPD to those without, standardised by age, gender and socioeconomic deprivation.

**Results:** There were 51,928 patients with COPD (4.1%). 86.0% of people with COPD had at least one additional comorbidity, compared to 48.9% of people without COPD. 22.3% of people with COPD had five or more conditions compared to 4.9% without (adjusted OR 2.63, 95%CI 2.56-2.70). 29 of the 31 physical conditions and 5 of the 7 mental health conditions were more prevalent in COPD patients than those without. The six most prevalent non respiratory comorbidities in the COPD group were hypertension (35.3%), painful conditions (24.5%), coronary heart disease (20.8%), depression (19.1%), dyspepsia (13.7%) and diabetes mellitus (12.2%).

**Conclusion:** Patients with COPD have extensive associated comorbidities. There is a real need for guidelines and healthcare to reflect this complexity, including how to detect the common physical and mental health comorbidities and management of how best to deal with them. Primary care, unique in terms of offering expert generalist care, is best placed to provide this integrated approach.

### MEDIUM-TERM PROGNOSIS OF PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE WHO COME TO THE EMERGENCY ROOM DUE TO RESPIRATORY FAILURE

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**Introduction:** COPD is a common reason of attending an emergency room. Mostly, patients with domiciliary oxygen therapy are labeled as patients in a terminal stage of their illness. Therefore, conservatory strategies are applied on them.

**Objective:** Describe the clinical profile of patients with COPD who are hospitalized in an observation area. Evaluate their prognosis at short and long-term attending their domiciliary oxygen therapy.

**Methods:** Prospective and observational study during a period of a year. Patients with COPD hospitalized in an observation area due to respiratory insufficiency were included

consecutively. Patients were classified into two subgroups attending their previous treatment with domiciliary oxygen therapy or not. Use the statistical program SPSS, 22.0.

**Results:** 63 patients were included. Of those, 31% of the patients analyzed were treated with domiciliary oxygen therapy before their entrance into the hospital.

There are no significant differences in age or gender, Apache II, hospitalization or need of mechanical ventilation. However, in patients who were hospitalized, more tracheostomies were performed in those who had previous domiciliary oxygen therapy. In that subgroup, more infectious complications were described.

There was deterioration in CAT and Rankin scales in comparison of the previous one.

**Conclusions:** Although mortality during the tracing of the patients with COPD and domiciliary oxygen therapy was higher than the mortality during hospitalization, previous therapy with domiciliary oxygen had no influence in short-term mortality. Thus, these patients should not be treated in a conservatory strategy and should not be considered as patients in a terminal stage of their illness.

## ACUTE BRONCHITIS: AN OVERVIEW

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**Introduction:** Acute bronchitis is a common condition encountered in our practice. It is characterized by cough lasting more than five days (typically one to three weeks), which may be associated with sputum production, linked to a self-limited inflammation of the bronchi due to upper airway infection.

**Objective:** The aim of this review is to define acute bronchitis and the principles of its approach.

**Methods:** We searched review articles, in English, Portuguese or Spanish, using the MeSH terms “Acute bronchitis”, “approach”, “diagnosis”, “treatment”, that carried out a review of the approach of Acute bronchitis. We selected those published over the last five years.

**Results:** Acute bronchitis is caused by viruses in about 90% of the cases. In the first few days, it is often indistinguishable from common colds. Clinical presentation may include persistent cough, with or without sputum production, dyspnea, nasal congestion, headache and signs of bronchospasm. The diagnosis is based on history and physical examination, further testing is not needed. Chest radiographs are indicated only when clinical features suggest pneumonia. Differential diagnosis includes chronic bronchitis, asthma, pneumonia, postnasal drip syndrome and gastroesophageal reflux. Supportive care and symptom management are the mainstay of treatment. Acute bronchitis is a self-limited illness that do not require antibiotic treatment. However, it is one of the most common causes of antibiotic abuse. We should implement strategies to reduce inappropriate antibiotic use, such as educating patients about the natural course of illness.

## BEWARE OF SNEEZING

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**Introduction:** Chest pain is a highly prevalent health problem and it represents a significant number of visits in a primary care center. This case report is about a patient with a thoracic pain that persists although following a correct medical treatment.

**Case presentation:**

*Personal history:* no toxic habits, hypertension, chronic lymphocytic leukemia.

*History, physical examination, complementary tests:*

A 73-years-old man consulted his primary care center because of an acute costal pain in his left thorax after sneezing. Physical examination only revealed pain on palpation of the lower left ribs and he was treated with common analgesia. He reconsulted because of pain exacerbation, and other analgesics were prescribed. As the symptoms got worse, he finally was derivated to the hospital emergency. On examination, he presented a hernia in the left lateral thoracic region and a hypophonesis in the left pulmonary base. Thoracic CT scan showed left inferior diaphragmatic rupture with lateral abdominal fat herniation through this discontinuity, with moderate hemothorax associated with fractures of the 7th and 8th ribs.

*Diagnosis, treatment and evolution:*

With the presumptive diagnosis of costal fractures with diaphragmatic rupture and hemothorax probably secondary to a sneeze, the patient was assessed by the thoracic surgery service. They ordered conservative treatment and controlled in external consultations to evaluate evolution, which was favorable.

**Conclusions:** Thoracic pain is a highly prevalent reason of visiting the primary care centers. It's very important to do an accurate anamnesis that will guide us to a correct diagnosis.

**Key words:** Sneeze, thoracic pain, costal fractures.

## THE IMPORTANCE OF A CORRECT ANAMNESIS

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**Introduction:** A 49-years-old man, smoker of 20 cigarette packages in a year, no relevant clinical or surgical history. After two months with dry cough, he came to the health center due to, during the last weeks; the cough includes whistles, weariness, shortness of breath and back pain.

Physical examination:

The patient was conscious and oriented, eupneic breathing at rest. CA: normal results. PA: basal right pulmonary hypoventilation. SatO<sub>2</sub>: 98%

**Methods:**

Mantoux: negative outcome.

Rx thorax: An outline sharply defined tumor in back right costophrenic angle. It's possible the presence of a pleural tumor.

Thoracic TAC: It's confirmed a right hemithorax tumor about 6cm in diameter.

PAAF: Suggestive histological findings of benign fusocellular proliferation.

BAG: Morphological and immunohistochemistry findings compatible with the diagnosis of lone fibrous tumor.

PET: Metabolic increase in pleural-sub pleural positioning of lower lobe of right lung.

**Diagnosis:**

Lone right pleural fibrous tumor.

**Differential diagnosis:** Pulmonary tuberculosis and epidermoid carcinoma in the lung.

**Concluding remark:** These are tumors that represent less than 5% of pleural tumors. It usually affects patients over 50 years of age, and it is slightly most common in women. Up to 50% of patient will remain asymptomatic. They are slow-growing tumors and radiologically, the injuries present a rounded and clearly defined shape in the pleura. Most of them are benign, but they should be removed because of their local growth ability and they can invade nearby tissues and organs. Long-term follow-up is needed given the possibility that tumor recurrence and becomes malignant

## RISK STRATIFICATION IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE PATIENTS WITH MULTIDIMENSIONAL SCALES (ADO, BODEX, DOSE)

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**Introduction/Background:** Prognostic indexes such as ADO, BODEx and DOSE, could facilitate COPD risk stratification and clinical decision making. To undertake a comparative analysis among them, in the same patients and with common recruitment criteria, a European cohort in primary care (PROEPOC/COPD study) was initiated with five years follow-up planned.

**Objective/Methods:**

*Aim:* To compare the correlation among these indexes.

*Design:* External validation of scales, open and prospective cohort study in primary care.

*Setting:* 36 health centres in 6 European high, medium and low income countries.

**Subjects:** First 250 patients from PROEPC/COPD study, captured in clinical visit by their General Practitioner/Nurse. 477 expected at the end of recruitment.

**Variables:** Detailed patient history, exacerbations, lung function test and questionnaires at baseline.

**Analysis:** Transformation of indices using percentiles to classify COPD patients as very high risk, high, medium, low and very low risk. Bivariate analysis, cualitative (Fisher test) and

qualitative (correlation and lineal regression). Bootstrap was applied to calculate 95% confidence intervals.

**Results:**

ADO and BODEx: Correlation was low, 0.477 (0.367-0.572,  $p=0.000$ ), with a low variability explained ( $r^2=0.248$ ,  $p=0.000$ ).

ADO and DOSE: Correlation was low 0.384 (0.269-0.488,  $p=0.000$ ), with a low variability explained ( $r^2=0.156$ ,  $p=0.000$ ).

BODEx and DOSE: Correlation was high 0.841 (0.786-0.886,  $p=0.000$ ), with a high variability explained ( $r^2=0.707$ ,  $p=0.000$ ).

Fisher test was significant in any of the combinations.

**Conclusions:** BODEx and DOSE would lead to similar decisions, but ADO could guide to others.

## BRONCHIECTASIS IN PRIMARY HEALTH CARE: PREVALENCE AND PATIENTS CHARACTERISTICS

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**Introduction:** Bronchiectasis (BE), not due to cystic fibrosis, is radiologically characterized by permanent dilation of the bronchi, and clinically by cough, sputum and recurrent respiratory infections syndrome. Its prevalence is not accurate and has been historically underestimated. International data shows an increase in the prevalence over recent years, with a substantial impact on healthcare systems.

**Objective:** The aim of this study is to determine the prevalence and incidence of BE, in the population assigned to two primary Health Care Centers, and describe the characteristics of patients with an active diagnosis of BE in 2016.

**Methods:** Cross-sectional descriptive study. Inclusion criteria: patients with active diagnosis of BE and information on clinical characteristics and treatments. Data gathering from records of two urban Primary Health Care Centers.

**Results:** A total of 331 patients with BE were identified, of which 70% women. Mean age  $72\pm 13.6$ . Mean body mass index  $25 \text{ Kg/cm}^2$ . 92.7% non-smokers. Complementary explorations: 6.3% had high-resolution computed tomography (TCAR), 23.5% spirometry of which 9% had an obstructive pattern. Mean predicted FEV1(%) (forced expiratory volume in first second): 54.6%. Comorbidities: 11% chronic obstructive pulmonary disease (COPD), 41.9% hypertension, 40% depression or anxiety and 21% dyslipidemia. Treatment: 6.9% received inhaled drugs and 21% antibiotic prescriptions in the last year, of which 14% in COPD.

**Conclusions:** Prevalence and incidence of BE increases with age, predominantly in non-smoker women, similar to what is described in the BE literature.

Given that prognosis is determined by BE extension (measured through TCAR), infections aggravation frequency and spirometry alterations, its registry should be encouraged in Primary Health Care.

**Keywords:** Bronchiectasis, Primary Health Care, epidemiology.

## MY SIDE HURTS. I WONDER WHY

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**Introduction:** A 23-year-old man with no significant past medical history who presents a 48-hour history of right chest pain radiating to thoracic back. The pain increases with respiratory movements and posture changes. He denies oppressive chest pain and shortness of breath. No trauma nor physical effort.

Good general health. Warm, dry, well-perfused. On auscultation, regular rate and rhythm, with normal S1 and S2. No murmurs or gallops. Decreased to no breath sounds in middle and lower right lung field. No wheezes or rhonchi nor stidor. No accessory muscle use.

**Method:** EKG: Normal sinus rhythm, with rate at 63. Normal intervals and axis. No evidence of ischemia. No evidence of right heart strain. Biochemistry blood test within normal values. Leukocytes 20270. Chest X-ray: visible visceral pleural edge seen as a very thin white line. No lung markings on right, the peripheral space is radiolucent compared to adjacent lung. Right lung is completely collapse. No shift of mediastinum to left.

**Results:** Diagnosis: Right-sided spontaneous pneumothorax. Differential diagnosis: Musculoskeletal pain, Cardiac tamponade, Pneumonia, Diffuse esophageal spasm.

**Conclusions:** Primary spontaneous pneumothorax (PSP) occurs in people without underlying lung disease and in the absence of an inciting event. This is the common type of pneumothorax. Most occur in healthy young adults aged 18-40 years. PSP remains a significant health problem. It ranks high on the list of common medical conditions, especially in the emergency department. Its diagnosis by physical examination alone can be difficult, a chest X-ray or ultrasound is usually used to confirm its presence.

## PRIMARY PULMONARY HYPERTENSION-CASE STUDY

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**Introduction:** Primary pulmonary hypertension (PPH) indicates an increase in pressure in the arterial part of the pulmonary vascular network whose cause is not known. However, as a possible cause most often cited repeated small asymptomatic pulmonary embolism and endothelial dysfunction of pulmonary blood vessels.

**Objective:** To emphasize the importance of a comprehensive approach to the patient, to avoid the failure to recognize atypical symptoms.

**Methods:** We used the patient's medical records.

**Case study:** The patient aged-37 visited the doctor due to sense of discomfort and occasional chest pain, shortness of breath especially during physical activity, feeling of weakness, cough, occasional heart palpitations and dizziness. In the physical examination an ejection click of pulmonary mouth, the second heart sound is closely paradoxically coupled with a strong pulmonary component. Rendgenogram of the chest showed a highlight of the right ventricle and the pulmonary artery, expanded hilar branch pulmonary arteries that next time the periphery suddenly narrow and interrupted. Spirometry is clear. Electrocardiogram shows

enlargement of the right ventricle and right axis deviation. Additional diagnostic tests (ventilation-perfusion lung scintigraphy, serological tests) have not shown any secondary cause of pulmonary hypertension nor intracardiac shunts. Right ventricle and pulmonary artery pressure was measured 28 mmHg by catheter. That diagnosed PPH. Treatment was initiated calcium antagonist.

**Results:** Primary pulmonary hypertension is most often diagnosed late because of its nonspecific symptoms. As its progression leads to right- side heart failure and potentially death, it is very important at the time to recognize and treat.

## CHARACTERISTICS AND COMORBIDITIES OF PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN PRIMARY CARE

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**Introduction:** The diagnosis and treatment of patients with chronic obstructive pulmonary disease (COPD) is mainly in primary care, and knowledge of the characteristics of these patients is a key point. The presence of comorbidities is one of the main factors associated with the prognosis of COPD, increase mortality and makes difficult the care management. Current guidelines recommend an approach that values the various coexisting chronic diseases.

**Objective:** To describe the main characteristics of patients with COPD treated in primary care, the GOLD classification and the most frequently associated comorbidities.

**Methods:** This is a descriptive, cross-sectional and multicenter study performed in 6 primary care centers in an urban setting. We included 400 patients (40-85 years) with diagnosis of COPD (with forced spirometry post-bronchodilator FEV<sub>1</sub>/FVC ratio <0.70).

**Results:** The main characteristics of the patients were: men 84.3%, mean age 70.7 (SD 9.9), active smokers 35.3%, ex-smokers 64.7%, average pack-year 37.9 (SD 27,1). GOLD classification: A:38,8%, B: 24,5%, C: 8,9% y D: 27,8%. The mean post-bronchodilator FEV<sub>1</sub> was 61.5%(SD 17.7) and on the modified scale of the Medical Research Council (mMRC) dyspnea scores grade 1 predominated with 47.8%, followed by grade 0 in 23,7%. In the COPD Assessment Test (CAT) 55% was<10. The distribution of associated comorbidities (94.5%) were: hypertension 55.3%, dyslipidemia 41.3%, diabetes 24.8%, ischemic heart disease 13.5%, obesity 12.3%, bronchiectasis 9.8%, heart failure 8.5%, depression 8.3%, anxiety 6.8%, SAHS 5.8%, thyroid pathology 3%.

**Conclusions:** COPD patients controlled in primary care are predominantly GOLD A. There is a high percentage of comorbidities associated with these patients and providing right control of each one of them will be very important to improve the copd's prognosis.

## PULMONARY REHABILITATION IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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**Introduction:** Pulmonary Rehabilitation (PR) is a multidisciplinary, evidence-based, non-pharmacological intervention, included in the comprehensive and individualized treatment of patients with COPD. PR is designed to improve physical and psychological condition, optimize functionality, increase social participation and reduce health care costs.

**Objective:** To review existing scientific evidence about PR, particularly clinical consequences and effect on quality of life, as well as outcome on the health care utilization.

**Methods:** a review of the current national and international guidelines and indexed scientific journals regarding PR in the management of patients with COPD, using the keywords: Pulmonary Rehabilitation, COPD.

**Results:** PR consists of complementary interventions: conditioning, education, and psychological support/behavioral intervention. There are several evidence-based benefits of PR recognized by the medical community. However, there is no consensus concerning the PR outcome on mortality in patients with COPD and it is not yet clear if these benefits translate into less health care use. Exercise training is an indispensable component of PR. An education, being another component that improves patients' active participation in the management of the disease and adherence to health-enhancing behaviors, is of limited value when used alone. The goals of the PR program should be individualized to each patient, their clinical condition and limitations. The role of periodic retraining of patients to sustain PR acquisitions remain to be defined. PR should be offered to all COPD patients, symptomatic, despite optimized pharmacological therapy as it has been demonstrated to improved quality of life and exercise capacity.

## EVALUATION OF REGISTRY QUALITY IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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**Introduction:** Chronic Obstructive Pulmonary Disease (COPD) is a common, preventable and treatable disease. The high morbidity and mortality associated with this disease justify the investment that has been made in order to standardize its approach. In Portugal, 14.2% of people aged 40 and older have COPD and each of these patients can, on average, generate expenses of 8,000 euros per year. It's crucial to create ways of efficiently managing the resources, without prejudice of the quality of care provided. The empirical notion that there are gaps in the records and follow-up of these patients in the authors primary care units, has led them to study and to evaluate the way in which these clinic records have been made.

**Objective:** Evaluate and improve the quality of the records regarding the care provided to patients identified as having COPD (aged 40 and older) in authors units.

**Methods:** Retrospective evaluation of the technical and scientific quality of the registries referring to the care provided to all patients aged 40 years and older, with the diagnosis of COPD (ICPC-2 code R95). The authors proposed to evaluate 5 criteria. The information is obtained by consulting the electronic clinical process of each one of the listed individuals.

**Results:** Five hundred and forty eight patients were included. The results confirmed the existence of gaps in the records of the data considered relevant for the follow-up of COPD. The

authors proposed the implementation of a set of corrective measures in order to improve the quality of the registries and COPD treatment.

## **PEDIATRIC SLEEP-RELATED BREATHING DISORDERS QUESTIONNAIRE - AN IMPORTANT TOOL FOR EARLY DIAGNOSIS**

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**Introduction:** Pediatric sleep-related breathing disorders (SRBD) are important because of their impact on daytime performance and long-term consequences on child development.

**Objective:** Implementing an early recognition by family doctors followed by an early diagnosis of pediatric SRBD and treatment in a multidisciplinary approach.

**Methods:** A recent study we performed in Romania has shown that the percentage of children, aged between 18 months and 18 years, who are at risk for SRBD is 9.6%. The whole sample size was of 1272 households, representative for the Romanian population. In this study, the “Sleep-Related Breathing Disorder” (SRBD) Questionnaire elaborated by Dr. Ronald Chervin from the University of Michigan was applied at a national level. The process of translation and cross-cultural adaptation of the questionnaire into Romanian followed a systematic multistep approach.

This study was conducted more than 20 years after the first adult sleep laboratory was opened in Romania. Recent progress in describing the pathophysiology, diagnosis and treatment underlines that obstructive sleep apnea syndrome (OSAS) in adults and children are different entities and therefore need a different approach. However, another study shows that 50% of the family doctors and physicians of various pediatric specialties in our country have little knowledge about SRBD in children.

**Results:** We present a few actions for awareness and training of physicians regarding the Romanian version of the SRBD questionnaire. This is now available and can be used as support for an early recognition and diagnosis of SRBD in children.

## **IS IT STILL WORTHWHILE TO USE MMRC GRADE IN SMOKING PATIENTS WITH COPD?**

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**Introduction and Purpose:** Chronic Obstructive Pulmonary Disease (COPD) is a disease characterized by non-recurrent progressive airflow limitation, smoking is the most important risk factor. Dyspnea, one of the symptoms of COPD, is the most important complaint that leads to disease and is assessed by Modified Medical Research Council (MMRC) scale. The aim of our study is to investigate the differences in dyspnea and smoking cessation according to the modified Medical Research Council (mMRC) grade in patients with COPD.

**Method:** Patients' age, sex, height, weight, smoking status, treatments, mMRC grade, the COPD Assessment Test (CAT) and dyspnea severity were examined in a cross-sectional manner. SPSS program was used for statistical analysis.

**Results:** Eighty patients were recruited. Of these, 14 (17,5%) were female and 66 (82,5%) were male. Of the participants, 46 (57.5%) were retired, 12 (15%) were not working and the remaining 22 patients (27.5%) were included in various occupational groups. The average age is 64 (min 40, max 86). Participants' cigarette consumption package / year averages were 41 (min 0 - maximum 140 packages / year). 9 people (11.3%) had never smoked during their lifetime. Mean mMRC scale score was  $1,35 \pm 0,89$ . Mean CAT score was  $11,84 \pm 8,31$ . There was a significant relationship between smoking cessation package/year CAT and mMRC scale scores ( $p < 0,05$ ).

**Conclusion:** The assessment of breathlessness by the mMRC questionnaire and CAT would be useful to stratify the risks of dyspnea and health status in COPD. Family physicians should encourage the COPD patients for cessation of smoking to decrease dyspnea by earlier intervention, discussion of the patient's smoking beliefs, behaviours and motivation, giving constructive advice, understanding addiction, informed decision-making, and treatment options.

## THE ORIGIN OF DYSPNEA

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**Introduction:** A 52-year-old man goes to his doctor for dyspnea of moderate efforts and dry cough in the last few days.

He has no medical history of interest, He isn't a smoker and he does not present cardiovascular risk factors. It leads an active basal life.

Clinical examination: Pulmonary auscultation: abolition of the vesicular murmur and matt percussion in 2/3 inferior of the right hemithorax. The rest is normal.

### Objective/Methods:

1. **Blood test:** Hemogram and biochemistry without alterations. Tumor markers: CEA 6814, CA 19.9: 1789
2. **Chest X-ray:** Pleural effusion occupying 2/3 of the right hemithorax and increased density in the upper right lobe.
3. **Pleura biopsy:** abundant cellularity formed by neoplastic cells in the context of an adenocarcinoma.
4. **Immunohistochemical study:** CDx2 positive, concordant with an Adenocarcinoma of intestinal origin.
5. **Colonoscopy:** stenosing neoplasm at 20cm from the anal margin + biopsy with infiltrating colon adenocarcinoma.
6. **PET:** Increased focal metabolism in sigma and numerous right pleural implants, mediastinal lymphadenopathy and hepatic LOEs suggesting malignant etiology.

**Results/Diagnosis:** Sigma stenosing neoplasia and pleural and hepatic metastasis.

**Conclusions:** Dyspnea is one of the most common reasons for medical consultation and it can be a cause of many pathologies. Chest X-ray is the first test available to every professional to perform when there is a rapid onset dyspnea, and the presence of accompanying massive pleural effusion is an indication for urgent biopsy due to the suspicion of neoplastic, being the colorectal origin as the primary tumor a rather casual finding.

## UNEXPECTED CONSTITUTIONAL SYNDROME, WHAT THAT THE PATIENT TAKES?

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**Introduction:** Pulmonary toxicity (Interstitial pneumonitis) is the most serious adverse effects of amiodarone. The incidence is not precisely known, but the rate increases at higher doses. The presence of "foamy" macrophages is a characteristic finding in all patients exposed to amiodarone. Clinical manifestations is characterized by nonproductive cough, dyspnea, fever or weight loss, that may occur within two months or after several years of treatment.

**Results:** 92-year-old man pluripathological (hypertension, supraventricular tachyarrhythmia, chronic kidney disease, anemia), good quality of life, who asks for hematopoietic expectoration, since two days ago, and constitutional syndrome. Two months ago he asks for progressive mixed tremor and he was diagnosed of hyperthyroidism, so we started treatment with methimazole with clinical and analytical improvement. The patient was referred to Pneumology, with a suspicion of amiodarone toxicity.

Exploration and Chest radiograph (CXR): normal without signs of heart failure. Sputum culture: usual flora. Forced Spirometry: FVC > 65%, DLCO 45-60%. BAS / BAL fluid: predominance of foamy macrophages, negative cytology for cancer cells. Whole body CT: interstitial pneumonitis with bilateral basal predominance, without honeycombing. After one month in treatment by amiodarone withdrawal and glucocorticoid therapy, the patient has no symptoms. He has been followed in Pneumology with regular laboratory and CXR evaluation.

**Conclusions:** In polymedicated patients, in the face of a new health problem, first think about whether it may be an adverse effect. Primary care is in a excellent position to address this challenge of deprescription and it should be part of any strategy of quaternary prevention.

## REPIRATORY FAILURE IN THE ELDERLY

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**Introduction:** The management of elderly patients with respiratory failure used to involve mechanical ventilation by endotracheal intubation. However this invasive treatment may cause a higher incidence of infection, mortality, longer hospital stay and against the will for advance care planning.

**Objective:** To explore the options provided for the elderly in the situation of respiratory failure

**Methods:** Literature review of management of respiratory failure in the elderly.

**Results:** Physicians may not be aware of the needs in elderly patients with complex chronic illnesses. Causes of respiratory failure in the elderly are often difficult to diagnose. Workup to exclude treatable condition like pulmonary embolism or cardiac ischemia should be performed. As inappropriate management is associated with increased morbidity and mortality, accurate diagnostic tools should be available. A multi-disciplinary care, involves medical teams and family doctor are encouraged. In acute COPD, non-invasive positive-pressure ventilation (NPPV) may be considered. Some studies support the use of NPPV by reducing ventilator associated pneumonia, duration of ICU stay. In CHF, NPPV improves oxygenation, and may prevent from intubation. NPPV may be considered in elderly patients hospitalized with COPD or CHF who fails medical treatment. Management decisions should not be based on age alone but on factors such as the patient's baseline condition, and preferences for advance care planning.

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## THE TREATMENT OF ARDS IN FAMILY MEDICINE AMBULANCE IN A WAR-CASE REPORT-

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**Introduction:** The treatment of Adult Respiratory Distress Syndrome (ARDS) which happened as allergic reaction after applying ampicillin in improvised war ambulance is presented. The symptoms which pointed to diagnosis ARDS, as the available treatment in the conditions without oxygen, EKG and laboratory are presented.

**Objective:** To refer that it is possible to rescue the patients affected by allergic reaction in the war condition without oxygen, EKG and laboratory, applying the treatment accordingly with symptoms and different diagnoses

**Methods:** case report

**Results:** the patient was successfully rescued

**Key words:** ARDS, Family medicine

## A PERTUSSIS CASE

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**Introduction:** Pertussis is an infectious disease caused by *Bordetella pertussis*. It's a public health problem with significant morbidity and mortality but a vaccine-preventable disease worldwide. In Portugal, this obligatory notification disease, had an abrupt decrease in the incidence after the introduction in vaccine schedule. Coughing and sneezing are the most common modes of transmission.

**Objective:** Brief review of the literature, oriented by a case description.

**Methods:** Informed consent and database SCLínico<sup>R</sup>.

**Description:** 28-year-old female, with Down syndrome, hypothyroidism and allergic rhinitis. No smoking/alcoholic habits. Consulted her general practitioner on August 22th, for persistent cough after a course of antibiotics (amoxicillin/clavulanic acid) that made no difference. On examination it was identified crepitations in the right lung base and snores. Ordered a chest-rx. Returned on 5th September, with persistence of dry cough accompanied

by respiratory stops. Normal Chest-rx. In 16th December of 2016, maintained cough associated to vomiting refractory to therapy. Ordered a Pharyngeal exudate culture and medicated with Azithromycin 500mg as well as her living contacts. Returned to her general practitioner on December 23th with symptomatic improvement.

**Results:** Pharyngeal exudate positive for *Bordetella pertussis*.

**Conclusion:** Vaccination is performed in all US Member States, however does not confer permanent immunity. Pertussis's incidence in Europe is still considerable. In Portugal, vaccine schedule was recently updated introducing in pregnant between 20-36 weeks of gestation, in addition to the immunization in all children. A new hexavalent vaccine was created combining DTPa, Hib, VIP and HBV, improving adhesion to the vaccination schedule.

## ALCOHOL ADDICT AND PULMONARY TUBERCULOSIS - CASE REPORT

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**Introduction:** The risk of acute tuberculosis(TB) is strongly elevated in alcohol abuse. Relationship between dose and the level of risk has been demonstrated, and it is substantially elevated in people who drink more than 40 g alcohol per day, or have an alcohol use disorder. Prevalence of alcohol use disorders among TB patients have ranged from 10% to 50%.

**Objective:** Aim of this case report is an adequate approach to bouth, alcoholism and TB.

Methods. Analyses of the data collected from the medical records. Literature review.

**Results:** 36 year old man came to the his family doctor because because the symptoms of cough, fatigue ,loss of weight, sub-febrile temperature thet last in several weeks. Medical history reveals us alcohol abuse. Physical exam was normal, and the blood results show inflammation factors increased, low grade anemia, low level of proteins, low serum iron. Chest X ray show shadow in the upper lung fields, wich indicate pulmonary proces. Patients was sent to pneumophtisiologist, and in further diagnosis Mycobacterium tuberculosis was isoleted from the patient sputum.

Treatment was initiated with combined anti-tuberculous therapy, and the patient is recovering successfully. Alcohol abstinence is required.

**Conclusion:** Although rare TB can ocure in the patients with immunodeficiency. Cough that lasts for a long time, weight loss, fatigue , associated with alcohol abuse , must arouse suspicion to pulmonary TB.

## OBSTRUCTIVE SLEEP APNEA IN A PRIMARY HEALTH CARE UNIT

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**Introduction:** The prevalence of obstructive sleep apnea (OSA) in the Portuguese population ranges from 1-5%. Obesity (84.6%), hypertension (74.8%) and Diabetes Mellitus (DM) (38.7%) are the most frequently associated comorbidities.

**Objectives:** To describe a population of a Family Health Unit who performed a Simplified Sleep Study (SSS-ApneaLink™) in ambulatory; evaluate the incidence of OSA during 2015;

analyze the most frequent comorbidities; identify the proportion of patients who started CPAP/AutoCPAP.

**Methodology:** Retrospective observational study. The following criteria were considered for the diagnosis of OSA: apnea-hypopnea index (AHI)  $\geq 15$ ; AHI 5-14 and score  $\geq 10$  on the Epworth Scale.

**Results:** During the reference period, 106 ESS-ApneaLink™ were performed. Four patients were excluded, whose examination was inconclusive.

52 patients met OSA criteria (50.98%): 13 patients (12.75%) had AHI 5-14 and score  $\geq 10$  on the Epworth scale; 39 patients (38.24%) had AHI  $\geq 15$ .

The most frequent comorbidities were obesity (76.92%), hypertension (75.00%), dyslipidemia (75.00%) and DM (42.31%). In hypertensive patients, 53.85% (n = 21) had no controlled blood pressure (<140/90 mmHg) at the time of the test request. 79.49% (n = 31) were medicated with  $\geq 2$  antihypertensive drugs and 30.77% (n = 12) were medicated with  $\geq 3$ .

Of the patients with OSA criteria, 59.62% (n = 31) started therapy with CPAP/AutoCPAP.

**Discussion:** There was a high proportion of uncontrolled hypertensive patients, reflecting the fact that OSA is one of the hypotheses to be considered in resistant hypertension.

A considerable proportion of undiagnosed patients in Portugal will be expected, and soon the prevalence of this pathology may increase, making the Primary Health Care role fundamental both in the diagnosis and follow-up of these patients.

## HAVE YOU EVER HEARD OF LOFGREN SYNDROME?

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**Background:** Sarcoidosis is a multisystem granulomatous disorder of unknown aetiology that affects individuals worldwide and is characterized pathologically by the presence of noncaseating granulomas in involved organs. Up to 30 percent of patients present with extrapulmonary sarcoid. Only a few clinical presentations are considered sufficiently diagnostic for sarcoidosis that a biopsy is not necessary, including Lofgren syndrome (erythema nodosum, hilar lymphadenopathy, migratory polyarthralgia, and fever). In populations of European descent, Lofgren syndrome is associated with a good prognosis and spontaneous remission.

**Case presentation:** A 43-year-old Catalan-Spanish male presented bilateral heel pain initially diagnosed as plantar fasciitis. Within two weeks, he developed bilateral ankle pain, lower-extremity panniculitis and high fever, with neutrophilia on laboratory evaluation, then diagnosed as infectious cellulitis with a possible portal of entry being a severe case of tinea pedis. He was placed on antibiotic treatment and NSAIDs, with significant improvement. However, shortly after he presented bilateral knee and generalized finger joint swelling, as well as painful, erythematous pretibial nodules suggestive of erythema nodosum. Suspecting sarcoidosis, chest radiography was done, revealing images suggestive of hilar adenopathy, which was confirmed on chest CT. Elevated angiotensin-converting enzyme levels were detected on laboratory evaluation. Treatment with NSAIDs was maintained until complete clinical remission.

**Conclusion:** Our case report highlights the importance of keeping in mind rare diseases such as Lofgren syndrome when faced with a patient with certain dermatologic and systemic

manifestations, in order to detect key pulmonary involvement despite a lack of pulmonary complaints and unremarkable findings on pulmonary physical examination.

## HOW THE PATIENTS, WITH RESPIRATORY PATHOLOGY, FOLLOW THE INHALER TREATMENTS

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**Introduction and Objective:** Know the degree of compliance of the prescribed inhaler treatment, ascertain the causes of non-compliance and the pathology reason for consultation.

### Methods:

Design.

Multicenter descriptive study.

Ambit.

Urban area, two centers of Primary Care and one of specialties with neumology. Prior signature of informed consent, application validated TAI questionnaire. Review of the medical history to know the reason for consultation. Study population: Patients attending the Primary Care and neumology consultation due to respiratory pathology. Periods of study. March-May 2016.

**Results:** 188 patients attended (135 neumology, 63 Primary Care). 58% males, mean age 73a (SD +/- 12a) Chronic Pulmonary Disease 75, Asthma 64, Sleep Apnea 24, Bronchial Hyperactivity 6, Chronic Bronchitis 5, Pulmonary Fibrosis 3, Tumors 2, Pneumonia 6, Pulmonary Hypertension 3.

Results of the TAI test.

Good technique. ....77 patients - 41.1% Bad technique. ....17 patients -9% Erratic use.

.....21 patients -11.2% Unconscious errors. ....43 patients - 22.7% Intentional misuse..... 30 patients - 16%

**Conclusions:** The results of the study show the poor performance of inhaled therapy by patients. We did not find significant differences between Primary Care or Pneumology patients. The medical and nursing staff must be aware of the great importance of teaching our patients the correct use of inhalers and follow up. The patient must be co-responsible in the idea that his health, with a correct training, depends fundamentally on them.

## NOTIFIABLE DISEASE

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**Introduction:** Spain is considered to be the country with the lowest incidence of tuberculosis (TB) according to the European Center for Disease Prevention and Control. However, immigration in endemic areas is causing an increase in the number of cases, even among non-immigrant population.

**Objective:** A 58-year-old male immigrant feeling unwell and with a history of pleural TB during his childhood visits his family doctor. He shows cough and non-mucopurulent expectoration, with non-thermometrically distended sensation. Taking into account the patient's symptoms and his medical background, we suspect respiratory infection and we start treatment with antibiotics and mucolytics. On the 4<sup>th</sup> day, he said he was not feeling

better despite of the strict treatment. He currently presents dyspnea after moderate efforts and thoracic pain related with pleuritic characteristics. We requested chest x-ray in which we observed pulmonary infiltration and left apical of unilobar pneumonia.

**Methods:** Due to a torpid evolution of the clinical profile, we suspect atypical bacteria, so we request a culture of sputum with growth of *Pseudomonas aeruginosa* and *Mycobacterium tuberculosis*.

Before a situation of suspicion of TB we must, as soon as possible, begin respiratory isolation, disease declaration complete study and treatment according to antibiograms.

Before any respiratory process with no proper evolution and duration of more than 2 weeks, we should always include TB in differential diagnosis.

**Results:** Since the beginning of the 20<sup>th</sup> century, respiratory tuberculosis is a notifiable disease in Spain, which allows us to exhaustively control cases, the best strategy to stop their spread.

## IDIOPHATIC PULMONARY FIBROSIS IN PRIMARY CARE

Sandra Murgui Betran, Laia Gene Huguet, Amparo Hervas Docon, Joan Clos Soldevila  
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**Introduction:** Dyspnea is one of the most frequent symptoms of consultation in primary care. It is important to do a thorough clinical history and a complete physical exam. In Primary Care These are the most valuable tools to guide the diagnosis.

**Objective:** Present a clinical case of a patient with dyspnea, to improve the early stage diagnosis of idiopathic pulmonary fibrosis.

**Methods:** Man of 50 years old, ex-smoker since 5 years ago, who complained of dyspnea of several months of evolution. In primary care is performed with chest x-ray study and blood test, within the normal range. Persists clinic accompanied by nasal obstruction so that after a few months is repeated normal chest x-ray, and referred to otorhinolaryngology. Diagnosed of dysmorphia septal, underwent surgery. Considering persistent dyspnea, normal echocardiogram is performed, normal chest x-ray, and spirometry with restrictive pattern. Is referred to pneumology service to complete study. He required hospital admission. Chronic extrinsic allergic alveolitis was suspected, started treatment with glucocorticoids. But persisted progressive worsening. Finally he was diagnosed of idiopathic pulmonary fibrosis, treatment with acetylcysteine was added. In spite of the treatment, persisted progressive worsening dyspnea, and after 6 years of the diagnosis and 9 years of dyspnea, the patient received a lung trasplant.

**Results:** It is important to make a differential diagnosis for patients with dyspnea. Family doctors are used to diagnose and treat chronic lung diseases such as COPD and asthma, due to its high prevalence, but after ruling out these 2 diseases, there could be others less common options.

## ANALYSIS OF MANAGEMENT OF INHALED THERAPY BY PRIMARY CARE PHYSICIANS

Diego Ámez Rafael, Beatriz Guerrero Barranco, Carmen Padilla del Campo  
*Distrito Poniente, Almería, Spain*

**Introduction:** The inhaled therapy supposes a world in constant growth, though forgotten on part of the sanitary professionals. We always have a lot of problems, to inciate a inhaled therapy or change it when the patient does not improve.

**Objective:** We expect reveal that the lack of theoretical knowledge leads to poor management of inhaled therapy, limiting us the use of drugs and causes poor symptom management of our patients between the anual consultations with the pulmonologist

**Method:** Questionnaire with 15 questions of multiple response, about theoretical aspects of the inhaled therapy, only with a correct option. It ´s directed to the medical personnel of the Centers of Health.

The questions would be qualify in 3 subgroups, at the moment of the evaluation of the results:

- Properties of the medicaments.
- Properties of the devices.
- Ability to associate active composition with comercial mark.

**Results:** Given the great quantity of respiratory existing pathology, though these patients are followed in Pulmonology Consultations, it is not an accessible service daily, for what we are their doctors of Primary Care who must present a skilful managing of these medicines. The importance of this study is to reveal whether there are such deficiencies to have an excuse for request training and so carry out better clinical boarding of our patients.

## MORE THAN A LIPOMA

Maria del Pilar Campos Navarro, Alexandru Claudiu Coman, Juana Flores Torrecillas, Pedro Gea Fernandez, Maria Dolores Piqueras Acevedo, Florentina Guillen Cavas, Ricardo Robles Martinez, Alicia Rodriguez Hernandez  
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**Introduction:** A 54 year-old man attends his general practitioner for presenting a lump in the right deltoid muscle, which grew in the last 8 months. He is a non-smoker and has no medical history.

### **Objective/Methods:**

**Clinical exploration:** A 3x4 cm mass in the right deltoid muscle is observed, with an elastic consistency, movable, non-painful on palpation.

**Ultrasonography:** informs of a intermuscular mass in the right deltoid muscle compatible with lipoma, 3.6x2.7x8.1 cm

**Computed tomography (CT) of the right upper arm:** informs of a well-delimited intermuscular mass in the right deltoid muscle, with a fat density, of 2.32x3.97x7.46 cm, compatible with intermuscular lipoma; **Incidental finding:** a pulmonary nodule in the right upper lobe (RUL), with a polylobulated and slightly spiculated contour, suggestive of malignant neoplasm

**Thoracic CT:** a 2.9 cm spiculated nodule in right upper lobe (RUL) apical segment, compatible with a primary pulmonary neoplasm

**Positron emission tomography:** tumoral tissue in the pulmonary nodule of the RUL apical segment.

**Core biopsy and histopathology finding:** pulmonary adenocarcinoma

### **Results:**

**Diagnosis:** Pulmonary adenocarcinoma

**Differential diagnosis:** Benign pulmonary nodule, Right upper lobe pneumonia

**Conclusions:** The pulmonary adenocarcinoma is a subtype of the non-small cell pulmonary carcinoma. It affects smokers and non-smokers, being the most common form of the non-

smokers. It appears in the peripheral parts of the lung, and can infiltrate different areas: bone, brain and liver. The treatment depends on the extension of the cancer, and can be surgical, chemotherapy and radiotherapy.

## EVALUATION OF THE SLEEP APNEA IN THE PRIMARY CARE WITH RELATIONSHIP WITH HYPERTENSION AND OBESITY

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<sup>3)</sup>Hittite University Faculty of Medicine, Çorum, Turkey

**Introduction:** Obstructive sleep apnoea syndrome(OSAS) is a disorder with episodes of airflow cessation or reduction during sleep. Although the frequency in the society is reported as 1-5%, it is thought that most of the patients are not diagnosed. Major symptoms are excessive daytime sleepiness, witnessed apneas, snoring. The most concomitant diseases are cardiovascular diseases. Obesity is the most important risk factor. Polysomnography is the gold standart test. Sleep scales are also used. Objective:The study carried out an exploration of obesity, hypertension and OSAS. Methods:Between June and November 2016, 408 people who applied to the Ankara Numune Training and Research Hospital Family Clinic policlinics were included in the study. The subjects were divided into 4 groups as healthy, hypertensive, obese and hypertensive + obese. Sex, age, height, weight, neck (NC), waist (WC) and hip circumferences (HC) were questioned. Epworth Sleepiness Scale (ESS), Stanford Sleepiness Scale (SSS), and Pittsburgh Sleep Quality Scale (PSQS) were used. Body mass index (BMI) and waist/hip ratio (WHR) were calculated.

**Results:** There was a significant difference between the disease groups in terms of NC, WC, WHR, PSQS; BMI, NC, WC and WHR according to age groups and NC, WC, WHR,ESS, PSQS according to sex. As a result measures such as NC, WC, BMI, and WHR, which may be a sign of obesity, are important criteria that can be used for detection of these patients. If age and gender are also considered, the use of scales in individuals over age 40 and in men will be beneficial in terms of improving patients' well being.

## ACUTE RESPIRATORY FAILURE IN THE ELDERLY

Theocharis Lепенos, Maria Liarou, Dimitrios Bellos, Vasiliki Chairetaki, Nektaria Papanikola, Katerina Panagiotidi, Nikolaos Pallis, Lito Vogiatzi-Vokotopoulou  
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**Introduction:** Acute respiratory failure (ARF) in patients over 65 years is a common presenting complaint in emergency departments (EDs) and it is a common sequela of congestive heart failure (CHF) and respiratory disorders.

**Objective:**The aim of the study was to determine the causes of ARF, the difficulties in diagnosis and treatment and the prognosis of ARF in elderly patients.

**Methods:** Between February 2015 and December 2016 we studied 25 patients (9 males and 16 females) older than 65 years of age, who attended the Health Center due to ARF. Inclusion criteria were: dyspnea, respiratory rate at least 25 minute-1, peripheral oxygen saturation 92% or less in room air. Emergency treatment included diuretics , nitrates , inhaled

bronchodilators , beta-blockers , angiotensin-converting enzyme inhibitors , anticoagulants and oral corticosteroids.

**Results:** The main causes of ARF were cardiogenic pulmonary edema (36%), community-acquired pneumonia (28%), acute exacerbation of chronic respiratory disease (20%), pulmonary embolism (4%), and acute asthma (12%); 47% had more than two diagnoses. All patients except two were admitted to the hospital. 14 patients (40%) were admitted directly to intensive care unit-ICU. During the first 24 hours 4 patients died in the hospital. Two patients died in the health center.

**Conclusions:** ARF in the elderly is associated with high mortality rate. As the percentage of the elderly increases in the general population, more resources will have to be allocated for the medical care of elderly patients with life threatening conditions such as ARF. Moreover, general practitioners and hospital physicians will need to have low threshold in timely recognition and management of ARF.

## RHINOSINUSITIS AND WHEN COMPLEMENTARY TESTS ARE NEEDED

Paula García Acosta, Sana Maadi Ahmed, Nuria Navarro Aparicio  
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**Introduction:** Rhinosinusitis is defined as symptomatic inflammation of the nasal cavity and paranasal sinuses. Actually, this term is preferred to "sinusitis" due to there is no inflammation of the sinuses without concomitant inflammation of the nasal mucosa. There are different etiologies.

**Methods:** 58 year old woman presents upper right molar toothache, pain in the maxillary sinus, right hemifacial edema and fever in the last 4 days.

She denies purulent rhinorrhea but refers to increased rhinorrhea in the last few days. No purulent drainage by mouth. The tooth was never treated.

The examination revealed fallen right commissure, right sinus point and tooth 16 painful.

**Results:** Radiography was performed in Warth projection with a circular increase density in the right maxillary sinus. Leukocytosis with neutrophilia and PCR 11 was found.

Nasal Fibroscopy: Mucopurulent drainage of the right middle meatus.

Cranial CT: occupation of the right maxillary sinus with calcifications inside.

Diagnosis: chronic sinusopathy without clear signs of acute inflammatory process.

Intravenous antibiotics (amoxicillin/clavulanic + metronidazole), analgesia and corticoid treatment were initiated by Otolaryngologist.

**Conclusion:** Bacterial rhinosinusitis can occur as a complication of a viral infection or associated with conditions that limit breast drainage or alter local or systemic immune function (eg, allergic rhinitis, mechanical obstruction, dental infection,...). It is a clinical diagnosis (purulent rhinorrhea, nasal obstruction, facial pain, pressure, tooth pain, fever, fatigue, cough, headache,...). Unless complications occur due to spread of infection to soft tissues, nervous system or orbit, no further testing is necessary. Otherwise, imaging tests such as CT should be performed and urgently assessed by the Otorhinolaryngologist.

## ROOT EXTRACT OF PELARGONIUM SIDOIDES: WHAT IS THE EFFICACY IN THE ADULT COMMON COLD?

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*USF Anta, Espinho, Portugal*

**Introduction:** Common cold is an upper airway disease characterized by acute inflammation of the nasal mucosa, whose main etiology is viral. In adults, it is self-limited with 1 week duration. The cough can persist for 3 weeks. Upper airway disease is one of the main causes of work absenteeism. So, the faster resolution of symptoms has an impact on individual and community health. The root extract of *Pelargonium sidoides* is approved in Portugal for the relief of common cold in adults.

**Objective:** To review the available evidence on the efficacy and safety of the extract of roots of *Pelargonium sidoides* in the treatment of common cold in adults.

**Methodology:** A literature review was conducted based on the Pubmed and Evidence Based Medicine Databases (Cochrane Library, National Guideline Clearinghouse, DARE, Bandolier, NHS Evidence) and Index of Portuguese Medical Journals using the MeSH terms "common cold" and "pelargonium", for those records published between January 2006 and August 2016 in English, Portuguese and Spanish languages. For the assignment of evidence levels, the Oxford 2011 Levels of Evidence scale was used.

**Results:** Among the 19 articles found, 2 met the inclusion criteria: a systematic review and an observational prospective analytical study.

According to the systematic review, the efficacy was demonstrated from day 10, but not at day 5. Adverse effects were rarely reported and mild. Only 0,21% of total prescriptions of *P. sidoides* reported adverse reactions (mild).

In the light of current evidence, the results obtained, although statistically significant after 10 days, are scarce. Even with consistent results regarding drug safety, further studies are needed.

## HAMMAN SYNDROM: A RARE ENTITY NOT ALWAYS RECOGNIZED

Esperanza Romero

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**Introduction:** Hamman syndrome or spontaneous pneumomediastinum corresponds to the presence of air in the mediastinum without relation to traumatic or iatrogenic pathology. It was Described for the first time in 1945, and reported since 1618 and It presents with low frequency; It is characterized mainly by chest pain and dyspnea. The most important manifestation on physical examination is subcutaneous emphysema.

**Material and Method:** We present a case of an 26-year-old patient who consults for a two-week course characterized by compromise of general condition and polydipsia, polyphagia, and weight loss accompanied by profuse vomiting. A diabetic ketoacidosis is diagnosed as the debut of a Type I Diabetes Mellitus. The patient evolves with chest pain and chest CT shows the presence of a pneumomediastinum.

**Discussion:** Spontaneous neu-momediastinum usually occurs in young male patients without chronic morbidity but numerous predisposing conditions and triggers are recognized. Pathophysiologically it is explained by the rupture of terminal alveoli in tissue interstitial that

protrudes through the Vessels from the pulmonary hilum to the mediastinum, here to the face and neck SCC to release the pressure.

Among the conditions that are most associated with this picture is asthma, smoking and drugs. As triggers, any situation that generates a Valsalva maneuver is recognized. The diagnosis is made based on the clinical picture and radiography or chest CT.

**Conclusion:** This is a low frequency disease. The diagnosis is made based on a compatible clinical picture and imaging studies. Treatment is conservative and the clinical course is usually benign. Recurrences are unusual.

## THE FIRST RESULTS. HOW THE PATIENTS, WYTH RESPIRATORY PATHOLOGY, FOLLOW THE INHALER TREATMENTS.

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**Introduction and Objective.** Know the degree of compliance of the prescribed inhaler treatment, ascertain the causes of non-compliance and the pathology reason for consultation.

### **Methods:**

Design.

Multicenter descriptive study.

Ambit.

Urban area, two centers of Primary Care and one of specialties with neumology Prior signature of informed consent, application validated TAI questionnaire. Review of the medical history to know the reason for consultation. Study population: Patients attending the Primary Care and neumology consultation due to respiratory pathology. Periods of study. March-May 2016.

**Results:** 188 patients attended (135 neumology, 63 Primary Care). 58% males, mean age 73a (SD +/- 12a) Chronic Pulmonary Disease 75, Asthma 64, Sleep Apnea 24, Bronchial Hyperactivity 6, Chronic Bronchitis 5, Pulmonary Fibrosis 3, Tumors 2, Pneumonia 6, Pulmonary Hypertension 3.

Results of the TAI test.

Good technique. ....77 patients - 41.1% Bad technique. ....17 patients -9% Erratic use.

.....21 patients -11.2% Unconscious errors. ....43 patients - 22.7% Intentional misuse..... 30 patients - 16%

**Conclusions:** The results of the study show the poor performance of inhaled therapy by patients. We did not find significant differences between Primary Care or Pneumology patients. The medical and nursing staff must be aware of the great importance of teaching our patients the correct use of inhalers and follow up. The patient must be co-responsible in the idea that his health, with a correct training, depends fundamentally on them.

**Keywords:** Questionnaire TAI, primary care, neumology

## LUNG CANCER IN YOUNG ADULT - AN ACCIDENTAL FINDING

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**Introduction:** Lung cancers are divided into two major groups: small cell lung cancer and non small cell lung cancer (the most common). Smoking is the main risk factor for lung cancer. The survival of patients with lung cancer at five years is about 16%.

**Objective:** To alert the existence of this pathology in the young

**Case Description:** Patient 33 years old, medical doctor, caucasian, sportsman, non-smoker, with father with intestinal cancer. In routine exams he underwent telerradiography (Rx) of the thorax in which hypotransparency was observed in the pulmonary base on the right. The patient denied any associated symptoms such as cough, dyspnoea, weight loss, asthenia or anorexia. He had a normal objective examination. Computed tomography (CT) of the thorax with evidence of a spiculate pulmonary nodule of approximately 12x10 mm in the anterior segment of the right lower lobe was performed. Bronchofibroscopy showing a bronchial tree without alterations. PET with positive uptake was also performed in the lung nodule region. Due to the suspicious characteristics of the nodule, we did not opt for the imaging surveillance of the nodule but for its laparoscopic excision. The histological result was acinar adenocarcinoma. Subsequently, right inferior lobectomy and mediastinal and right axillary lymph node dissection were performed, with no neoplastic cells present in the adjacent tissues. Because T1N0M0 was a result, no chemotherapy was performed. He is currently undergoing follow-up in the field of Oncology Pneumology.

**Discussion:** Lung cancer is more common after age 50 and the main risk factor is smoking. However, although less frequent lung cancer may occur in non-smokers and those younger than 50 years. Imaging findings in young patients with no risk factors should be investigated until a final diagnosis is obtained.

### 3.04. Digestive problems

#### LACTOSE AVOIDANCE IN CHILDREN WITH ACUTE DIARRHEA – A SYSTEMATIC REVIEW

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**Introduction:** Acute diarrhea is a common situation among worldwide children and represents a frequent problem in primary and secondary care institutions. Lactose avoidance is a common practice in this situations.

**Objective:** Determine if lactose avoidance is beneficial in acute diarrhea.

**Methods:** Pubmed/Medline, Cochrane Library, National Guideline Clearinghouse, Dare, NICE, Canadian Medical Association Practice Guidelines Infobase and TRIPDATABASE were searched using the MeSH terms “lactose”, “acute diarrhea” and “children” for articles published in English between January 2000 and May 2016. After applying the inclusion and exclusion criteria the articles were classified according to Strenght of Recommendation Taxonomy criteria.

**Results:** The initial literature search identified 60 publications. After identifying the repeated articles and application of exclusion and inclusion criteria, 6 articles were found: two guidelines, three systematic reviews and one controlled-clinical trial. The guidelines do not recommended lactose avoidance. Two of the systematic reviews concluded that lactose avoidance do not improved the outcome of diarrhea, while the other systematic review

showed that the use of lactose-free products decreased the duration of diarrhea and the risk of treatment fail. The clinical trial concluded that lactose avoidance is beneficial.

**Conclusions:** The evidence found is contradictory about the effect of lactose avoidance in children with acute diarrhea. Some articles recommend lactose avoidance while others consider that children may be feed with the same diet as usual. More studies with better quality to clarify this question are needed. In conclusion, there is no clear evidence to recommend or not lactose avoidance in children with acute diarrhea (SOR B.)

## NOT MUCH TO PROTECT, IS PREVENTED EARLIER. REVIEW OF OMEPRAZOLE

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**Introduction:** Omeprazole is the second most active principle sold in Spain (prescription / free sale). It is estimated that approximately 10% of the population takes it daily, not being indicated in approximately 1/3 of the cases. It has important pharmacological interactions (Decreases plasma levels of vitamin B12, iron and antifungal, thyroid hormones...increases leves of digixin, macrolides, methotrexate, antiepileptics ... Also it decreases the absorption of metformin and vitamin B12. Metformin decreases the absorption of B12 and can cause neurological damage, dementia or anemia.

**Objectives:** Main objective: to review in our daily consultation the use and / or abuse of omeprazole.

Secondary objective: To review the pharmacological interactions of omeprazole with drugs of chronic or habitual use.

**Method:** It is a descriptive study: questionnaire with 19 items, previously validated, 9 for the patient and 10 reviewed in the clinical history. Sample: all patients who go to San Javier Health Center on an unscheduled basis for two weeks and have chronic treatment with omeprazole (more than six months). Statistical analysis G-STAT 2.0

**Results:** Mean of age: 60.69 years, (51.59%) women (48.41%). Spanish (88.54%), Arab (7.65%), Central and South American ), Other European 2,54% Know how to take omeprazole 94.27%, of which 94.27% know that it can not be chewed, however 61.15% mix it with food. Of the 96.18% who think to know for what it takes, 72.61% use it as a protector, 14.65% for the ulcer, the rest for other reasons. Regarding the review of the medical history: 70.70% take metformin, 87.9% thyroid hormone, 11.46% antiepileptic, 17.83% diazepam, 1.91% vitamin B12, iron 9.55 %, Anticoagulants 8.28%. We request control vitamin B12 37.58%. In Clinical History recorder 0.64% pathological fractures.

## A HELL OF A SYNDROME

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**Introduction:** Burning Mouth Syndrome is an intraoral chronic pain condition. The International Headache Society defines Burning Mouth Syndrome as an intraoral burning or dysesthetic sensation, recurring daily for more than 2 h/day for more than 3 months, without

clinically evident causative lesions. Burning Mouth Syndrome is frequently seen in menopausal women with female/male ratio of 7:1. Diagnosis of Burning Mouth Syndrome is made after local and systemic causes of burning are excluded.

**Objective:** Case report: Female, 79 years old with history of Hypertension, Type 2 Diabetes, Osteoporosis and Dyslipidemia. The patient referred a pain in the tongue and mouth like a burning sensation, in association with dysgeusia and xerostomia, with 1 year of evolution. The stress and speech increase the pain and the patient feels better while eating. The patient also presented depression, irritability and decrease of sociability. The patient was observed by Otorhinolaryngology and Stomatology without alterations in the oral mucosa. Laboratory tests unchanged. The patient was referred to Psychiatry and to a pain consultation. The diagnosis of Burning Mouth Syndrome was suggested and the patient was medicated with fluvoxamine, olanzapine, lorazepam and pregabalin.

**Methods:** Review of 12 articles about Burning Mouth Syndrome. Research on *Pubmed*, from 2006 to 2016 with the keywords: burning mouth syndrome; glossodynia; xerostomia; orofacial pain.

**Results:** The management of Burning Mouth Syndrome remains a challenge. About 50% of the patients also have psychiatric disorders such as anxiety, depression or obsessive symptoms. The treatment includes benzodiazepines, antidepressants, antipsychotics, antiepileptics, analgesics and cognitive behavioral therapy.

## INTERMITTENT CHRONIC ANAL PAIN – A CASE REPORT

Daniela de Andrade Maia, Diogo Costa  
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**Introduction/background:** Pelvic pain is a common symptom that remains a diagnostic challenge as it can be caused by multiple urological, gynaecological, gastrointestinal, neurological, musculo-skeletal and psychological disorders. Specific etiological diagnosis is crucial to provide an appropriate treatment.

**Case description:** Female, 69 years-old, caucasian, belonging to a nuclear family on stage VI of Duvall and Miller family life cycle, class II of Graffar social scale. Medical history of hypertension, coronary heart disease, obesity, gastritis, basocellular carcinoma and anxiety disorder. On September 2016, the patient reported daily episodic anal pain for more than a year, with mild to moderate intensity, lasting seconds to minutes, worsening with valsava, in seating position and at night, and associated with occasional tenesmus. There were no genitourinary symptoms, rectal bleeding, variation of bowel habits, anal incontinence, abdominal pain or any other sensitive symptoms. Physical examination (including rectal digital examination) was innocent. No abnormal results were found in colonoscopy, microbiologic stool analysis and pelvic ultrasound. The patient was referred to gastroenterology under suspicion of intermittent chronic anal pain.

**Conclusion:** Functional chronic pelvic pain is an exclusion diagnosis requiring multidisciplinary assessment and specific diagnostic testing. Anxiety disorder is often found and should be assessed. The treatment goal is to provide symptomatic control, including warm water baths and enemas, biofeedback, electrogalvanic stimulation, inhaled salbutamol, topic anesthetics and/or botulinic toxin.

According to its prevalence and psychosocial impact, the family doctor has a nuclear role in the diagnosis, treatment and eventual referral.

## DETECTION OF CELIAC DISEASE IN PATIENTS WITH THE DIAGNOSIS OF IRON DEFICIENCY ANEMIA IN PRIMARY CARE: STUDY PROTOCOL

María Ángeles González Martínez, Esperanza Martín Correa, Isabel Condomines Feliu, Carla Ventosa Petitbó, Francisco José Luque Mellado, Josefa Pérez-Hita Sánchez, Vanesa Robledo Pastor, Laura Cristel Ferrer  
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**Introduction:** The celiac disease (CD) is an under-diagnosed entity. In adults, the most common extra-intestinal manifestation of the CD is iron deficiency anemia (IDA). There aren't studies that determine the prevalence of CD in patients with IDA, but it's estimated that it could be from 5-8% up to 20% among those who don't respond to treatment with iron in two months.

### Objectives:

- Aware of the prevalence of serology compatible with CD in adult patients with the diagnosis of IDA.
- Analyze the association between gastrointestinal symptoms and the results of serology compatible with CD in the study population.

### Methods:

- Observational, descriptive, cross-sectional study in an urban primary care center of Barcelona, Spain.
- Study population: patients over 18 with the diagnosis of IDA in the last two years.
- Variables. Main: serum tissue transglutaminase IgA (tTGA). Other variables: presence of digestive symptoms, other autoimmune diseases, family history of CD.

**Results / conclusions:** This study will provide information about the utility of including the determination of CD serology in the study of IDA. The results obtained will allow to establish actions that improve the quality of life of patients.

## COULD THE CONSTIPATION COVER UP AN ACUTE PATHOLOGY?

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**Introduction:** A 67-years-old man without relevant clinical history who visited our Outpatient Clinic after suffered constipation from four days with abdominal pain and fever of 38.5 degrees. He also related a dark vomiting, non-food smelling like faeces.

**Methods:** Physical exam, analytics, abdominal radiography, abdominal CT

### Results:

1. Physical exam: The patient was conscious and oriented, eupneic breathing, afebrile, TA 120/87, FC 82 lpm. Normal respiratory-heart auscultation. Abdominal examination: the abdomen was soft, depressible and painless to palpation in the mesogastrium, with mild signs of defense and without peritoneal irritation. No masses or megaly were found.

2. Analytics: PCR 48.1, procalcitonin 4.82, Hb 13.4, leukocytes 31020, neutrophils 57.5%.
3. Abdominal radiography: there is gas in the colonic walk up into the ascending colon, where there's a stop. A correct function of ileo-caecal valve. We can't see a gas in the rectal ampulla and sigma.
4. Abdominal CT: acute perforated appendicitis with retrocecal abscess.
  - Diagnosis: Acute retrocecal appendicitis and perforated retroperitoneal.
  - Differential diagnosis: Intestinal obstruction

**Conclusions:** It's important to keep in mind acute abdominal differential diagnosis. First of all what is most striking was the dark vomiting and the acute elevation of reactants. This led us to request the ultrasound scan and afterwards the CT, due to if we delay the diagnosis, it can produce the most common symptoms of peritonitis and therefore make the prognosis worse.

## **PATHOGEN-SPECIFIC RISK FOR POST-INFECTIOUS IRRITABLE BOWEL SYNDROME: A SYSTEMATIC REVIEW AND META-ANALYSIS**

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**Introduction:** Irritable bowel syndrome (IBS) is a functional gastrointestinal disorder with a considerable burden for both patients and society. The etiology of IBS is not fully understood, but infectious gastroenteritis has been recognized as a trigger. There are some indications that the risk of developing IBS differs following viral, bacterial or parasitic infection, but so far, no systematic analysis has been done.

**Objective:** To determine the pathogen-specific risk and disease course of PI-IBS after gastrointestinal infection.

**Methods:** A systematic literature search was conducted using Medline, EMBASE and the Cochrane Library in June 2016, to identify publications describing the relation between proven gastrointestinal infection and IBS. The aggregate incidence and relative risk of PI-IBS was calculated by pathogen group (viral, bacterial and parasitic) and by individual pathogens using a restricted maximal likelihood model. Time of onset and duration of PI-IBS was modelled using generalized estimating equations.

**Results:** We identified 44 publications relevant to the research question. These publications described 30 unique studies including 700.379 unique patients in total. Studies reported on *Campylobacter* (n=6), *Clostridium* (3), *Cryptosporidium* (2), *E. coli* (5), *Giardia* (4), Norovirus (6), *Salmonella* (9), *Shigella* (10) and *Yersinia* (2). A non-exposed comparison group was included in 17 studies. There were 20 community or primary care studies, of which 11 described an outbreak. Remaining studies were either hospital-based (n=6) or military-based (n=4). Case definition was based on the Rome criteria in 21 studies.

Pathogen-specific risk for PI IBS and time related estimates are presently being calculated.

## **OLMESARTAN-INDUCED ENTEROPATHY: A CASE REPORT**

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**Introduction:** Olmesartan is an angiotensin receptor blocker commonly prescribed by family doctors for the management of hypertension, that has recently been associated with severe enteropathy. This case intends to alert family doctors for the possibility of this event in a patient with chronic diarrhea and weight loss, even if the introduction of olmesartan is not recent. Confirmation of diagnosis requires clinical resolutions of symptoms and histologic recovery after suspension of the drug.

**Objective:** To report a case of olmesartan-associated enteropathy

**Methods:** We used the patient's medical history, clinical examination and diagnostic procedures.

**Results:** We report a case of a 63-year-old-man, presenting with weight loss (6kg in 3 weeks) and chronic diarrhea which required hospitalization, while on olmesartan treatment for hypertension. Investigation showed acute renal injury, electrolyte imbalance and lymphocytic colitis in colonic *biopsies*. Serologies for celiac disease were negative and other causes of enteropathy were excluded. Medical treatment with antibiotic and corticoid was tried and showed not effective. Olmesartan as a precipitant agent was suspected and withdrawn. Clinical improvement occurred in six days with no need for other therapeutic measures. Follow-up at six months showed clinical remission and histologic recovery.

**Conclusions:** Olmesartan-induced enteropathy is a rare cause of enteropathy that should be considered by the family doctor in the differential diagnosis of patients with unexplained chronic diarrhea who are taking olmesartan-containing medications. The family doctor is the main prescriber of antihypertensive and so should know all its possible adverse effects even when uncommon.

## AUTOIMMUNE HEPATITIS: CASE REPORT

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**Introduction:** Autoimmune hepatitis (AIH) is a chronic inflammatory disease of the liver that is rarely found in children. It is characterized by hypergammaglobulinemia, elevated liver enzymes, presence of autoantibodies and histological changes. The highest incidence occurs between 10 and 30 years old. AIH usually responds to immunosuppressive treatment, but represents a serious cause of chronic hepatic disease.

**Objective:** Increase diagnostic awareness during workup of any patient with increased liver enzyme levels. The actual prevalence of AIH in children is unknown, and clinicians must become more aware of this disease.

**Methods:** Case Report of a 10 year old female caucasian patient, diagnosed with AIH.

**Results:** The patient arrived at the Health Care Centre accompanied by her mother. She had nausea and loss of appetite for over two months. Occasional generalized abdominal pain, and presence of orange colour urine. The symptoms were progressive in nature. She presented jaundice and abdominal pain with palpation in the right upper quadrant and epigastric area. Blood tests indicated elevated liver enzymes. The patient was referred to the Paediatric Emergency Room. In hospital, blood tests revealed elevated IgA and IgG, and autoantibodies positive for anti-LKM and anti-LC1. Blood tests were negative for viral markers. The patient was hospitalized for surveillance and investigation. The treatment was initiated with

prednisone and omeprazole. After 7 days, the patient status improved and was she discharged with referral to Paediatric Gastroenterology consultation. The child maintained treatment with prednisone and follow-up, showing improvement in liver function and a gradual decrease in liver enzyme levels.

## PERIANAL FISTULA AND REPEATING BARTHOLINITIS AS A MANIFESTATION OF CROHN'S DISEASE

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**Introduction:** Approximately 9% of patients diagnosed with Crohn's disease begin with anal or perianal pathology. The incidence varies between 20 and 80%. Fistulas in Crohn's disease are the second manifestation in order of frequency after skin folds. They can originate in a penetrating fissure or in an infected anal gland. It is frequent to find several external fistulous holes not only in the perianal region but also in more distal areas such as gluteus, thighs or genitalia. Drainage of the abscesses should be performed avoiding aggressive surgery that can produce great morbidity.

**Clinical case:** A 26-year-old woman complains for persistence of haemorrhoids and anal fissure. In addition it presents repetitive bartholinitis that does not improve with antibiotics. The patient is symptomatic and she is referred to gynaecology for evaluation. She comes back because of the persistence of the symptomatology and suppuration through the skin. She is derived to general surgery for assessment. The surgeon requests: Colonoscopy: valve with inflammatory features, fistulas with exudates. Biopsy: colitis. Magnetic resonance of anal fistula: Multiple fistulous pathways at anal margin, reactive inguinal lymphadenopathy and discreet amount of free fluid in the pelvis. Abundant left ovarian follicular cysts up to 10 mm. Abundant Naboth's cysts in uterine cervix. Intestinal MRI: Two short segments of terminal ileum affected. One stenosis in ileocecal valve and another non stenosing. These findings suggest Crohn's disease.

**Conclusion:** In the face of patients with repeating perianal or genitalia abscesses we should always discard Crohn's disease to prevent complications and obtain symptomatic improvement.

## APPENDICITIS OF THE APPENDICEAL STUMP IN AN APPENDECTOMIZED PATIENT

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A 14-year-old girl visits a Medical Centre with abdominal pain. Medical history: Laparoscopic appendectomy of 3 years ago. Refers epigastrium pain, which has initially been treated with analgesia. After 24 hours, the patient returns due to the intensification of the pain, and its irradiation to her right flank. On the following day, signs of peritoneum in the right iliac fossa appear. She is then derived to the emergency room for imaging tests.

### EXPLORACIÓN Y PRUEBAS COMPLEMENTARIAS

Good general state of health. No fever. Cardiopulmonary auscultation: normal.

Physical examination: moderate abdominal pain in the right iliac fossa, with abdominal defense and positive bounce, Rovsing and psoas signs. Blood test: CRP: 2.1.

**Ultrasonography:** Alteration of mesenteric fat, lymph nodes, and a low level of free liquid in the right iliac fossa.

Abdominal-pelvic-CT: an increased fat density in the right iliac fossa with multiple local lymph nodes of up to 14 mm, and an increased uptake image adjacent to the surgical suture. Free liquid levels are low.

**Diagnostic:** Acute appendicitis of appendiceal stump.

**Differential diagnosis:** Mesenteric adenitis, nephritic colic, ovarian torsion, rupture of ovarian cyst...

**Final comment:** Acute appendicitis of the appendicular limb is an infrequent pathology which consists of the inflammation of the appendicular remnant after an incomplete appendectomy. The delay in diagnosis is frequent due to the lack of consideration in the records of appendectomy, and its low impact. Therefore it is normal to notice in advanced cases, and even in the middle of the surgical process. Hence the relevance of clinical suspicion.

## DOCTOR, I HAVE A "LUMP" IN MY BELLY

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**Introduction:** A 35-year-old man, from Morocco, with no personal history of interest, came to the health center because he had suffered from epigastric pain for four days long, which increased after ingestion, and dysthermic sensation. No constitutional syndrome. The physical exam presented mucocutaneous jaundice and in the abdominal palpation a painful mass in right hypochondrium...

**Methods:** Initially, we requested a blood test which showed an increase of the total and direct bilirubin, an increase of the liver transaminases and the acute phase reactants. The chest x-ray was normal. With ultrasound, we saw a solid mass of 16 cm and dilatation of the bile ducts were observed. According to the findings, we decided to hospitalized him for specific test of obstructive jaundice. A CT scan showed a large hepatic mass with a hypodense and heterogeneous center, with a thin, well-defined wall, which caused mass-effect on the hepatic hilum and communicated with the bile ducts. Finally, a endoscopic retrograde cholangiopancreatography reported biliary tract occupied with "dirty" content and extraction of abundant gelatinous material, greenish, compatible with hydatidic cyst.

**Results:** The serology was positive for Echinococcus granulosus. In the therapeutic management, we initially decided to perform percutaneous drainage and placement of biliary prosthesis, and after that, surgical removal after medical treatment with albendazole.

**Conclusion:** In the case of a patient with good general condition coming from an endemic area, who had contact with dogs and presents a cystic tumor, using radiology tests, we must suspect a hydatid disease.

## MILD EPIGASTRALGIA IN A PATIENT WHO WAS PERFORMED GASTRIC BYPASS

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**Introduction:** We report the case of a 38-year-old male patient. This patient was performed a gastric bypass surgery 4 years ago. He suffered from epigastralgia, nausea and vomiting in the last two days. The patient comes three times to his healthcare center where he was given antiemetics and analgesics. However, the patient did not experience any improvement. He was brought to Emergency Unit where ask to the surgeon and he applied for a CT scan with contrast. The patient was quickly intervened with surgery due to herniation and duodenal perforation. Physical examination: Cardiac-Pulmonary auscultation: normal. Abdomen: Decreased peristalsis: no masses or organomegaly. Mild pain with epigastric palpation. No signs of peritoneal irritation.

**Methods:** Blood test: within normal values. X-Ray abdomen: no hydro-aerial levels. Chest x-ray: no pneumoperitoneum. CT scan abdomen with contrast: intestine herniation with duodenal perforation.

**Results:** Diagnosis: Herniation and duodenal perforation.

**Differential diagnosis:** Acute gastritis. Intestinal obstruction. Intestinal herniation. Intestinal perforation.

**Conclusion:** Obesity is a public health problem whose incidence is rising. New techniques, such as, bariatric surgery or gastric bypass have increased. This medical background, as well as its medical complications, has a significant importance. These medical complications may be very serious even many years after the surgery is performed, as is the herniation and intestinal perforation. Likewise, we highlight that symptoms, signs and complementary tests may be bland. Because of this, it is important to transfer these patients to the Emergency Unit in order to perform a CT scan with contrast to rule out any serious pathology.

## RECURRENT ABDOMINAL PAIN

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**Introduction:** A 34-year-old man, without personal history of interest, came to the health center referring abdominal pain for a few hours. The pain was not related to food or improvement with stools, without pathological products. No other accompanying symptoms

such as nausea, vomiting or fever. The physical examination showed a distended abdomen, painful and diffuse to the superficial palpation, with voluntary muscular defense and painful decompression.

**Methods:** Consulting the medical history, we realize about the number of times the patient had consult for the same reason in the emergency department being diagnosed of non-specific abdominal pain that improves after administration of analgesia, so we decided to enter the patient into the hospital to study his problem given the inflammatory and recurrent nature of the pain. During the hospitalization, the blood test showed a leukocytosis and an increased in acute phase reactants. Both radiography and ultrasonography showed no significant alterations. Then, it was decided to request an abdominal CT-scan in which inflammatory changes were observed in the fat of the meso that does not include the mesenteric vessels.

**Results:** The patient was diagnosed of mesenteric panniculitis in inflammatory phase. He was treated with corticosteroids and he improved.

**Conclusion:** Sclerosing mesenteritis is part of a spectrum of idiopathic primary inflammatory and fibrotic processes that affect the mesentery. These are uncommon disorders and may result in a variety of gastrointestinal and systemic manifestations. Abdominal imaging is an essential component of the diagnostic evaluation. The treatment is empiric and should be individualized.

## WHEN ABDOMINAL PAIN IS NOT DUE TO SOMATIZATION

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**Introduction:** Somatization Disorders (SD) are highly prevalent among adolescents due to their specific bio-psycho-social developmental profile, leading to healthcare resources consumption.

**Objective:** It is a challenge for the Family Physician (FP) to value a symptomatology that is often florid, persistent and with no apparent pathophysiological correlation.

**Methods:** Case description.

**Results:** A 17 year old women, living in a foster center, came to see her FP for the first time. Refers a history of stomach pain, insomnia and headache lasting for one year. The patient reports that in the last year she went to the emergency room for several times, being always diagnosed as SD. During physical examination she only referred slight pain to deep epigastric palpation. She was advised to avoid soft drinks, coffee, chocolates, and other acidic foods or spicy foods, not to skip main meals and comply with sleep hygiene measures. It was agreed that she would return if symptoms persisted.

Two weeks later, she returns reporting stomach pain, without vomiting, reflux, diarrhea or fever. At that moment with evident pain to deep palpation of upper abdomen. The endoscopy requested afterwards showed gastritis with a positive *Helicobacter pylori* biopsy.

After completing triple antibiotic therapy she remained asymptomatic.

This case describes the importance of excluding organic disease before SD diagnosis even in young patients. High level of suspicion should be held when intensity of symptoms are excessive to that expected for the physical condition presented.

## DOCTOR, WHY CAN NOT I EAT?

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**Background & Aim:** A 29-year-old man, who does not report any toxic habits, nor other relevant history. He denies taking drugs. He came to the health center complaining of regurgitation and oropharyngeal dysphagia with liquids and solids for three months. Weight loss of 12kg in four months. Physical examination: no signs of growth of intrathoracic organs. Neck examination is normal.

**Method:** Blood general analysis: normal, except for C reactive protein 2 and amylase 105. Chest x-ray: normal. Endoscopy showing a dilated, "sigmoid" shaped esophagus. Esophageal biopsy: esophageal mucosa with minimal chronic inflammation. No eosinophils are identified. Barium esophagram showing a dilated, tortuous esophagus and a "bird's beak" appearance of the lower esophageal sphincter (LES).

**Results:** Diagnosis: esophageal achalasia.

Differential diagnostic: gastroesophageal reflux, eosinophilic esophagitis, lower esophageal ring (Schatzki), benign or malignant stenosis, pseudoachalasia.

**Conclusions:** Achalasia is an esophageal pathology that compromises significantly the quality of life of patients. Its pathophysiology is not well understood and its etiology has not been established. The onset is often insidious. The characteristic presentation is dysphagia and regurgitation. Other less frequent symptoms are chest pain, weight loss, and heartburn. Achalasia is a rare primary esophageal disease. A late diagnosis is common, 2-3 years after the onset of the first symptoms. On one hand, our work includes performing an exhaustive clinical history and on the other hand, to make the provisional diagnosis for an early treatment.

## A SEVERE ANEMIA WITH A NOT SO BAD ENDING

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**Objectives:** Pernicious Anemia (PA) is an autoimmune gastritis, resulting from the destruction of gastric parietal cells and impairment of intrinsic factors secretion to bind ingested Vitamin B12 (VitB12). This leads to decrease of absorption of VitB12, which causes anemia. PA can course with common symptoms of anemia, like fatigue, dizziness and pale skin; nerve damage, shown by paresthesias, muscle weakness and loss of reflexes or digestive symptoms, such as nausea, vomiting and abdominal bloating.

**Objective:** Case report.

**Methods:** Classic review and case report of PA.

**Results:** We present a case of a 37-year-old man, with asymptomatic Urolithiasis and no chronic medication. In April, 2016, he developed a story of weakness, fatigue, loss of appetite, dyspepsia and nausea with several weeks of evolution. At examination, we observed pale and subicteric mucous membranes and weight loss (11%). An upper digestive endoscopy (UDS),

blood count and iron study were requested. Faced with a result of Hemoglobin of 6,7 g/dL, the patient was sent to the Emergency Service, where he received red blood cells transfusion and started treatment with oral VitB12 and Folic acid, based on macrocytosis. By the lack of clinical improvement, we replaced oral by intramuscular VitB12. At Internal Medicine consultation, after several exams, such as UDS and autoimmune antibodies, Pernicious Anemia was confirmed. Currently treated with oral VitB12, he remains clinically stable.

**Conclusions:** A high index of suspicion is required because of various clinical manifestations of the disease. Attention to the history, examination, appropriate monitoring and treatment can keep this disease under control.

## JUST A SIMPLE TOOTHACHE - A CLINICAL CASE REPORT

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**Introduction:** Dental pain is defined as a distressing feeling in the teeth and/or their supporting structures. Common causes include inflammation of the pulp, dentin hypersensitivity, apical periodontitis, dental abscesses, alveolar osteitis, acute necrotizing ulcerative gingivitis, temporomandibular disorders. Non-dental conditions are less frequent and include referred pain due to maxillary sinusitis or angina pectoris. When the pain is severe it can be considered dental emergency as it impacts significantly eating, sleeping and other daily activities. Correct diagnosis can sometimes be challenging.

**Objective:** This clinical report's main objective is to alert primary care physicians to the possibility of non-odontogenic conditions that cause dental pain.

**Methods:** Report of a clinical case observed in primary care.

**Results:** Male, 36 years old, no relevant medical history. Asymptomatic until April of 2016 when, during a trip abroad, he experienced acute dental pain. He self-medicated with acetaminophen and ibuprofen. After returning from his trip he made an appointment with his family physician who recommended dental treatment. After 4 dentist appointments, 2 root canal treatments, 1 dental extraction and subsequent dental implant the patient maintained a toothache if not medicated. A otorhinolaryngologists was then recommended after a dental CT showed left maxillary sinusitis. The patient was then submitted to a peri-nasal sinuses CT showing a total filling of the left maxillary sinus related to an apparent mass. One month after he was submitted to surgery and the mass was removed. We await the result of the pathology examination.

## TOO MUCH GUM

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The most common cause of gingival hypertrophy is secondary to drugs: phenytoin, cyclosporin and calcium channel blockers. In this last group, nifedipine stands out, but cases secondary to the use of amlodipine has been increasing. Patients with poor oral hygiene or dental prosthesis are more susceptible and can have gingival bleeding and discomfort. JMSM, female, 44 yo. History of essential hypertension, treated with telmisartan+amlodipine 40+10mg, started at diagnosis (2014). In May 2016, she resorted with complaints of gradual growth of gums, bleeding and pain, with two weeks of evolution. Denied other symptoms,

medication, trauma or change in the usual pattern of oral hygiene. She presented gingival hypertrophy, hyperemia and bacterial plaque. The antihypertensive drug was changed to losartan+hydrochlorothiazide 100+12.5mg and some teachings for an adequate oral hygiene were made. In September 2016, the patient had a decrease in hypertrophy, absence of bacterial plaques and blood pressure was controlled. The last consult plan was maintained. One of the competences of the Family Doctor is to manage the problems of the users. The possible adverse effects of the usual pharmacological therapy should be weighted as differential diagnosis of certain clinical situations, when justified. Amlodipine is in increasing use as first-line drug in the treatment of hypertension. The documented cases of gingival growth associated with this drug are often aggravated by individual susceptibility. In this case, the effect only manifested after two years of therapy and decreased after its replacement. The treatment consists in replacing the drug and in the education for a correct oral hygiene.

## A CASE OF BURNING MOUTH SYNDROME

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**Introduction:** Burning Mouth Syndrome(BMS) is a multifactorial chronic pain disorder characterized by burning, stinging and/or itching of the oral cavity in the absence of organic disease.

**Objective:** To share a case of BMS.

**Methods:** Search on PubMed Database with MeSH term “burning mouth syndrome”.

**Results:** Male, 65 years old, ex-smoker, with arterial hypertension and dyslipidemia, medicated with amlodipine, valsartan, chlorothalidone and atorvastatin presented at our consultation with burning sensation of the entire oral cavity, persistent, without any relieving nor worsening factors, that was initially triggered by the extraction of all his teeth a year before. Physical examination was normal. The initial approach was to eliminate all acidic foods and prescribe esomeprazole and sucralfate in order to reduce the acid reflux. After one month without improvement, the patient was asked to perform some laboratory studies and lidocaine spray was prescribed. After 2 months, since he referred only partial relief and his bloodwork was normal, the patient was referred to an Internist in order to perform invasive exams to exclude organic causes. We are still awaiting the results. If all organic causes are excluded, we may be able to start treatment for BMS, with options such as antidepressants, antipsychotics, sedatives, antiepileptics or other alternative therapies.

BMS is a diagnosis of exclusion, so it's very important to describe very well the characteristics of the burning, the precipitating event (which is commonly a dental procedure) and the familiar and social environment. There are various options for treating BMS, which should be chosen according to each patient.

## FIVE YEARS OF ABDOMINAL PAIN, WHAT DO I HAVE A DOCTOR?

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**Introduction:** A 46-years-old male patient from Mali, without past medical history, suffered from epigastralgia since 2011. He went several times to his healthcare center, and in a blood test had leukopenia and trasaminases elevation. No study was carried out after. He went to Emergency Unit because increased epigastralfia and 38°C fever. Exploration: cardiac and pulmonary auscultation: normal. Abdomen: hepatomegaly, 8-10 cm under costal rigde. Pain with epigastric and right hypochondrium palpation. Signs of peritoneal irritation.

**Method:** Biochemistry: trasaminases elevation, PCR 10.8, bilirrubine 0.5, albumine 3.5. Carcinoembryonic antigen 2, fetoprotein 922. No autoimmunity. Blood count: hemoglobin 8.6. Coagulation: normal. Serology HBV: HBsAg positive, anti-HBs <5, anti-HBc positive, IgM anti-HBc negative, anti-HBe negative. DNA-HBV 166 UI/ml. HCV negative. HIV negative. Ecografy and CT scan abdominal with contrast: hepatomegaly and parenchyma heterogenuos. Magnetic resonance: giant hepatic mass in the right side and portal vein thrombosis. Liver biopsy: hepatocellular carcinoma.

**Results:** Diagnosis: Hepatocellular carcinoma in patient with chronic HBV. Differential diagnosis: Autoimmune hepatitis. Acute and chronic viral hepatitis. Hepatocellular carcinoma. Conclusions: HBV is a significant global problem. In endemic areas such as Asia and Africa, the mode of transmission is mainly vertical. In less endemic areas, transmission is essentially sexual. The aim of treatment is to significantly interrupt or repress virus replication in order to stop or delay the progression of the disease to cirrhosis and its complications. For this reason, I consider it important at the Primary Care level to have high suspicion in these patients coming from endemic areas, and to request serological study when the clinic or complementary tests are altered.

## FOLLOW-UP OF A PATIENT WITH ORAL ULCER

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**Introduction/objective:** Management of a patient with oral ulcer and extensive differential diagnosis.

**Methods:** Observational.

**Results:**

**Personal history:** asthma, in treatment with salbutamol.

**Clinical history:** male, 16, comes for labial edema, adding buccal ulcers and weight loss. Later, he explains the increase in the number of depositions and anal itching.

**Physical exploration:**

Paleness skin/mucosa.

Edema lower left lip + left buccal ulcer.

Base penis and scrotum erythematosis, anal fissure.

**Supplementary tests:**

Analysis: Hb 13.6, VCM 75, 22, ferritin 9, platelets 522. Immunology, serology negatives.

We refer the patient to dermatology and hematology:

- Biopsy: liquenoide chronic inflammatory injury.

After these results, taking into account the changes in bowel and anal fissures, the case is oriented as Crohn's disease, and the patient is referred to digestive service:

- Ileocolonoscopy: anal fissures, edematous, hyperemic valve.
- Pathological anatomy: non-specific granulation tissue inflammation.
- EnteroTAC: 7cm inflammatory involvement of the terminal ileum.

**Clinical judgment:** The differential diagnosis is quite wide, from autoimmune disease to blood disease (essential thrombocytosis + iron deficiency). As we added results and symptoms, we think of Crohn's disease.

**Treatment:** Oral iron, being resistant. With the final diagnosis oral budesonide is started, without improvement. Currently, he is using azathioprine.

**Evolution:** Incomplete improvement, with 1-2 stools/day, pasty, with mucus and blood. It is possible that he needs TNFa.

**Conclusions:** In Europe there are a million people suffering from Crohn's disease. In this patient, buccal affection and subsequent consultations explained gastrointestinal involvement. We have to think in it when we study a patient who explain diarrhea and abdominal discomfort, furthermore mouth ulcers and pro-inflammatory analytical alteration.

## UNTREATED GLUTEN SENSITIVE ENTEROPATHY IN 56 YEAR OLD WOMAN - CASE REPORT

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**Introduction:** Gluten-sensitive enteropathy (GSE) or, as it is more commonly called, celiac disease, is an autoimmune inflammatory disease of the small intestine that is precipitated by the ingestion of gluten. Main symptoms and signs of GSE are result of indigestion and malabsorption. Most of the signs, and symptoms are nonspecific which may lead to misdiagnosis and malpractice.

Objective. Case report is to help us diagnose GSE, with nonspecific symptoms.

**Methods:** Case report based on medical records.

**Results:** 56 year old woman, came to general practitioner (GP) office because of fatigue and weakness. Physical examination was normal, blood test show middle grade sideropenic anaemia for which GP prescribed her iron supplements. After five months patients came with severe loss of weight, weaknes, diarrhea, blood in the stool, abdominal pain, pretibial oedema, repeated nosebleed. In her blood test we found severe anaemia (hemoglobin 5,2 g/dl), low iron level, low blood proteins, high level of alkaline phosphatase, and leucocytes, high level of International Normalized Ratio (INR) over 8. Abdominal ultrasonography, and X-ray of the chest didn t show any abnormality. Further analysis show lack of vitamin K dependent clotting factors, and high grade of endomysial antibody . The patient was promptly treated , and there has been rapid withdrawal of symptoms.

**Conclusion:** GSE is a disease with variety of simpthoms. Compication of untreated GSE such as osteoporosis, neurologic manifestation, enteropathy-associated T-cell lymphoma , hyposplenism, and IgA deficiency , may prevent with appropriate treatment.

## SYMPTOMATIC DUODENAL DIVERTICULUM, DIAGNOSTICAL PROBLEM – CASE REPORT

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**Introduction:** Diverticula are sacciform extensions of the bowels. Duodenal diverticula are rare. Barium X ray examination shows duodenal diverticulum in 2 – 6 % of the patients. Most of the are asymptomatic, but complications may occur.

**Objective.** Pointing the problem in differential diagnosis of the abdominal pain, in spite of modern visualization techniques available in primary, or secondary health care level.

**Methods:** Case report based on medical records.

**Results:** 61 year old patient, came to general practitioner (GP) office, because of the pain in the navel area and under the right rib cage. She said that she had similar symptoms in the last 6 months, and that symptoms are more intense after eating. Her ultrasound findings show no abnormality, and blood test during the attack, show high level of inflammation markers. She was treated as acute acalculous cholecystitis, and the symptoms withdrew. After two weeks patients were admitted to the department of surgery, because of intensive abdominal pain, and signs of acute pancreatitis. As part of the examination, cholangiopancreatography, was done, which showed a large duodenal diverticulum that obstructs pancreatic excretory ducts, causing subacute pancreatitis, and periodic abdominal pain.

**Conclusion:** Most of duodenal diverticulum, and bowels in general, are asymptomatic, but may, if complicated, may be a problem for diagnosis, and can cause severe health problems.

## HEPATOTOXICITY. THE DANGERS OF PARACETAMOL

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**Introduction:** The paracetamol poisoning is one of the most frequent in our environment especially in childhood, toxic effects appear in adults after the ingestion of 10-15 g (150-250 mg / kg body weight), while the lethal effect appears with doses greater than 20- 25 g.

**Objective:** A 23-year-old woman, brought to our health center by her mother after finding her crying at home. She has had previous suicidal attempts, thus consults.

The patient is awake, although tearful, confesses that she has only taken 5 pills of alprazolam 0.5 and 30 of acetaminophen 1 gram.

**Methods:** Blood pressure: 120/70. Heart rate: 85 bpm. SatO<sub>2</sub>: 99%.

Good general condition, good level of consciousness. Glasgow 15/15. Tearful, not delirious ideation.

Isocoric and normoreactive pupils, normal extrinsic ocular mobility without nystagmus.

Abdomen: pain on the palpation of the epigastrium. No peritonism.

Given the amount of paracetamol ingested and the risk of toxic hepatitis, we decided refer her to Hospital Emergency Room for a blood test and start treatment with N-acetylcysteine.

**Results:** Acetaminophen poisoning starts with a latency period. In the first 12-14 hours after ingestion there are no alterations of liver function, the prothrombin time prolongation is the first detectable analytical alteration.

In qualified centers it is advisable to measure the plasma levels of pure paracetamol.

Many times they are dealing with autolytic gestures, but the lack of information and the vision of acetaminophen as a harmless drug, given its ease of acquisition in chemist's without prescription, often leads to irreparable damage.

## PROLONGED USE OF PROTON PUMP INHIBITORS AND RISK OF MALIGNANCY: WHAT IS THE EVIDENCE?

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**Introduction:** Proton pump inhibitors (PPIs) are the most effective agents for reducing acid secretion. Although PPIs are considered to be safe for long-term use, important concerns referring to a possible link between PPI-induced hypergastrinemia and gastrointestinal cancers have been raised.

**Objective:** This study is an evidence based review of the available literature to address the safety of long-term PPI use and its relation to the development of malignant lesions.

**Methods:** Research of meta-analysis and systematic reviews published in PubMed database, with the MESH terms "proton pump inhibitor" and "malignancy". The SORT method of the American Family Physician was used to classify the level of evidence.

**Results:** We found 30 articles, of which we selected 6.

Based on a meta-analysis of observational studies of 2014, the use of PPIs is associated with a decreased risk of esophageal adenocarcinoma (EAC) and/or high-grade dysplasia in patients with Barrett's esophagus. None of the studies showed an increased risk of EAC.

Two systematic reviews concluded that long-term PPI therapy induced moderate hypergastrinaemia and an increased risk of gastric cancer.

The maintenance PPIs did not have an association with increased gastric atrophic changes or ECL-cell hyperplasia, according to other 3 reviews.

**Discussion:** There was no clear evidence to support the notion that the long-term use of PPIs could promote the development of pre-cancerous lesions. As family doctors, we have patients in long-term treatment with proton pump inhibitors, which warns of the need for its more rational use and justifies the maintenance of this important line of research.

## HPV IN PURSUIT OF AN ELUSIVE FOE

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**Introduction:** A systematic review of 2016 shows a relationship between infection by HPV (human papillomavirus) and esophageal cancer. It's expected that in 2020 HPV-associated esophageal cancers will overlap those related to cervical cancer. Oropharyngeal HPV infection is associated with young age and practice of oral sex. The American Academy of Family Medicine weighs screening assessments, notably through detection of DNA in saliva.

Diagnosis may be delay due to the close similiarity to syntomatology of comon gastritis.

**Clinical Case:** Woman who is now 77 years old, with prolonged complains of dysphagia, heratburn and epigastralgia during the last 5 years and poor syntomatic control with proton pump inhibitor therapy. She underwent a high digestive endoscopy (EDA) which was normal.

Three years later, due to exacerbation of the symptomatology, she made a new EDA: erythematous gastropathy with nonspecific histological findings. She was referred to a Gastroenterology consultation and initiated sucralfate medication. In the following year, she performed a new EDA with acanthosis lesions, non-specific ulcerated esophagitis, negative for infection. Complaints remain and were associated with weight loss during the 5th year and makes a the 4th EDA with signs of acute oesophagitis by HPV. The patient is illiterate, living in rural, domestic, married, mother of 6 children but without active sexual life. The husband is bedridden.

**Discussion:** As an infection HPV presents a exponential growth in its association with esophageal oncology pathology, it is important to be alert and investigate. The association in terms of age and sexual life, classically associated with this pathology, is not demonstrated here.

## PROBIOTICS: WHAT'S THE EVIDENCE IN REDUCING MORBIDITY IN ACUTE DIARRHEA IN PEDIATRIC AGE

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**Introduction:** Every year it is estimated that there are around 1.7 billion cases of diarrhea worldwide, being the second cause of death in children, under 5 years. Probiotics are live microorganisms which when administered in appropriate amounts may confer a health benefit to the host.

**Objective:** To review evidence existing on the effect of probiotics on morbidity in acute diarrhea in pediatric age.

**Methods:** Research, MEDLINE and Evidence-Based Medicine sites for clinical guidelines, meta-analyzes (MAs), systematic reviews (SRs), and randomized controlled trials (RCTs) using the terms Mesh: “diarrhea”; “probiotic” and “morbidity”, published in the last 5 years, in Portuguese and English, in pediatric age, with acute diarrhea. Levels of evidence and recommendation forces were applied according to the American Family Physician's Strengh of Recommendation Taxonomy.

**Results:** There were 68 articles, which 61 were excluded because they did not meet the objectives. The following were included: 2 MAs, 1 SRs, 2 RCTs and 2 guidelines. According to the latter, the administration of *Lactobacillus rhamnosus* GG is recommended, as it decreases the duration of diarrhea and duration of hospitalization, as well as *Saccharomyces cerevisiae* (boulardii) is useful in reducing the severity and duration of diarrhea.

The RCT showed a decrease in duration of diarrhea, number of dejections and shortening of hospitalization, relative to the control group, consistent with the results demonstrated by the meta-analysis and systematic review as well.

However, these results can not be extrapolated since they can not be generalized to all probiotic chains. More studies in this area are necessary, so a recommendation force B is assigned.

## THE INVISIBLE BLOODSUCKER–CASE REPORT

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**Background:** Intestinal diffuse ganglioneuromatosis is a hamartomatous polyposis characterized by a diffuse hyperplasia of the neural plexus of the intestinal wall. It is a rare disorder of the enteric nervous system and often associated with neurofibromatosis type 1 and multiple endocrine neoplasia type 2B but can also present as sporadic and isolated forms.

**Methods:** We describe the case of a 76-year-old caucasian male followed for more than 12 years in hematology with a history of iron deficiency anemia without an identified cause and with intravenous iron needs.

**Results:** A study was carried out with several upper digestive endoscopies, colonoscopies and an abdominal-pelvic tomography that were negative. Capsule enteroscopy showed an ulcerated stenosis in the small bowel but biopsies taken were inconclusive. Four years ago, an enterectomy of the small bowel was performed and the anatomopathological report revealed compatible alterations with intestinal diffuse ganglioneuromatosis. Hemoglobin values returned to normal.

**Conclusions:** This case demonstrates an isolated form of intestinal ganglioneuromatosis difficult to diagnose despite an exhaustive evaluation. Usually it's associated to constipation or diarrhea, abdominal pain and distension. In this case, the anemia was the only symptom.

## WHAT THE ABDOMEN HIDES: USE OF ULTRASOUNDS EXAM IN PRIMARY CARE

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**Introduction:** A 31 years old girl who asked in our primary care center for a 5 month abdominal pain. It was located in epigastrium and was irradiated to right hipocondrium, and sometimes she felt itches in right lower quadrant and hipogastrium.

At abdominal examination, we didn't found pain, no mass, no peristalsis.

We have an echograph in our primary care center, and two General Practitioners(GP) are trained in ultrasound management. An Ultrasound(US) exam was done which showed a giant cystic abdominal mass, with no walls and non solid elements. We ordered a Computerized Tomography(CT). While patient was waiting for CT, she asked to emergency where a CT showed a giant cyst, occupying most of abdomen and compressing intestines. It seemed a mesenterical cyst. Mass was near ovary but was not part of it.

**Diagnosis:** At the beggining we thought of a possible biliar pain, and we made a diferential diagnosis of other causes of abdominal pain (renal colic, ulcer, pancreatitis, intestinal pain,...). Before exams it was oriented as a cyst (mesothelial vs ovaric vs tubal)

**Evolution:** While she was waiting for a surgery, the patient had a lose of 4 kilograms of weight and decrease of the abdominal distension. She asked at emergency, the US showed the empty membrane of the cyst. Patient was operated, and a salpinguectomy was done. The anatomopathological results were paraturgical cyst.

**Conclusions:** Use of US exam in primary care and its use by GP correctly trained can allow a quick diagnosis in common and non common abdominal pathology.

## 3.05. Diabetes and metabolic problems

### ADHERENCE TO ORAL HYPOGLYCAEMIC AGENTS IN NON- INSULIN TYPE 2 DIABETES MELLITUS IN PRIMARY CARE

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**Introduction:** Medication adherence is defined as the extent to which a person's behavior agrees with the agreed medication regimen from a health care provider. It is a crucial component in the treatment of chronic diseases.

**Objective:** To measure the rate of adherence to oral hypoglycemic agents in Non-Insulin Type 2 Diabetes Mellitus.

**Methods:** A cross sectional study involving 300 patients was randomly sampled in the polyclinic over 4 weeks. The eligible patients include Type 2 Diabetes, not using insulin, aged more than 18 years old and HbA1c result within the last 2 weeks from consultation. This Morisky 4-item questionnaire is a validated scale. Patients who answered “no” to all 4 questions will be classified as highly adherent and those who answered “yes” to at least one item will be classified as low adherence.

**Results:** 35% were aged more than 65 years, 55 % were between 50 -65 years. 44% were highly adherent, scoring “0” on the scale and only 0.6% were highly non-adherent, with a score of 4. 51% of the highly adherent patients had achieved glycated haemoglobin less than 7%.

Given the central importance of patient self-management and medication adherence for health outcomes, it is worrying to note that less than 50% of patients took

### PREVALENCE OF METABOLIC SYNDROME IN FAMILY MEDICINE PRACTICE

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**Introduction:** Metabolic syndrome is a cluster of the most dangerous risk factors for type 2 diabetes and cardiovascular disease. It includes central obesity, atherogenic dyslipidemia, raised fasting plasma glucose and high blood pressure.

**Objective:** The objective of this study was to estimate the prevalence of metabolic syndrome in patients attended primary care setting.

**Methods:** This study was conducted in Family Medicine Teaching Center Tuzla and included review of medical records of patients who were registered in one family medicine team, aged

18-85. We evaluated prevalence of metabolic syndrome according to the International Diabetes Federation (IDF) definition.

**Results:** Prevalence of metabolic syndrome was 9,7% (158/1623). Significantly more women (68%) than men (32%) met criteria for metabolic syndrome ( $p < 0,001$ ). Prevalence of metabolic syndrome greatly increased with advancing age and majority of patients (89,2%) belonged to the aged group  $>50$  years. Central obesity or BMI  $>30$  kg/m<sup>2</sup> had 83% patients. High triglyceride level had 73% patients. HDL-C was not performed in 98,1% patients. More than half of patients (51%) had elevated blood pressure. Majority of patients with metabolic syndrome (87%) had hypertension and 39% of them had controlled blood pressure. Raised fasting plasma glucose had 72% of patients. Type 2 diabetes had 23% patients and only 16% of them had controlled glucose level.

**Conclusion:** Prevalence of metabolic syndrome was high in family medicine settings. Systematic identification of patients with metabolic syndrome can help physicians to estimate risk for type 2 diabetes and cardiovascular disease. The earlier the diagnosis and treatment of metabolic syndrome are essential in order to stop this global problem.

## IMPORTANCE OF AN INTENSIVE PROGRAM OF NON-PHARMACOLOGICAL TREATMENT IN PATIENTS WITH TYPE 2 DIABETES MELLITUS WITH POOR CONTROL

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**Introduction:** Type 2 diabetes mellitus (DM2) is one of the most prevalent chronic diseases in primary care. A multidisciplinary approach is indispensable for its correct management.

**Objective:** To analyze the impact of a health education intensive and multidisciplinary program has on patients with poor DM2 control. Establishing the relationship between this program and the therapeutic target at 6 months, the need for a pharmacological intensification and the adherence to medical appointments.

**Methods:** Non-pharmacological pilot clinical trial in patients with DM2 with poor control. The patients were randomized and divided into two groups: an intervention group in which a multidisciplinary team conducted weekly educational sessions, and a control group in which usual diabetic controls were followed. In both groups were measured therapeutic goal in 6 months, adherence to the medical controls and need for change of pharmacological treatment.

**Results:** 23 patients were selected, 13 assigned to intervention group and 12 to the control group. Treatment intensification was required on the 15% of intervention group patients versus 67% of the control group [Chi-square: 6.83  $p < 0.05$  (0.009)]. The adherence to the medical control visits were 70% of the patients in the intervention group compared to 25% of the control group [Chi square: 4,891  $p < 0.05$  (0.027)]. Control objectives were achieved in 70% of patients in the intervention group versus 28% in the control group. No statistically significant relationship was found [Chi-square: 3  $p > 0.05$  (0.081)].

**Conclusions:** An intensive health education program in DM2 patients improves their adherence to medical follow-up as well as decreases the need to intensify intensive treatment.

## MULTIMORBIDITY AMONG DIABETIC PATIENTS IN PRIMARY CARE. SEVEN YEARS FOLLOW-UP IN GENERAL PRACTICE, ICELAND

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**Introduction:** Diabetes Mellitus type II (DM II) can possibly be seen as the top of an iceberg, where DM II patients have a clustering of other diseases.

**Objectives:** To analyse the characteristics of DM II patients in primary care, with special reference to multimorbidity.

**Subjects and methods:** An organised diabetic clinic has been a part of our Healthcare centre since 2007 (7 GPs; catchment area 10 000 people). DM II patients 18 years and older are invited to participate in regular follow ups measuring standard variables for diabetes. We combined these data with information from their medical records regarding chronic conditions. Multimorbidity was defined as 2 or more chronic diseases/conditions. In 2013, a total of 207 patients had been followed up for max 7 years.

**Results:** A total of 99% were multimorbid. Average number of diseases was 5.7 (SD ± 2.4) among men, and 7.7 (SD ±3.6) among women. Among men, most common co-morbid diseases were hypertension 80.3%, and musculo-skeletal disorders 63.2%. Year 2013, 55% had stopped smoking. Corresponding figures for women were: Musculo-skeletal disorder 77.8%, hypertension 76.7%. 33% of smokers had quit. During the follow-up period, there were on average modest changes on the serum glucose levels, but significant effects on some of the other multimorbid conditions.

**Conclusions:** The diabetic patient has a complex clustering of diseases and conditions. Combination of the medical record, continuity of care and traditional control of an index disease can be helpful tool to identify and manage people with complex disease burden.

## THE DEGREE TO WHICH LIPID OBJECTIVES ARE ACHIEVED IN DIABETIC PATIENTS

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**Introduction:** Good control of diabetic patients is demonstrated to reduce the risk of adverse events

**Objectives:** To analyse the cholesterol and triglyceride figures in diabetic patients in primary care, and the degree of control of this.

**Methods:** A descriptive, transversal study of diabetic patients treated at a primary care surgery at an urban health centre. To calculate a correct control the ADA 2016 recommended values were used (total cholesterol <150mg/dl, LDL-c <70mg/dl, HDL-c >40mg/dl,

triglycerides <150 mg/dl). For quantitative values the average and typical deviation were used (in the case of normal distribution), and for qualitative variables, percentages were used.

**Results:** 103 patients were studied, with an average age of  $69.9 \pm 12.2$ , mainly male (54.4%), glomerular filtration  $75.3 \pm 19.5$ , BMI of  $29.3 \pm 5$  and a waist measurement of  $104.3 \pm 12.9$  cm. 13.6% smoked, 25.2% had some type of complication (11.7% peripheral arterial disease, 10.7% heart disease, 9.7% a stroke). The average total cholesterol was  $160.7 \pm 37.03$  mm/dl,  $87.8 \pm 32.7$  mm/dl of LDL-c,  $47.06 \pm 12.4$  mm/dl of HDL-c and triglycerides of  $149.8 \pm 160.3$ . 77.7% fell within the cholesterol control figures, 44.7%, those of LDL-c, 70.9%, those of HDL-c and 44.7%, those of triglycerides. 80.6% were taking a statin.

**Conclusions:** The degree to which lipids are controlled in these patients is a long way from international recommendations. Treatment should be reviewed and intensified in these patients in order to reduce cardiovascular risk.

## IMPORTANCE OF EARLY DIAGNOSIS OF DIABETES IN CYSTIC FIBROSIS PATIENTS: A LIFE EXPECTANCY REDUCTION ASSOCIATION

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**Introduction:** The awareness campaign "Diabetes and Cystic Fibrosis" was presented by five medical students from Vila Velha University to 20 people, both patients and family, at the Cystic Fibrosis Association of Espírito Santo (AFICES).

**Objective:** The lecture's goal was to raise awareness, promote adherence to treatment and answer questions on the subject.

**Methods:** The main approached subjects were: definition, diagnosis, treatment and main symptoms of cystic fibrosis; respiratory function; diabetes and its prevalence in cystic fibrosis; diabetes identification on the cystic fibrosis patient. It was discussed that cystic fibrosis had an unfavorable prognosis, with short life expectancy, whereas today, patients live longer than 40 years, thus emphasizing the importance of early diagnosis.

**Results:** The subject was readily accepted by the public, with active participation from listeners, who asked questions and shared their view of the disease and its effects on everyday life. The complaint that doctors knew very little about Cystic Fibrosis was recurrent, culminating in the reported pilgrimage of patients in search of a knowledgeable professional. Both ought to recognize signs and symptoms of complications from the disease, especially Diabetes Mellitus, since it is the main extrapulmonary complication of Cystic Fibrosis.

**Conclusions:** With the information provided during the lecture, listeners are expected to be able to cope better with the disease, knowing the importance of adherence to treatment with a multidisciplinary approach to achieve a better quality of life. Also, the student-listener interaction was enriching, making possible to know closely the difficulties of parents and patients with Cystic Fibrosis.

## IMPACT OF DEPRESSION AND/OR ANXIETY ON THE PRESENTATION OF CARDIOVASCULAR EVENTS IN A COHORT WITH METABOLIC SYNDROME

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**Introduction:** Metabolic syndrome (MetS) is a common condition in all developed countries. The effect of anxiety and/or depression as manifestations of stress on the adrenal axis, gluconeogenesis, cardiovascular disease or glucose tolerance has been widely demonstrated. But association of stress with poor prognosis is still unclear.

**Objectives:** To determine the role of anxiety and depression on the incidence of cardiovascular events (CVE) in a Catalonian population with MetS over a five-year follow-up according to the number/type of MetS criteria.

**Methods:** prospective study to determine the incidence of CVE according to the presence of anxiety and depression disorders among individuals with different combinations of clinical traits of the MetS.

**Setting:** Primary Care, Catalonia (Spain).

**Subjects:** 35-75 years old fulfilling MetS criteria without CVE at the initiation of follow-up (2009). We studied 16 MetS phenotypes [NCEP-ATPIII criteria] based on the presence of depression/anxiety. The primary endpoint was the incidence of CVE at five years.

**Results:** We analyzed 401,743 people with MetS (17.2% of the population); 8.7% had depression, 16.0% anxiety and 3.8% both. 14.5% consumed antidepressants and 20.8% tranquilizers. At the 5-year follow-up, the incidence of CVE was 5.5%, being 6.4% in men and 4.4% in women. On comparing individuals with and without depression the incidence of CVE was 6.7% vs. 5.3%, respectively ( $p < 0.01$ ), being 5.5% in both groups in relation to anxiety.

**Discussion:** Unlike other European cohorts the predominant MetS phenotypes in Catalonia do not include obesity as a criterion. Depression and anxiety play a role in the poor prognosis of patients with MetS.

## HYPERURICEMIA AND GOUT: HOW TO APPROACH IN PRIMARY HEALTH CARE

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**Introduction:** Hyperuricemia is a common analytical alteration, present in 20-25% of men and in a smaller proportion of women. It does not necessarily represent disease and is a term applied to cases in which the serum concentration of urate is high, but without signs of deposition, such as gouty arthritis, gouty tophi, hyperuricemic nephropathy or urate nephrolithiasis characteristic of gout.

**Objective:** This paper aims to review the literature on the approach of hyperuricemia and gout in primary health care.

**Methods:** Bibliographic research of review articles, meta-analyses and guidelines published in the last 10 years in the Medline/Pubmed databases, using MeSH terms "gout", "hyperuricemia", "diagnosis", "therapeutics" in English, Spanish and Portuguese.

**Results:** The approach of persistent asymptomatic hyperuricemia should include clinical history, physical examination and analytical study to identify: patients at risk for gouty arthritis, tophos or urolithiasis (to be treated), individuals whose hyperuricemia is a sign of underlying disorder (require specific treatment) and drug-induced hyperuricemia that can be

removed or replaced. In asymptomatic patients, it is advisable to change lifestyle, with diet adjustment, reduction of alcohol consumption, weight loss and regular exercise. In the management of chronic medication, hyperuricemic medication should be avoided. In case of risk of kidney disease or without this risk, but values higher than 13mg/dL in men and 10mg/dL in women, therapy with xanthine oxidase inhibitors should be instituted. In gout crisis, the goal is to interrupt symptoms using non-steroidal anti-inflammatory drugs such as naproxen or indomethacin. Before intolerance or contraindication, low-dose oral colchicine is an alternative.

## EARLY DIAGNOSIS OF DIABETES IN OBESE AND HYPERTENSIVE PATIENTS THROUGH FINDRISC DIABETES RISK CALCULATOR AT USF CORGO

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**Introduction:** Diabetes Mellitus (DM) is a chronic, progressive, multiorganic disease that can cause a high impact on the quality of life and is increasingly frequent in society. According to the Annual Report of the National Diabetes Observatory, the prevalence in Portugal (2013) was 12.9% in the population aged between 20 and 79 years. The population with an increased risk of DM are: the overweight patients (BMI  $\geq 25$  and  $< 30$ ) and obese (BMI  $\geq 30$ ); men with abdominal circumference  $\geq 94$  cm and women with abdominal circumference  $\geq 80$  cm; individuals with more than 45 years old if European (or  $\geq 35$  if from other area); individuals with sedentary habits; first-degree family history of diabetes; history of previous cardiovascular disease; previous gestational diabetes; hypertension; dyslipidemia; consumption of drugs predisposing to diabetes, and individuals with fasting glucose anomaly and previous glucose tolerance. These are the ones that the general practitioner should be more attentive in order to obtain a correct diagnosis and the earliest possible.

**Objectives:** Early diagnosis of diabetes in the obese population and in the population with hypertension.

**Methods:** The MIM@UF is a program available in Portuguese primary care that allows the identification of patients with ICPC-2 coding for obesity (T82) and hypertension (K87 and K86). We analyzed the individual clinical processes, identified the results of the FINDRISC tool available in SClínico(R) and identified the users whose diabetes diagnosis was possible through this tool.

**Results:** The early diagnosis in this population allowed a more timely action in order to reduce the risk of future complications.

## ACROMEGALY: A DIAGNOSIS THAT RARE?

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**Introduction:** Acromegaly is a rare disorder characterized by growth hormone (GH) hypersecretion. Usually affects middle-aged adults, with a higher incidence in females. Presents a prevalence of 30-70 cases per million individuals, even though the most recent studies indicate it could be considerably higher, suggesting that this disease can often be underdiagnosed.

**Description:** Woman of 58 years old, with history of type 2 Diabetes, hyperlipidaemia, urinary incontinence and cerebral meningioma (surgery in 2004).

On 24/06/2014 presented complaints of sporadic headache and edema of the hands associated with excessive sweating, referring years of evolution and progressive worsening. Physical exam revealed coarse facies, enlargement of the nose and thickening of the lips, hands and feet of large dimensions. Analytical study with hormonal determinations were ordered.

The patient returned 2 months later, keeping the complaints and bringing the analysis that showed increased serum GH levels and increased ACTH levels.

She was referred to Endocrinology, where she carried out an analytical study and additional imaging. The RM-EC showed a pituitary macroadenoma with no compression of the optic tracts; the study showed increase of the somatotropin/IGF-1 ratio.

She was then referred to Neurosurgery, having been subjected to microscopic transsphenoidal surgery on 26/03/2015 which was uneventful.

**Conclusions:** The diagnosis of acromegaly is often delayed due to its slow and progressive installation. In most cases, the diagnosis takes about 7-10 years after the onset of clinical manifestations, therefore, it is important to intervene the sooner as possible because only the early treatment can reverse the symptoms and contribute to improve the patient's quality of life.

## THE ASSOCIATION BETWEEN OBESE PHENOTYPE AND EARLY KIDNEY FUNCTION DECLINE

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**Introduction:** Many studies reported that obesity contributed to reduce kidney function. However, little is known about the relationship between obese subtype and renal function in healthy individuals.

**Purpose:** We investigated the risk of kidney function decline of obesity-associated metabolic disorders.

**Methods:** A retrospective study was conducted on 1462 patients, admitted consecutively from January 2014 to December 2014, aged  $\geq 35$  years. Individuals with kidney diseases or other conditions that could affect kidney function were excluded. Renal function was determined by estimated glomerular filtration rate, using the CKD-EPI creat-cys equation. eGFR 60-90 mL/min/1.73m<sup>2</sup> was defined as early renal function decline. Obese phenotype was divide into four types : metabolically healthy normal weight (MHNW), metabolically abnormal normal weight (MANW), metabolically healthy obese (MHO), or metabolically abnormal obese (MAO).

**Results:** In a multiple logistic regression analysis, MONW and MAO phenotype showed a remarkably increased odds ratio in the early renal function decline [1.679, (95% CI, 1.002-2.815), 1.552, (95% CI, 1.022-2.356)] compared with those with MHNW. A similar trend in MHO subjects was also seen but there was no statistical significance [1.149, (95% CI, 0.815-1.620)]. Our study suggest that early renal function decline may be associated with different metabolic consequences according to obese phenotype.

## LIPID CONTROL IN INDIVIDUALS WITH DIABETES MELLITUS IN PRIMARY HEALTH CARE: A CROSS-SECTIONAL STUDY PROTOCOL

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**Background & Aim:** Diabetes mellitus (DM) is associated with high cardiovascular (CV) morbimortality. Insulin resistance and changes in lipoprotein metabolism lead to a more atherogenic lipid profile. This research aims to estimate the proportion of individuals with DM who have LDL and non-HDL cholesterol in therapeutic goals, considering the individual CV risk. It also intends to calculate the proportion of individuals on antidiabetic drugs; characterize the class and dose of prescribed drugs and to study the association between lipid control (LDL-C and non-HDL) and CV risk, age and gender.

**Methods:** Observational, analytical, cross-sectional study, performed in two general practice centers of Portugal. It will be used a representative random sample of study population that comprises patients aged  $\geq 18$  years old, diagnosed with DM (coded with T89 and T90, according to ICPC-2). The variables studied will be age, gender, LDL-C, non-HDL cholesterol, presence of CV risk factors, target organ lesion, clinically evident CV disease and antidiabetic drugs, consulted in clinical records. T-student test will be used to study the association between age and cholesterol control (LDL and non-HDL), and chi-square test to study the association between gender and cholesterol control as well as between CV risk and cholesterol control.

**Results and Conclusion:** Considering the double burden of CV disease and DM, it's relevant to carry out research addressing lipid control in these patients, regarding the individual CV risk. We hope the results of this investigation will sensitize health professionals to this problem in order to actively contribute to the reduction of CV risk.

## INCIDENCE OF DIABETES MELLITUS IN HYPERTENSIVE PATIENTS ATTENDING A PRIMARY CARE UNIT

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**Introduction:** Hypertensive patients are at higher risk of diabetes mellitus (DM). The reported incidence was 29.1 compared to 12.0/1000 person-years in non-hypertensive persons. And hypertension also can further lead to and make worse to complications of DM, including diabetic nephropathy and retinopathy.

**Objective:** To determine the incidence of diabetes mellitus among hypertensive patients attending a primary care unit

**Methods:** A retrospective medical records review was conducted in 388 hypertensive adult and diabetes free patients attending primary care unit (PCU) of Songklanagarind Hospital, Thailand during January 2005. The patients were traced for developing DM until end of study in December 2015 or until either dead or loss to follow up. Information regarding demographic data, body mass index, fasting blood sugar, antihypertensive drugs treatment, lipid lowering drugs were extracted. Cumulative incidences of DM were illustrated by Nelson-

Aalen cumulative hazard function graphs. Control of confounding effects were done by multilevel mixed-effects logistic regression model.

**Results:** The study could recruit 388 patients with mean age 60.2 year-old and female 66.7%. There were 82 diabetes detected after 2074 person-years of follow up, yielding an incidence of 39.5/1000 person-years (95%CI=59.1-61.3). The statistical significant factors associated with DM identified from this study were pre-obese (OR=2.3; 95%CI=1.1-4.8), obese (OR=4.1; 1.8-9.2), and statin used (OR=1.6; 95%CI=1.0-2.6).

**Conclusion:** The incidence of DM in this PCU is relative high compared to other reports and need more intensive preventive measures to lower the risk especially body weight control.

## INTERVENTION IN DIABETIC PATIENTS WITH HEMOGLOBIN A1C > 8% IN A PRIMARY HEALTH CARE CENTER

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**Introduction:** During the past decades, the prevalence of type 2 diabetes *mellitus* (DM 2) has been increasing due to several factors such as longer life expectancy, sedentary lifestyle, hypercaloric diet and obesity. Glycemic control plays a major role on the prevention of DM 2 complications.

**Objective:** The aim of this study is to reduce 10% of patients with DM 2 with hemoglobin A1c (HbA1c)>8% in a primary health care center (PHCC) with multidisciplinary approach.

**Methods:** An intervention and follow-up process of diabetic patients of a single PHCC was carried throughout 2016. They were monitored periodically by a multidisciplinary team (physician, nurse and nutritionist). We conducted health education sessions emphasizing the importance of self-monitoring, healthy eating and physical exercise; the pharmacological therapy was optimized according with the local recommendations. Two evaluations (June and December 2016) of the glycemic control of these patients were performed through the HbA1c values. Patients with type 1 diabetes, gestational diabetes, newly diagnosed (less than six months) and less than 18 years were excluded.

**Results:** We found 157 patients with HbA1c>8% from a total of 1204. In June 2016, we found that 50.3% of these patients already had a reduction of HbA1c to below 8%. In the second evaluation, December 2016, similar values were found.

**Conclusion:** We achieved a reduction of HbA1c to below 8% in about half of the patients, which is well above our initial proposal (10%). Through the efforts of a multidisciplinary team, it is possible to improve the metabolic control of DM 2.

## THE RETINOGRAPHY SCREENING METHOD IN PRIMARY CARE: ANALYZING THE CONTROL OF DIABETIC PATIENT COMPLICATIONS

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**Introduction:** Diabetic retinopathy is one of the main complications of diabetes, detecting it in time has been a challenge for primary care physicians and health centers where retinography is performed as a screening method.

**Objective:** Evaluate the incidence of Diabetic Retinopathy in the population of a health center, comparing the retinographies performed at the beginning of the screening and after 4 years.

-Knowing the cardiovascular risk factors associated with patients with diabetic retinopathy

**Methods:** An observational, transverse study is designed that compares the number of retinopathies diagnosed at the beginning of the screening and after 4 years in the population of a primary care center. Retinopathies reported as pathological were taken into account and in the medical history, only those with diabetic retinopathy were selected after being evaluated by ophthalmology. As variables the age, sex and associated cardiovascular risk factors.

**Results:** A total of 657 recorded retinographies were analyzed, corresponding to 437 performed in 2010 and 220 in 2014. In 2010, 37(8.46%) were reported with findings, of which 20(54.05%) were diagnosed with Diabetic Retinopathy by specialist. In 2014, 25(11.36%) were reported, of which only 13(52%) were assessed as diabetic retinopathy.

Of all patients with retinopathy, cardiovascular risk factors were: HTA 20 (60.6%), DLP 9 (27.2%), Obesity 4 (12.1%), Ischemic heart disease 5 (15.1%). Of the sample with retinopathy were 18 men and 15 women, with a mean of 66 years (44-85). As a relevant finding, 3 proliferative retinopathies were found in the 1st period compared to none found in the 2<sup>nd</sup> period.

## IMPACT OF PULSE PRESSURE IN CARDIOVASCULAR EVENTS IN A COHORT WITH METABOLIC SYNDROME

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**Objectives:** To analyze the impact of the pulse pressure on the occurrence of cardiovascular events (CVE) in a cohort with metabolic syndrome (MetS) (without previous events) followed during five years

**material and methods:** Cohort study, in Primary Health Care. We selected subjects aged between 35 and 75 years, with diagnostic criteria for MetS at the beginning of the study period. The criteria used were defined by the 2005 NCEP-ATPIII revised set (Hypertension / Obesity / HDL-cholesterol / glucose disturbances / hypertriglyceridemia), anthropometric variables, pulse pressure (PP), CVE (Myocardial Infarction / Ischaemic heart disease / Stroke).

**Results:** N = 401,784 people. 51.1% men, with average age of 60,11 ± 9.9 years. The blood pressure (BP) was: Systolic BP 135.2 ± 14.5 mmHg / Diastolic BP 79.52 ± 9.4 mmHg. Levels of total cholesterol: 211 ± 40,7 mg/dL and HDL-cholesterol 48,72 ± 12,7 mg/dL. / Mon.

92.3% of patients had hypertension, 46.8% obesity, 80.6% dyslipidemia and 76.5% diabetes mellitus. Active smokers 21.9%, 19.7% Ex-smokers

In five years, we recorded a 5.5% of CVE: ischaemic heart disease (2.3%), myocardial infarction (MI) (0.9%) and stroke (2.3%).

Among the male population sample, the overall CVE detected was 6.4%, while in women occur only in 4.4%.

Distribution of PP: 11.8% PP1 (21-40 mmHg); 59.5% PP2 (41-60 mmHg); 25% PP3 (61-80 mmHg) and PP4 3.7% (> 81 mmHg). The CVE in the 5 years of follow-up have been associated to PP1 in 9.1% (predominantly MI); to PP2 in 54.4% (predominantly MI), to PP3 in 30.5% (predominantly stroke) and to PP4 in 6.23% (predominantly stroke).

**Conclusions:** In population affected by MetS, stroke is strongly associated to PP greater than 61mmHg, while lower pressure pulse dominated in MI

## ASSOCIATION BETWEEN MODERATE-TO-VIGOROUS PHYSICAL ACTIVITY AND CARDIOVASCULAR DISEASE RISK IN CHINESE PRIMARY CARE PATIENTS WITH IMPAIRED FASTING GLUCOSE

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**Introduction:** Both impaired fasting glucose (IFG) state and insufficient physical activities increase cardiovascular disease (CVD) risk. However, the association between physical activities and the CVD risk of patients with IFG has not been evaluated.

**Objectives:** To explore the association of moderate-to-vigorous physical activity (MVPA) and sedentary time with the estimated 10-year-CVD-risk among IFG patients.

**Methods:** We conducted a cross-sectional analysis of 1095 Chinese patients (574 women and 521 men) with IFG (i.e. fasting plasma glucose level between 5.6-6.9mmol/L) and without known CVD from three primary care clinics in Hong Kong. The time spent on MVPA and sedentary behaviour was collected by the self-reported short-version of the International Physical Activity Questionnaire. The estimated 10-year-CVD-risk was calculated using gender-specific Framingham equations. Multivariable linear regression models were established to assess the association between the time spent on MVPA, sedentary behaviours and the estimated 10-year-CVD-risk after adjusting for confounders. Sensitivity analysis was further conducted to determine the impact of less than 10 minutes of MVPA per day on CVD risk.

**Results:** Among Chinese primary care patients with IFG, each one additional hour of MVPA was associated with 0.65% (95%CI: 0.07% - 1.23%, p=0.023) reduction in the estimated 10-year-CVD-risk independent of sedentary time; the reduction reached statistical significance. Notably, compared to individuals having at least 10 minutes of MVPA per day, the mean estimated 10-year-CVD-risk of IFG patients with MVPA<10 minutes/day were 1.6% (95%CI: 0.5% to 2.7%, p=0.003) higher. No significant association was found between sedentary time and the estimated 10-year-CVD-risk in this group.

## CUSHING'S SYNDROME - A CASE REPORT

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**Introduction:** The symptoms and signs of Cushing's syndrome result directly from chronic exposure to excess glucocorticoid. Establishing the diagnosis is often difficult because few of the symptoms or signs are pathognomonic of the syndrome in isolation.

Pituitary ACTH-dependent Cushing's syndrome is more common than Cushing's syndrome caused by benign and malignant adrenal tumors combined.

**Objective:** Demonstrate the importance of valorizing acute findings in patients with chronic underlying diseases.

**Methods:** Patient's clinical process and scientific articles.

**Results:** Female patient, 69 years old, single, autonomous, living with her brother. History of hypertension, type 2 diabetes mellitus, pituitary neoplasia (Cushing's syndrome), hypothyroidism, obesity and depressive syndrome. Controlled with oral antidiabetics and HbA1c within normal values.

At follow-up visit presents with HbA1c of 12.1%, 6 months earlier had 6.6%. Did not change medication or diet. An abdominal CT and blood tests were ordered. Ten days later CT result reveals a regular nodular image with 1.2cm in the left adrenal, suggesting an adenoma. She was referred to endocrinology and admitted 5 months later to study the incidentaloma. Performed several blood and imaging studies and started insulin. She was then referred to the endocrinology consultation and is now awaiting for the results.

**Discussion:** This case demonstrates the importance of reassessing certain chronic diseases, especially when the diagnosis is uncertain and when we have a new list of patients.

This case also highlights the importance of non-devaluation of acute findings and sudden changes in laboratory values in patients with chronic underlying pathology.

## **BENEFITS OF SELF-MONITORING OF BLOOD GLUCOSE IN THE MANAGEMENT OF TYPE-2 DIABETES (NON-INSULIN TREATED PATIENTS) - WHAT IS THE EVIDENCE?**

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**Introduction:** Self-monitoring of blood glucose (SMBG) has an important role in the management of type-2 diabetes in patients treated with insulin. However, it's been uncertain if SMBG brings benefits to non-insulin treated patients.

**Objective:** We aim to evaluate the effects of SMBG in patients with type-2 diabetes who are not on insulin.

**Methods:** We conducted an evidence-based review. The following data sources were used: National Guideline Clearinghouse, Guidelines Finder, Canadian Medical Association Practice Guidelines Infobase, Scottish Intercollegiate Guidelines, The Cochrane Library, DARE, Bandolier, PubMed and Direcção-Geral de Saúde (Portugal). Guidelines, evidence-based reviews, meta-analysis and original studies were searched, published between 2006 and 2016, in English and Portuguese, with MeSH words "type-2 diabetes mellitus", "non-insulin-treated", "self-monitoring", "blood glucose". For evaluation of evidence levels and strength recommendations, we used "Strength of Recommendation Taxonomy" of "American Academy of Family Physicians".

**Results:** A total of 107 articles were found, 20 meeting the inclusion criteria (3 guidelines, 4 evidence-based reviews, 3 meta-analysis and 10 original studies). Current evidence is mixed, with some studies pointing to significant glycemic benefits resulting from SMBG use, while others have shown no clinical benefits. More future studies are required, in order to confirm or deny the benefits of SMBG use in the studied population, aiming to reduce its inappropriate use, thus reducing costs and avoided unnecessary testing in people (which has implications for both patients quality of life and the government workload and financial resources).

## **WHEN HBA1C IS NOT ENOUGH. A CASE OF BALTIMORE HEMOGLOBIN**

# 22<sup>nd</sup> WONCA Europe Conference

June 28 – July 1, 2017 | Prague, Czech Republic

[www.woncaeurope2017.eu](http://www.woncaeurope2017.eu)

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**Introduction:** Lowering HbA1c levels is the main treatment goal in diabetic patients, and determination of this hemoglobin (Hb) is the method regularly used to monitor glucose control in these patients. HbA1c may be falsely low in certain clinical situations.

**Case Presentation:** 63-years-old male, in a nuclear family, in the VI stage of the Duvall Life Cycle. His medical history: Diabetes Mellitus type 2, Arterial Hypertension and Obesity. The patient comes to Diabetes Consultation bringing his blood test results of which highlights HbA1c of 5.4%. He had glycemic records of the last 3 days with fasting values between 188-291 mg/dL and postprandial values between 240-297 mg/dL, not compatible with HbA1c of 5.4%. Considering the possibility of interference with the presented value, it was requested an analytical study and proposed re-evaluation.

After two weeks, the patient brings the test results, with Hemoglobin Electrophoresis, presenting a Variant Hemoglobin fraction of 54.4%, compatible with Baltimore Hemoglobin. New HbA1c is then requested for boronate affinity, yielding a value of 8.4% and fructosamine of 604 µmol/L (Reference Range <285).

In view of this diagnosis, the genogram was performed, emphasizing his Indonesian ascendance on the paternal lineage. I referred the patient to genetics consultation and explained the importance of excluding the diagnosis in his offspring.

**Discussion:** This case report demonstrates the importance of the Family Physician's proximity care to a patient, with a high risk of complications from uncontrolled Diabetes if the diagnosis was not made in time.

## THE IMPACT OF DEPRESSION ON DIABETES

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**Introduction:** The association between type 2 diabetes (T2DM) and depression is established. Several studies have reported that depression in diabetic patients is associated with worse glycemic control and a higher prevalence of complications.

**Objective:** In the present study, the authors determined the prevalence of depression in patients with T2DM and documented the relationship between depression, glycemic control and complications in these patients.

**Methods:** Cross-sectional study, conducted from 1 June 2015 to 31 May 2016. Sample: diabetic patients of a Health Unit. Case definition: diabetics with depression and prescription of antidepressants in the study period. Randomized sample, representative and stratified by age group and sex. Including the following variables: gender, age, glycated hemoglobina and complications. Data analysis was performed using Excel®.

**Results:** The prevalence of depression in T2DM was 23.6%. We found no difference between glycemic control in depressed and non-depressed diabetics (67.9% with good glycemic control vs 67.4%, respectively). The presence of complications in depressed patients was higher (44.6%) vs non-depressed diabetics (31.5%). The prevalence of depression was higher in the female sex (67.9%) and in the age group between 65 and 79 years (64.3%).

**Discussion:** The prevalence of depression in diabetics is higher than that of the general population (11.8%). The propensity for worse glycemic control in this group of patients has not been confirmed. However, there appears to be a trend towards a greater number of complications in depressed diabetics, which is in agreement with most studies. The relationship between depression and the presence of complications in T2DM can be explained in part by poor self-care and adherence to treatment in depressed patients.

## PREVALENCE OF METABOLIC SYNDROME AMONG CUKUROVA UNIVERSITY PERSONNEL IN TURKEY

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**Introduction:** Cardiovascular diseases (CVDs) are the main reason to lead mortality in worldwide. Metabolic Syndrome (MetS), as a well-known risk factor for developing CVDs, is a complex disorder defined as a cluster of interrelated risk factors including hypertension, dyslipidemia, obesity and high blood glucose levels.

**Objective:** We want to share the frequency of MetS among healthy personal working for Cukurova University.

**Methods:** Total 155 healthy volunteers working for Cukurova University at academic and administrative staff were included. All participants' socio-demographic characteristics, anthropometric measurements were collected, and blood pressure and serum parameters were measured. MetS was diagnosed using the criteria of the International Diabetes Federation (IDF).

**Results:** The mean age of the subjects was  $45,6 \pm 7.8$  years. Total of 85 percent of the participants were university-graduated. Total of 54.2% of participants had higher waist circumference ( $\geq 94$  cm in male and  $\geq 80$  cm in female). Total of 13% of them had impaired fasting glucose ( $\geq 100$  mg/dl), 15.5% had elevated systolic blood pressure ( $\geq 135$  mmHg), 29% had elevated diastolic blood pressure ( $\geq 85$  mmHg), 23.1% had high triglyceride levels ( $\geq 150$  mg/dl) and 43.5% had low high-density lipoprotein cholesterol levels ( $\leq 40$  mg/dl in male and  $\leq 50$  mg/dl in female). We identified 29 (18.7%) subjects with MetS.

**Conclusions:** According to our first report of the ongoing study, almost a fifth of the studied personnel have MetS and therefore they are at higher risk for both CVDs and diabetes mellitus. So, the components of MetS should be implied more effectively as well as its importance to the healthy persons in primary care.

## INSULINOMA - CASE STUDY

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**Introduction:** Insulinoma is a tumour of the endocrine pancreatic islets, which secretes insulin and causes recurrent fasting hypoglycemia. This is an extremely rare tumor, occurring in 1-3 cases per million people a year. Despite that fact it is one of the most common causes of hypoglycemia in the non diabetic population.

**Objective:** To show the importance of a multidisciplinary approach to the patient at diagnosis insulinoma.

**Methods:** The medical records of the patient were analyzed.

**Case study:** A patient aged 47 visited the doctor due to extreme sleepiness, blurred and double vision. These symptoms are mostly evident after waking up and before meals, yet are reduced after food intake. Neurological and ophthalmic results were normal. A 72-hour test of hunger showed the presence of Whipple's triad with hypoglycemia (2.2 mol / l) and elevated levels of insulin. It was noticed that there was a lack of superssion insulin secretion in insulin-induced hypoglikemia (C-peptide was increased). Computer tomography showed the presence of a solitary change in the body of the pancreas. Surgical intervention of tumour is done, histopathologic results showed solitary insulin. At check ups the patient is feeling well, symptoms mentioned have stopped.

**Results:** Insulinoma is a disease that due to its nonspecific symptoms can remain undetected for a long time. Surgical removal of the tumour usually results in a complete cure. It is very important to think of this rare disease in the presence of non-specific symptoms in order to have timely therapy.

## DIABETES MELLITUS IN A PORTUGUESE FAMILY PRACTICE

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**Introduction:** Rates of Diabetes Mellitus are increasing worldwide, including Portugal where it affects 13% of the population and is responsible for 8,3% of primary care visits. Good management of diabetes has been shown to significantly lower micro and macrovascular complications.

**Objective:** Analyze the comorbidities, complications, disease control and antidiabetic therapy of diabetic patients in a family practice.

**Methods:** Retrospective observational study. Population and sample: patients diagnosed with diabetes in a family practice. Main variables: age, sex, comorbidities, clinical parameters and therapeutics.

**Results:** 113 diabetic patients were analyzed, corresponding to 5,9% of the practice. The majority were female (55,7%) with an average age of 68,2 years. The average value of HbA1c was 6,64%, and 76,1% of patients presented HbA1c ≤ 7%. Dyslipidemia was the most common comorbidity (83,2%), followed by Hypertension (81,4%). Overweight and obesity were also frequent (76,1%). The most common complication was coronary disease (8,8%), followed by nephropathy (5,3%), neuropathy (5,3%) and retinopathy (3,5%). Most of the patients were taking one or two oral antidiabetics (86%). Biguanides were the most prescribed pharmacological class (77,9%), followed by DPP4 Inhibitors and Sulphonylureas. 10,62% of patients were on Insulin therapy, and only 3,5% were taking sodium-glucose cotransporter 2 inhibitors or α-glycosidase inhibitors.

**Conclusions:** Our prevalence of diabetes was lower than in Portugal and comorbidities were also subdiagnosed. Most of the patients had good glycemic control and the pharmacological therapy followed national and international guidelines. This study let us detect possible areas of improvement in order to achieve a better disease control and following for our patients.

## WHEN KNOWING YOUR PATIENT MAKES THE DIFFERENCE

# 22<sup>nd</sup> WONCA Europe Conference

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**Introduction:** Acromegaly is an endocrine disorder characterized by progressive somatic disfigurement involving mainly the face and extremities. It arises from an abnormal elevation in serum growth hormone (GH) in adulthood and is often due to a pituitary adenoma.

**Case presentation:** A 70 year old, caucasian woman, with a history of type 2 diabetes mellitus, dyslipidemia, overweight and chronic sinusitis. Medicated with metformin/vildagliptin 850/50mg, rosuvastatin 10mg, rabeprazole 20mg and naproxen 500mg. We observed her to have soft tissue swelling (enlarged lips, nose and macroglossia) and enlargement of extremities and we compared with old photos. These findings raised the suspicion of acromegaly. However, she had not noticed a recent change in appearance. She did not describe having had recent headaches, vomiting, visual difficulties, or galactorrhea to suggest a pituitary neoplasm. Her pulse was regular at 79 beats/min, and her blood pressure was 135/80mmHg. Her random growth hormone levels were 10,2 mU/L (normal range <10 mU/L). Her insulin-like growth factor-1 level were 693,85 ng/ml (normal range 150-350 ng/ml) which was supportive of the diagnosis of acromegaly. Magnetic resonance imaging of her pituitary gland revealed a pituitary microadenoma. Acromegaly secondary to a growth hormone-secreting pituitary microadenoma was confirmed. She was referred to endocrinology, began treatment with bromocriptine 2,5mg and subsequently underwent surgical resection.

**Conclusion:** Acromegaly is a rare and insidious disease characterized by progressive somatic disfigurement, which may be disregarded as being due to aging. A high index of suspicion must be maintained to avoid missing this important diagnosis. Early recognition and diagnosis will help to avoid the complications of disease.

## DOCTOR, I THINK THIS TIME IT'S NOT ANXIETY

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**Introduction:** A 39-year-old woman without relevant clinical history who came to the health center for a decrease in weight, abdominal pain and severe vomiting after three weeks. She also reports hyperdefecation, insomnia and anxiety crisis in the last day

**Objective:** Pay attention to the symptoms of alarm of the different pathologies

### Methods/Results:

*Physical examination:* The patient was restless and irritable, conscious and oriented, eupneic breathing, with fever of 37.9 degrees, TA 130/70, FC 110 lpm. Normal respiratory-heart-auscultation. The abdomen was painful on palpation, with increased peristalsis without

peritoneal irritation. No masses or megaly were found. Fine tremor of hands and hyperreflexia.

*An electrocardiogram* was performed that induced a sinus tachycardia

*Gastroscopy, abdominal radiography and abdominal ultrasound* were performed, which were normal

*Analytics:* TSH 0.2, T4 18.8

*Thyroid scintigraphy* showed a gland with diffuse hyperfunction

**Diagnosis:** Hyperthyroidism

**Differential diagnosis:** Neoplasia, anxiety, gastroenteritis

**Conclusions:** Fortunately, an analysis is sufficient to determine the concentration of thyroid hormones and TSH, the treatments are very effective, and the diagnostic quality for the early detection of carcinomas has improved.

But the greatest complication is to detect when it is necessary to request a thyroid hormone test, since the symptoms of thyroid dysfunction are few and far between

The diagnosis is based on three pillars: clinical, analytical and diagnostic imaging

Currently, the scintigraphy is the gold standard technique for the diagnosis of hyperthyroidism. However, there is no consensus as to which technique is the best for such diagnosis. Ultrasound should be the first imaging examination and reserve the scintigraphy for non-diagnostic cases.

## UNDIAGNOSED OBSTRUCTIVE SLEEP APNEA AND DIABETES TYPE 2 CONTROL

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**Objective:** Several studies have shown a important link between obstructive sleep apnea (OSA) and high cardiovascular risk. We have conducted the Epworth survey, validated in Spain for OSA screening, among our diabetic patients to determine the possible relationship between non-diagnosed OSA patients and their diabetic control.

**Methods:** This was a observational cross-sectional study, with a random sample of 79 patients older than 18 years and diagnosed of type 2 diabetes with the Epworth survey applied, and who belong to our health area city of Cartagena. Statistical SPSS software has been applied.

**Results:** A total of 78 patients were included in study. All of them diagnosed of type 2 diabetes, 29 patients of 78 with severity 3 of Epworth (37.17% patients), which translates into moderate-severe symptoms related to OSA. 75,86% of the them followed the antidiabetics oral treatment (AOT), 13,79% followed the AOT plus insulin, 3,44% alone insulin, 6,89% diet only. 15 of 29 patients had moderate cardiovascular risk which is almost the half of patients (51,72%) and we found that poor diabetic control with glycosylated insulin (HbA1c) between 7,6-8,5% was present among 31,03% of patients and 20,69% patients had HbA1c higher than 8,5%, all of them with Epworth moderate-severe symptoms.

**Conclusion:** We have observed a high number of patients with symptoms related to OSA among non-diagnosed OSA patients, poor diabetic control among them, as well as elevated cardiovascular risk. We consider screening for OSA in primary care of high interest.

## DIAGNOSTIC APPROACH TO THYROID NODULE

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**Introduction:** Thyroid nodules come to clinical attention when noted by the patient, or as an incidental finding during routine physical examination, or during a radiologic procedure. The clinical importance of the thyroid nodule evaluation is primarily related to the need to exclude thyroid cancer. **Objective:** This paper aims to find a reasoned orientation of the diagnostic approach to thyroid nodules.

**Methods:** A review was conducted based on clinical guidelines, systematic reviews and original articles. Online databases were searched (Cochrane, Medline, Pubmed and references of selected articles) between January 2001 and January 2016.

**Results/Conclusions:** History and physical examination have low accuracy for predicting cancer so the use of high-resolution ultrasonography (US), sensitive thyrotropin (TSH) assay, and fine-needle aspiration (FNA) biopsy are important auxiliary diagnostic tests on the management of thyroid nodules. Thyroid scintigraphy is not necessary for diagnosis in most cases. However, it may be warranted in patients with a low serum TSH value or a multinodular gland. Measurement of serum TSH is the best initial laboratory test of thyroid function and should be followed by measurement of free thyroxine and triiodothyronine if the TSH value is decreased, and measurement of anti-thyroid peroxidase antibodies (TPOAb) if the TSH value is above the reference range. FNA biopsy of palpable and incidentally discovered solid thyroid nodules >1 cm. FNA biopsy of subcentimeter nodules only if they have highly suspicious characteristics on ultrasound. Patients with benign thyroid nodules should undergo clinical and US follow-up.

## CAN I HAVE A GLASS OF WATER? AND ANOTHER? AND ANOTHER? – A CASE REPORT OF TYPE 1 DIABETES

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**Introduction:** Type 1 diabetes is usually diagnosed in children and young adults. Its symptomatology is often devalued by patients and families, and the initial diagnosis is often made with Ketoacidosis.

**Objective:** To describe a case of type 1 diabetes diagnosed in the context of a routine child health consultation.

**Methods:** We used the patient's medical history, clinical examination and diagnostic procedures.

**Results:** A 3-year-old female child went to the family doctor, for a routine child health surveillance visit. The child asked several times if she could have a glass of water and drank a total of four. Her mother reported that the child had manifested polydipsia and polyuria, which she undervalued due to high climatic temperatures. The physical examination was normal. The HbA1c was required. The day after, the clinical analysis laboratory called the doctor, informing that the child had an HbA1c of 13.4%. The pediatrics service was contacted, and indicated that the child should be transported urgently for the Pediatric Hospital, by

ambulance. The mother was informed by the family doctor, and the child was quickly admitted, without ketoacidosis.

**Conclusions:** This case report reveals the importance of surveillance consultations included in the national program for children and youth health. Little details made the difference: the attention of the family doctor and the communication between health professionals led to an earlier and faster diagnosis and orientation. The family doctor is a link of communication and support to families, especially when talking about chronic diseases, like type 1 diabetes.

## AN HYPERTENSION OF DIFFICULT CONTROL - CLINICAL CASE

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**Introduction:** Cushing's syndrome is a rare pathology caused by an inappropriately high level of glucocorticoids, whether due to endogenous causes or due to the pharmacological use of corticosteroids.

**Case Description:** We present a case of a 38-year-old woman, caucasian, with a history of hypertension and hypertriglyceridemia, medicated with indapamide, enalapril and lercanidipine. In January 2014, the patient consults the Family Doctor presenting a 1 year evolution of weight gain (8-10kg), predominantly abdominal; with associated asthenia; sleep disturbances and migraine headaches of parietal predominance. The physical examination showed lunar facies; BMI: 30.4kg/m<sup>2</sup>; Blood Pressure: 160/90mmHg, with no other relevant changes. The analytical study revealed hypertriglyceridemia. A thyroid ultrasound was performed showing cystic formations and an abdominal ultrasound with hepatic steatosis and renal microlithiasis. In April 2014, was referred to the endocrinology consultation. Due to the clinical presentation of lunar facies; facial erythrosis; hirsutism; broad neck with impalpable thyroid; filling of supraclavicular fossae; truncated obesity with violaceous striae in the abdominal wall was suspected of Cushing's Syndrome. The complementary study revealed high urinary cortisol; renal CT with a 4.1cm adenoma in the right adrenal gland. The patient was subjected to adrenalectomy in November 2014 with total resolution of symptoms and normalization of Blood Pressure and BMI.

The clinical presentation of this pathology besides being not pathognomonic, is very common in the general population, making the diagnosis difficult. Family Doctors plays a fundamental role in the early diagnosis, and should maintain a high level of suspicion mainly in obese patients with hypertension and DM of difficult control.

## ERECTILE DYSFUNCTION AND TYPE 2 DIABETES AMONG PRIMARY CARE PATIENTS OF RURAL CRETE

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**Introduction:** Erectile dysfunction is highly prevalent among patients with diabetes mellitus.

**Objective:** Our aim was to examine the risk of erectile dysfunction among male patients with diabetes mellitus type II aged <50 years old attending a primary care unit in rural Crete.

**Methods:** Sixty three males (mean age 40.8 years old) with type II diabetes mellitus have been examined. Mean duration of diabetes was 7.8 years old with a range of HbA1c between 6.2%-8.7%. Fifty two non diabetic males represented the control group. International Index of erectile dysfunction (IIEF) questionnaire was used for both groups.

**Results:** On the basis of IIEF score more than 1 out of 2 diabetics (51%) presented mild or severe erectile dysfunction compared with 5% of the patients from the control group ( $p < 0.001$ ). Uncontrolled diabetes and time passed from onset of the disease has been positively associated with the total score of the IIEF

**Conclusions:** In our study diabetic males below 50 years old have been reported to exert a higher risk of developing erectile dysfunction.

## THE IMPACT OF BLOOD PRESSURE AND LIPID PROFILE CONTROL ON DIABETES MELLITUS AND ITS COMPLICATIONS

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**Introduction:** Diabetes mellitus has an increasing prevalence world wide and is associated with comorbidities and complications, which can induce or aggravate each other.

**Objective:** The goal of this study is to assess the impact of the blood pressure and lipid profile control over the evolution of diabetes mellitus.

**Methods:** This study is a retrospective analysis (January -March 2016) from the records of a family medicine office, of a group of 43 patients (14 female), aged 40-83 years old, diagnosed with Type 2 diabetes mellitus. We monitored BMI, blood pressure (BP), blood fasting glucose, lipid profile, and the presence of complications of diabetes mellitus.

**Results:** In our study, 13.3% of the patients are overweight, and 66.6% of the patients are obese. Most of the patients are hypertensive, and just one third have controlled systolic BP, while 62.2% have controlled diastolic BP. Of all the patients, 7.2% had diabetic retinopathy, and 11.1% had diabetic nephropathy. Diabetic neuropathy had a higher prevalence (26.6%), while diabetic arteriopathy was identified at 33.3% of the patients. Of all the patients with hypertriglyceridemia, 40% associated at least one of the complications, while hypercholesterolemia associated 35.5% complications. In the latest subgroup, elevated LDL-cholesterol and low HDL-cholesterol associated 40% and 26.6% complications, respectively. The long-standing diabetes is determining the number of complications (no complications for patients with onset less than a year, one complication with onset between 1-5 years for 53.3% patients, while 68.8% of the patients with onset between 5-10 years developed at least one complication). This study revealed the influence of the obesity, blood pressure and lipid profile over the complications of Type 2 diabetes mellitus.

## ARE YOU LOST? NO MY THYROID IS - A CLINICAL CASE OF DEMENTIA

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**Introduction:** With the aging of the population, cases of dementia are increasingly being detected. A correct initial assessment is essential because sometimes it may be reversible.

**Case description:** Woman, 68 years old, married and retired, living in Pontével (Portugal) and previously autonomous.

Personal history of type 2 diabetes, hypertension and family history of Alzheimer's (sibling). Refers periods of spatial disorientation, memory loss and progressive deterioration of cognitive functions with changes of social activities with 4 months of evolution.

On examination, no change was revealed in the neurological examination, and the Minimal Mental State Examination (MMSE) scored 30.

Blood analysis and brain CT-scan were requested and revealed the presence of hypothyroidism and lacunar infarctions. Clinically the picture remained overlapping. Therapy with levothyroxine 0.025mg was started, new blood analysis within 6 weeks, and reference to neurologist was made.

Observed by neurologist 2 months after the beginning of the therapy was verified the complete clinical remission. Changes in the CT-scan were attributed as being secondary to aging and diabetes, therefore, no diagnostic criteria for dementia or other cognitive disorder was presented.

**Discussion:** Since cognitive disorders are a frequent in our clinical practice, it's essential identify the most appropriate intervention measures, in order to prevent the evolution of cognitive decline and the late emergence of a severe dementia .

In this case the laboratory tests allowed the diagnosis of hypothyroidism, responsible for the described picture and whose adequate therapy allowed to restore to the patient its autonomy and independence in the basic activities of daily life.

## CONCORDANCE OF PHYSICAL EXAMINATION VS THYROID ULTRASOUND IN THYROID NODULES DETECTION IN PRIMARY CARE

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**Background:** The finding of a thyroid nodule is a very common occurrence in clinical practice. Although most of thyroid nodules are benign, thyroid cancer occurs in 5-15% of thyroid nodules. A comprehensive clinical history and neck palpation should be the first step in thyroid nodules evaluation. The objective of this study is to evaluate the concordance between physical palpation and neck ultrasound in thyroid nodules detection

**Methods:** We reviewed clinical data of patients referred to neck ultrasound assessment by Radiology Department and collected data regarding physical examination and neck palpation by the primary care doctor. Data about presence/absence of thyroid nodule, age, weight and nodule size was collected. Statistical analysis with SPSS v. 15.0 for Windows was performed.

**Results:** 248 patients with suspected thyroid nodules referred from primary care to thyroid ultrasound assessment were included in the study. A confirmation of thyroid nodule presence was done in 64.2% of patients by thyroid ultrasound. Nodule size >2 cm was strongly correlated to a positive physical examination. Also, thyroid nodule detection by physical examination was increased in younger patients and those with a normal weight.

**Conclusions:** Physical examination of thyroid detects a significant proportion of thyroid nodules. Thyroid nodules detection is lower in patients with smaller thyroid nodules, obese patients and elderly subjects.

## ELEVATED PREVALENCE OF VITAMIN D DEFICIENCY IN PRIMARY CARE

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**Objectives:** Vitamin D is a steroid hormone with pleiotropic actions on most tissues and cells in the body. Low vitamin D levels are associated with increased overall and cardiovascular mortality, cancer incidence and mortality. We aimed to study vitamin D deficiency in a primary care setting and to evaluate associated clinical and biochemical characteristics.

**Methods:** We evaluated patients followed in a primary care setting. Data about age, sex, body mass index (BMI), vitamin D and calcium levels was collected. Vitamin D deficiency was defined as vitamin D levels <20 ng/ml. Statistical analysis with SPSS v. 15.0 was performed.

**Results:** A total of 134 subjects were included in the study. Prevalence of vitamin D deficiency was 37.4%; mean vitamin D levels was 16.5 ng/ml in the group with vitamin D deficiency and 29.4 ng/ml in normal vitamin D status group ( $p < 0.001$  for comparison). No differences in calcium levels (9.1 vs 9.0 mg/dl) were found between patients with or without vitamin D deficiency, respectively. Patients with vitamin D deficiency were older (64.2 years vs 61.2 years), more obese (BMI 33.2 kg/m<sup>2</sup> vs 31.3 kg/m<sup>2</sup>) and more frequently women (48% vs 29%) ( $p < 0.05$  for all).

**Conclusions:** Vitamin D deficiency affects to approximately 40% of patients followed in a primary care setting. Factors associated to vitamin D deficiency are older age, obesity and female sex. Therapeutic measures should be implemented to avoid vitamin D deficiency.

## MICROALBUMINURIA IN DIABETES MELLITUS. EVALUATION OF ASSOCIATED RISK FACTORS

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**Background:** Type 2 diabetes mellitus (T2DM) is a prevalent chronic condition that affects approximately 15% of patients. Several microvascular complications are associated to T2DM, including retinopathy, neuropathy and nephropathy. Diabetic nephropathy (DN) is the leading cause of chronic kidney disease and entrance to hemodialysis in the developed world. The marker for DN is microalbuminuria. We aimed to evaluate the prevalence of microalbuminuria and associated risk factors in T2DM.

**Methods:** Cross-sectional study including patients with T2DM followed in a primary care setting. Data about age, sex, body mass index (BMI), hypertension, systolic blood pressure (SBP), diastolic blood pressure (DBP), HbA1c and microalbuminuria (defined as urinary excretion rate of albumin of 30-299 mg/g creatinine) was collected. Statistical analysis with SPSS v. 15.0 for Windows was performed.

**Results:** 12.4% of patients with T2DM had microalbuminuria. Patients with microalbuminuria, in comparison with those patients without microalbuminuria, were more obese (mean BMI 33.2 kg/m<sup>2</sup> vs 30.8 kg/m<sup>2</sup>), more frequently smokers (39.4% vs 18.7%), older (mean age 69.3 years vs 61.4 years), and were more frequently diagnosed of hypertension (84% vs 55%) (all comparison p<0.05). Patients with microalbuminuria, also, presented higher levels of SBP (140.3 mmHg vs 136.6 mmHg) and DBP (89.4 vs 85.4 mmHg) (p<0.05). No differences in metabolic control was found (mean HbA1c 6.9% vs 6.8%, p=0.38).  
**Conclusions:** Microalbuminuria is not an uncommon finding in T2DM. Factors associated to microalbuminuria are older age, increased BMI, smoking, hypertension and elevated SBP and DBP.

## DEPRESSION AND DIABETES MELLITUS, A FREQUENT DELETERIOUS ASSOCIATION

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**Background:** Both type 2 diabetes mellitus (T2DM) and depression are prevalent conditions. Some studies show that people with T2DM have a greater risk of depression than people without T2DM and also that people with depression and T2DM present a more deteriorated glycemic control. Here, we evaluated the prevalence of depression in patients with T2DM and analyzed if metabolic control in patients with depression and T2DM differs from that patients with T2DM but no depression.

**Methods:** Cross-sectional study including patients followed in a primary care setting. Data about age, sex, body mass index (BMI), T2DM, depression, prescription of antidepressant drugs, and HbA1c was collected. Depression was defined if a previous diagnosis of depression had been done or the patient was under antidepressant treatment.

**Results:** From 478 patients followed in a primary care setting, 13.9% were diagnosed of depression and 11% were diagnosed of T2DM. Overall, the prevalence of depression in patients with T2DM was 20.4%. Patients with T2DM and depression, in comparison with those with T2DM only were more obese (mean BMI 32.4 kg/m<sup>2</sup> vs 30.3 kg/m<sup>2</sup>), were more frequently women (60.9% vs 50.1%) and were older (mean age 63.4 years vs 59.2 years) (all comparison p<0.05). Compared with patients with T2DM, patients with T2DM and depression had worse glycemic control (mean HbA1c 6.8% vs 7.4%, p=0.029).

**Conclusions:** T2DM and depression are medical conditions usually found together. Patients with T2DM and depression are older, more frequently women, more obese and present worse metabolic control than those patients with T2DM alone.

## STUDY OF THE CONTROL OF DIABETIC PATIENTS WITH RENAL FAILURE

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**Introduction:** Good control of diabetic patients, mainly with renal failure, is demonstrated to reduce the risk of adverse events.

**Objetives:** To analyse the degree of control of diabetic patients with renal insufficiency (RI) and comparison with those who have normally function.

**Method:** Transversal, descriptive study of diabetic patients treated at an urban primary care medical centre; RI was considered filtration <60. To calculate the right control values recommended by ADA2016 were used (blood pressure (BP) <140mmHg / <90mmHg, LDL <70mg/dl, HbA1c <7%). Complications were considered to be the existence of strokes and peripheral vascular or cardiac disease.

**Results:** 103 patients were recruited; 22.3% had RI (average GF: 44.17 ± 12.9). The RI patients had an average age of 79.9 ± 8.4 and were mainly female (60.9%); the average values found were HbA1c 7.3 ± 1.1%, LDL 86.3 ± 32mm/dl, triglycerides 155.7 ± 73.2mm/dl, BP 141.6 ± 17.8 / 74.4 ± 10.5mmHg. The patients without RI had an average age of 67.08 ± 11.4 (mainly male (58.8%)). The average values found were HbA1c 6.68 ± 1.1%, LDL 88.3 ± 33.1mm/dl, triglycerides 148.1 ± 178.2mm/dl, BP 136.7 ± 10.2 / 75.09 ± 8.9mmHg. On comparing patients with and without RI, there was a correct control of the BP in 45.5 vs 67.7% (p=0.06); of LDL in 52.2% vs 25.3% (p=0.62) and of HbA1c in 56.5 vs 75% (p=0.08). 47.8% of diabetic patients with RI had complications vs 18.8% of those without RI (p=<0.05); 52.2% were obese vs 54.5 (p=0.54); 57.8% had a pathological ankle-brachial index (slight 13%, moderate 17.4%, severe 17.4%) vs 18.2% (p=0.08); 56.5% vs 56.3% had received flu vaccine (p=0.9) and 34.8% vs 43.8% pneumonia vaccine (p=0.44).

**Conclusions:** The degree to which the risk factors are controlled in diabetic patients with RI do not differ to a large extent to the controls taken for those without, and in both cases, these controls should be improved as the patients are high risk. The number of flu and pneumonia vaccines available should be increased.

## POSTPARTUM THYROIDITIS

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**Introduction:** Pregnancy and the postpartum period have an important role in autoimmune thyroid disease. Postpartum thyroiditis is an autoimmune thyroid dysfunction that occurs 12 months after delivery, which can cause both thyrotoxicosis and hypothyroidism.

**Objective:** Review physiopatology, diagnosis and treatment of postpartum thyroiditis

**Methods:** It was performed a research in the Pubmed database with the MeSH word "Postpartum thyroiditis", as well as a review about international guidelines,

**Results:** Pregnancy has an important impact on the thyroid gland and thyroid function. It is important to know which women are under risk for developing postpartum thyroiditis and identify the symptoms of thyroid disease in postpartum, which are often attributed to the stress of having a new baby. The diagnosis of thyroid disease during the postpartum is complex, so it is important to remember the interaction between the thyroid and pregnancy in order to diagnosis this disease. Screening of thyroid dysfunction during is indicated in the

increased risk. Treatment depends on the phase of thyroiditis and degree of symptoms that patients exhibit. It is also important to remember that 80% of patients will recover a normal thyroid function and will not require chronic therapy.

## **HYPOTHERMIA AS A PRESENTATION OF HYPOTHYROIDISM IN DOWN SYNDROME**

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**Introduction and objectives:** Down syndrome (DS) is frequently associated with other medical problems that may have negative repercussions on the quality of life and longevity of these patients. Among these clinical problems, thyroid pathology is a primary area of concern, which is usually first diagnosed in Primary Care services.

**Methods:** We report a case of a symptomatic subclinical hypothyroidism in a 32 year-old male with DS, presenting with hypothermia. We searched the Pubmed website using the MeSH terms “hypothyroidism”, “Down syndrome” and “hypothermia”, including articles published in english after 2012.

**Discussion:** Given the incidence and prevalence of medical problems in patients with DS, and their frequent difficulty to adequately report the pain or discomfort they might feel, missed or misdiagnosis of physical and neuropsychological findings may occur. Thyroid dysfunction is the most frequent endocrine abnormality in DS, ranging from subclinical to evident hypothyroidism, and rarely hyperthyroidism. Due to the non-specific manifestations of hypothyroidism, that may be attributed to the DS itself, caregivers and primary care physicians must be informed.

**Conclusion:** It is of the utmost importance to ensure that appropriate healthcare is provided to these patients in order to prevent adverse effects related to thyroid pathology. This requires consistent knowledge about health issues associated with DS, that may overshadow relevant symptoms, cognitive limitations and communicational difficulties. Primary care physicians need to be alert to identify DS specific comorbidities, aiming at a personalized medicine and searching for the best practice.

## **ABOUT A CASE... WHEN THE PATIENT HAS INTOLERANCE TO THE ORAL DIABETIC DRUG, THAT WE HAVE PROPOSED**

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**Aim/introduction/objective:** Our goal is to review from a case; it is a diabetic patient, bad control, and we consider the use of dapagliflozina.

**Method:** observational, with the study of relevant literature.

**Results:**

**Personal history:**

- Diabetes mellitus and hypercholesterolemia. since he was 51.
- Father died at 74, due to myocardial infarction.

## **Clinical history:**

Male, 56, in treatment with metformin 850mg/12h. Two weeks ago we added gliclazide 30mg/24h for bad control. He came back a week later, complaining of dyspepsia and abdominal pain. We decided to stop the gliclazide and propose dapagliflozin (forxiga) 10mg/24h. He came back after three months to see results: HbA1c decreased to 7.5% and he lost 2 kg.

## **Physical exploration:**

Truncal obesity, BMI 32.

## **Supplementary tests:**

- Analytical (first): baseline glycemia 151, HbA1c 7.9%, triglycerides 260, LDL 192.
- Analytical (3 months) baseline glycemia 143, HbA1c 7.5%, triglycerides 252, LDL 176.
- Analytical (6 months) baseline glycemia 132, HbA1c 7.3%, triglycerides 218, LDL 170.

## **Treatment:**

Intensify treatment for hypercholesterolemia, increasing the dose of simvastatin (from 10 to 20mg/24h).

Intensify treatment of type II diabetes with metformin+ dapagliflozin.

## **Conclusions:**

In these patients, we have to intensify glycemic control, the objective is HbA1c < 7%. In this case, the HbA1c levels have been reduced significantly and the patient lost 2 Kg. This makes him perceive the improvement and adhere better to treatment. By reviewing the literature, we see that by forxiga the patient gets an average decrease in HbA1c of 0.65 and 2.7 Kg. It can be a perfect choice in obese patients when good control with metformin and diet-exercise is not achieved.

## **EFFECT OF CARVEDILOL ON METABOLIC CONTROL IN PATIENTS WITH TYPE 2 DIABETES MELLITUS AND RESISTANT HYPERTENSION**

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**Introduction:** Vasodilating beta blockers possess a better metabolic profile than traditional beta blockers. However, limited data exists on whether this beneficial metabolic profile is maintained in diabetic patients with resistant hypertension who are already on diuretic therapy.

**Objective:** We aimed to evaluate the effect of carvedilol, a vasodilating beta blocker, on metabolic control in patients with type 2 diabetes mellitus (T2DM) and resistant hypertension.

**Methods:** Fifty-one consecutive patients (15 male and 36 female) of age 51 to 84 years old (mean 68) with T2DM (duration 14 years, range 15-31,7 years) and blood pressure (BP) > 130/80 mmHg were studied. All patients were already receiving combination therapy of at least 3 antihypertensive drugs, including a diuretic, when carvedilol was added. Patients were followed up for 6 months. Systolic blood pressure (SBP), diastolic blood pressure (DBP), heart rate (HR), body mass index (BMI), HbA1c and lipids (TCHOL, Tg, HDL-C, LDL-C) were determined at baseline and after 6 months of therapy with carvedilol.

**Results:** A significant drop in TCHOL ( $194 \pm 58.8$  vs  $178.8 \pm 49.1$  mg/dl,  $p < 0.0001$ ) and Tg ( $154.31 \pm 34.9$  vs  $133.96 \pm 42.1$  mg/dl,  $p < 0.0001$ ) was found, whereas there was a non significant change in HDL-C ( $50.8 \pm 10.2$  mg/dl vs  $50.3 \pm 9.5$  mg/dl,  $p = NS$ ),

LDL-C ( $111.9 \pm 40.6$  mg/dl vs  $105.6 \pm 43.2$  mg/dl,  $p=NS$ ) and HbA1c ( $7.64 \pm 1.17$  % vs  $7.6 \pm 1.13$ %,  $p=NS$ ). Additionally, a significant drop in SBP ( $158.4 \pm 13.5$  vs  $148.9 \pm 15.5$  mmHg,  $p<0.001$ ), DBP ( $86.6 \pm 12.2$  vs  $79.9 \pm 8.7$  mmHg,  $p<0.001$ ) and HR ( $86.7 \pm 12.2$  vs  $79.9 \pm 11.3$  bpm,  $p<0.001$ ) was noted.

## SIGNIFICANCE OF LIPOPROTEIN RATIO IN DIABETIC PATIENTS WITH PERIPHERAL VASCULAR DISEASE

Kristina Marković, Petar Todorović

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**Introduction:** Peripheral vascular disease (PVD) is clinical manifestation of atherosclerosis that occurs in almost all longstanding diabetic patients. Dyslipidemia is proven to be one of the major risk factor for atherosclerosis. Quantitative and qualitative lipid abnormalities in diabetic patients cause rapid progression of atherosclerosis and manifestation of PVD.

**Objective:** Evaluation if lipid abnormalities at the beginning and during the progression of PVD in diabetic patients.

**Methods:** We randomized 54 patients with type 2 diabetes (age interval 45-75 years) in two groups: study group (40 patients with symptoms of PVD - cramping, burning sensation, weakness) and control group (14 patient without these symptoms). During 6 months, we monitored their lipid status: total cholesterol, low density lipoprotein cholesterol (LDL-c), high density lipoprotein cholesterol (HDL-c), triglycerides, non-HDL cholesterol and LDL/HDL ratio. We used statistical analysis for parametric and nonparametric data.

**Results:** In the study group, higher levels of total cholesterol ( $p<0,05$ ), LDL-c ( $p<0,001$ ), non HDL-c ( $p<0,05$ ), as well as in LDL/HDL ratio ( $p<0,001$ ) were found. As expected, control group had significantly higher HDL-c levels ( $p<0,05$ ). Average levels of tryglicerides was higher in study group, but without statistical significance. Results of our study confirmed relevance of monitoring lipoprotein ratios with regard to PVD manifestation. In order to prevent PVD in diabetic patients, correction of lipid status is very important in overall treatment of diabetic patients.

## THE INFLUENCE OF BAD METABOLIC CONTROL IN PATIENTS WITH DIABETES TYPE 1 ON THE DEVELOPMENT AND DEGREE OF DIABETIC RETINOPATHY

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**Introduction:** Diabetes mellitus (DM) is one of the leading chronic diseases in the world. Diabetic retinopathy (DR) is the most common cause of blindness in diabetic populations. Early detection of disease and the appropriate therapy can prevent occurrence or slow the development of chronic complications of diabetes.

**Objective:** To examine the effect of glycemic control on the progression of DR in patients with DM type 1 and examine the relationship between changes in the retina with the degree of diabetic nephropathy.

**Methods:** Our study included 10 patients with DM type 1, who were hospitalized or had outpatient treatment at Institut of Ophthalmology in Belgrade. The study was cross sectional. We monitored parameters of metabolic control of DM and parameters of renal function. All patients underwent ophthalmologic examination.

**Results:** The presence and degree of DR is correlated with disease duration ( $p < 0.01$ ). ALL patients had changes in the retina in the form of clinically significant macular edema, non-proliferative or proliferative retinopathy. The values of HbA1C were elevated in all patients, with an average value of  $9,52 \pm 1,27\%$ . About 90% of patients had elevated total cholesterol. The levels of HDL were in normal ranges in all patients. Triglycerides were elevated in 30% of patients. The presence and degree of DR correlated with the values of albuminuria ( $p < 0,01$ ). Based on the obtained results, we concluded the length of duration of disease, bad glycemic control and microalbuminuria is associated with the progression of diabetic retinopathy.

## DIABETES DIAGNOSIS AND PREVENTION

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**Introduction:** 9.3% of the population is diagnosed with type 2 diabetes mellitus (DM2) and its prevalence is increasing. Due to the high number of complications and the high mortality rate, it is important to prevent the appearance of new cases by controlling risk factors and diagnosing it early.

**Methods:** Smoker of 46 years obese, hypertensive and dyslipemic. Father diagnosed with DM2. He goes to the primary care clinic because he has been losing weight since 1 month despite of maintaining his appetite, is drinking plenty of water and is urinating a lot. Nondescript exploration. Taking into account his history, a capillary glycemia (DTT) is performed: 555mg / dL. 10 IU of fast insulin is given and is referred to hospital emergency to complete study.

**Results:** Analytically glycemia 354mg dL, without acidosis or ketonuria. After stabilization he is diagnosed with DM2, starting treatment with metformin and diabetological education.

**Conclusion:** There are certain situations that increase the risk of developing DM2. Some of these are: Weigh 20% more than your ideal weight. Have first-degree relatives diagnosed with DM2. Give birth to a newborn weighing more than 4kg or having had gestational diabetes. Having high blood pressure. Have abnormal blood lipid levels, low HDL-type cholesterol, or elevated triglycerides. Having an abnormal tolerance to glucose in a previous diabetes test.

As primary care doctors we must carry out a close control of the risk factors, recommend healthy exercise and carry out a Mediterranean diet.

## CHANGES IN THE BDI SCORES IN OBESE DIABETIC AND NO DIABETIC PATIENTS UNDERWENT BARIATRIC SURGERY ONE YEAR AFTER

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**Introduction-Objective:** Obesity has reached epidemic proportions in most countries and is associated with an increased risk of morbidity, mortality and with psychosocial burdens. Laparoscopic sleeve gastrectomy (LSG) is one of the bariatric surgical methods that

have showed favourable effect on the management of obesity. The aim was to evaluate the effect of weight loss after LSG in BECK depression scale in diabetic and non-diabetic obese subjects.

**Methods:** 79 (36 males) morbidly obese subjects were recruited [body mass index (BMI)  $\pm$  standard deviation ( $\pm$ SD):  $42.9 \pm 3.2 \text{ Kg/m}^2$ , aged ( $\pm$ SD):  $42.0 \pm 10.8$  years], who were scheduled to undergo a LSG. Full clinical examination and a standard questionnaire were documented for all participants. Recruits were asked to complete a standard self-report questionnaire consisting of 21 multiple-choice items (BECK depression scale). The same procedure was repeated at 12 months after LSG.

**Results:**

At baseline, 25.3% (n=20) of study participants had diabetes, 50.6% (n=40) arterial hypertension, 54.4% (n=43) dyslipidemia and 54.4% (n=43) were current smokers. A statistically significant amelioration of depression was observed from baseline to the end of the study. After 12 months there was no study participant with severe depression. Changes in Beck scale were statistically significant between baseline and 12 months ( $P < 0.001$ ), after the LSG. BMI significantly changed from baseline to 12 months ( $30.2 \pm 3.5 \text{ Kg/m}^2$ ). At baseline, in the diabetic subgroup, 50% (n=10) had minimal, 30% (n=6) mild, 10% (n=2) moderate, and 10% (n=2) severe depression. After 12 months, 60% (n=12) of the diabetics had minimal, 35% (n=7) mild and 5% (n=1) moderate depression.

**Conclusion:** The results of the present study showed a favorable effect of weight loss after LSG on BECK depression scale in diabetic and non-diabetic obese subjects. However, longer longitudinal follow-up studies are needed to comprehend the life time effects of the bariatric procedures.

## THE EFFECT OF TYPE 2 DIABETES ON OXIDATIVE STRESS PROFILE ASSOCIATED WITH HDL CHOLESTEROL IN PATIENTS

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**Introduction:** Recent observational studies have confirmed that the atheroprotective activity of properly functioning HDL-C is frequently impaired in clinical situations associated with oxidative stress, like type 2 diabetes (T2D).

**Objective:** The objective of this study was to analyze the effect of T2D on apolipoprotein A-I (ApoA-I) and apolipoprotein A-II (ApoA-II), hsCRP, oxidative stress markers (MDA, 8-iso-PGF $2\alpha$ , and Ox-LDL), and enzymes that modify HDL-C function (MPO and PON-1) in patients with ischemic heart disease (IHD).

**Methods:** An observational cross-sectional study was conducted. Patients were recruited to two study groups. In total, the study included 70 patients, 35 of whom had IHD with T2D, and 35 had IHD without T2D.

Data on demographic characteristics, physical activity, diet, smoking status, concomitant diseases, and current medications were collected from each patient, and laboratory tests were performed.

**Results:** The study revealed no significant differences in the serum levels of ApoA-I and ApoA-II, hsCRP, and oxidative stress markers between the groups. However, it revealed a significant difference in the serum levels of the enzymes between patients with IHD with and without T2D. Our results showed increased MPO levels in diabetes patients. Diabetes

significantly worsens the profile of enzymes involved in HDL-C metabolism in patients with IHD. Despite changes in the enzyme profile, well-controlled diabetes in patients with IHD does not affect the serum levels of apolipoproteins, acute inflammatory marker, and oxidative stress markers. Our findings may have important prognostic significance; however, they need to be confirmed in a longer follow-up of a larger group of patients.

## **BASELINE RISK OF DIABETES MELLITUS IN THE ASSIGNED POPULATION IN AN URBAN PRIMARY HEALTH CARE**

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**Introduction:** Diabetes mellitus (DM) is one of the all chronic diseases that have been increasing in this recent years in Western societies, this diseases can be asymptomatic for many years. It is estimated that 246 million people affected worldwide, that could increased to 380 million by 2025.

**Objective:** Study the baseline risk of Diabetes Mellitus in our population by associated factors and tests used in primary: FINDRISC test, PREDIMED and IPAQ

**Methods:** Cross-sectional study. Factors evaluated: Sex and age, FINRISC, PREDIMED and IPAQ test. N=66 patients>15 years-old without Diabetes Mellitus treated in Primary Health, conducted by physician in a single visit between Nov 2015-January 2016, the tests were filled out anonymously and the database was stored dissociated.

**Results:** The mean age was 56years old, 54.4% women.22.6 % had an elevated-risk (FINDRISC>15) and 60.6% moderate-risk (p<0.005). The 81.8 % have low adherence to the Mediterranean diet (PREDIMED ) and 84.8 % perform mild to moderate physical activity (IPAQ), both with p< 0.005 in relation to the FINDRISC. Obesity was found to be risk factor of diabetes (p <0.005).A 74.3 % of the sample has IMC>25, of which over 80 % have an inadequate diet. 64.7% of the sample perform little exercise are obese (p< 0.005)

**Conclusions:** One out of five patients without Diabetes who are treated in Primary Care Health Services have a FINDRISC score ≥15, associated with obesity. Despite seeing a high percentage of bad adherence to the diet and insufficient physical activity, it's not related with high risk of diabetes. The FINDRISC score ≥15 has a short-term association with a high risk of developing Diabetes Mellitus.

## **MADELUNG'S DISEASE - WHEN THE FAMILY DOCTOR COMES ACROSS A RARE ENTITY**

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**Introduction/Background:** Madelung's disease or multiple benign symmetrical lipomatosis (BSL) is a rare disease of unknown cause. The cases reported are mostly on the male gender and have been associated chronic alcoholism and tobacco consumption. This disease is characterized by the presence of large, little circumscribed, soft, painless adipose masses with progressive development and usually placed at cervical or limb/extremity levels.

**Description of the case:** A 72-year-old male presented with an asymptomatic swelling of the base of the neck. The patient had a history of COPD with heavy tobacco consumption, overweight, cardiac ischemic disease, diabetes and psoriasis. Despite the absence of

symptoms, a cervical soft tissue and thyroid gland ultrasound was performed as well as blood tests to assess thyroid function. The ultrasound reported a thyroid gland with normal dimensions and one solid nodule of 10x10 mm with ill-defined margins. There were also documented large tumefactions in the cervical midline and behind the sternocleidomastoid muscle which corresponded to a large quantity of fat tissue. The hypothesis of Mandelung disease was posed. Thyroid function lab tests were normal. A referral letter was written to a general surgeon and endocrinologist given the abnormalities found and a brief explanation was provided to the patient.

**Conclusion:** Madelung's Disease is a very rare disease and it is very important to do a thorough differential diagnosis. If this hypothesis is confirmed, the surgical removal of the lipomas can be proposed specially for functional and cosmetical purposes but the patient should be warned about the risk of relapse.

## EFFECTIVENESS OF IMPLEMENTATION OF NEW PROTOCOL IN TYPE 2 DIABETES MANAGEMENT IN UKRAINE

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**Background:** Assessment of quality of diabetes care during implementation of new guidelines is relevant and necessary.

**Objective:** to determine medical and social effectiveness of new guideline implementation in management of type 2 diabetes.

**Materials and methods:** The study involved 173 patients with type 2 diabetes (ages 55,1±0,6 years, 112 women and 61 men) who were divided into 2 groups: 1st – managed by general practitioners, 2nd - by endocrinologists. The study of HbA1c level, fasting glucose, lipid profile were conducted to assess the medical effectiveness; survey of quality of life (QoL) and treatment satisfaction (TS) – for social effectiveness. Statistical analysis was performed using Excel 2007, SPSS.

**Results:** The degree of diabetes control, QoL and TS were independent of doctor specialty, but depended on type of therapy. Patients on insulin therapy had significantly higher levels of HbA1c and cholesterol LDL; the QoL was assessed higher, although the impact of diabetes on QoL was more significant than in patients on tablets. In addition, there was correlation between weighted average impact of diabetes on QoL and the duration of diabetes ( $r=-0,32$ ,  $p<0,001$ ), as well as TS and QoL ( $r=-0,20$ ,  $p<0,05$ ).

**Conclusion:** No significant differences between the groups of patients who were managed by primary care physicians and by endocrinologist were found, indicating that primary care physicians provide sufficient level of quality of diabetes care. Integral efficiency coefficient was higher in primary care physicians that may be caused by management of patients with more mild diabetes.

## ASTHENIA OF UNLIKELY CAUSE IN DIABETES MELLITUS 2 - CASE REPORT

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**Introduction:** Diabetes Mellitus corresponds to a chronic pathology that is extremely prevalent today and whose impact on the morbidity and mortality of each individual has become more prominent. It is an entity that not infrequently goes through periods of asthenia, in addition to other cardinal symptoms, due to oscillations of glycemia, dehydration or other conditions inherent to the disease itself such as depression or obesity.

Less frequent in clinical practice is to establish an association between the patients' complaints with the drugs used, hence the importance of a therapeutic review in each consultation with the chronic patient.

**Objective:** Describe a alternative diagnosis for asthenia.

**Methods:** Woman, 67-year-old with a history of hypertension, dyslipidemia, total thyroidectomy by Multinodular and Type 2 Diabetes Mellitus, usually given with enalapril + lercanidipine 10, simvastatin 20, levothyroxine sodium 0.125 Mg, Metformin 1000 - 2x day, and Metformin + Vildagliptin 1000/50 - 1x day.

In an a consultation the patient reports complaints of asthenia, insomnia, anxiety and difficulty concentrating, with about 4 months of evolution.

At the objective examination presented depressed facies, disorientation in time, skin and apparently bleached mucosa, and tachycardia at cardiac auscultation.

Analytically, a decrease in the hemoglobin and vit B12 values was observed, with an increase in VGM, CHM and serum iron.

Assuming the association of the described symptomatology with vit B12 deficiency, it was decided to carry out Vitamin B12 supplementation.

**Results:** B12 hypovitaminosis, responsible for a wide range of signs and symptoms of different degrees of severity. Possible causes of inadequate absorption of Vit B12 are alcoholism and drug use, that includes metformin.

## PSYCHOSOCIAL DETERMINANTS TO GLYCEMIC CONTROL AMONG DIABETIC ADULTS ATTENDING ARMED FORCES HOSPITAL SOUTHERN REGION

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**Background:** Although there are some international and regional prevalence studies on psychological issues in diabetic patients, there is a paucity of epidemiological estimates on the prevalence, characterization and risk factors of depression, anxiety and stress among diabetics in Saudi Arabia.

**Objectives:** To find out the magnitude of depression, anxiety, stress symptoms and some social factors among diabetic patients with their predictions and association to glycemic control.

**Subjects and methods:** A case-control study was implemented at AhadRufaidah, Southern Region, Saudi Arabia where the glycemic uncontrolled patients (cases) were compared to those who were controlled (controls) regarding the prevalence of psychological symptoms and other related social and demographic factors. A consecutive sample of adult diabetic patients registered at the diabetic centers in armed forces hospital was chosen. Participants were classified into two groups, i.e., glycemic uncontrolled patients group and controlled glycemic group. A self-administered questionnaire was developed and used for collection of data. It includes personal characteristics diabetes-related variables and the Arabic version of the Depression, Anxiety, and Stress Scale (DASS-21).

**Results:** The study included 395 patients. Their age ranged between 18 and 90 years with a mean±SD of 53.9±13.1 years. Most of them were males (70.1%). Depression was reported among more than half of the participants (51.9%) whereas anxiety and depression were reported among 70.1% and 37.7% of them, respectively. Glycated hemoglobin level was not significantly associated with depression, anxiety or stress. Among studied demographic and social factors, only marital status and smoking history were significantly associated with glycemic control. Single patients were more likely to have uncontrolled diabetes compared to married patients (95.2% versus 65.3%),  $p=0.025$ . Smokers were more likely to have uncontrolled diabetes compared to non-smokers (87.5% versus 65.6%),  $p=0.007$ .

**Conclusion:** There is evidence of high co-morbidity of diabetes and depression, anxiety and stress symptoms in Saudi Arabia. However, glycemic control according to HBA1c level was not associated with psychological issues in diabetic patients.

### 3.06. Genito-urinary problems

#### IT IS OF AGE, DOCTOR...

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**Introduction:** The symptoms of lower urinary tract are a common manifestation of Benign Prostatic Hypertrophy and should be addressed regularly in the general practice, never forgetting the assessment of the impact on quality of life. The clinical case evaluates the role of the patient in the self-evaluation of symptoms considered as normal for their age and his inclusion in the therapeutic decision to be initiated.

**Case Description:** Man, 76, Hypertension history, Dyslipidemia, Diabetes Mellitus II, Prosthesis Valvular, Ischemic Cardiac Disease, all with good metabolic control. Last available urologic evaluation dated 2012. In May 2016 refers LUTS IPSS 15 and QoL 2 associating nocturia. Objectively the rectal exam was compatible with BPH. After negotiation with the patient, he started alpha blocker, awaiting imaging evaluation and reevaluation for possible adjustment therapeutic.

**Discussion:** BPH is the most common prostate disease in older men. In addition to the general measures, the alpha blocker seems the most appropriate initial therapy for greatest effect on the most important symptom in this patient (nocturia). The use of IPSS and QoL may help to evaluate the symptoms control and ensure the therapeutic maintenance.

**Conclusion:** Prostatic symptomatology is still considered as a natural evolution of aging. After a detailed clinical history and complementary exams evaluation, the diagnosis can be made and discussed with the patient and after acceptance, give general measures and try oral therapy according to the predominant symptoms and the patient's choice. Regular appointments are important to discuss adverse effects and adjust therapeutics, but also to confirm therapy acceptance by the patient.

#### PREVALENCE AND IMPACT OF URINARY INCONTINENCE ON QUALITY OF LIFE

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**Introduction:** Urinary incontinence (UI) is defined as any involuntary loss of urine. It is much more frequent in women than in men and its prevalence increases with age. It is a health problem with multidimensional repercussions that interfere negatively in the quality of life of women.

**Objective:** To determine the prevalence of urinary incontinence, to evaluate the impact of this pathology on quality of life.

**Methods:** Type of study: transversal analytical. Population: Sample of 98 users, from the functional units where the authors work, with more than 40 years. The studied variables were: age, reference of the problem to the family doctor (MF) and orientation. The impact on quality of life was assessed through the CONTILIFE © questionnaire.

**Results:** Of the 98 interviewed users (mean age 69 years), 69.4% were female and 30.6% were male. Of these, no male patient presented UI. Regarding the female sex, 63.2% presented UI and their overall quality of life was reduced to 7 (out of 10). Of the women with UI, 69.8% approached this question with their MF and 83.3% of the women had an orientation. 88.4% of the women reported that the MF never questioned them about UI. The approach of the problem with MF was directly associated with the women with the greatest negative impact ( $p < 0.001$ ) on quality of life.

**Conclusion:** This study shows that only about 69.8% of women with urinary incontinence address this problem with their doctor, and 83.3% get guidance.

## VULVAR CANCER: A CASE PRESENTATION

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**Introduction:** Vulvar cancer constitutes 5% of all female genital cancers, the incidence of Squamous Cell Carcinoma (SCC), the most common vulvar cancer in women, is increasing worldwide. Epidemiologic factors that have been associated with the development of vulvar cancer include, herpes simplex and human papilloma virus (HPV) infection, hypertension, diabetes and obesity. It is not uncommon for patients to delay seeking medical attention or for physicians to delay diagnosing the condition.

**Aims:** To share a clinical experience and to explore the relation between vulvar SCC and diabetes

**Method:** We present a patient with diabetes, obesity and hypertension who comes to family physician presenting vaginal pruritus, local pain, palpable mass, dysuria and vulvar bleeding.

**Results:** Ultrasonography: A bilateral lymph nodes, and fine-needle aspiration biopsy guided by ultrasonography is positive. RMN and Tomography: A large lesion in clitoral and minor right labia location, direct extension to the lower urethra, bilateral inguinal-femoral lymph nodes, not metastasis to distant organs: Stage T3N1M0.

Biopsy of Tumor: SCC of the Vulva.

Gynecologist decides non-surgical treatment. However chemotherapy and radiotherapy is applied along with the intensification of insulin therapy in Primary Attention. As a result the tumor is substantially reduced and reaches a favorable glycemic level.

**Conclusions:** The role of the Primary Attention physician is fundamental for early diagnosis and it's critical to reduce both the mortality and morbidity rates of vulvar SCC. Vigilant attention must be paid to patients with risk factors , especially those who suffer HPV infection and Diabetes.

## COMPARISON OF THE EFFECT OF URINARY INCONTINENCE ON QUALITY OF LIFE IN ELDERLY PEOPLE LIVING AT HOSPICES AND AT HOME

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**Introduction:** Urinary incontinence is one of the major geriatric disorders that increase in frequency with aging. It affects the quality of life of people.

**Objective:** The aim of our study is to compare the effects of urinary incontinence on the quality of life between old individuals who live at the hospices and at homes.

**Methods:** Fifty people  $\geq 65$  years old, who are chosen from individuals who live at home and individuals who stay in Darulaceze (hospice), who have urinary incontinence and applied to Cerrahpasa Medical Faculty Department of Geriatrics between December 2015 and June 2016, are included in this research with their written consent. Incontinence Questionnaire-Short Form ( ICIQ-SF ), Urinary Incontinence Quality of Life Scale ( I-QOL ), Katz's Basic Activities of the Daily Living Scale and demographic datas form are applied to all individuals. The obtained datas were evaluated by Pearson chi-square, Independent-T and One Way ANOVA tests.

**Results:** With the scores of I-QOL no statistically significant difference was found between the two groups. The quality of life scores of individuals are found high and there is a mid-level effect in general. We found that the most effected subdomain scales for both groups is limiting of the social life. Urinary incontinence affects the quality of life of those between 65-75 years of age more than those older than 75. Mix type incontinence effects the quality of life more than stress and urge incontinence.

**Key Words:** urinary incontinence, elderly, quality of life

## URINARY INCONTINENCE: A BIG ISSUE IN PEOPLE'S LIVES

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**Introduction:** Urinary incontinence is a prevalent condition, more common in middle-aged women, characterized by involuntary urinary losses and associated with a substantial economic burden from both a societal and patient perspective. It results from the inability to store and control urine output.

Clinical status with great impact on quality of life, both psychologically, physically, sexually, occupationally, domestically and socially.

There are 3 types of urinary incontinence: stress, urgency and mixed. The general practitioner must be alert to all the signs of the individual, in order to provide a permanent monitoring of quality. Most barriers research is evaluated from the patient perspective. Research from

physician perspective is needed to determine how best to address urinary incontinence barriers.

**Objective:** Alerting to the management of urinary incontinence and raise the awareness of the family doctor about the impact of the disease on people's lives.

**Methods:** Search for articles published in the database Medical Pubmed. Classic review using the terms MeSH: "incontinence types " and " primary health care".

**Results:** 16 Articles published in the last 5 years.

Of these, only six meet the inclusion criteria.

**Results:** There are many types of incontinence and different management options available, ranging from lifestyle modifications, medication to surgical intervention.

Untreated urinary incontinence can result in a myriad of problems, including skin irritations, infections, social phobia, major depression and premature institutionalisation of elderly family members.

A careful and critical clinical history, objective examination and management is important in the activity of the family doctor, because he is the 'front office' of the individual's health and population and can help dealing with this great problem in people's lives.

## EVALUATION OF THE USE OF URINE STRIPS FOR THE DETECTION OF URINARY TRACT INFECTION IN PRIMARY CARE

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**Introduction:** Urinary tract infections are a pathology of frequent consultation in primary care, its rapid detection generates an important challenge for its treatment. The use of evidence or can not influence the creation of new protocols to improve care.

### Objectives:

- 1-To analyze the use of test strips for the detection of urinary tract infections in primary care.
- 2-Compare the frequency of it diagnosed with test strips with those diagnosed without strips.
- 3-Identify the most frequent population.

**Methods:** Retrospective observational study performed at a health center where urine infections were diagnosed and treated empirically (urethrovesical symptoms) and those treated based on test strips (positive nitrites and leukocytosis).

**Results:** A total of 146 patients were evaluated, of which 97 (66%) were women and 49 (33.5%) were men aged between 19 and 57 years with urinary symptoms (dysuria, urinary incontinence, bladder tenesmus). 55 (65%) (37 women and 18 men) and negative 29 (34%) (20 men and 9 women) tested positive. Of the remainder, 59 (41%) non-tested patients were treated (Fosfomycin 67.7%, Clavulanic Amoxicillin 25.4%, Ciprofloxacin 6.7%) empirically without reporting symptoms at 2 weeks post 3 patients did not receive treatment or were not tested.

### Conclusion:

- 1- More than one-third of patients who received treatment empirically did not require urine test for diagnosis.
- 2- Most were women.
- 3- The use of test strips against obvious symptoms of urinary tract infection could be avoided for the initiation of treatment.

4- The antibiotic most used without the need of test by the doctors of the health center was fosfomicin.

## DESMOPRESSIN FOR TREATING NOCTURIA IN MEN WITH LOWER URINARY TRACT SYMPTOMS SUGGESTIVE OF BENIGN PROSTATIC HYPERPLASIA

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**Introduction:** Nocturia is a highly prevalent and bothersome symptom in men with lower urinary tract symptoms (LUTS) suggestive of benign prostatic hyperplasia (BPH). Desmopressin has been established as a treatment option and is the most-studied drug for the specific management of nocturia, although outcomes related to the treatment of nocturia in the context of LUTS associated with BPH are less well defined.

**Objective:** Assess the effects of desmopressin compared to other interventions in the treatment of nocturia in men with LUTS suggestive of BPH.

**Methods:** A systematic search was conducted in several databases of clinical guidelines, systematic reviews, meta-analyses, and original studies published between November 2006 and November 2016 in English, Spanish and Portuguese using the MeSH terms: “Prostatic Hyperplasia”, “Deamino Arginine Vasopressin” and “nocturia”.

**Results:** Of the 15 articles initially found, 6 articles were selected: 1 clinical guideline and 5 research studies. The majority of the articles points to the effectiveness and safety of desmopressin.

**Conclusions:** Current evidence shows the efficacy and safety of desmopressin in the treatment of nocturia in men with LUTS suggestive of BPH, with reduction of nocturnal voids and with increase in Quality of life indexes. However we consider that there is a need of more studies especially in order to better define the subgroups of patients suffering from LUTS that benefit more with this treatment.

## SEXUALITY AND ANTIDEPRESSANTS

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**Introduction:** Sexual problems are common among man and woman. Several risk factors have been described, such as: male gender, advanced age, low education level, unstable employment, chronic disease, polymedication, problematic interpersonal relationships. There is a narrow connexion between depression and erectile dysfunction. Antidepressants have distinct effects on sexual function.

**Objective:** Perform a scientific revision concerning the different effects of antidepressants on sexuality.

**Methods:** Search on PubMed and Uptodate using the MeSH terms “antidepressants” and “sexual dysfunction” published in english and portuguese the last ten years.

**Results:** Sexual side effects are commonly associated with SSRIs and SNRIs. However tricyclic antidepressants and monoamine oxidase inhibitor have also been associated with this alterations. Citalopram, paroxetine and venlafaxine are known for causing the highest rates of sexual dysfunction, followed by sertraline, fluvoxamine and fluoxetine. Mirtazapine,

moclobemide, agomelatine and bupropion have less sexual side effects. Among SSRIs, all exhibit similar rates of sexual dysfunction, therefore switching between drugs from the same pharmacological class is of little use. In a patient on SSRIs, changing to bupropion or mirtazapine can be useful. Sexual dysfunction rates of bupropion are lower because of its dopaminergic effect while on mirtazapine and agomelatine it's due to the effects on 5-HT<sub>2C</sub> receptors.

Important side effects like sexual dysfunction can degrade life quality and self-esteem, reducing therapeutic compliance. Moreover, it can aggravate pre-existing depression symptoms and enhance interpersonal relationship degradation. Patient sex life should never be neglected and this subject has to be approached when consulting the patient in order to offer the most suitable therapeutic options.

## **EARACHE AND LOW BACK PAIN. WHAT IS THE RELATIONSHIP?**

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**Background:** Acute Interstitial Nephritis is a common cause of renal function loss secondary to renal interstitial inflammation and edema. It presents several causes, being the most common: iatrogenesis, infectious causes and autoimmune diseases, corresponding to <5% of the cases of Acute Renal Failure

**Case Description:** Patient 37 years old, Caucasian, autonomous.

She was referred to the Emergency Department by right earache, diagnosed with external otitis and medicated with oral ciprofloxacin, topical ofloxacin, ibuprofen. For maintenance of complaints accompanied by nausea, vomiting and anorexia, he resorted to the emergency again, and antibiotic therapy was modified for Amoxicillin and Clavulanic Acid. However, the patient did not comply with the antibiotic switch, maintaining the previous medication. With no symptomatic relief of the condition and associated with chills, polyuria and bilateral left back pain, he uses the Family Health Unit.

At the objective examination: Murphy renal on the left positive but was no fever. Analytically, it had changes in renal function. Renal ultrasound revealed normal.

Internalized with the diagnostic hypothesis of acute renal injury due to iatrogenic acute interstitial nephritis to quinolone or NSAIDs.

During the hospitalization, the medication potentially causing the condition was suspended and intravenous hydration started.

Referred to the consultation of Nephrology, with indication for eviction of quinolones and NSAIDs

**Discussion:** Acute interstitial nephritis is not dose dependent and hypersensitivity is often associated with it and may become apparent after two weeks of exposure. Suspension of suspected medication is the main therapeutic measure and patients recover their renal function spontaneously.

## **DOCTOR, I HAVE AN UNBEARABLE ITCHING!**

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We present the case of a 58-years-old woman without history of interest with vulvar pruritus of months' evolution, visited both in Primary Health Care and in Emergency and treated with multiple antifungal and topical corticosteroids with poor result. Physical examination shows atrophic, whitish lesions on the labia minora and introit. Vaginal tact and cytology are normal. Suspecting lichen sclerosus LS (biopsy confirms lichen sclerosus and atrophic), treatment with triamcinolone acetonide 0.05% and testosterone propionate 2% is started in decreasing doses for 3 weeks with pruritus improvement.

The LS is a cutaneous dermatosis, representing 13.5% of the vulvar affections, more frequent in postmenopausal women. Macroscopically it is a whitish, confluent papule which can affect any vulva and perineal area. It may produce retraction of the labia minora or clitoris with narrowing of the vulvar introit. Intense, chronic pruritus is the dominant symptom. It induces vigorous scratching with erythema and ulceration, which hinders and delays the diagnosis established by biopsy of the lesion. Classified as a non-neoplastic epithelial disorder, a 30% is associated with squamous hyperplasia that presents a high risk of malignancy. Also there is a debated relationship with squamous cell carcinoma, which is why it is important to detect it in time. The treatment of choice consists in topical application of high/very high potency corticosteroids. We underline that it can be very difficult to recognize the development of cancer in patients with LS by the association of ulcerations and fissures. Hence the need to biopsy any suspicious lesion for an early diagnosis.

## DOCTOR, MY TESTICLE HURTS

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16-year-old men, consulted for left testicle pain since 10-15h, without previous traumatic event. No voiding discomfort. Feverish. Was diagnosed as an early stage of epididymitis and discharged with anti-inflammatory treatment.

One week later, due to the persistence of the symptoms, the patient consulted to his family doctor, who referred him to urology. The patient was then diagnosed of ischemic torsion test and had to be urgently intervened, removing left test.

**Explorations/complementary test:** Left testicle exploration: edematized, no erythema, not increased temperature. Small lump at the lower pole with elastic consistency, painful. Prehn-sign:negative. Cremasteric reflex:present. Abdomen:painful in suprapubic region, no signs of peritoneal irritation. Blood and urine test:normal.

Eco-Doppler: both conserved and symmetric echogenicity tests. Presence of Doppler flow, an important enlargement of the left epididymis, probably related to the infectious process.

Scarce amount of left hydrocele.

After one week, physical examination shows left hemie-crotch filling, painful on palpation, inflammatory signs at the scrotal skin level. New Doppler: left test with decreased pathogenic echogenicity, Total absence of the flow signal, suggesting vascular-ischemic involvement.

**Diagnostic:** Ischemic torsion test

**Differential diagnosis:** Epididymitis, testicular torsion

**Final comment:** Scrotal pain requires an exhaustive history and physical examination. Age of the patient, sexual history, and how pain appears and its duration can help to guide the diagnosis. It is important to know how to interpret the patient's symptoms and signs, and

request the standard gold test (Eco-Doppler) to rule out a testicular torsion, a condition that compromises the vitality of the test

## ANDROPAUSE: MYTH OR REALITY?

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**Introduction:** In an aging society where urological diseases are increasingly prominent, andropause usually affects the elderly and is an important cause of disability. It is a clinical condition that can be diagnosed and treated in a Primary Health Care setting.

**Objective:** To review the literature in order to clarify the role of General Practitioner in this clinical condition and address the evaluation of male health regarding late onset hypogonadism. Review the risk and benefits of using testosterone therapy.

**Methods:** Pubmed advanced search using the terms MeSH "Andropause" and "Review, limited to publications of the last 5 years. From the 32 articles found, we selected 14.

**Results:** Several studies have proved the relationship between declining of total testosterone levels and ageing. Sometimes it is difficult to recognize this condition, because it can be masked by other comorbidities. There has been some controversy correlating the decline in total testosterone levels with age. Many experts believe it is a clinical condition that is being part of natural history, although affects the quality of life of patients, while others suggest that it is a chemical marker of a generalized disease.

There are situations where the treatment is mandatory, which can be provided by a General Practitioner. Complaints of secondary hypogonadism in a patient without comorbidities, hormone therapy should be considered.

Doubts remain about the diagnosis and when to start therapy. The General Practitioner should understand the context of the patient and guide the referral.

## ACUTE GLOMERULONEPHRITIS IN A 16-YEARS-OLD-BOY: A CASE REPORT

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**Introduction:** Acute glomerulonephritis is a common condition in childhood that can be managed in the primary care setting. The initial contact may be crucial in determining the child's most appropriate disposition as well as identifying any immediate threats to life.

**Objective:** To report a case of Acute glomerulonephritis

**Methods:** We used the patient's medical history, clinical examination and diagnostic procedures.

**Results:** We report a case of a 16-year-old-boy, presenting in 2014 with a 3-days history of flank pain and 1-day macroscopic hematuria. He had no nausea, vomiting, diarrhea or fevers. On examination, his blood pressure was 159/92 mm Hg. This fact led to immediate reference to the emergency service, where he stayed hospitalized for 15 days with acute glomerulonephritis and hypertension. Laboratory tests yielded the following abnormal results: Leukocytosis with neutrophilia, elevation of creatinine and proteinuria. Renal

ultrasonography showed discrete globular kidneys with a slight increase of the cortical reflectivity in the right kidney. Complementary diagnostic tests were normal (C3/C4/TASO/Ag SGA oropharynx). During hospitalization antihypertensive therapy was instituted with improved glomerular function. He was discharged from hospital with nifedipine 30mg 2id, maintaining follow-up in consultation of nephrology and cardiology. Now the patient has 18 years-old and has a hypertension controlled by nifedipina.

**Discussion:** The child with severe hypertension must be referred immediately because the additional diagnostic and therapeutic interventions are beyond the typical primary care practice. We present a case where there was an early referral with improved prognosis, despite being chronically medicated for hypertension.

## BENIGN PROSTATIC HYPERTROPHY IN DAY-TO-DAY GENERAL PRACTICE

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**Background:** In primary health care the prevalence of benign prostatic hypertrophy (BPH) associated with lower urinary symptoms (LUTS) is becoming more frequent. According to the new guidelines, the goal of treatment is not to cure, but to reduce symptoms and avoid complications. In patients with mild symptoms, is recommended active surveillance and subsequent introduction of pharmacological therapy. Is recommend the use of validated symptom score questionnaires such us the International Prostate Symptom Score.

**Results/Case Description:** Male, 63 years old, caucasian, shoemaker, natural from Portugal. He's in nuclear family, phase VI of Duvall cycle. Personal antecedents stands out BPH, arterial hypertension, allergic rhinitis. In 2009, he resorts in a consultation with his general practice doctor claiming symptoms of LUTS, referring storage and emptying symptoms, pollakiuria, supra-pubic pain and nocturia. After complementary study, treatment was started with surveillance, annual monitoring and medication. It is advised to change the lifestyle, reinforcing the reduction of fluid intake, reduction of alcohol and coffee intake since they have a diuretic effect on the bladder. He was medicated with combination therapy of tamsulosin 0.4mg and dutasteride 0.5mg. In 2016 he was questioned in relation to LUTS and said there were no recent complaints. Taking into account the non-progression of the clinical case, it was decided to maintain the combination therapy instituted.

**Conclusion:** This clinical case exposes a normal approach in the daily clinical general practice, intends to reflect on the difficulties that arise around the patients with this pathology, in the surveillance and monitoring of the therapeutics to be used.

## MANAGEMENT OF MICROHEMATURIA IN PRIMARY HEALTH CARE

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**Introduction:** Microhematuria is found incidentally during routine health screenings. Because family physicians commonly are the first to identify asymptomatic microhematuria (AMH), an evidence-based approach to the evaluation of hematuria is necessary.

**Objective/Methods:** Literature revision about the management of microhematuria. Sources: textbooks, published review in scientific databases/clinical websites. Mesh term: “microhematuria”.

**Results:** AMH - presence of three or more erythrocytes per high-power field on a properly collected urine specimen without an evident cause - has multiple etiologies. Up to 5% of patients with AMH have an urinary tract neoplasy. The most important test in the evaluation of hematuria is microscopic examination of the urine. All patients with confirmed AMH should provide a complete medical history and have a physical examination and laboratory assessment.

If a patient has microhematuria and pyuria/bacteriuria, an uroculture is recommended. After appropriate antibiotic treatment, this microhematuria should resolve. The presence of persistent microhematuria and dysmorphic erythrocytes/cellular casts/proteinuria/elevated creatinine level or hypertension should raise suspicion for medical renal etiologies and lead to referral to a nephrologist. Evaluation of the lower urinary tract with cystoscopy is recommended in all patients who present risk factors for malignancy. Upper urinary tract imaging must be requested if no other known cause has been confirmed. If appropriate workup doesn't reveal nephrologic/urologic disease, annual urinalysis should be performed for at least two years. If two sequential urinalyses haven't hematuria, it isn't necessary additional evaluation. However, if AMH persists, a full repeat evaluation should be considered.

## URINARY TRACT INFECTIONS ON THE PORTUGUESE GENERAL PRACTITIONER SENTINEL NETWORK – PRELIMINARY DATA OF 2016

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**Introduction:** Urinary tract infections (UTIs) are inflammatory processes of infectious cause, which can reach the upper and/or lower urinary tract. UTIs are the second most frequent in the community, with a higher incidence in females. When the antibiotic prescribing decision is based on the knowledge of the main microbial agents involved and its sensitivity profile is known, allowing guidelines to be adjusted to the current reality, empirical antibiotic therapy is associated with eradication rates equal to or greater than 90%.

**Goals:** To know the prescription profile of cases of UTIs reported by the Portuguese General Practitioner Sentinel Network members.

**Methods:** A descriptive study carried out in the population under observation by the Portuguese General Practitioner Sentinel Network during the year 2016 (between January 1 and September 30). The members of this network were asked to notify all cases of UTI diagnosed in their list of patients by 2016. For each case a set of demographic, clinical and microbiological variables was collected through a structured questionnaire sent in paper form or through an online platform. The proportions of cases by sex, age group, type of infection, prescribed antibiotic and identified microorganism were calculated.

**Results:** 360 UTIs were identified. 87% of the cases were female. The median age was 62 years, and 27.8% of the cases occurred in the age group with 75 or more years. Most cases were classified as cystitis, the most frequently identified microorganism is *E. coli* (81%), and the most commonly prescribed antibiotic is fosfomicin (47.6%), which is in accordance with the guidelines of the Portuguese public health authority.

## ALPORT SYNDROME - A CASE REPORT

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**Introduction:** The Alport syndrome (AS) is an inherited disorder involving the kidney, cochlea and eye. The prevalence of AS has been estimated at 1:50,000 live births affecting males more often and severely than females. It is caused by mutations in COL4A3, COL4A4 and COL4A5 genes. Mutations in these genes disrupt the normal function of type IV collagen present in basement membranes of kidneys, ears, eyes and skin, thereby affecting their integrity. and leading to haematuria, proteinuria, sensorineural deafness, ocular lesions and progressive renal failure. Three modes of inheritance are recognized: 80% are inherited in an X-linked pattern (caused by mutations in COL4A5), 15% in an autosomal recessive (AR) and 5% in an autosomal dominant (AD) pattern (both caused by mutations in COL4A3 or COL4A4, chromosome 2). The diagnosis is based on skin or kidney biopsy, but, if the diagnosis remains doubtful, genetic analysis can be used to make a firm diagnosis.

**Case Report:** A 43 years old caucasian male, diagnosed with Hypertension in 2009. He was referred to the Internal Medicine appointment because of haematuria and proteinuria in a 24h urine sample. Due to progressive worsening of proteinuria, the medical team decided to perform a kidney biopsy which showed changes compatible with AS. The patient was than referred to Ophthalmology, ENT and Medical Genetics. The genetics report showed an AD mutation in the COL4A4 gene.

**Discussion:** This case shows a disease that, although rare, presents a challenge in its recognition for adequate referral. AS should be considered in patients with hypertension, haematuria and proteinuria, especially if associated with hearing impairment.

## PEYRONIE'S DISEASE: A REVIEW

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**Introduction:** Peyronie's disease (PD) is a benign penile disease that mainly affects men between 55-60 years. The prevalence varies from 0.4-9%, however it may be underestimated. PD's etiology is likely multifactorial: genetic predisposition, trauma and tissue ischemia. Repetitive microvascular trauma to the tunica albuginea causes remodelling of connective tissue into a fibrotic plaque that can result in penile curvature which, if severe, may prevent vaginal intromission. Several risk factors are associated like Dupuytren's contracture and genital injuries or surgeries.

**Objective:** Review about PD's etiology, diagnosis and treatment.

**Methods:** Articles, reviews, guidelines and publications research with the mesh terms peyronie, penile curve, genital injuries.

**Results:** PD manifests in two phases: one acute inflammatory (6-18 months) with penile pain, curvature or nodules; and a chronic phase, with minimal pain but with residual penile curvature and erectile dysfunction. Approximately 10% of patients have spontaneous improvement. PD also affects quality of life, causing severe psychological and physical

stress. The diagnosis is usually apparent from patient history and penile examination, where a plaque or induration is palpable. Imaging may be helpful having the ultrasound the highest sensitivity. The management of PD may include observation, medical or surgical therapy, depending upon the severity of the disease. There are currently no recommended oral agents for the routine treatment. Intralesional drug injections are generally safe and well tolerated. Treatment outcomes have been disappointing. The goal of surgical intervention is the restoration of penile and sexual functionality.

## MANAGEMENT OF THE YOUNG PATIENT WITH HYPERTENSION

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**Introduction, objective:** Management of the young patient with hypertension.

**Methods:** Observational.

**Results:**

**Personal history:** Renal colics.

**Clinical history:** Male, 28 years old, complains severe headache several hours. It has appeared while he was doing exercise and worsens Valsalva. It is holocraneal, more intense in neck. He explains that one week before, he fell down when biking, no symptoms since.

**Physical exploration:**

- Blood pressure: 190/120.

- Neurological and cardiological/circulatory exploration: normal.

The treatment with metamizol is started, but the pain doesn't improve. The patient is derived to the emergency room.

**Supplementary tests:**

- Cranial CT: discarding intracranial pathology.

The patient comes to our consulting room, persisting TA 175/110. Treatment was initiated with enalapril 5mg, is requested:

- Blood test: creatinine 1.72, urea 79, clomerular filtering 47.

- Immunological study: negative.

- Urine test: creatinine 96,1mg/ dl, microalb 1691mg/L, microalb/creat 1760.

**Clinical judgment:** With the results, we emphasize history. The patient explains that kidney disease was diagnosed. Sometimes the urine is brown. His father suffers from kidney disease.

**Treatment:** Enalapril 5mg/24h (antihypertensive effect and renal protector).

**Evolution:** The patient manteniene in blood pressure levels of 140/67. Creatinine values have improved but remained proteinuria in the nephrotic range. For this reason, we added dacortin 30mg/24h and cellcept500mg/12h. In the control after 3months, the proteinuria had decreased to 1g/L.

**Conclusions:** When we study a patient with high levels of blood pressure, although only on a determination or it can be justified for other reasons (pain at the time of measurement, anxiety, drug consumption, etc.) we must recite for monitoring and discard organic pathology.

## RECURRENT URINARY TRACT INFECTION IN WOMEN

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**Introduction:** Recurrent urinary tract infections (RUTI) are common, especially in women, and 30 of 1000 general practitioners examination refers to RUTI.

**Objective.** Investigations for RUTI aim to identify predisposing causes and prevent long-term complications.

**Methods:** Literature review.

**Results:** RUTI is defined as three or more infections within 12 months, or two or more infections within six months. One-third of women who have an initial urinary tract infection(UTI) will have a recurrence, mostly in the absence of any anatomical abnormality of the urinary tract. 80% of cases of uncomplicated RUTI, is caused by Escherichia coli. On the other hand, complicated RUTI, such as in patients with diabetes, immunodeficiency, urinary catheterisation, kidney transplantation, urinary tract abnormality, is caused by Escherichia coli in 50%, and other Gram-negative bacteria such as Enterococcus, Proteus and Klebsiella spp. are more common in this group. Typical symptoms of UTI include: dysuria ,urinary frequency or urgency , fever ,suprapubic pain , haematuria (occasionally). Diagnose of UTI is based on anamnesis, physical examination , urin microscopic analysis, urinoculture. Urinoculture is imperative for patients with complicated UTI, those who do not respond to antibiotic ,and those with recurrent UTI.Treatman of RUTI can be empirical or based on urinoculture analysis. Antibiotics for empirical treatman depends of varius factors, such as age and comorbidity Behavioural and pharmacological measures can be used to reduce and prevent RUTI in women.

**Conclusion:** RUTI are common and treatman and prevention should be individual for each patient guided by medical history ,examination findings ,urine and blood analysis, demographic characteristics.

## PRECISION OF SYMPTOMS IN THE DIAGNOSIS OF CULTURE-POSITIVE URINARY TRACT INFECTION IN AN ASIAN POPULATION

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**Introduction:** Patients with Urinary Tract Infections (UTI) may be symptomless or have symptoms such as frequency of micturition, dysuria, foul-smelling urine, nocturia, incomplete voiding, urgency, hematuria to less specific symptoms such as abdominal pain, fever and chills. In situations where laboratory investigation to confirm the diagnosis may not be available, the precision of the UTI symptoms becomes critical in decision-making for antibiotic prescription in managing the infection.

**Objective:** This study aimed to determine the precision of UTI symptoms in association with culture-positive UTI.

**Methods:** A prospective study of adult Asian patients who presented with UTI-related symptoms was conducted at three public primary care clinics in Singapore. Their demographic data and information on their symptoms and treatment were collected, followed by urine microscopy and culture to confirm the UTI. The sensitivity, specificity and the Area-Under-Curve (AUC) of single and combinations of symptom were computed in association with culture-positive UTI.

**Results:** Complete data of 695 patients (81.2% female, median age 61 years) was analyzed, of which 298 (42.9%) had culture-positive UTI. The commonest symptoms were frequency

(76.4%), urgency (74%) and dysuria (71.8%). The AUC for single symptoms were generally low (0.495-0.548) and low kappa (-0.010-0.100). The varying combinations of two to five symptoms did not increase their AUC and kappa scores. The higher specificity scores suggest that the individual is less likely to have UTI in the absence of symptoms.

**Conclusion:** Urinary symptom was not pathognomonic for UTI. In its absence, UTI is unlikely and antibiotic prescription is inappropriate.

## MAN OF 54 YEARS OLD WITH LUMBAR PAIN: NOT THINK ONLY IN RENAL COLIC

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**Introduction:** Renal colic is a frequently pathology in the emergency department around the world, and its clinical features are known. Sometimes the clinical presentation is not the usual and the treatment doesn't work, and is the moment to think in another pathology with the same clinical, as the renal infarction.

**Objective:** To show a case in which the clinical presentation suggested a renal colic but the poor response to treatment and the radiologic and ultrasonographic findings were compatible with renal infarction.

**Methods:** To review the clinical record of a patient of 54 years old who was admitted to emergency room of the Mollet's Hospital. First at all patient was classified as right colic pain, and was understood to blood analysis an abdominal x-ray and finally analgesic treatment without resolution of pain. After that patient was understood to abdominal computed tomography with intravenous contrast. The result was no absorption of IV contrast by the right kidney. The second blood test with coagulation markers like D-dimer was asked and the results shows an hypercoagulated situation and the right renal pain was identified as Right Kidney Infarction. And the patient was understood to anticoagulant treatment and was admitted in the hospital.

**Conclusions:** Not all the lumbar colic pain are necessary renal colic. If the adequate treatment doesn't work we have to think in another diagnosis.

## HEMATURIA: FROM SUSPICION TO DIAGNOSIS

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**Introduction:** Gross hematuria consists of visible changes in urine staining due to the presence of blood or clots. Microscopic hematuria is the presence of three or more erythrocytes per high-power field at least in two to three uncontaminated urine samples collected correctly. The formal evaluation of hematuria is fundamental, since malignancy is detected in up to 5% of patients with microscopic hematuria and up to 30 to 40% of patients with macroscopic hematuria. Family Physicians (FP) are often the first professionals to contact with hematuria cases, being a priority to systematize its approach.

**Objective:** The aim of this article was to provide a review on the diagnosis and initial approach of hematuria at the Primary Health Care level.

**Methods:** A literature review was carried out between 2006 and 2016, on Pubmed, UptoDate, BMJ Best Practice and national guidelines, in Portuguese and English languages. The following MeSH Terms were used: "Hematuria", "Urinary Bladder Neoplasms", "Primary Health Care" and/or "Referral and Consultation".

**Results:** Gross hematuria always requires additional investigation and Hospital referral. In microscopic hematuria, after confirmation of hematuria and exclusion of transient causes, there should be a complete nephro-urological evaluation, taking into account the patient's risk profile for malignancy. If an appropriate evaluation does not reveal nephro-urologic pathology, appropriate follow-up should be taken.

**Discussion/Conclusion:** The FP should be alert to macro and microscopic hematuria, being in a privileged position for the detection, initial evaluation and referral. The evaluation of hematuria is fundamental, taking into account its usefulness in the diagnosis of malignant pathology.

## CHRONIC LOW BACK PAIN VS STAGHORN UROLITHIASIS

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**Introduction:** Lumbar pain is a daily diagnosis for the primary care physician. The signs and physical examination do not always help to make an accurate diagnosis and the image tests are necessary.

**Objective / methods:** This clinical case is an atypical presentation of this pathology to be taken into account in the differential diagnosis. Due to the absence of anatomic alterations, previous urinary tract infections and nephritic colic.

**Results:** A 41-year-old woman with chronic low back pain with mechanical characteristics. No urinary syndrome or fever. History of repetitive mechanical lumbago. Physical examination shows paravertebral muscle contracture at lumbar level and negative bilateral renal percussion.

With the diagnosis of mechanical low back pain, treatment with NSAIDs is initiated. After 1 week the pain persists, muscle relaxants are started. Two weeks later the pain persists, a lumbo-sacral column radiograph is requested: 4.5mm renal lithiasis in the left inferior renal pole. Coryiform lithiasis occupying the intrarenal collecting system. Abdominal CT scan: Right corneal lithiasis, and 9mm lithiasis in the lower renal pole. Uroculture with > 100 000 CFU of *Proteus mirabilis*. Treatment with acetohydroxamic acid was started and referral to Urology for definitive treatment, was percutaneous nephrolithotomy. The composition of the stone was struvite phosphate 80% and apatite 20%.

**Results:** In a patient with low back pain we must keep in mind the diagnosis of renal lithiasis. The torpid evolution forces us to investigate other pathologies. A simple urine x-ray examination of the abdomen will provide us with sufficient information for diagnosis.

## LOWER URINARY TRACT SYMPTOMS AND DEPRESSION – IS THERE ANY ASSOCIATION?

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**Introduction:** Lower urinary tract symptoms (LUTS) are very common in older men and can impact their quality of life. Depression is associated with many chronic diseases and can also have a great impact on quality of life.

**Objective:** The aim of this study was to assess the evidence of the possible association between LUTS and depression.

**Methods:** We performed a survey of clinical guidelines, systematic reviews, meta-analysis and randomized-controlled trials in Medline, published between December 2011 and December 2016, in Portuguese and English, using the MeSH terms “lower urinary tract symptoms” and “depression”. Exclusion criteria: strictly feminine population, main focus of study on other chronic diseases, prostatectomized population, prostate cancer. The SORT (Strength of Recommendation Taxonomy) scale of the American Family Physician was used to grade the evidence.

**Results:** Fifty-three studies were found. We selected two systematic reviews and eight observational studies, of which three were cohort studies and five were cross-sectional studies. There is consistent evidence of an increase of depressive symptoms among patients with LUTS, but the quality of the studies analyzed was low (level 2). Therefore we attributed a level B recommendation.

**Conclusion:** Although the studies reported some evidence of a possible association between LUTS and depression, it is not rigorous enough to allow a high strength recommendation. Therefore we cannot confirm that such association exists, nor can we recommend the regular investigation of depressive symptoms in patients with LUTS. Better studies are needed, with larger sample sizes and better methodological quality.

## NON - SEXUALLY RELATED ACUTE GENITAL ULCERS IN ADOLESCENT PATIENT. A CASE REPORT

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**Introduction and objectives:** Acute genital ulceration, also known as Lipschütz ulcer, is an uncommon, nonsexually transmitted condition that usually presents as an acute painful ulcerations of the vulva or lower vagina. It typically occurs in sexually inactive adolescent girls or young women and may be preceded by influenza-like or mononucleosis-like symptoms. Acute genital ulceration has been associated with Epstein-Barr virus (EBV) infection or other viral and bacterial infections. However, in many cases a cause cannot be determined.

**MeSH terms:** Genital ulcer, LIPSCHÜTZ ulcer, vulvar disease

**Methods: Case report:** We report a case of a young female who developed flu-like symptoms and painful vulvar ulcers.

A 15-year-old girl with no relevant medical history presents to her PMD (Primary Medical Doctor) complaining of a sudden onset of painful vulvar ulcers preceded by influenza-like symptoms treated with paracetamol and NSAIDs for the last 4 days. Menarche at the age of 15 (3 months ago) without any menstrual cycle since then. Not sexually active.

Clinical examination revealed bilateral ulceration and swelling of the lower third of labia minora with erythematous base surrounded by local inflammation zone that made physical

exam difficult due to pain. Temperature 36,5°C (97,7 °F), CPA normal, blood pressure 110/60mmHg, pulse rate 95 lpm. Abdominal examination disclosed significantly enlarged left inguinal adenopathy, painful to the touch.

Laboratory studies show normal complete blood count and biochemistry (no leukocytosis found) ; Herpes Simplex virus type 1 and 2, negative; fungal and bacterial culture taken from the bottom of the ulcer, negative; *serological* tests for antibodies specific for *Epstein-Barr* virus (*EBV*) antigens, syphilis, chlamydia, mycoplasma, HIV, hepatitis A , B and C virus , cytomegalovirus (CMV) negative at the initial extraction and at four weeks. Serum tests for autoimmunity were unremarkable.

In a teenage girl with the above history, negative test results reinforce the diagnosis of GENITAL ULCERA DE LIPSCHÜTZ. The patient was treated with oral analgesics and empirical doxycycline for ten days, with weekly follow-up.

**Results:** After 3 weeks the patient presents *favorable evolution with a great improvement of the vulvar lesion that cured without residual scarring.*

**Conclusion:** This case represents a rare and important differential diagnosis of genital ulceration.

### 3.07. Women's health

#### BACK PAIN DURING PREGNANCY: IMPACT ON THE QUALITY OF LIFE OF PREGNANT WOMEN

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**Background:** This study aimed to compare the quality of life (QOL) of women with low back pain and women without low back pain during pregnancy.

**Methods:** We conducted a cross-sectional study on 361 pregnant women recruited in the hospital maternity or in primary care settings. Data collection was carried out through a self-administered questionnaire including the QOL Short Form Health Survey SF12-V2 scale. The QOL was compared in each group, first, in a non-adjusted way, then, by taking into account the potential confounding factors such as: maternal age, term pregnancy, couple situation, women's socio-professional category, antecedents of low back pain and place of recruitment.

**Results:** Among the 218 pregnant women included in the study, 137 were suffering from low back pain (LBP). The mean intensity of pain (numerical scale) in the LBP group was 5.04 ± 1.73 (range 0 to 10 for maximum pain). Among women with low back pain, 21% of them (n=29) reported having received the following treatments for their pain. There was a significant difference in the quality of life between the group of women with low back pain (LBP) and the one without low back pain (NLBP) in the areas of mental health, physical health as well as social relations. The mental health and social relationships dimensions seemed more affected than the physical scores.

**Conclusion:** Low back pain decreased physical and psychosocial health during pregnancy. A greater support should be promoted in the medical follow-up of pregnant women with low back pain.

## INFECTIOUS VULVOVAGINITIS APPROACH IN PRIMARY HEALTH CARE

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**Introduction:** Infectious vulvovaginitis (IVV) constitutes a very common group of gynecological diseases. They cause nonspecific vaginal and vulvar symptoms, such as pruritus, burning sensation, irritation and abnormal discharge, so their differential diagnosis is challenging. In Portugal, family physician is responsible for a large part of the diagnoses and approach of IVV.

**Objective:** The objective of this review is to address the diagnosis, available therapies and more appropriate follow-up of IVV.

**Methods:** A classic review was conducted based on the research of articles in evidence-based medicine sites, from 2010 and 2015, with keywords “vulvovaginitis”, “vaginal candidiasis”, “bacterial vaginosis” and “trichomoniasis”.

**Results:** The most frequent IVV are bacterial vaginosis (BV), vaginal candidiasis (VC) and trichomoniasis. VC is caused by an overgrowth of *Candida albicans*. It is manifested by white vaginal discharge, thick and odorless. Treatment is indicated in symptomatic women and in the sexual partner with balanitis. BV is caused by anaerobic bacterias, with thin, homogeneous gray-white discharge that lines the walls of the vagina and vestibule, with an intense, fishy, non-irritating odor. Treatment is indicated in symptomatic women or with gynecological surgery. Trichomoniasis is caused by *Trichomonas vaginalis*, with foamy and airy vaginal discharge or greenish-yellow. Treatment is indicated in symptomatic women and in sexual partners.

**Conclusions:** IVV can have several clinical presentations but BV, VC and trichomoniasis are the most common. Their differential diagnosis is important for select the appropriate treatment for the patient and his sexual partner as well as to refer for hospital medical care whenever necessary.

## FEMALE SEXUAL DYSFUNCTION TREATMENT: LITERATURE REVIEW

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**Introduction:** Sexual dysfunction is characterized by difficulty in one or more phases of the sexual response or pain associated with the act, resulting in loss of desire, performance or subjective experience of pleasure. The sexual dysfunction prevalence in women is 39%. Therapeutic options go through the psychological and behavioral therapy, pharmacological and mechanical therapies.

**Objective:** To review the pharmacological and mechanical therapies for female sexual dysfunction.

**Methods:** The literature was searched using several online databases with systematic reviews and randomized trials, published between 2006 and 2016, in English. We used the mesh terms: “women”, “sexual dysfunction” and “therapy”.

**Results:** Sexual cycle response is based in four phases, applied to both men and women: desire (which can last from few seconds to hours); excitement (from seconds to

minutes); orgasm (lasts only a few seconds); and resolution (minutes to hours). Therapeutic options depend on the phase affected in women but there are drugs that act in all phases of the sexual response cycle, such as estrogens, testosterone or oxytocin, among others. Vaginism treatment will also be scope of this review.

## ASSOCIATION BETWEEN ABDOMINAL OBESITY AND LUMBAR BMD ACCORDING TO THE PERIOD OF MENOPAUSE IN POSTMENOPAUSAL WOMEN

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**Introduction:** The effect of abdominal obesity on Lumbar BMD is various, but most of the study didn't consider years since menopause (YSM).

**Objective:** The purpose of the study is to evaluate the effect of abdominal obesity on Lumbar BMD according to YSM in women within 10 years after menopause.

**Methods:** 1,138 subjects were included in the study. Subjects were divided into group within 1 to 5 YSM (short-term period of menopause, SPM) versus 6 to 10 YSM (long-term period of menopause, LPM). We compared lumbar BMD according to body mass index (BMI) and waist circumference (WC).

**Results:** When adjusted for age, exercise hours per week, amounts of alcohol per week, skeletal muscle mass, body fat mass, the odds ratio of osteopenia of lumbar BMD was 1.26 (95% CI 0.55-2.91) among women with abdominal obesity (WC  $\geq$  85 cm) in normal BMI (BMI  $<$  25) and 1.43 (95% CI 0.64-3.22) among these in obesity (BMI  $\geq$  25) in SPM group. The odds ratio of osteoporosis of lumbar BMD was 1.75 (95% CI 0.48-6.39) among women with abdominal obesity in normal BMI and 2.27 (95% CI 0.55-9.38) among women with abdominal obesity in obesity in SPM group. The odds ratio of osteopenia of lumbar BMD was 0.94 (95% CI 0.29-3.04) among women with abdominal obesity in normal BMI and 0.93 (95% CI 0.26-3.36) among women with abdominal obesity in obesity in LPM group. The odds ratio of osteoporosis of lumbar BMD was 0.76 (95% CI 0.18-3.20) among women with abdominal obesity in normal BMI and 1.35 (95% CI 0.26-7.00) among women with abdominal obesity in obesity in LPM group. Abdominal obesity may have no impact on lumbar BMD in postmenopausal women regardless of the period of menopause.

## POLYCYSTIC OVARY SYNDROME IN ADOLESCENCE – A PRIMARY CARE APPROACH

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**Introduction:** Polycystic Ovary Syndrome (POS) is the most common cause of infertility in young women. Its diagnosis is controversial in adolescents, as the diagnostic pathological features used in adult women may be normal pubertal physiological events.

**Objective:** Review the approach and diagnosis of POS in adolescence on the primary care setting.

**Methods:** Literature review based on systematic reviews, meta-analysis and guidelines published in the last five years, limited to Portuguese and English language, on Pubmed, Medscape, BMJ and UpToDate databases, using the MeSH terms " polycystic ovary syndrome " and "adolescence".

**Results:** According to the Endocrine Society Guidelines, in adolescents, SOP is defined by the presence of hyperandrogenism and persistent oligomenorrhea. A detailed anamnesis and clinical exam help to characterize clinical features. Imagiologic and laboratorial exams must be performed, in order to exclude other possible pathologies. After the diagnosis, it is important to screen for depression, diabetes and cardiovascular risk factors. Treatment is controversial and should be individualized. Lifestyle measures, in order to reduce body weight, are recommended.

## HIDDEN HER MASS BY MODESTY

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Woman 79-years-old, attended emergency department for costal pain after snapping when getting out of bed, diagnosed as dorsalgia probably secondary to osteoporosis vertebral crushing, discharged home with symptomatic treatment. Lately consults for constipation, coinciding with start of tramadol medication, therefore suspended and laxatives were prescribed.

Worsen general state, losing 9kg in one month. Her doctor began studies focused on colon neoplasm, because she had no other symptoms than intestinal habit changes and was referred to hospital for constitutional syndrome study.

For the first time, the presence of a lump in her breast, present for over 50 years was mentioned, hidden by modesty as it was not painful. She attributes it to the fact that in his last lactation, she had a galactophore duct obstruction, which produced a deformation in the right breast.

**Exploration and complementary tests:** Feverish. Normal cardiopulmonary and abdominal examination. Abdominal X-ray: feces in colic. Blood test May: Hb: 11.5. Markers CEA, Ca15,3: positive, FOBT: positive. Colonoscopy: no alterations. July: Hb: 10.6 CPR 17.3. Breast examination: Hard mass in right breast, nipple retraction. Total body scan: Metastases in brain, adrenal, lung and bone.

**Diagnosis:** Breast cancer with multiple metastases.

**Differential diagnosis:** Colorectal carcinoma.

**Final coment:** Complete physical examination from the primary care consultation is decisive. In this specific case, the exploration of breasts is very useful in a systematic way. Inclusion in women's screening programs is also important, teaching self-exploration and awareness of prevention. We must be equally alert to the reactivation, as in the case presented of breast cancer.

## ACTINOMYCES INFECTION IN INTRAUTERINE DEVICE USERS

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**Introduction:** Pelvic actinomycosis is rare disease and has a higher prevalence in current or prior intrauterine contraceptive device users. It caused by an anaerobic gram-positive non-

spore-forming bacteria *Actinomyces* that can be detected by the cervical cytology. A correct follow-up can prevent severe complications.

**Objective:** to review existing scientific evidence about clinical manifestations, diagnosis and treatment of pelvic actinomycosis with presentation of three case reports.

**Methods:** systematic review of the current national and international publications and indexed scientific journals regarding prevention, diagnosis and treatment of actinomycosis in adults and use of the intrauterine device (IUD) associated with the secondary infection by *Actinomyces* in the female genital tract, using key words: intrauterine device, actinomyces, actinomycosis, cervico-vaginal cytology, infection.

**Results:** The family doctor should be familiarized with infection by *Actinomyces* in order to perform a correct management and to prevent complications.

Pelvic actinomycosis is most commonly caused by *Actinomyces israelii* and *Actinomyces naeslundii*. There are several studies that have shown the higher incidence of infection in IUD users. The increased risk of the infection is associated with the time of the IUD use and the type of IUD (the copper IUD 6%, the levonorgestrol IUD 14%). Concerning the treatment, it is advisable IUD removal in women with clinical evidence of active infection and initiation of 14 days antibiotic treatment.

## INSERTION OF INTRAUTERINE CONTRACEPTIVES AFTER SURGICAL TERMINATIONS OF PREGNANCIES: PROMOTING CONSCIENTIOUS PRACTICE

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**Introduction:** Intrauterine contraceptive devices are cost-effective with low failure rates, good side-effect profiles and high long-term efficacy. However, uptake within the UK is still poor with only 2 – 6% of all women choosing this method. Abortion rates have concurrently been increasing, with now 1 in 3 women having had an abortion in their lifetime. Insertion of intrauterine contraceptives after surgical terminations is still not common practice (4 – 8%) despite evidence of good outcomes.

**Objective:** To discuss the evidence and legal and ethical issues surrounding the insertion of intrauterine contraceptives after surgical terminations of pregnancies. To therefore aid a more informed, individualised and conscientious approach to this practice.

**Methods:** We present background literature with regards to insertion of intrauterine contraceptives after surgical terminations followed by discussion of common misconceptions by practitioners and patients. We also promote ethical discussions and consider current and future workforce development and service provision.

**Results:** We present arguments for and against this practice in terms of evidence, ethics and practicalities/workforce implications. We finally make some recommendations to improve our consultations and practice with regards to this topic.

## RISK OF THE MENOPAUSE

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**Introduction and objective:** Female, 60 years old. Personal history: not known drug allergies. Not smoker. Dyslipemia. Appendectomy, tonsillectomy, hysterectomy by giant myoma at 50 years old. Treatment: Statin, Mastical-D. She went to Primary Care consultation due to left costal hypoesthesia of two months of evolution, that lasts a few hours and disappears spontaneously. Deny previous trauma. The previous month she went to the emergency room for catarrhal symptoms, diagnosing it of Acquired Pneumonia in the Community treated as outpatient with Azithromycin+Codeine+Fluidasa. Now persists left dorsalgia with deep inspiration and left costal hypoesthesia.

**Methods:** Exploration and complementary tests: BP: 86/53mmHg; HR: 86lpm; 36.9°C. Conscious, oriented, good general condition, eupneic. Neurological normal. Cardiac and pulmonary auscultation: normal. No abdominal discomfort. No edema or bruising or asymmetries in the back. Pain on palpation of left paravertebral area at T10-T12 level. Blood tests: Biochemistry, coagulation and electrolytes within normal limits, CRP 4.1mg/dL, CBC: Hemoglobin 11.7g/dL, Leukocytes 10910/L (neutrophils 87.4%), Platelets 177000/L. Urinalysis: normal. CXR: Normal cardiotoracic index, free costophrenic angle, pneumonia in right posterior basal segment. CXR: Vertebral compression fracture Grade 1 of T11, possibly osteoporotic.

Clinical trial: Vertebral compression fracture of the vertebral body of T11 probably osteoporotic.

Differential diagnosis: Malignant vertebral fracture. Multiple myeloma.

**Results:** Osteoporosis is a preventable and treatable disease, but the lack of warning signs prior the onset of fractures leads to many patients being undiagnosed in the early stages delaying treatment. The lateral chest radiographs are an important diagnostic tool in the identification of patients with osteoporosis.

## OVERCOMING PERCEIVED BARRIERS: KNOWLEDGE AND ATTITUDES OF TURKISH WOMEN REGARDING HUMAN PAPILLOMAVIRUS VACCINATION

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**Introduction:** Cervical cancer is one of the most prevalent gynecological malignancies worldwide. HPV, one of the sexually transmitted infections, causes cervical cancer. HPV awareness and prophylactic vaccination with cervical cancer prevention methods significantly reduce the incidence of cervical cancer.

**Objective:** The aim of this study was to determine the knowledge and attitudes of HPV and HPV vaccine in patients who came to our outpatient clinic.

**Methods:** We conducted a cross-sectional study of 37 women, using a questionnaire covering the knowledge and attitudes of HPV infection and vaccination.

**Results:** The average age of the patients was 40 years (min: 20 max: 66). 62.2% of the patients were housewives and 83.8% were married. 43.2% of the participants were primary school graduates. 59.5% of them did not use any family planning method. 37.8% of the participants had knowledge about HPV and vaccination, 16.2% knew that HPV is sexually transmitted. 24.3 % of the participant respond that they don't have any idea about "The HPV

vaccine will completely protect from cervical cancer?", and 32.4% did not HPV vaccinated. 27% answered yes to "do you consider being vaccinated to protect your child from HPV?". The cause of not being vaccinated is defined by 24.3% of the participant, as a lack of information. 5.4% of the participant answered the question, vaccine is expensive, and 2.7% think that vaccine is not safe.

**Conclusion:** A successful prevention strategy has to consider the primary prevention measures (including health education on human papilloma virus (HPV) infection but also vaccination).

Key words: HPV, vaccine, cervical cancer, knowledge and attitudes

## LEVELS AND ASSOCIATIONS OF SELF-ESTEEM AND FERTILITY DISTRESS AMONG ANATOLIAN WOMEN

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**Introduction:** Infertility affects ~9% of couples worldwide, including ~72 million women aged 20–44 years. Although involuntary childlessness can cause significant distress for couples, little is known about the psychologic condition of women with infertility diagnoses.

**Objective:** To measure the level and its relationship of distress and self-esteem in infertile women who participated in fertility treatment.

**Method:** 35 infertile participants were enrolled to this study. The Rosenberg Self-Esteem Scale (RSE), self-report questionnaire and medical record reviews were the source of all demographic, reproductive, and family medical history variables is used to measure of global self-esteem and associations.

**Results:** The average age of the participants were 28 (min 18, max 42); 11.4% of the participants had a university or higher level degree, 88.6% were housewives, 48.6% reported a previous pregnancy. 60.2% of participants to the survey stated that they were treated for at least 36 months. Rosenberg Self Respect score average was  $0.83 \pm 0.5$  and a high self respect was observed.

**Conclusion:** In our study, the sample had higher than average self-esteem compared with normal data from the literature that is probably the women is supported by their spouses and families in Anatolia even they are sterile. In traditional societies such as ours, conception and childbirth are perceived as part of women's responsibilities where women are often viewed as responsible when a couple is infertile. Thus, the failure of these processes results in greater impact on women

**Keywords:** Self-esteem, infertility, Anatolian women

## CURRENT EVIDENCE ON PHYTOESTROGEN USE TO ALLEVIATE HOT FLASHES OF MENOPAUSAL WOMEN

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**Introduction:** Menopause is a process that naturally occurs with aging in women. The decreasing estrogen levels trigger the development of menopausal symptoms, amongst which hot flashes are considered to be the most bothersome, gravely affecting life quality.

Considering today's aging population, the mean age for menopausal onset, and certain limitations to the use of hormone replacement therapy, phytoestrogens have been suggested as an alternative to control hot flashes in menopausal women.

**Objective:** Evaluate the efficacy of phytoestrogen use to alleviate hot flashes in menopausal women.

**Methods:** The electronic databases Medline, Cochrane, DARE, Bandolier, NGC and NICE were search for eligible studies published in the previous 5 years, up to November 2016, to perform this evidence-based review. MESH terms used: "menopause", "hot flashes", "phytoestrogens". The American Family Physician's Strength of Recommendation Taxonomy (SORT) was used to attribute evidence levels and strengths of recommendation to individual studies or bodies of evidence.

**Results:** The search returned 51 potentially relevant articles, of which 46 were excluded for not meeting inclusion criteria. The remaining 5 included 3 systematic reviews and 2 meta-analyses. Both meta-analysis and one of the systematic reviews showed consistent findings that phytoestrogen therapy can reduce the frequency of hot flashes, although without significant effect on their intensity. Nevertheless, the fact that an heterogeneity amongst the included studies was pointed out as a limitation, the authors decide to attribute a strength of recommendation B to phytoestrogen use in reducing the frequency of hot flashes in menopausal women.

## PHYLLODES TUMOR OF THE BREAST – A CHALLENGE TO CLINICAL PRACTICE

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**Introduction:** Phyllodes tumor (PT) it's a rare fibroepithelial mammary tumor with variable aggressiveness. Knowing its characteristics and proper follow-up is important in the management of the patient by the family doctor (FD).

**Objective:** Elaborate a review to guide clinicians at primary care level for the most appropriate diagnosis, treatment and follow-up of PT.

**Methods:** Search for articles published between November 2010 and November 2015, using the MeSH terms: "phyllodes Tumor" in the databases: PubMed, Cochrane, Index Portuguese Medical Magazines, Uptodate and Medscape

**Results:** PT almost exclusively affect female, between 35 and 59 years old, corresponding to 0.3-1% of breast neoplasms. They may be benign, borderline or malignant and present as a palpable, not painful and mobile nodule with defined limits, being able to have large dimensions and fast growth. Metastasis occurs in 22-40% of malignant PT. Benign PT does not metastasize, but grows aggressively. Ultrasonography and mammography are the elective exams. Core biopsy and excisional biopsy are the more reliable for diagnostic. Local excision with a minimum margin of 2 cm is indicated, and there may be a need for mastectomy. Benign PT recur locally in up to 10% of patients, with superior recurrence in borderline and malignant tumors. It is recommended the bi-annual observation, with annual mammography, until 5 years after the excision.

**Conclusions:** The FD should know how to guide and refer patients with PT, know the risks and make an appropriate follow up, since it is the professional responsible for the provision of ongoing care over time.

## BENIGN BREAST NEOPLASIA IN TWO PRIMARY CARE UNITS: PREVALENCE AND CHARACTERIZATION

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**Introduction:** Benign breast disease represents a broad spectrum of changes that require a differential diagnosis with malignant disease. They are more common than malignant disease, but may arise with similar signs / symptoms.

**Objective:** Know the prevalence of benign neoplasia of the breast (BNB) in two primary care units and to characterize the diagnoses and the contraceptive habits of these users.

**Methods:** Retrospective descriptive observational study. Sample: female subjects aged  $\geq 18$  years, enrolled in USF Fiães or USF Entre Margens, with active diagnosis "X79 - Benign Breast Neoplasia" or "X88 - Fibrocystic Disease of the Breast", in June 2016.

**Results:** A total of 576 women diagnosed were included, and 457 were included after exclusion of wrong coding or no imaging description of the lesion. The mean age was 44.6 years. Most lesions involve cysts (215) and fibroadenomas (125). In 69 cases, more than one type of BNB was present. The prevalence was 5.9%, that of fibroadenomas was 2.3% and that of cysts was 3.7%. Regarding the contraceptive methods, 220 used a non-hormonal, 55 progestational method and 179 a combined hormonal method.

**Conclusion:** BNB are diverse and require vigilance. Although cysts are not precursors of cancer, they present a 1,5 fold higher risk. Fibroadenoma, if more than 1,5 cm, should be monitored in 6 to 12 months. Portuguese societies of obstetrics and gynecology estimates that 7 to 10% of women develop cysts and 10% fibroadenomas, higher than those of the population studied, probably due to the asymptomatic character of the lesions.

## VULVOVAGINITIS: BEYOND THE OBVIOUS CAUSES.

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**Introduction:** Vulvovaginitis consists of vulvovaginal inflammation presenting with bothersome symptoms to women, such as vaginal discharge, local pruritus or burning sensation, uncomfortable odor and dyspareunia. Its management can be challenging due to various possible etiologies (infectious, allergic, irritative, flora imbalance, amongst others), incomplete previous diagnostic evaluations, and frequent history of previous ineffective empirical therapies.

**Objective:** Raise awareness to the fact that vulvovaginal colonizations by *streptococcus agalactiae* (usually seen as an innocent bystander), when abundant, can cause symptomatic vulvovaginitis.

**Methods:** Report of a clinical case of a patient diagnosed with symptomatic vulvovaginitis due to *streptococcus agalactiae* colonization.

**Results:** Female, 40 years old, caucasian. Previous medical history included depressive disorder and dislipidemia, left inguinal hernioplasty, tubal ligation. No relevant family history. Chronic medication included fluvoxamine 100mg, diazepam 6mg and propranolol 40mg, with no known allergies. Patient referred persisting heterogeneous white vaginal

discharge in the previous 4 months, denying genital complaints on behalf of her (only) partner and denying use of condoms or spermicides. The patient had already been to two other physicians who treated her complaints empirically with vaginal pills, the first time with fluconazole 150mg (1 pill), the second with metronidazole 500mg (once daily, 5 days), without improvement both times. After obtaining a sample of the vaginal discharge, numerous colonies of multiresistant *streptococcus agalactiae* (Group B) were isolated. Patient was then treated with oral amoxicillin 1g (twice daily, 7 days) and *bacillus doederlein* vaginal pills (once daily, 2 weeks). Patient had no vulvovaginal complaints in reevaluation done after 3 months.

## CADIHS - CHARACTERIZATION AND ADAPTATION TO HORMONE SUBCUTANEOUS IMPLANT (IHS)

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**Introduction:** Family doctor ensure the access to contraceptive methods according to the patients and their choices.

Subcutaneous Hormone Implant (IHS) is a long term contraceptive, expensive and requires an experienced professional for its placement/removal. It's essential to understand the reasons for the choice of this method and that lead to a removal before its expiration date.

**Objective:** Characterize the patients who used this method and their adjustment.

**Methods:** We conducted an observational study, transversal, using as population the UCSB Amarante-1 patients and USF Amadeo de Souza-Cardoso, with an assigned family doctor, who placed or replaced IHS between 1/1/2013 and 4/30/2016.

Our researchers contacted the patients who answered a questionnaire about the implant.

**Results:** Forty three women participated in the research (62.32% of the population). The main reason for placing IHS was the lack of commitment in taking the combined oral contraceptive pill on a daily basis, this being the most commonly used method prior to the placement of IHS. There have reported adverse effects in 86.05% of women and the menstrual irregularities were most frequent (63.27%). However, only four women (9.30%) have requested the removal of the implant before its expiration date.

IHS is an efficient contraceptive method, with most women reporting few adverse effects and mostly are tolerated.

These results must be read with some discretion, bearing in mind the small size of the sample. It is important to provide adequate information to woman before the placement of the IHS, to ensure that she won't feel the need to remove it before the time.

## OSTEOPOROSIS IN POSTMENOPAUSAL WOMEN

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**Introduction:** Osteoporosis, which is common in postmenopausal women, increases the risk of fractures. Given the health implications of osteoporotic fractures and debilitation, the

primary goal of management is to slow or stop bone loss, maintaining muscle and bone strength, and minimizing or eliminating factors that contribute to fractures.

**Objective:** To update the evidence-based management regarding osteoporosis in postmenopausal women.

**Methods:** Literature review of osteoporosis in postmenopausal women

**Results:** The evaluation of risks in postmenopausal women for osteoporosis requires a full medical history, physical examination, and diagnostic tests. Major risk factors for osteoporosis in postmenopausal women include age, genetics, lifestyle factors such as smoking, poor nutrition and low body weight. Management emphasized first on the nonpharmacologic measures, such as a balanced diet and nutrition, adequate calcium and vitamin D intake, regular exercise, smoking cessation, avoidance of excessive alcohol drinking, and fall prevention. Resistance and weight-bearing exercise can increase muscle mass and bone density. Exercise and balance programs may reduce the risk of falls in postmenopausal women. Besides exercise, assessment for home and work place hazards, gradual withdrawal of sedative, and the use of a multidisciplinary program may also help. Management for postmenopausal women involve identifying those at risk for fracture, followed by starting measures that focus on reducing modifiable risk factors through dietary and lifestyle modifications. Pharmacologic therapy can be considered if there is no contraindication.

## EVALUATION AND MANAGEMENT OF DYSPAREUNIA IN WOMEN

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**Introduction:** Dyspareunia is recurrent or persistent pain felt during sexual activity. Dyspareunia can have a negative impact on a woman's mental and physical health, body image and relationships with partners.

**Objective:** Review the various causes of dyspareunia and to describe the historical and physical clues leading to the diagnoses.

**Methods:** A bibliographic review was carried out in textbooks, articles and scientific databases, using the term *Mesh "dyspareunia"*.

**Results:** Entry dyspareunia is pain with initial or attempted penetration of the vaginal introitus, whereas deep dyspareunia refers to pain that occurs with deep vaginal penetration. Dyspareunia is also classified as primary (occurring with sexual debut and thereafter) or secondary (beginning after previous sexual activity that was not painful). Dyspareunia is highly prevalent in women, with the leading causes varying by age group. The history and physical examination are usually sufficient to make a specific diagnosis. Common causes include inadequate lubrication, postpartum dyspareunia, provoked vulvodynia, vaginismus and vaginal atrophy. Treatment is directed to the underlying cause of dyspareunia. As this condition is common and it may cause marked distress, health care providers should regularly screen for dyspareunia and offer appropriate treatment.

## INFERTILITY – A SPECIAL COMPLEX CASE

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**Introduction:** Infertility, defined by WHO as a disease of the reproductive system that leads to inability to obtain a pregnancy after 12 or more months of regular intercourse without contraception use, is considered a public health problem, and has been associated with uterine cervix carcinoma.

**Objective:** To highlight medical advances in women's health.

**Case description/Results:** CRV, female, 28 years old, without relevant background. Comes to preconception consultation in August/2007, and does the recommended exams, with normal results. A year later, she returns to consultation because she failed in getting pregnant. It's forwarded to a specialized infertility consultation and in 2010 is diagnosed with invasive epidermoid cervix carcinoma, and it's treated with radical trachelectomy with bilateral pelvic lymphadenectomy. In further infertility investigation, after 3 years keeping attempts to get pregnant, she was diagnosed with hydrosalpinx and subjected to salpingectomy of the right Fallopian tube, in July/2015. She entered the list to *in vitro* fertilization, but she gets a spontaneous pregnancy, whose delivery was by caesarean section at 34 weeks of gestation.

**Discussion:** It's a family doctor characteristic to be the first contact to the health system. He must accompany his patients at all stages of their life cycle, and is his responsibility to guide them to secondary care when needed, always keeping in mind his role as responsible for integrating all the care provided to their patients. It's essential maintaining a strong and trust relationship, allowing him to follow closely all processes they undergo, being there for them.

## STUDY ABOUT CONTRACEPTION METHOD USED BY IMMIGRANTS IN A RURAL HEALTH CENTER

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**Introduction:** The use of contraception is extended in our ambience, so much indigenous groups as immigrant. The contraceptive method according to the country of origin, education and cultural context can be very wide.

**Objective:** *General objective:* To know the contraceptive methods used by immigrant women in a rural health center (HC).

*Specific objectives:* To quantify percentage of women of childbearing age who use contraceptives. To know average age of those who use contraception. To know what type of contraception prefer women from different Nationality. To detect improvement areas

**Methods:** Design: Descriptive cross-sectional study. Scope: Rural village with 1862 inhabitants (35% immigrants). Data-sources: Individual Health Card, Digital Patient Medical Records. Selection criteria: Total number of women assigned to the health center

**Results:** 30% of the female population attached to the HC is immigrant. 40% of them use contraception (70% of immigrant women), with an average age of 30 years (33% of immigrant women).

In general, foreign population prefer condoms as contraception (40%), following by oral contraceptive pills (30%), intrauterine device (20%), intramuscular hormonal contraception (HC) (5%), subcutaneous HC (5%)

Sub-Saharan population prefers oral contraceptive pills (60%) followed by intrauterine device (20%), condom (15%) and subcutaneous HC (5%).

Hispanic population (10%) prefers oral contraceptive pills (60%), followed by condom (15%), intrauterine device (10%), subcutaneous HC (5%) and intramuscular HC (5%)

Hormonal contraception is the population's prefer method, specially oral contraceptive pills.

Probably, there are differences between nationalities on the contraception method they prefer. It looks like culture or education could be involve.

It would be useful to carry out education activities for immigrant population

## MANAGEMENT OF MENOPAUSAL VASOMOTOR SYMPTOMS

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**Introduction:** Menopause is defined by the World Health Organization (WHO) as the permanent cessation of menstrual periods that occurs naturally or is induced by surgery, chemotherapy or radiation. Usually, this equates to 12 months of amenorrhoea. Vasomotor symptoms (VMS) represent the most bothersome symptoms of menopause and the most common reason women seek medical care at the time of the menopausal transition. They are most likely to be reported during the late perimenopausal transition and are more prevalent among African American women, those with higher BMIs, less education, lower income, mood disorders and women who are cigarette smokers.

**Objective:** Address pharmacologic and nonpharmacologic interventions for the treatment of VMS

**Methods:** Searching with combinations of the keywords in various online databases such as Uptodate, Pubmed and Clinicalkey.

**Results:** Behavioral treatment, herbal formulations, phytoestrogens and omega-3 fatty acid supplements were not effective in treating VMS. Estrogen represents the most effective treatment for menopausal VMS and related issues. In women with intact uterus, treatment with estrogen and adequate progestogen combination prevents the risk of endometrial neoplasia when compared with untreated women. Selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors and anticonvulsant medications are increasingly being use in the nonhormonal management of VMS. It is necessary to develop effective interventions and treatment for VMS. Primary care providers are in a position to identify more serious issues, provide education, begin treatment, and make appropriate referrals to when necessary.

## CONTRACEPTIVE EFFECTIVENESS OF INTRAUTERINE DEVICES WHEN USED BEYOND THE RECOMMENDED DURATION IN THE SUMMARY OF MEDICINAL PRODUCT CHARACTERISTICS

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**Introduction:** Intrauterine devices have a duration of 5 years in the summary of drug characteristics, although some organizations can extend to 10 years in copper devices and 7 years in levonorgestrel releasing devices, with 100% efficiency.

**Objective:** To evaluate the effectiveness of Copper Devices 375mg and Levonorgestrel 52mg in women who exceeded the use of the recommended method in the Summary of Product Characteristics (RCM).

**Methods:** Retrospective study of women who opted for the use of intrauterine devices (IUDs) of copper 375mg and levonorgestrel releasing intrauterine system 52mg (SIU-LNG) for

contraception during the period between January 1, 2005 and December 31 Of 2010. All those who agreed to maintain the method beyond the recommended use time in the RCM of the IUDs used were considered for analysis: 5 years (60 months). To evaluate the effectiveness, the unplanned pregnancy rate was calculated.

**Results:** A total of 97 women, 26 women with copper IUDs and 71 women with IUD-LNG were included. The mean duration of IUD use was  $76.77 \pm 10.08$  months and the IUS-LNG was  $78.49 \pm 9$  months, 79 months, which translates into an average time spent in use of 17 (2-38) months and 18 (1-41) months, respectively. There were no unplanned pregnancies, which is equivalent to 100% effectiveness.

**Conclusion:** In our sample, the contraceptive effectiveness of the IUDs remained beyond the recommended duration of the SPC, a maximum of 98 months for copper IUDs and 101 months for the LNG-IUS

## 3.08. Maternal and child health

### IMPORTANCE OF A ROBUST PAEDIATRIC DEVELOPMENTAL SURVEILLANCE IN PRIMARY CARE

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**Introduction:** Developmental surveillance is the on-going process of identifying the child at risk of developmental delay, deviance or abnormality. In Singapore, primary healthcare professionals perform developmental surveillance and immunization for children at 4-6 weeks, 3-4 months, 6-10 months, 15-18 months, 2-3 years and 4-6 years. It is important that the parents or caregivers bring the child for these routine check up so that early diagnosis can be made for any suspected abnormalities or delayed milestones.

**Objective:** To illustrate the importance of well child visits in a surveillance programme

**Method:** A retrospective analysis of all referrals made to Child development Unit in Children's Hospital was made. The principal investigator went through each referral and noted each reply from the hospital. For those without the replies, the executive will follow up with the respective hospital staff for the outcomes.

**Results:** A total of 115 cases from well child visits clinics were referred to child development units in hospital from January to December 2015. 44% referred were children aged more than 3 years old. 10% were aged more than 5 years old who all missed the last well child visit at 4 years old and they were all diagnosed with Autistic spectrum disorders (ASD).

This illustrated the importance of a strict compliance to the surveillance programme in order to assist in early identification and timely referral of ASD.

### IODINE SUPPLEMENTATION DURING PREGNANCY - ADVANTAGES AND DISADVANTAGES

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**Introduction:** Iodine is an essential nutrient required for the biosynthesis of thyroid hormones thyroxine (T4) and triiodothyronine (T3), which are responsible for regulating growth, development and metabolism. Throughout pregnancy there are major alterations in thyroid function as a result of metabolic demands and hormonal changes. The concentrations of T4 and T3 rise significantly until approximately mid-gestation and then remain relatively stable until the end of gestation at term. Iodine requirements increase substantially during pregnancy; initially as a result of a 50% increase in thyroid hormone production and a 30% to 50% increase in the renal excretion of iodine, and later in gestation when iodine passes through the placenta for foetal production of thyroid hormones. So it is important to assess the effects and safety of iodine supplementation in women before or during pregnancy and in the postpartum period for optimal maternal and child outcomes. But there are still controversial around this topic, therefore the authors felt the need to review the information available around this subject.

**Objective:** What benefits and disadvantages does bring the iodine supplementation, what is the right dose to prescribe and when to stop this supplementation.

**Methods:** Article's search from 2012 until nowadays in PubMed, Cochrane Central Register of Controlled Trials (CENTRAL), UptoDate and World Health Organization, using the words "iodine supplementation" "benefits" "pregnancy" "disadvantages".

**Results:** Results will be revealed in the presentation, since the authors are still working in this review.

## BREAST-FEEDING WORKSHOP IN ULISSES GUIMARÃES FAMILY HEALTH UNITY

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**Introduction:** The breast milk is the best nutriment to babies, because it provides all necessary nutrients for the infant, strengthens the child immunologic system, besides reducing possible systemic future complications.

**Objective:** to debate over breast-feeding, with pregnant women and their families in the public health unity, focusing on the breast-feeding importance and benefits. **Methods:** The workshop was performed in two moments, one dramatization emphasizing myths and truths about breast-feeding, followed by a lecture, presenting the breast-feeding advantages, milking technique, and taboos demystification, concluding with a celebration with some treats and gifts. As a complementary activity there was a visitation to the Human Milk Bank.

**Results:** The activity participation was considerable, with 19 women, 13 pregnant and 06 puerperal women, 14 between 20 and 29 years old, 02 with less than 20 years old and 03 over 30 years old, besides one father participation. During the lecture, many doubts were clarified concerning breast cracking, adequate babies mouth breast-feeding position, methods to help choked children, highlighting therefore, the participants interest and enthusiasm. Lastly, the participants demonstrated satisfaction with the meeting, complementing the event and the method used.

**Conclusions:** Through the workshop manifestations observed, it can be concluded that activities like this one have a special meaning to the community, because it amplifies and update the transmitted knowledge in a quick, practical and easy assimilation.

## GUIDANCE FOR PREGNANT WOMEN: A NEED IN PUBLIC HEALTH

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**Introduction:** The pregnant women are worried and insecure regarding the care of the babies, their future and education. With this in mind, Vila Velha University medical school students, with the Community Health Agents and a gynecologist, prepared the "Course for Pregnant Women".

**Objective:** to guide them on current and essential topics to minimize doubts, insecurities and the risks during pregnancy.

**Methods:** Invitations were distributed by the Community Health Agents in the covered area. The course was organized in three moments. In the first meeting, the topic was "Zika Virus and Pregnancy", through a game of "Myths and Truths", which brought the participants closer to the students and clarify existing doubts. At the second meeting, the invited Gynecologist discussed about the physiological and body changes during pregnancy, which were observed and identified by the patients themselves. At the last meeting, a workshop was held on the first care with the baby, addressing breastfeeding, personal hygiene care such as bath and diaper change, and care with umbilical stump.

**Results:** The pregnancy course during the three meetings had a total participation of 13 pregnant women and 1 husband, which demonstrated satisfaction with the meetings, knowledge improvement about pregnancy and the care of their future baby. There was also an exchange of experiences between participants.

**Conclusions:** Through this experience, it was possible to stimulate a greater bond between the participants, the unit health team and students, which promoted a greater adhesion of the pregnant women to medical follow-up.

## ONDANSETRON IN PEDIATRIC ACUTE GASTROENTERITIS – AN EVIDENCE-BASED REVIEW

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**Introduction:** Vomiting in children with Acute Gastroenteritis (AG) is a major factor of failure of Oral Rehydration (OR) therapy and a common reason for hospitalization. Antiemetic agents are frequently used to reduce vomiting and facilitate OR therapy.

**Objective:** The aim of this study is to evaluate the evidence level of ondansetron prescription to reduce the need for intravenous hydration and hospitalization in pediatric AG with vomiting.

**Methods:** We conducted a literature search on 7<sup>th</sup> November 2016 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 and Portuguese, using the MeSH terms: "Ondansetron" and "Gastroenteritis". 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: under 18 years old, with vomiting due to AG; Intervention: administration of ondansetron; Comparison: other treatments, placebo or no

treatment; Outcome: reduce of vomiting, need for intravenous rehydration and hospitalization).

**Results:** We found 98 articles, from which 9 were selected, including 1 guideline, 3 meta-analyzes, 2 systematic reviews, 2 randomized controlled clinical trials and 1 retrospective observational study.

All studies show that ondansetron decreases the risk of persistent vomiting, use of intravenous fluid and hospital admissions in children with vomiting due to AG.

**Conclusions:** Ondansetron can improve the efficacy of OR therapy, reducing the need for intravenous rehydration and hospitalization. However, current evidence does not allow yet routine recommendation of its prescription (level of evidence 1, strength of recommendation A).

## RELATIONSHIPS BETWEEN PREGNANCY COMPLICATIONS AND PREPREGNANT BODY MASS INDEX IN JAPANESE WOMEN

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**Introduction:** BMI in the early pregnancy and the weight gain during pregnancy can be a risk factor for perinatal adverse events

**Objective:** The purpose of this study was to analyze relationships between prepregnant BMI and pregnant complications.

**Methods:** This is a retrospective cohort study of 712 singleton pregnant women without abnormality of fetus or amniotic fluid delivered after 37 weeks of pregnancy in hospital. Women aged 16 to 45 ( $31.4 \pm 0.5$ ) were categorized into three groups for prepregnant BMI (A: lean, B: average, C: obesity) according to Japan Society for the Study of Obesity criteria. The ages, body weights, obstetric outcome, adverse outcome, and delivery styles were obtained from clinical records. Complications such as pregnancy-induced hypertension (PIH), gestational diabetes mellitus (GDM), preterm labor, emergency Cesarean section rate were compared among these groups.

**Results:** The numbers of patients of groups were 130 (17.8%), 532 (72.8%), and 68 (9.3%), respectively. Weight gains during pregnancy were 10.7, 10.6, and 6.9 kg (A, B, C, respectively). Infant birth weights were significantly different in three groups (2986, 3043, and 3165g, respectively), and these weights were related to maternal weight increase during pregnancy especially in group A and B. Bleeding loss during pregnancy was significantly different between A and C. GDM and PIH were related to the prepregnant BMI. Threatened preterm and asphyxia of newborn infants were not related to the prepregnant BMI. The rate of emergency cesarean section was significantly higher in group C than other groups.

**Conclusions:** This study revealed obese women before pregnancy had higher risk in obstetric outcome, especially for PIH and GDM, and emergency Cesarean section.

## EXCESSIVE CRYING IN INFANTS

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**Introduction:** Excessive crying is a common problem in the first months of life and often a cause of concern for parents, constituting 20% of pediatric consultations. Its prevalence ranges from 14-30% and leads to negative consequences to mother and child's health. Only 5% of these children exhibit an underlying organic cause.

**Methods:** Bibliographic research in the databases Pubmed, Medscape, Cochrane Library, Bandolier, NGC and DARE published in English, using the keywords "excessive crying" and "infant".

**Results:** Excessive crying may lead to short and long term consequences, as premature interruption of breastfeeding, maternal depression and behavioral problems in children. It can be classified as physiological, secondary to organic cause or primary, in which is included the infant colic. According to the "Rule of Three" of Wessel, colic is defined as crying for at least 3 hours per day, 3 times per week, for 3 weeks. The diagnostic approach is based on the clinical history and physical examination; the complementary exams are usually unnecessary.

The treatment is based on the reassurance of parents through the provision of information, evaluating carefully the mother's emotional state, as well as the interaction mother-infant. Behavioral measures can also be effective but the use of medication, probiotics and supplements is not recommended.

**Conclusions:** Excessive crying in infants is generally a benign and self-limited condition, in which the clinical history and physical examination are essential to its assessment. It is thus essential to understand and manage correctly the problem, offering a follow-up and ongoing support to parents.

## ACUTE BENIGN MYOSITIS IN CHILDHOOD

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**Introduction:** Benign childhood myositis is a rare condition that can be disabling. It is characterized by sudden onset muscle pain, more often in the twin region that may interfere with gait. It is more prevalent in males.

**Case description:** Male child, 3 years old. No personal and family history of relief. Gestation without intercurrents. No usual medication and updated PNV. The consultation of acute illness was brought on November 24, 2016 due to painful complaints in the legs bilaterally, from the knees to the ankles that conditioned the march, with a day of evolution. No other complaints or constitutional symptoms. The objective examination was afebrile, some morning stiffness, apparently with palpation of the knees posterior aspect of the legs and tibiotarsal joints. No crepitus to the passive mobilization of the knees. Neurological examination without changes. Radiographs of normal knee and tibiotarsal joints were requested.

**Discussion:** The benign myositis of childhood occurs mostly late in the winter, early spring. The etiology is still unknown, however the hypothesis is based on the viral etiology. In view of a case of sudden muscle pain, the following most prevalent differential diagnoses should be taken into account: Nonspecific viral myalgia (which occurs during viral infection), deep vein thrombosis (normal CK) and dermatomyositis (concomitant cutaneous manifestations). Although the clinical presentation is incapacitating, the evolution of this pathology is self-limiting, with a favorable prognosis, which allows an outpatient follow-up for primary health care.

## LITTLE BOY WITH FACIAL ASYMMETRY

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**Introduction:** The etiology of facial asymmetry can be divided into congenital, originating prenatally; developmental, arising during growth with inconspicuous etiology; and acquired, resulting from injury or disease. Primary brain cancer are the second most frequent type of cancer in childhood following leukemia. Another cause of facial asymmetry may be cysts. The treatment depends on the type of the lesion, size and symptoms.

**Description of the case:** male, 1 month old. Caesarean birth due to pelvic presentation. No relevant family history. Recurred to the Child Health consultation in his Family Doctor, where his mother complaints about is facial asymmetry. Physical examination is normal, except for apparent right eye enophthalmia and left eye proptosis without strabismus and bone asymmetry of the supraciliar arch with slight depression on the left side. He is evaluated by ophthalmology, with no apparent changes in the eyeballs and they require brain Magnetic Resonance Imaging (MRI). MRI reveals a dermoid/epidermoid cyst on the root/lateral wall of the left orbit. No surgical indication because there is neither compression of the optic nerve nor other symptoms. Currently, the boy is under surveillance, with the need to repeat brain MRI every 6 month to evaluate the evolution.

**Conclusion:** With this case we intend to emphasize the importance of the family doctor in detecting anomalies in the child's development and guiding correctly. Facial asymmetry in a child should alert us to possible diagnoses and their severity.

## MATERNAL PERTUSSIS VACCINATION: WHAT THE EVIDENCE?

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**Introduction:** Pertussis is an important cause of morbidity and mortality in infants and continues to be a public health concern, despite high vaccination coverage in children. Infants <2 months of age are at highest risk but are too young to receive a vaccine against the causal agent. Recently, many countries recommend the vaccination with Tdap (combined vaccine against Pertussis, Tetanus and Diphtheria) during pregnancy. But are this strategy effective in the prevention of infant's deaths and hospitalizations?

**Objective:** To determine the effectiveness and safety of Tdap immunization during pregnancy.

**Methods:** In this classic review we search guidelines, meta-analysis, systematic reviews, randomized clinical trials and guidelines, published in the last 5 years in Portuguese and English in MEDLINE and in sites of evidence-based medicine. We used the MeSH terms: "pertussis vaccine", "pregnancy" and the corresponding DeCS.

**Results:** This review suggests that vaccination of pregnant women during the second or third trimester allow maternal antibody production to reach protective levels by the time of delivery, providing protection directly to the mother and indirectly to the infant. A dose of Tdap also provides direct protection to the infant through transplacental transfer of maternal antibodies. There wasn't an association with increased risk for the pregnancy.

**Conclusions:** Tdap vaccination during pregnancy could avert infant's deaths and hospitalizations. Due an increased incidence of Pertussis worldwide and the concern about

the potential resurgence of this disease, it's important to vaccinate pregnant women (between 20 and 36 weeks) and the recommendation should be made by all family doctors.

## THE PSYCHOSOCIAL STATUS OF PHYSICALLY AND / OR MENTALLY RETARDED CHILDREN'S SIBLINGS

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**Introduction & objective:** We aimed to evaluate psychosocial status, the relationship between sociodemographic factors, to support the psychosocial development of physically and mentally retarded children's sibling that can be often overlooked; also to plan new projects, researches and education that will support families and children in the light of our findings. In line with the principle of family medicine biopsychosocial approach, we believe that creating awareness about the importance of this issue on the parents which guarantee our future in terms to give to the community of our children.

**Method:** This study was planned as a one centered, prospective and cross-sectional research. The children aged 6-17 years who had physical and/or mental retarded siblings. Children's psychosocial status and depression levels were questioned via face to face interview using.

**Results:** Most of the participants of 51 children in the study, were girl (%60.8; n=31) and mean age was 11,25±3,14. The average CDI score was 11.76±6,56 for the healthy siblings. 15.7% of children (n=8) were depressed and 6 (75%) of them were girls. Average CDI scores of children with depression was found as 22.87±3.90. Mean CDI scores of girls (12:03±6.32) compared with boys (11:35 ± 7.06) was higher, however, this relationship was not statistically significantly. While 12.8% (n=5) of children whose siblings got education, had depression; 25.0% of siblings who have not educated (n=3) were depressed (p>0.05).

**Conclusion:** This study showed that siblings of disabled children can have psychosocial problems and being prone to depression or be depressed. Developmental period of children who had disabled siblings is of great importance that can not be ignored. The further researches, projects and educations will create awareness about children's psychological problems and prevent the onset of mental problems.

## FREEBIRTH EXPERIENCE IN KUALA LUMPUR, MALAYSIA: VIEWS FROM 3 DOULAS

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**Introduction:** Freebirth means giving birth at home without a medical personnel present. This is often attended by the spouse or a doula. A doula is a nonmedical person who assist a

woman before, during and after childbirth by providing physical and emotional support. The confidential enquiries into maternal deaths (CEMD) report in Malaysia in 2006-2008 has acknowledged the issue of home births being conducted by untrained or unqualified birth attendants to be seriously addressed.

**Objective:** This case report is part of a study to explore the factors influencing mothers and their experience of freebirth.

**Methods:** This is a qualitative research. The interview guide was constructed based on the framework from the Health Belief Model and Theory of Planned Behaviour. Semi structured in-depth interviews were conducted among mothers who have experienced freebirth in Kuala Lumpur, Malaysia. Among them, there were 3 doulas, of which their views were extracted for this case report. The interviews were taped and transcribed verbatim. The data were subjected to a thematic content analysis.

**Results:** Few themes emerged from the 3 interviews: perceived control over body, perceived low risk of freebirth, mother's autonomy and expectation to be respected and previous negative birth experience in the hospital. Wanting a 'chemical-free' birth was also a priority of these 3 women. The doulas agreed that freebirth was a pleasurable experience. They felt they are capable to assist any women who chose to have freebirth without any medical personnel present, thus adopting the role of a monitrice.

**Keywords:** Freebirth, home birth, doula, monitrice

## HENOCH-SCHONLEIN PURPLE

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**Background:** Henoch-Schonlein purpura (PHS) is the most common systemic vasculitis in childhood involving small vessels. The etiology is unknown and mostly affects male children.

**Case Description:** A 4-year-old male, Caucasian, was referred to the Emergency Department for a four-day course of fever, which did not give rise to the analgesic scheme, associated with a murkier and darker urine "coca-cola type".

Analytically it had PCR 1.63 mg / dL and Urine II with proteinuria, hemoglobinuria and esterase Leukocytes and the uroculture proved to be negative.

After two days, without symptomatic relief and associated with prostration, recurs again to the emergency and new urine II was performed, which maintained the previous results and renal ultrasound without alterations. On objective examination he presented petechiae in the lower limbs, especially in the feet with some purpuric lesions in the left foot.

He was admitted to clinical and laboratory surveillance. During hospitalization, there was edema of the tibio-tarsus with pain and lameness, associated with petechial lesions on the feet that evolved the following day for lesions of palpable purpura in both lower limbs extending up to the buttocks suggestive of Henoch-Schonlein purpel.

He underwent oral corticosteroid and antihypertensive therapy, that he maintained after discharge at home.

**Discussion:** PHS without nephritis is self-limiting, with resolution in the majority of patients receiving symptomatic treatment.

Palpable purpura is the most frequent clinical manifestation of PHS and is present in almost 100% of the cases, with a symmetrical location in the lower limbs and buttocks.

The incidence of arthritis/arthralgia ranges from 50 to 80% of patients.

## SCARLET FEVER, AN ATYPICAL PRESENTATION

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**Introduction:** Child exanthema is a frequent reason for seeking medical care. Scarlet fever is caused by *Streptococcus* after a skin, soft tissue, or the oropharynx infection. The majority of the cases (60-90%) have an identifiable focal point. Cases can present with a fever, pharyngitis, 'raspberry' tongue, a micropapular course and rough rash, and subsequent peeling. The manifestation of Filatov's disease and the Pastia's lines are frequent.

**Objective:** clinical case report of Scarlet fever

**Methods:** search on UpToDate® and PubMed® with MeSH term "scarlet fever"

**Results:** Six year old, male, caucasian and healthy went to his Family Doctor (FD) with a rash and no other symptomatology. At initial observation he had no fever, presented a "raspberry" tongue, and in the torso and limbs he had macular-papular, confluent, rough erythema and disappeared upon digitopression. Positive for Pastia's lines, with scaling in the axillary and inguinal region. Since he didn't present a typical Scarlet fever and didn't have an identifiable infection focus, he was referred to the ER to exclude any other pathologies. The presumptive diagnosis was scarlet fever, and he was medicated with amoxicillin. Ten days later he returned to the FD for reassessment and he already showed an improvement of the exanthema, but still had some scaling, in the hands, lower limbs and feet. The atypical presentation of this case, required the further progression of the disease and the appearance of a typical rash in order to reach the correct diagnosis.

## NARCOLEPSY: A MULTIDISCIPLINAR DIAGNOSIS

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**Introduction and objective:** Narcolepsy is a sleep disorder characterized by abnormal regulation of the sleep-wake cycle, usually has an onset in childhood or adolescence. Early diagnosis and treatment are crucial, because narcolepsy has a negative impact on school performance, and in family and social relationships. Delayed diagnosis and misdiagnosis are common. This case report highlights some of the difficulties of closing the diagnostic and the necessity of multidisciplinary approach.

**Methods and results:** Case report. Male, 12 years old, nuclear family. He appealed to his family physician for presenting a three-month history of excessive daytime sleepiness, restless sleep, and poor school performance. The physical examination, blood tests, audiogram, electroencephalography, chest x-ray were normal. The teacher's report confirmed the excessive sleepiness and inattention. The patient was referred to a pediatrician. After psychological evaluation he was referred to pediatric neurologist. Polysomnography and multiple sleep latency test confirmed the diagnosis of narcolepsy. It took 20 months from the

onset of symptoms to close the diagnostic, and multidisciplinary approach was necessary. He began receiving methylphenidate with significant improvement of symptoms.

**Conclusions:** There are several factors that complicate the diagnosis of narcolepsy. Patients may not recognize their own sleepiness as a sign of a disease. Teachers and parents can associate these symptoms with laziness, lack of motivation or depression. To improve early diagnosis, it would be important to expand symptoms awareness of narcolepsy among health professionals, teachers, parents and the general population.

## ANEMIA IN THE CHILD: HOW TO ACT IN THE PRIMARY HEALTH CARE?

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**Introduction:** Anemia is defined as a hemoglobin level of less than the 5th percentile for age. Causes vary by age. Most children with anemia are asymptomatic, and the condition is detected on screening laboratory evaluation. Laboratory tests used in the diagnosis vary by the type of anemia.

**Objective:** This case report intends to guide the family physicians to a correct approach to anemia in children.

**Methods:** Case study and search in the Pubmed electronic database using the MeSH words "anemia" and "children".

**Results:** Caucasian male child, 11 years and 2 months old. No relevant personal or family history. The child comes to the consultation with the mother for nonspecific complaints of generalized skin pruritus. Objectively there were no changes. A blood count was ordered. In a reassessment consultation, the hemogram showed the incidental finding of normocytic anemia. The following analytical study was requested: hemogram, reticulocyte count, iron kinetics, folic acid and B12 vitamin, hepatic, renal and thyroid functions, sedimentation velocity, glucose and lipid profile. Abdominal ultrasound was also ordered. The child was referred to the pediatric consultation with an urgent character. Anemia should not be considered a diagnosis, but a finding that warrants further investigation. Before normocytic anemia in pediatric age in the Primary Health Care, reticulocyte count and peripheral blood smear should be required and to act according to the established protocol according to the obtained results, in order to make an adequate investigation of the anemia and to be able of preventing serious pathologies with a timely action.

## ACUTE GENERALIZED EXANTHEMATOUS PUSTULOSIS: CASE REPORT

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**Introduction:** Acute generalized exanthematous pustulosis (AGEP) is caused in 90% of cases by drugs and may be idiopathic. It is characterized by numerous nonfolicular sterile pustules on a background of edematous erythema, with posterior centrifugal desquamation. Usually fever and peripheral blood leukocytosis are present. Histologic examination of cutaneous biopsy confirms diagnosis. Spontaneous resolution occurs within 2 weeks.

**Objective:** To share a case of AGEP.

**Methods:** search on UpToDate® with MeSH term “acute generalized exanthematous pustulosis”.

**Results:** Male, 12 years old, healthy. Observed at the emergency in day four of disease for generalized maculopapular exanthema, more exuberant in trunk, fever, hyperemic oropharynx, vomiting and abdominal pain. He denied ingestion of unusual foods, herbal products or recent trips. Analytically, leukocytosis, neutrophilia, elevated hepatic transaminases and C-reaction protein. Abdominal ultrasonography compatible with acute hepatitis. Patient admitted in inpatient pediatrics, maintaining fever and evolution of rash to millimetric pustules dispersed in erythematous base, centrifugal evolution, in trunk and limbs. He started topical corticosteroid therapy and baths with potassium permanganate. Viral serologies, coprocultures and virus polymerase chain reaction were negative. Initiated vancomycin on suspicion of secondary bacterial colonization, later confirmed by bacteriological examination of cutaneous exudate. Cutaneous biopsy compatible with AGEP. In day nine initiated centrifugal desquamation. At the time of medical release, he presented analytical normalization and pruritic scaly lesions. He was referred to the Dermatology and Family Doctor, medicated with emollient and antihistamine.

The knowledge of AGEP allows diagnosis and adequate therapeutic orientation.

Multidisciplinary evaluation is the key for better monitoring and avoidance of complications.

## A CHALLENGING CASE OF CHILDHOOD DEVELOPMENTAL DELAY

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**Introduction:** West syndrome is a rare and severe form of childhood epilepsy, composed with a triad of infantile spasms, an electroencephalogram with hypsarrhythmia and delayed psychomotor development, usually occurring between the 4th and 8th month old. Most cases are secondary to other pathologies such as Tuberous Sclerosis or Down syndrome.

**Objective:** The aim is to describe a clinical case of West syndrome.

**Methods:** Clinical history collected from the parents and clinical process.

**Results:** Six months old female infant, belonging to a nuclear family, phase II of Duvall's cycle, middle-high class by Graffar. The Pregnancy was monitored without complications and the spontaneous vaginal delivery occurred at 38th week. Infant was born with birth weight of 3205g, length of 48cm, cephalic perimeter of 35cm and Apgar 7/10/10. At 22 days old, her mother referred a history of spasms during sleep. The electroencephalogram and transfontanelar ultrasound, were normal. At five months old, the infant presented lack of eye contact, no neck control, hypotonic and poor interaction. The brain magnetic resonance imaging did not reveal pathological alterations, only lack of stimulation which her mother tried to correct. However, despite the mother's effort to stimulate the infant there was no progression or development. At 6 months old the infant was taken to the emergency department due to a new crisis of spasms, and the diagnosis of secondary West syndrome was made.

The diagnosis of West syndrome caused a huge suffering in the family, because of the negative impact in quality of life and poor prognosis.

## SOMATIZATION DISORDERS IN PEDIATRIC POPULATION

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**Introduction:** Somatization disorders in pediatric population represents a challenge for family doctors. They are very prevalent among adolescents due to their specific bio-psycho-social developmental profile, leading to consuming healthcare resources and multiple visits to the primary health care. These disorders are characterized as physical symptoms suggesting an underlying medical condition that is either not found or does not fully account for the level of injury the child is exhibiting.

**Objective:** We reviewed the main clinical manifestations, predisposing factors, management and treatment in these disorders.

**Method:** Literature was reviewed through PubMed, from 2010 to 2016, using the MeSH terms “Somatization disorders”, “children” and “adolescents”.

**Results:** There are many predisposing factors that must be considered in these disorders as stress, bullying, physical or sexual abuse and environmental factors. Somatization can be a learned behaviour, somatizing children often live with family members who complain of similar physical symptoms. Somatization disorders occur in children who are genetically predisposed and exhibit anxiety, sensitivity and alexithymia. There is a classification of somatoform disorders described in DSM - PC. The psychosocial history is at least as important as the physical exam, the interview for adolescents is based on the HEEADSSS. The most common clinical manifestations are recurrent abdominal pain and tension headache. Treatment is applied through a combination of pharmacotherapy and psychotherapy. Our current understanding of pediatric somatization and its consequences is limited. Collaboration between family, school and primary health care is essential. Systematic future research will be necessary for the development of successful prevention and treatment strategies.

## THE MANAGEMENT OF BEDWETTING IN PRIMARY HEALTH CARE

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**Introduction:** Bedwetting, is a common condition that can cause significant disturbance in self-esteem and family dynamics. Despite its high prevalence around the world, the medical training of primary health care professionals is poor as regards to evaluation and systematic approach to this disorder. Therefore this paper aims to clarify some concepts, find a reasoned orientation of the diagnostic approach and outline an effective therapeutic strategy.

**Methods:** A review was conducted based on clinical guidelines, systematic reviews and original articles. Online databases were searched (Cochrane, Medline, Pubmed and references of selected articles) between January 2001 and January 2016

**Results/Conclusions:** Nocturnal enuresis is defined as intermittent and involuntary incontinence during sleep, at the age which bladder control should already exist. The initial evaluation of nocturnal enuresis includes a thorough medical history, a complete physical

examination and an evaluation of urinalysis with urine culture. From this assessment it is possible to classify the enuresis, being primary monosymptomatic enuresis the most common type. Age, male gender, parents' history of enuresis, and siblings' history of enuresis are significant predictive factors for nocturnal enuresis. The four main pathophysiological mechanisms involved are nocturnal polyuria, detrusor overactivity, low bladder capacity and raising the threshold for stimulation of the wake. Besides behavioral measures, first line treatment includes a sound alarm or desmopressin. Second line treatments are oxybutynin and amitriptyline. Although this is mostly a benign condition should not be neglected by family doctors as it can cause an important impact on development and child socialization.

## WHEN PREVENTION CAUSES ADVERSE EFFECTS: A CASE REPORT OF FOLIC ACID HEPATOTOXICITY

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**Introduction:** Neural tube defects are among the most common birth defects contributing to infant mortality and disability. Supplementation with folic acid during the pre-conception and pregnancy allows the reduction of the risk of these conditions. Folic acid is usually very well tolerated.

**Objective:** To describe a case of hepatotoxicity caused by folic acid, used in the context of pre-conception.

**Methods:** We used the patient's medical history, clinical examination and diagnostic procedures.

**Results:** A 30-year-old woman visited her family doctor for a pre-conception consultation, in order to plan her first pregnancy. There were requested blood analysis, whose results were normal (including AST, ALT and GGT). Folic acid was prescribed. Two months later, in the context of occupational medicine, she presented high values of AST (71U/L), ALT (210U/L), GGT (77U/L) and LDH (166U/L). She was asymptomatic. Since folic acid had been the only drug of recent intake, it was suspended and, after one month, blood analyzes were repeated, being normal. Folic acid was reintroduced and, after one month, blood tests were repeated. There was an increase in the values (AST 60U/L, ALT 80U/L, GGT 63U/L, LDH 144U/L). Folic acid was suspended and the patient was referred to an Obstetrics consultation, for a better assessment of the benefit-risk of using folic acid.

**Conclusions:** It's important to individualize every measure taken. In some cases, even some preventive measures that seem to be unequivocal have to be weighted. In this case, it is necessary to consider the risk-benefit of supplementation with folic acid.

## DETERMINANT FACTORS FOR BREASTFEEDING IN SÃO MIGUEL ISLAND

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**Introduction:** The decision to breastfeed is personal and under the influence of factors such as social and cultural influences in surrounding environment.

**Objective:** Analyze the determinant factors for breastfeeding in puerperas at the moment of clinical discharge at Hospital do Divino Espírito Santo, in São Miguel island, Azores.

**Methods:** This prospective study consisted in an inquiry about breastfeeding that was distributed to all puerperas in the second semester of 2015 at the referred hospital at the moment of clinical discharge. We evaluated demographic, economic, past obstetric history and motivation variables. The variables were analyzed using SPSS® (Chi-Square and ANOVA tests).

**Results:** We included 218 puerperas. The mean age was 29 and 32 years old for puerperas and their partners, respectively. The majority had primary education; the mean mensal income was 500-1000€; 52% were primiparous; 56% had already breastfed their previous children; 76% had their pregnancy surveillance in primary care, of which 63% had been sensitized for breastfeeding; 76% were motivated for breastfeeding. The variable motivation was associated to a high education level ( $p=0.01$ ), high household income ( $p<0.25$ ), pregnancy followed in private obstetrician ( $p=0.01$ ) and previous breastfeeding ( $p=0.00$ ). This study reveals a low rate motivation for breastfeeding in this island that could be explained by cultural environment, since artificially milk was promoted and given to puerperas for many years; these women were not breastfed, there is no family support and the topic was not discussed by their Family Doctor (FD) in a high percentage. FD has an important role in increasing the breastfeeding rate, so this results are eye-openers and strategies to improve must be taken.

## SCREENING FOR THYROID DYSFUNCTION DURING PREGNANCY - EVIDENCE-BASED CLINICAL REVIEW

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**Introduction:** During pregnancy, the production of thyroid hormones increases by 50% and the thyroid gland increases about 10% in size during pregnancy in iodine-replete countries and by 20%-40% in areas of iodine deficiency. Thyroid disease is common among pregnant women and is associated with complications like miscarriage, pre-term delivery, post-partum thyroiditis, fetal loss and neurocognitive impairment in the offspring. Adequate treatment is associated with a reduction of maternal and fetus bad outcomes. The objective of this work was to review the evidence about screening for thyroid dysfunction during pregnancy, to prevent maternal and fetal complications.

**Methods:** Guidelines, systematic reviews (SR), meta-analyses and original studies published between 2007 and 2016 were researched using the MeSH terms "pregnancy" and "thyroid function tests". The data sources were Pubmed, National Guideline Clearinghouse, Guidelines Finder, Canadian Medical Association Practice Guidelines Infobase, The Cochrane Library, DARE, Bandolier and Direção-Geral da Saúde. To evaluate the levels of evidence and strength of recommendation, was used the Strength of Recommendation Taxonomy (SORT) scale of American Academy of Family Physicians.

**Results:** Among the 303 articles found, were selected: 4 guidelines, 1 SR and 1 original study. Most articles support the importance of the screening in pregnant women at increased risk for thyroid disease (SORT B), however universal screening is not recommended during pregnancy (SORT B).

**Conclusions:** Available data does not support the universal screening of thyroid dysfunction, although it is advisable in specific conditions. We must wait new data from ongoing studies to clarify the need for this universal screening.

## CONGENITAL CMV INFECTION – A SAD REALITY AND A CLINICAL CASE

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**Introduction:** The infection by cytomegalovirus (CMV) is the most frequent congenital infection, and it is the main cause of mental retardation in the developed world. It is estimated that 0,6 to 1,4% of pregnant women will have a primary infection. As the maternal CMV infection tends to be asymptomatic, testing for seroconversion is used to confirm this diagnosis.

**Objective:** Pointing out the relevance of CMV screening in pregnancy or in women planning to become pregnant.

**Methods:** Description of a clinical case. Bibliographic research in relevant databases (Pubmed® and Medline®) using key-words such as congenital CMV, CMV screening and schizencephaly.

**Results:** We present M.S.F, female, 27 months old, born with 40 weeks, by eutocic delivery, Apgar scores 8/9, with an average length, weight and head circumference. The mother was 27 years-old, previously healthy, and the pregnancy was supervised by the family doctor, with no abnormalities found. During the first months the baby showed no development impairments. At the age of 4 months, the mother noticed left-sided hemiparesis. An MRI revealed schizencephaly, a rare developmental disorder. After carrying out numerous laboratory tests, this malformation was concluded to be caused by a CMV congenital infection.

Despite the significant risk of congenital CMV infection, there is no scientific support for routine screening in pregnancy or in women planning to become pregnant. This is mainly due to the fact that actual screening tools are highly sensitive but not specific, and because there are no reliable preventive methods for CMV. For these and other reasons there is no international agreement regarding this topic.

## THYROID DISEASE DURING PREGNANCY: THE LATEST ON THE MANAGEMENT OF SUBCLINICAL HYPOTHYROIDISM

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**Introduction:** During pregnancy maternal thyroid gland faces several changes and thyroid dysfunction can result in complications for both the mother and infant. Although most societies don't recommended thyroid dysfunction universal screening during pregnancy, but a case-finding approach, recent studies have estimated that this misses approximately 30% to 55% of pregnant women hypothyroidism cases.

**Objective:** Summarize recent data on subclinical hypothyroidism (SCH) during pregnancy.

**Methods:** Classic review in textbooks and review articles published in the last 5 years in Medline/Pubmed and in the websites of scientific societies, with the Mesh terms “subclinical hypothyroidism”, “pregnancy”, “management”.

**Results:** Fetal thyroid only produces thyroid hormones after 16 weeks so fetal development depends on maternal thyroid for the first half of pregnancy.

SCH is defined as an elevated trimester-specific serum TSH with a normal free T4 level. Early studies reported the prevalence of SCH to be 2% to 2,5% in pregnant women. It reaches 27,8% using American Thyroid Association criteria. Although several studies have demonstrated that maternal SCH is associated with obstetric complications and neurocognitive impairments, other haven't found this association, so there is limited evidence that levothyroxine treatment can improve these complications.

ATA guidelines recommend the treatment of pregnant women with SCH and positive thyroid peroxidase antibodies, while European Thyroid Association recommend treatment for all pregnant women with SCH.

There is conflicting evidence regarding the association of SCH with adverse pregnancy outcomes and the efficacy of universal thyroid function screening and SCH treatment. More studies are needed to resolve these controversies.

## TUBERCULOSIS IN THE PUERPERIUM: CASE REPORT

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In 2015, 10.4 milion people around the world became sick with tuberculosis disease. There were 1.8 milion tuberculosis related deaths worldwide. Tuberculosis is still a significant health problem in the world so that regardless of the social development and invention of new drugs it has to be taken into account in differential diagnosis. The most sensitive groups are elderly people, children, immunocompromised people, as well as pregnant women and puerperas. Clinical presentation of tuberculosis in pregnancy and puerperium is most often non specific until specific symptoms appear.

**Objective:** This paper shows a case of puerpera with pulmonary tuberculosis. The patient comes to the general practitioner with symptoms of periodical febrility, persistent cough and sweating. Physical examination was normal except for the febrility. By radiologic, laboratory and later culturological examination she was diagnosed with cavernous pulmonary tuberculosis and hospitalised. Although the pregnancy was conducted by the gynecologist as normal, we found out from anamnesis that she had non specific symptoms like periodical persistant coughin in the third trimester and noticeable weakness.

**Results:** Diagnosing tuberculosis in pregnancy alone is not simple, but it is necessary to look actively for the diseased because of the risk for the mother and child in case of unrecognised and untreated disease. In this paper we wanted to point out to the importance of general practice teams in adequate and quick diagnosis, treatment and follow-up of the diseased and their families and that it is necessary to think about tuberculosis, especially in sensitive population such as pregnant women and puerperas.

## EXERCISE AND PREGNANCY

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**Introduction:** Pregnancy is an ideal time to change lifestyle, especially in physical activity and adoption of a healthier diet. However, physical activity usually declines during pregnancy, which promotes excessive weight gain and therefore the problems that could arise. . Thus, in the absence of medical or obstetrical complications, pregnant women should be encouraged to initiate or maintain an active lifestyle throughout the period of pregnancy.

The general practitioner has a privileged contact with the woman throughout the pregnancy to promote these changes.

**Objective:** This review aims to help answer these doubts, based on the recommendations published by the different health entities regarding physical activity during pregnancy.

**Methods:** The research was carried out in PubMed and UpToDate. Articles with publication date from 2010 were included. The bibliography also includes the most recent recommendations and guidelines of the different societies of Obstetrics and Sports Medicine.

**Results:** Physical activity during pregnancy is associated with low risk for both, the pregnant and the fetus, and has been shown to have significant benefits for most women. However, some modifications in the exercise pattern may be necessary due to anatomical changes typical of this phase. Before starting an exercise program, these women should be evaluated in order to exclude any medical or obstetric complications that contraindicate the exercise, as well as to see if the exercise is appropriate for this phase. Regular physical activity during pregnancy improves or maintains exercise capacity, helps in weight control, decreases the risk of developing gestational diabetes and preeclampsia, and promotes mental well-being.

## PAIN MANAGEMENT DURING PREGNANCY: A GUIDE TO FAMILY DOCTORS

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**Introduction and Objectives:** The high incident pain syndromes during pregnancy by non-obstetric etiologies can cause significant incapacity if not properly managed. The necessities raised by the pregnant women followed among the Primary Care System have increased awareness in the overall management of pain in this population, although the sparse literature. We present a clinical case of low back pain in a pregnant woman and summarize approaches to the treatment of painful conditions during pregnancy.

**Methods:** A literature search was conducted using medical databases (MEDLINE, Pubmed and UPDATE), using the keywords “pain”, “management”, “pregnancy”. The papers published after 2010, in English or Portuguese, with free full text available were selected and their abstracts examined. The resulting findings were adapted and used to guide the discussion.

**Results and Discussion:** Presentation of a clinical case of low back pain in a 24 weeks pregnant woman. Multimodal approach to pain during pregnancy, categorized according to FDA Pregnancy Risk Categories, including specifications, risks and recommendations, was summarized in 2 tables: Non-pharmacological therapies: physical therapy, hydrotherapy, alternative medicine, cognitive behavioral therapy, others. Pharmacological therapies: acetaminophen, nonsteroidal anti-inflammatory drugs, opioids, others.

**Conclusion:** The use of analgesic drugs in pregnant women appears to be relatively safe, and should be managed with mastery to minimize maternal and fetal risk, after considering risks and benefits. As a relevant part of their practice, Primary Care physicians should be aware of the therapeutic options when treating painful conditions in pregnant women, providing the best care for their patients within a multidisciplinary team.

## PREGNANCY CONTROL AS A BRAKE OF HEPATITIS B VERTICAL'S TRANSMISSION

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**Introduction:** Hepatitis B infection (HBV) is very common in the world. In Spain the number of carriers of this disease is approximately 2%. The hepatitis B marker (HbsAg) is required for all pregnant women in the first trimester of pregnancy, because of the risk of transmission.

**Objective:** Natural patient of Guinea Bissau, resident in Spain for 6 years, last visit to his country 3 years ago. No known medical history.

She comes to the health center for pregnancy control (20 weeks pregnant, late catchment).

**Methods:** In the first test blood we find: AgHBs and AchBc positive. She has good general condition.

Analytical: hemogram and biochemistry without alteration. Normal transaminases. Rest of serologies negative.

We referred her to a Tropical Medicine consultation to determine the DNA load, which is negative, so she is an inactive chronic carrier pregnant.

**Results:** It is of vital importance to avoid, as far as possible, the maternal-fetal transmission of HBV, so that if the patient had viral load, the start of treatment in the third trimester would be indicated.

In our case the actions are indicated on the baby, requiring gammaglobulin at birth and delaying the 1st dose of the HBV vaccine to the first month of life.

HBV infection has a high risk of transmission to the newborn at delivery, especially in mothers who are carriers of the virus in the replicative phase. The risk of infection is reduced or almost completely annulled (more than 95% of cases) by administration of specific immunoglobulin.

## SEX AND PREGNANCY: MYTHS AND STRATEGIES IN PRIMARY HEALTH CARE

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**Introduction:** Sexual function during pregnancy has not been a topic of great interest in research, however it is recognized that pregnancy leads to significant changes in female sexuality and in the quality of life of the couple.

**Objective:** To carry out a classic review exploring the impact of pregnancy on female sexual function and on the role of Primary Health Care in the practical approach to these issues.

**Methodology:** A bibliographic search was performed in the databases (Medline / Pubmed; UpToDate and The Cochrane Library) using the keywords MeSH "Pregnancy"; "Sexual Behavior"; "Sexuality"; "Sexual Dysfunction, Physiological" and "Sexual Dysfunction, Psychological".

**Results:** Several studies corroborate the fact that it is in the third quarter that there is a larger decline in female sexuality. There are many psychological factors that the couple develops that will disrupt their sexual function. As several studies point out, most pregnant women want to expose their doubts and concerns about changes in their sexuality during this phase, but they do not always feel comfortable starting the conversation spontaneously. Often, Primary Health Care professionals feel ill prepared to address these issues given their training deficiencies in the area of human sexuality and particularly during pregnancy.

**Discussion:** Family Planning and Maternal Health consultations, which cover pre and postnatal surveillance, are a key opportunity for open discussion regarding female sexuality in pregnancy and play a key role in demystifying and anticipating the changes and difficulties in terms of sexual function that the woman and the couple will face during pregnancy.

## EARLY DETECTION AND TREATMENT OF POLYDACTYLY – THE ROLE OF THE FAMILY PHYSICIAN

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**Introduction:** Polydactyly is an inherited condition, frequently involving several members of a family, and it is one of the most common congenital anomalies. There are different phenotypes and classification systems. Each subset has its own characteristics and genetic predilections which guide different treatment options. Isolated postaxial polydactyly is a duplication of the small finger of the hand, it is more common in the African population and in an autosomal dominant inheritance pattern.

**Description of the case:** A 3-day-old African male newborn presented with a bilateral skin tag along the ulnar border of the hand. No bone, tendon or nail was present on this extra digit. No other findings were present on physical examination. Regarding the family history both father and grandfather had bilateral postaxial polydactyly. The treatment option performed during the immediate post-natal period was the suture ligation at the base of the extra digit with consequent disruption of the vascular supply and auto-amputation.

**Conclusions:** A systematic and structured physical examination of the newborn and the awareness of different malformations should be part of the daily practice of family physician. By guaranteeing an early diagnosis and treatment of polydactyly, the family physicians can contribute to the preservation of the maximum functionality with a good aesthetics result.

## KNOWLEDGE LEVEL OF FAMILY PHYSICIANS AND FAMILY HEALTH MEMBERS BEFORE BREAST MILK AND BREASTFEEDING CONSULTATION EDUCATION

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**Introduction:** The most suitable food that meets all needs of the newborn is the breast milk with its content. According to the Turkish Demographic and Health Survey (TDHS) 2008 results, after birth only breastfeeding period was 0.7 months, whereas within the first 2 months only breastfeeding rate was 43.5%. These low rates indicate that mothers information level about breast milk is lack. The main task of closing the lack of knowledge of mothers falls to the employees of the family health centers(FHC) which is the basis of the health system.

**Objective:** The purpose of this study was to measure the level of knowledge of family physicians and family health workers who take on the training mission of mothers about breastfeeding.

**Methods:** The general knowledge levels of all family physicians and family health workers working in FHCs in Kocaeli before breastfeeding counseling training were questioned by questionnaire between September 1 and November 15, 2015.

**Results:** 346 (73.5%) of the 471 family physicians participated in the study. While the lowest true number was 10 in the 25-item test; the highest correct number is 25. 1 of 346 family physicians (0.2%) correctly answered the 25 questions. The correct answer average of family physicians is  $18.48 \pm 2,128$ .

309 (65.7%) of 470 family health workers participated in the study. While the lowest true number was 13 in the 25-item test; the highest correct number is 24. There was no body from family health workers to respond correctly to all questions. The correct answer average of family health workers is  $18,84 \pm 0,117$ .

## NOCTURNAL ENURESIS IN CHILDREN: A LITERATURE REVIEW

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**Introduction:** Nocturnal enuresis is defined by episodes of urinary incontinence during sleep in a child aged 5 years or more. Nocturnal enuresis is the most common type of urinary incontinence in children and has a high prevalence and strong impact on the lives of children and family.

**Objective:** This review aims to understand the pathophysiology, diagnostic and treatment of monosymptomatic nocturnal enuresis in children.

**Methods:** Literature search was undertaken in January 2017 using the following databases: NHS guidelines, Cochrane Library, UpToDate and Pubmed. The research was limited to the articles published in the last 5 years in English and Portuguese, using the MeSH terms "nocturnal enuresis", "behavioral therapy", "desmopressin", "bedwetting alarm".

**Results:** The exact cause of nocturnal enuresis is unknown. The three commonly proposed mechanisms that often overlap each other are: a disorder of sleep arousal, a low nocturnal bladder capacity, and nocturnal polyuria. Evaluation of a child with enuresis consists of detailed history, focused examination and appropriate investigations. Treatment includes

simple behavioral therapy, conditioning alarm regimen and pharmacotherapy with desmopressin, imipramine and anticholinergic drugs. A combination of different modes of treatment is often necessary.

**Conclusion:** Given the proximity of family doctor to community, he's in a privileged position to diagnose and treat nocturnal enuresis in children. A cure or effective control can be achieved in most children, but some need to be referred to a speciality center.

### 3.09. Eye problems

#### CLINICAL AND EPIDEMIOLOGICAL PROFILE OF PATIENTS ASSISTED IN THE OPHTHALMOLOGIC AMBULATORY IN VILA VELHA UNIVERSITY POLICLINIC

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**Introduction:** The community clinical and epidemiological conditions characterization is important to establish interventionist measures. Sight changes can influence several aspects, such as learning and interpersonal interaction.

**Objective:** To describe the clinical and epidemiological profile of the patients assisted for the first time at *Vila Velha* University Ophthalmologic Ambulatory and to correlate the main complaint of these patients with the clinical diagnosis.

**Methods:** A cross-sectional, retrospective, observational study was carried out by consulting the medical records of 1010 patients from April 2011 to April 2013. Data was analyzed using absolute and relative frequency and chi-square test application.

**Results:** After analyzing the collected data, 39% were female and 61% male, the most prevalent age group was the elderly people (45.1%). Among the total number of patients, the majority (25.3%) had an income of less than a minimum wage per person. The most frequent main complaints were visual difficulties and others (ocular pruritus, tearing, foreign body sensation and conjunctival hyperemia). The most prevalent diagnosis among all age ranges was ametropies, and among these patients, 81.5% used lenses.

**Conclusion:** The visual difficulties associated with refractive errors are still the main demand of ophthalmologic services. The data suggest the need to implement adequate actions to facilitate the patients' access since the majority are elderly with a precarious financial condition.

#### DISSEMINATED HERPES ZOSTER: A POSSIBLE COMPLICATION OF HERPES ZOSTER OPHTHALMICUS

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**Introduction:** Herpes Zoster, is an infectious disease caused by reactivation of the varicella zoster virus. Herpes zoster is a very common disease that mainly affects the elderly and immunocompromised. The elemental lesion is a vesicle on an erythematous basis. The rash is unilateral, following the path of the affected peripheral nerve. If the disease is not properly

treated, it may be no longer localized and can lead to serious serious complications - Disseminated herpes zoster. The general practitioner must be alert to all the alerts of the individual, in order to provide a permanent monitoring of quality.

**Objective:** Understanding and alerting management of ocular pathology in primary care and avoid complications

**Methods:** Herpes zoster case report study and relevant bibliographic search

**Results:** Case report of infectious pathology of the eye in 72 years old man, causing pain and itching with 2 days of evolution treated with gentamicin, tobramycin and dexamethasone. For maintenance of the complaints and appearance of periorbital folliculitis, vesicles on the hemiface/scalp ipsilateral, the patient uses the emergency service. In the objective examination is described an erythema with vesicles in the hemiface/right scalp region, affecting the ipsilateral periorbital region and generalized rash.

Disseminated herpes zoster is an ophthalmic urgency in primary health care. Zoster infection should be part of all eye differential diagnosis and the use of topical corticosteroids should be restricted due to the risk of this local infection and consequent worsening of the clinical case that can culminate in a disseminated infection. Sometimes systemic zoster can appear as a paraneoplastic manifestation.

## HAVE YOU NOTICED A DROOPING EYELID?

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**Introduction:** Primary Care Doctor detects left eyelid ptosis in a 33 years old male that he had not noticed before.

**Objective:** Complete study of the patient

**Method:** Ophthalmology does not detect structural pathology. Normal Brain CT and RM. Positive Acetylcholine receptor antibodies and Edrophonium (Tensilon) test confirms Ocular Myasthenia. As many as 70% of patients with myasthenia may have thymic hyperplasia, and 10-15% may have a thymoma, CT chest is solicited and confirms a Thymoma. Thymectomy is proposed and acetylcholinesterase inhibitors drugs are initiated.

**Results:** Ocular Myasthenia. Thymoma.

Ocular myasthenia represents approximately 50% of people with myasthenia gravis. About half of people with ocular myasthenia will progress to generalized myasthenia gravis in which weakness affects other muscles. In most people this evolution will occur in the first two years after ocular symptoms appear. Ptosis and diplopia are the initial signs of the disease in over 50% of MG patients;

Proposed treatments for ocular myasthenia include drugs that depress the immune system, including corticosteroids and azathioprine, thymectomy and acetylcholinesterase inhibitors. Prognosis of ocular myasthenia gravis is good. A conventional scheme with short term corticosteroids and long term azathioprine seems adequate to achieve remission in most patients.

Thymomas are associated with myasthenia gravis in up to one-third of thymomas. The prognosis of myasthenia in the thymoma is controversial, although it seems to be associated with less aggressiveness, and have a lower rate of recurrence, so it can be considered as a favorable prognostic factor. Thymectomy improves symptomatology and reduces seizures.

## PHTHIRIASIS PALPEBRARUM, A RARE DIAGNOSIS

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**Introduction:** The *Phthirus pubis* is a hematophagous parasite of humans found commonly in the groin, but also in the axilla, chest air, eyelashes and eyebrows. It is mainly transmitted through sexual contact although it can occur through personal clothing, bed sheets or towels.

**Objective:** A three year-old girl presents recurrent episodes of palpebral itching and erythema, which aggravated the week before. By observation it was evident the presence of multiple semitransparent nits attached to the eyelashes. She didn't have lice in other place of the body. The treatment was topical application of petroleum jelly and clothing washing at high temperatures, with almost complete resolution after one week. The source of the infestation wasn't identified so far.

**Methods:** Phthiriasis palpebrarum (affliction of the eyelashes) is rare. In children it's the most affected region due to the lack of other body hair. The contact is commonly made by family members or educators, being essential to rule out the possibility of sexual abuse. This condition is frequently difficult to identify and it is often misdiagnosed as atopic dermatitis or allergic conjunctivitis. The diagnosis is made based on the clinical history and confirmed with the parasite's observation with a magnifying glass or microscope. The treatment can be difficult and varied, being petroleum jelly a cheap and easy to apply choice.

**Results:** A family physician is essential in the holistic approach of the patient, especially in the correct diagnosis, effective treatment and trying to identify the source of the disease and treat it.

## PEDIATRIC PATIENT WITH PROGRESSIVE LOOSE OF SIGHT

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**Motive of consultation:** 10 year old patient with progressive loose of sight, miodesopsias. No ocular pain or signs of conjunctivitis.

**Evolution:** Send by his doctor he is checked urgently by ophthalmologist, and he is diagnosed of posterior bilateral conjunctivitis. Blood test without pathologic evidence. Because of the diagnose he is send to the pediatrician, where new test are requested for ANA (negative) and HLS B51 (positive). So they start treatment with metrotexate 12.5mg subcutaneous folic acid, with good response. After 5 years, the patient shows repetitive oral aphtas autolimited, so he is re-examined and he is diagnosed of Behcet disease.

**Conclusions:** Behcet is a disease is a collagenosis of a unknown etiology, autoimmune pathology, elapsed by inmunocomplexes and complements that are deposited in the vases. It has a very low prevalence in Spain. The association with the antigens HLA-B5 y HLA-B51 is frequent. The clinical symptoms are chaired by iridocyclitis and recidivant oral and genital ulcers, similar to wich are produced by herpes virus. They are painful, and last days or weeks and they heal without leaving a scar. Arthritis and articular pain in 50% of the children, SNC affectation 20%. Anterior and posterior uveitis are present in 50% of the patients. The

diagnose is clinical and the identification of the HLA-B5 and HLA-B51 support it. The initial treatment are corticoids.

## IDIOPATHIC INTRACRANIAL HYPERTENSION

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**Introduction:** A 30-year-old woman living in Plasencia presented to the emergency department in late January with headache, vision loss and pulsatile tinnitus. No other symptoms. This woman was with contraceptives. No other diseases. We find asymmetric papilledema with greater visual loss in the eye with higher grade of papilledema. Other findings on funduscopy examination was macular exudates and macular edema. Urgent neuroimaging is required to exclude secondary causes of intracranial hypertension (MRI). The MRI was normal. We call to the neurologist and therefore, lumbar puncture was done and elevated opening pressure was found. The cerebrospinal fluid composition was normal. Acetazolamide and various analgesic were used with success in this patient.

**Objective:** When papilledema is present, we need to exclude many different etiologies. These include: Intracranial mass lesions (tumor, abscess), obstruction of venous outflow, obstructive hydrocephalus, decreased cerebrospinal fluid (CSF) production, malignant systemic hypertension.

**Results:** Idiopathic intracranial hypertension (IIH) is also commonly called pseudotumor cerebri. It is a disorder defined by clinical criteria that include symptoms and signs isolated to those produced by increased intracranial pressure (eg, headache, papilledema, vision loss), elevated intracranial pressure with normal cerebrospinal fluid composition, and no other cause of intracranial hypertension evident on neuroimaging or other evaluations. The treatment would be with PL, medication (acetazolamide) or surgery.

**Conclusions:** Headache and papilledema is very important to exclude secondary causes. Funduscopy examination is very important and very easy using in rural care. Therefore, patient must go to emergency department to exclude secondary causes.

## 3.10. Infectious diseases

### CLINICAL REPORT: TREATMENT OPTIONS IN BELL'S Palsy

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**Introduction:** Peripheral facial paralysis is caused by neuronal lesions to the facial nerve, which results in a sudden paralysis of the facial muscles, on the affected side. When primary (75% of cases) it is termed Bell's Palsy. The majority of Bell's Palsy cases resolve spontaneously, however in 20-30% of cases the symptoms don't fully recover, where facial asymmetry and pain can subside. In these cases, an early treatment has an improved prognosis and a positive impact in the patient's quality of life.

**Case Description:** Female, 31 years old, comes to an "Open Consultation Vacancy" with asymmetry of the face and mouth. In the physical examination, the patient presented a facial

asymmetry with a dropping of the left labial commissure, dropping of the left eyebrow and eyelid, with complete occlusion of the left eye and a left Bell's phenomenon/palpebral oculo-gyric reflex. The patient was treated with prednisolone, artificial tears, an eye patch during sleep and muscle re-education exercises and massages.

**Discussion:** The treatment has the goal to accelerate recovery and to avoid corneal complications. Thus, the first step of therapy consists in the adoption of measures that prevent keratitis and corneal ulcers. Corticosteroids are the first line, best studied, treatment option, and are used to reduce possible existing neuronal inflammation. The association of antiviral drugs hasn't shown synergic effects thus not being recommended. The role of physiotherapy is controversial but the practice of muscle re-education exercises is recommended. Surgical treatment is indicated in the prevention of the complications of the dry eye and in facial nerve decompression.

## CLOSTRIDIUM DIFFICILE INFECTION RISK FACTORS: LITERATURE VERSUS OUR EXPERIENCE

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**Introduction:** Clostridium difficile (CD) infections became an actual theme what led to creation of Guidelines for diagnosis, treatment, and prevention of Clostridium difficile infection in several countries.

**Methods:** We compared the incidence of Clostridium enterocolitis (CE) at the Department of long term ill in the years 2008 and 2014. We tested the stool specimens for CD antigen and toxin in every patient with diarrhea.

**Results:** From 275 hospitalised patients in 2008 in 28 (10,2%) the CD toxin was positive, in year 2014 from 258 patients, in 22 patients (8.5%) were antigen (GDH) and toxin positive, in 24 patients (9.3%) was antigen positive and toxin negative, our findings were near to other authors data. We were in agreement with literature data in age, hospitalization length, types of previous departments, prevalence of chronic kidney disease reported as risk factors. Insertion of nasogastric tube and bowel disease were significant linked to CD infection only in one of the two years. In gender, diabetes mellitus, malignancy, PPI use our findings did not correspond with the literature. The first three types of used ATB were the same in patients with CD infections and patients without diarrhea and they did not change over the years. Only 48% patients with diarrhea used probiotics during hospitalization on previous departments, but up to 95% on our.

Our findings show the need for further research on the possibilities of influencing the risk factors, or individual susceptibility to CD infection. Necessity of adherence to strict hygienic measures to prevent the spread remains.

## PROCALCITONIN AND C-REACTIVE PROTEIN LEVELS ARE RELATED WITH DIFFERENT BLOOD PLATING OF SEPSIS PATIENTS

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**Introduction:** Sepsis is a life-threatening condition that can result from infections. Blood cultures (BCs) are considered the gold standard for detecting pathogens in patients with sepsis.

**Objective:** To evaluate the PCT and CRP levels in connection with the blood of the cultures of sepsis patients

**Methods:** This retrospective study was carried out using clinical and routine laboratory data collected at the Riga Eastern Clinical University Hospital inpatient unit "Gaiļezers", between January 2015 and December 2016. Study included 100 patients' medical history. Data were collected from patients with BCs-positive sepsis, as well as antibacterial drugs was determined resistance. Measurement of PCT and CRP levels.

**Results:** Summarizing the results, 59 (59%) of patients involved in the study were men, 41 (41%) were women. The age of patients ranged from 37 to 93. The average age was 63.4 years (SD 15.9). Median (IQR) 65.0 (56.0-75.0). A total of 100 positive blood cultures were obtained from 78 patients. Among 78 blood cultures, 30 (38.5%) were positive for gram-negative bacteria (GNB), 48 (61.5%) for gram-positive bacteria (GPB). From GPB identified- *Streptococcus pneumoniae* 20 (41.6%), *Staphylococcus epidermidis* 15 (31.3%), *Staphylococcus aureus* 6 (12.5%), *Staphylococcus haemolyticus* 4 (8.3%), *Staphylococcus hominis* 2 (4.2%), *Streptococcus viridans* 1 (2.1%). From GNB identified- *Escherichia coli* 11 (36.6%), *Klebsiella pneumoniae* 8 (26.6%), *Acinetobacter baumannii* 7 (23.3%), *Pseudomonas aeruginosa* 2 (6.6%), *Enterobacter cloacae* 1 (3.3%).

*Staphylococcus epidermidis* was multiresistant to clindamycin, erythromycin, imipenem, oxacillin, tetracycline, ciprofloxacin 10 (12.8%) patients and even *Staphylococcus haemolyticus* 10 (12.8%). *Klebsiella pneumoniae* most resistant ampicillin 5 (6.4%). *Staphylococcus aureus* multiresistant to ampicillin, imipenem, ceftriaxone 5 (6.4%). *Acinetobacter baumannii* sensitive only to colistin 6 (7.7%) patients.

The median PCT level was higher for BCs positive for GNB 15.8 ng/ml, than for those positive for GPB 5.43 ng/ml. Contrary PCT the median CRP level was higher for BCs positive for GPB 139 mg/L, than for GNB 56.6 mg/L.

## DESCOMPENSATED HEART FAILURE ACCOMPANIED BY SIGNS OF INFECTION

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**Background and aim:** Seventy three years old man, with no history of interest, who went to the health center because he felt dyspnoea of moderate effort from one week long. This

symptom was getting progressively worse and finally he felt dyspnoea at rest. Apart from this, he had edema on his legs and he couldn't urinate properly.

**Method:** Physical examination of the patient included crackling sounds in both lungs and edemas. We first performed an electrocardiogram without pathological findings. A surprise in the blood test was that he had high levels of leukocytes and PCR. Considering all these findings, we decided to do an echocardiogram to study this heart failure for the first time. At the end, this patient was diagnosed with endocarditis, so he was hospitalized.

**Results:** We gave him empirical antibiotics (ampicillin+cloxacillin+gentamicin) after taking blood culture so we could verify the microorganism which was causing the illness: *Enterococcus faecalis*. We shall never discover how this microorganism reached his aortic valve. We changed the treatment to ampicillin+ceftriaxone in accordance with the antibiogram. We took blood culture every forty eight hours and when we got the first negative test, we operated him replacing his ill valve for a biological one. After that, he took antibiotics for six weeks and finally he recovered.

**Conclusions:** Endocarditis is a rare disease but it is important to know how to diagnose and treat those patients; an early treatment with antibiotics can save the life of the patient.

## COMPLICATIONS RELATED TO THE USE OF PERIPHERALLY INSERTED CENTRAL CATHETER (PICCS)

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**Introduction:** Given its simple insertion, comfort, perception of security and cost-effectiveness relation, the use of PICCs has increased, becoming one of the most common forms of endovascular access in patients who require a central access for a long period of time  
**Objective:** To analyse the complications derivate of PICCs attending the characteristics of the catheter that has been inserted and type of patient.

**Methods:** We analyzed patients who attended a primary care center for catheter revision for one year. Use the statistical program SPSS, 22.0.

**Results:** 56 patients were analysed, 59% of them were men. Medium age was of 56 years old. Data shows that 57% of the patients were haematological patients and the 23% were from the oncology department. 23% were one lumen catheter whereas 77% were dual lumen catheter. Place of insertion: 80% basilica vein 20% brachial vein. During the tracing, in 25% of cases there were complications (11% thrombosis and 13% infection suspicion). Of those, 92% were removed (13% for thrombosis, 30% for documented infection and 31% of non-documented infection). Another complication was the accidental removal in 5.3% of cases. 19% of cases suffered obstruction of a lumen, requiring the needs of Urokinase. There were no complications in one lumen catheters and up to 32.5% in those with dual lumen.

**Conclusions:** In our cohort, the complication associated were quite low, offering an effective use of hospital means which meant a reduction in general costs. Most of the complications were associated to the Dual lumen catheters.

## MALE MOROCCAN WITH ASTHENIA

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**Introduction and objective:** Male, 67, Moroccan. Visit to Primary Care clinic because he refers asthenia, 38°C fever of nocturnal predominance and cough with occasional hemoptotic sputum for about three weeks. Currently asymptomatic. No drug allergies, diseases nor treatments. No smoking. Family history: familial pulmonary hydatidosis. We explored him, ordered analytical and urgent chest x-ray. The patient was admitted in charge of Pneumology. At discharge, he was treated with Albendazole and Ciprofloxacin.

**Methods:** Exploration and complementary tests: BP: 103/60mmHg, 35.2°C, Acceptable general condition. Normohydrated, normocolored. Eupneic. Cardiopulmonary auscultation: tachycardic sinus, preserved vesicular murmur, scattered roncus of predominance in the left midfield. Abdomen: normal. No edema in lower limbs. Blood tests: RCP 24.5mg/dL, Hemoglobin 10.4gr/dL Hematocrit 30.6%, Leucocytes 11800, Platelets 348000. Chest x-ray: Nodular images in left hemithorax. Pulmonary consolidation in posterior culmen segment. No pleural effusion. ECG: normal. Arterial Gasometry: pH:7.45, pCO<sub>2</sub>:34.9, pO<sub>2</sub>:93.0, CO<sub>3</sub>H:24.5, SO<sub>2</sub>:97.7, FiO<sub>2</sub>:21.0. Sputum culture: Not representative of lower pathways. Fibrobronchoscopy: Normal. BAL culture: Klebsiella Oxitoca. Chest CT scanner: Consolidation in the apical segment of the lower left lobe around cyst, suggests infectious origin. Non-acute hydatid cysts.

Clinical trial: Abscessed pulmonary hydatid cysts.

Differential diagnosis: Pneumonia. Pulmonary carcinoma.

**Results:** Zoonosis produced by Echinococcus larvae. 65% is located in the liver, 10% in the lung. In the stage of silent growth goes unnoticed, then is externalized by symptoms and signs inherent to the organ where it is housed. In endemic areas the symptoms may suggest the disease but it is difficult in regions where is non-endemic. Chest x-ray is the technique of choice for diagnosis and treatment response.

## MALE WITH FRONTAL HEADACHE AND FACIAL ASYMMETRY

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**Introduction and objective:** 78-years-old male. Hypertension, DM-2. Treatments: eprosartan, metformin. He came to Primary Care after 3 days of dizziness and vomiting, accompanied by left earache, toothache and odynophagia with dental manipulation a week ago. Normal physical and neurological examination. After two days, the patient begins with a frontal headache, that doesn't ease with usual analgesic, and facial asymmetry. He is admitted and treatment is initiated.

**Methods:** Exploration and Complementary Tests: Good general condition. HR: 56 beats/min, BP: 130/87mmHg, 35.8°C, SatO<sub>2</sub>: 99%. Normal cardiopulmonary auscultation. Neurological: Disoriented. Hearing loss. Horizontal nystagmus in bilateral extreme look. Paresis facial Left peripheral facial paresis. Vesicles in the left external ear and palate. Conserved strength and sensitivity. Normal reflexes. Bilateral postural tremor and asymmetrical intentional predominance in the left upper limb. Ataxic march with tendency to fall backwards.

Analytical: Glu: 180; Cr: 0.98, Hb: 13.2, Leu: 9030 (N: 66%, L: 26%), Platelets: 370000, PCR: 1.7. Lumbar puncture: Clear liquid. Glucose: 94; Protein: 155.0; LCR-Leukocytes 171 (Mononuclear: 98%, PMN: 2%). Neoplasm negative. Positive DNA Detection for Varicella Zoster Virus. Urgent cerebral CT: Normal. Cerebral MR: Poor demyelinating-gliotic lesions due to hypoperfusion chronic ischemia. Ophthalmologic assessment: Lagoophthalmism and left eye keratitis-sicca.

Clinical Trial: Meningoencephalitis zoster with left VII involvement. Ramsay Hunt Syndrome. Differential Diagnosis: Vertigo, Accident-ischemic-transient, encephalitis, peripheral facial paralysis.

**Results:** The prescription of corticoids is controversial since the combined use with antiviral could increase the risk of producing complications. However, in Ramsay-Hunt syndrome improves the symptomatology since the histological lesions are essentially inflammatory. We must always evaluate the individual's worst prognostic factors and the specifics of zoster palsy and initiation of treatment with combined therapy.

## JUST A HEADACHE? A CLINICAL CASE

Alba Castañeda Pérez-Crespo, Jorge Zieleniewski Centenero, Natalia Aguilar Lorente, María Rodríguez Romero, Vanessa Martinetti, Francisco Campillo Palma, Juan Francisco Menárguez Puche, Manuel López Piñera

*Centro de Salud Jesús Marín, Molina de Segura, Spain*

**Background and Aim:** Cephalea is one of the most common symptoms that a family doctor has contact with. The aim of this clinical case report is to present warning signs of headache and try to remind when we should ask for further tests.

**Method:** We collected the clinical history directly from the patient and the laboratory results from her clinical process.

**Results:** 37-year-old-female, immunocompetent, moderately functional family, low number of consultations. She complains of a very intense cephalgia, which radiates through occipital towards the frontal region, affecting the whole head. She can't sleep because of the pain, getting worse with valsalva maneuvers. We refer her to the emergency service due to the warning signs. Physical exam was normal since the beginning. Six references were made over the next 5 days. At the last consultation, she was admitted for analgesic treatment and further tests. Cranial CT and MRI scan: normal. CSF: clear and transparent, 366 leukocytes, 35% PMN, 65% mononuclear, glucose 37, proteins 202.8, ADA 15. CSF cultures and serology: negatives. Serology (serum): negative. VZV IgG positive/IgM negative. PCR in CSF: positive for VZV. The final diagnosis was acute Varicella Zoster Virus meningitis and she started with acyclovir IV followed by valacyclovir and analgesic treatment.

**Conclusions:** Longitudinal view it is very important in order to identify alarm signs in any pathology. Anamnesis is the essential tool to evaluate cephalgia. An atypical history, alarm criteria or neurological examination findings should lead us to neuroimaging studies and further tests.

## A RISKY TRIP

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**Background & Aim:** A 34-year-old man with no medical history or toxic habits. Five days ago he returned for work reasons of Equatorial Guinea (he stayed 22 days). He came to the health center complaining of high grade fever, myalgias, intense asthenia, abdominal pain and headache. After persistence of the clinic and the appearance of vomiting and dark urine is referred to urgencies. Physical examination: temperature 38.2°C, painful abdomen. Normal cardiopulmonary auscultation. The neurological examination was normal.

**Method:** Blood general analysis: highlights procalcitonin 4.32, Lactodehydrogenase 392, C-reactive protein 14, leukocytes 2840 (neutrophils 75.4%, lymphocytes 16.2%). X-ray was normal. Blood smear: 1% of red cells parasitized by plasmodium, possibly falciparum. Plasmodium antigen: positiv.

**Results:** Diagnosis: Malaria.

Differential diagnostic: septicemias, bacterial pneumonias, meningitis, visceral abscesses, acute bacterial endocarditis, brucellosis, visceral leishmaniasis.

Conclusions: Diagnosis requires a high level of suspicion because gastrointestinal signs and symptoms are common to other diseases typical of travelers. It is important that the family doctor perform a correct differential diagnosis, as well as an early action to establish the appropriate treatment. The patient remains asymptomatic up to a week or more of the insect bite. The manifestations appear at eight-ten days after infection and are preceded by nonspecific symptoms: generalized pain, headache, anorexia, nausea... The attack is characterized by fever, intense headache, nausea, vomiting and occasionally epigastric pain. Complications include cerebral, renal and pulmonary damage, anemia, hypoglycemia, shock, acidosis, disseminated intravascular coagulation, jaundice, hemoglobinuria, and seizures.

## CONSTIPATION AND LEFT FLANK PAIN, AN USUAL PRESENTATION OF DISSEMINATED TUBERCULOSIS

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**Introduction:** Patients presenting with gastrointestinal symptoms are frequently encountered by physicians in general practice. The aim of this paper is to present a case of a rare presentation of disseminated tuberculosis.

**Objective:** This is to present an interesting case of disseminated tuberculosis masked by immunosuppression and to emphasize the importance of a thorough approach when confronted with atypical signs and symptoms that could be portrayed by different diseases/pathologies.

**Methods:** We collated and obtained the clinical history, laboratory results, radiological investigations and biopsy results.

**Results:** A 67 year old man who was originally from the Philippines, had been living in Ireland for approximately 9 months at the time. He initially presented to his family physician with left flank discomfort and intermittent constipation, but admitted to a history of chronic cough on further questioning. Of note, he has been taking oral steroid (dexamethasone), treatment for eczema which he obtained from a local pharmacy without prescription in the Philippines. He

was subsequently referred to the hospital for further assessment. Initial blood tests done on presentation to the hospital showed elevated inflammatory markers, and LDH. CT thorax, abdomen and pelvis scan performed showed multiple lesions, in the lungs, liver and bone – This led to an initial presumptive diagnosis of metastatic lung cancer. However a CT guided biopsy was performed, with histology confirming the presence of necrotising granulomas with no evidence of malignant cells. A further PCR testing confirmed the diagnosis of tuberculosis and he was consequently commenced on treatment by the infectious disease specialist.

## PSYCHOSIS OR SOMETHING ELSE?

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**Introduction:** Syphilis is a sexually transmitted infection caused by *Treponema pallidum*. Classified from primary to tertiary, the late subdivided into cardiovascular; late benign and neurosyphilis according to the most affected system. Neurosyphilis in turn, divides into neuropsychiatric, meningovascular and myelopathic.

Central nervous system invasion occurs in an early stage of the disease if not treated and the most common symptoms are: behavioral changes (33%), dementia/mania/paranoia (35%), stroke-like symptoms (23%), vision abnormalities (17%) and headaches and dizziness (10%).

**Case:** Male, 46 years-old, single, living alone. No relevant personal/family history of diseases. Taken to the Emergency Service on 10.07.16 by policemen after having been found walking naked on the streets. Sent for Psychiatry for evaluation where it was observed: uncoherent speech, cognitive impairment, careless aspect, sensory perception changes and auditory hallucinations. According to family this behavior had been worsening for “months”.

He was hospitalized to investigate the etiology of inaugural psychosis – started anti-psychotic. Alcohol and drug dosing negative. HIV negative. Reactive C protein (RCP) 7. Cranio-encephalic CT-scan normal. All other exams normal. For several days, despite medication, there was no significant improvement in clinical condition. VDRL testing was performed: positive. Lumbar puncture: neurosyphilis. Treated with G penicillin 24MU, 14 days. Sent home on 24.08.16 without symptoms.

**Discussion:** Syphilis is for some reason considered the “great imitator” since its symptoms can make differential diagnosis with several others, namely psychiatric diagnosis. Therefore, patients without psychiatric history and inaugural psychotic symptoms should be investigated for other etiologies. Despite not common in clinical practice, we should keep in mind that this is an important differential diagnosis.

## WHY BOTH KNEES?

Elena Sánchez Pablo<sup>1)</sup>, Aranzazu Sánchez de Toro Gironés<sup>2)</sup>, Almudena Carrasco Angulo<sup>1)</sup>, Sara Isabel Roncero Martín<sup>2)</sup>, Almudena Salas Sola<sup>1)</sup>, Carmen Botias Martínez<sup>1)</sup>, María Teresa Palacios López<sup>1)</sup>, Carmen Moreno Vivancos<sup>1)</sup>

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**Introduction:** 70 years old male suffering of feverish syndrome and right knee swelling. No allergies. Prostatic carcinoma with surgical treatment. Multiple myeloma IgG Kappa non symptomatic. Vitamin B12 deficit. For the previous 2 days, progressive rigidity and claudication of right knee that doesn't avoid him doing his usual walking routine. Last night, swelling and light pain with fever and increased rotulian inflammation, making walking impossible.

**Objective:** Diagnosis and management of unusual pathologies.

**Methods:** Physical exploration: good general condition, not fever, normohydrated. No adenopathys. Cardiopulmonar auscultation and abdominal exploration without findings. Inferior members with correct autonomous movement except for right knee, suprarrotulian oedema without flogotic signs, no local infectious signs, distal pulse present and symmetrical. Complementary test: Blood test: PCR 25, Hb 11.7, Hto 3, VCM 92, leucocytes 4680 (neutrophils 87%). Synovial puncture: 70cc of viscid turbid and yellowish liquid with Glc <2, eritrocites 8000, 29073 LT (85%N y 15%M) and chained coccus. Chest Rx and abdominal ultrasound: no relevant findings. Cardiac ultrasound: no vegetations.

**Differential diagnosis:** posttraumatic gonalgia, microcrystalline arthritis

**Results:** Diagnosis: Bilateral knee infectious arthritis of neumococcical aetiology.

The following day the swelling affects both knees and a sample is obtained with purulent aspect but without microcrystals, making necessary drainage and surgical cleaning. Despite not having analytical signs of septic arthritis, given the immunodepression, empirical antibiotic treatment is started with ceftriaxone and levofloxacin. For the 6 weeks following, while the treatment last, there is a progressive decrease in inflammatory signs, allowing bipedestation. Considering this infection as a sign immunodepression secondary to myeloma, a chemotherapy schema is started.

## DEMENTIA IN THE YOUNG

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**Introduction:** Syphilis is an infectious disease caused by *Treponema pallidum*. In the inoculation point, the response of the defenses results in the protosyphiloma and systemically, the response results in the production of immune complexes, which can be deposited in any organ.

**Objective:** In spite of having effective and low cost treatment, it remains a public health problem.

**Methods:** A.M.C.M., male, 49 years old, caucasian, accountant, belonging to a unitary family. He was apparently healthy and without serious illnesses in his past medical history.

A friend indicated that two months earlier the patient had had lapses and changes of behavior, which had escalated. He was observed by Internal Medicine and Neurology, where several exams were required (positive serological VDRL and cranial CT without relevant changes). He was then redirected to the Emergency Department (ED). Due to psychomotor agitation, he was accompanied by police officers to the ED.

In the ED the patient was disoriented and agitated and it was decided that internment was necessary. Various laboratory tests were taken (the highlight: leukocytosis with neutrophilia, CRP of 3.35 mg/dL and positive RPR) and examination of cerebrospinal fluid (high proteins with positive VDRL). He was diagnosed with neurosyphilis. He completed therapy with

benzathine penicillin 18000000IU/day for 17 days, having clinical improvement and periodic relapses of psychomotor agitation and disorientation.

**Results:** Syphilis has signs/symptoms that are often not recognized by patients in the initial stages. Early diagnosis is essential for proper treatment and also to break the chain of transmission and prevention of new cases.

## GENERALISED TETANUS, A CLINICAL CASE

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**Reason for consultation:** 43 years old male that attends the health care centre emergency services for feeling rigidity in the jaw zone.

**Medical record:** In the last few hours, rigidity sensation in the jaw zone. Surgical intervention 7 days before for radius-ulna open fracture after a home fall (tetanus toxoid was administered). Physical examination without signs of interest but due to his medical records the patient is sent to Hospital's emergency department, where the patient is evaluated the next day by the otorhinolaryngology service, detecting clear signs of trismus and clinical deterioration (swallow and breathing difficulty without fever). Blood tests without clinical relevance except RCP 17mg/L (0-5) and CK 200 (410-195). The patient is hospitalized due to his clinical worsening (increased muscular tone in extremities, clonus, trismus and tendency to opisthotonos in progress). The patient is transferred to ICU due to the need of invasive mechanic ventilation. IgG antibodies vs Clostridium tetani test positive.

**Conclusions:** Tetanus is an acute disease of sporadic appearance and worldwide distributed, infrequent in industrialized countries. Due to its elevated lethality ratio, it represents even nowadays a public health problem, even in regions with effective preventive programs. Early diagnosis of this disease is based on clinic symptoms and the previous medical records of the patients, that's why it is important to include it inside everyday differential diagnosis in spite of being infrequent in developed countries with high vaccine coverage like Spain

## CHRONIC COUGH AND LEFT LEG WEAKNESS – A PRESENTATION OF ATYPICAL STROKE AND PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY

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**Introduction:** Patients presenting with symptoms such as cough and musculoskeletal discomforts are quite common in general practice. The aim of this paper is to present an interesting case of atypical stroke and progressive multifocal leukoencephalopathy – a complication of HIV/AIDs.

**Objective:** This case showed us that subtle or recurrent symptoms, could be a prodrome of an underlying disease or pathology, where early diagnosis and treatment could have a great influence on prognosis.

**Methods:** We obtained the clinical history, laboratory test results virology inclusive and results of radiological investigations.

**Results:** A 64 year old Latvian lady who had been living in Ireland for 10 years presented to her GP many times with non-resolving cough and 2 month history of left lower limb weakness and discomfort. She was subsequently referred to the hospital.

Initial blood tests done revealed leukopenia and neutropenia. However, due to reduced sensation and power in her left lower limb an MRI brain was performed which was thought to show acute posterior right MCA stroke. However, as a result of persistent neutropenia, virology screen was performed which confirmed the diagnosis of HIV and a very low CD count. However, despite prompt treatment with antiretrovirals by the infectious disease specialist, she continues to deteriorate neurologically. A repeat MRI scan was performed and was compared to the initial scan done on admission, it showed a significant change in the parietal lobe and deep white matter, leading to the diagnosis of progressive multifocal leukoencephalopathy. Despite treatment and rehabilitation, she continues to deteriorate clinically.

## IMMUNOCOMPETENT ADULT HAND-FOOT-MOUTH DISEASE

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**Background:** Hand-foot-mouth disease (HFMD) is one of the most common viral diseases, affecting mainly children under 5 and immunocompromised adults. In immunocompetent adults infection is uncommon, presenting mostly nonspecific symptoms with few skin lesions. This disease is caused by enterovirus infection, including Enterovirus 71 and Coxsackie A, with 2-7 days of incubation, spreading by direct contact or through contaminated objects. The clinic presentation includes maculo-vesicular lesions of the oral mucosa, hands and feet, fever and other nonspecific symptoms may occur. The treatment is symptomatic and the differential diagnoses may include varicella, herpangina, aphthous stomatitis and syphilis.

**Case Report:** A 23-year-old Caucasian woman in Duvall's life cycle phase II, with background of recurrent migraine, cervical pain and dyslipidemia; presented with painful and not pruritic punctate rash, located on hands and feet. She also reported discomfort with swallowing and an intermittent sensation of fever. She denied risky sexual contacts or recent trips, his vaccination plan was updated, and had contacted with a child diagnosed 4 days before with HFMD. The observation showed multiple erythematous vesicular lesions in the feet and hands, without oral lesions. The clinic was suggestive of HFMD, and syphilis was excluded by analysis. The condition was explained and symptomatic therapy advised.

**Conclusions:** Although HFMD is self-limiting and rarely presents clinical complications, it is important to suspect this diagnosis, even in groups where the disease is less common, avoiding unnecessary therapies that lead to patient anxiety. Pain associated with cutaneous lesions and oral mucosa can be debilitating and sometimes requires adequate pain control.

## POINT-OF-CARE C-REACTIVE PROTEIN FOR THE DIAGNOSIS OF ACUTE RESPIRATORY TRACT INFECTIONS IN PRIMARY CARE

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The majority of patients presenting to primary care with a suspected respiratory tract infection are prescribed antibiotics. However, most of these infections are viral. Point-of-care (POC) C reactive protein (CRP) testing for patients with suspected lower respiratory tract infections has been included in guidelines of many countries in Europe to determine severity of infection. Current devices allow CRP testing to be performed from a finger-prick sample and analysed in approximately 3-5 min. Several studies and a Cochrane Review have demonstrated reduced antibiotic prescribing as a result.

But in practise, in most cases, the CRP test cannot differentiate between bacterial and viral infections. Most patients consulting in general practice have CRP levels less than 20 mg/L. By avoiding the administration of antibiotics to patients with such low CRP values, unnecessary use of antibiotics may be reduced. Decisions to prescribe antibiotics in patients with CRP values between 21 and 100 mg/l should be based on the clinical presentation and the duration of illness. Treatment decisions need to be guided by your estimation of illness severity in conjunction with the CRP value.

## PREVENTION AND MANAGEMENT OF INFECTIOUS DIARRHEA

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**Introduction:** Infectious diarrhea is one of the most common cause of morbidity and mortality in young children throughout the world. This infection may come with high fever, vomiting and diarrhea which needs emergency department visits or admission treatment that makes both the children and parents suffer.

**Objective:** To explore the essentials of prevention and management in infectious diarrhea.

**Method:** We did a review to explore the prevention and management of infectious diarrhea.

**Results:** The most important thing is to follow good hygiene habit like hand washing and keeping areas clean such as floor or toys that may be shared. People with infectious diarrhea should avoid from childcare, kindergarten, school, swimming pool and work until there has been no vomiting or diarrhea for 2 days. If working as a food processor, the exclusion period should be until there has been no diarrhea or vomiting for 3 days. Babies who are not toilet trained should wear tight fitting waterproof pants with frequent inspection and changes.

When fecal spillage occurs, areas should be properly cleaned and disinfected. In case of rotavirus infection, patients who are hungry or ask for food should be given small portions of their usual foods, but avoid foods high in sugar or fat. The most important issue is to keep from dehydration. Oral rehydration solution is recommended for those with mild or moderate dehydration.

With appropriate prevention and intervention, we can minimize the risk of infectious diarrhea. However the effect is limited, vaccination programs should be considered if possible.

## HAND-FOOT-AND-MOUTH DISEASE IN 30 YEAR OLD MAN – CASE REPORT

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**Introduction:** Hand-foot-and-mouth disease (HFMD) is contagious viral infection common in young children. It is most common caused by Coxsackievirus A16. Infected person can spread

virus through close personal contact, the air (through coughing or sneezing), contact with feces, contact with contaminated objects and surfaces. HFMD can sometimes occur in adults.

**Objective:** This case report is to help us diagnose HFMD to others rash causing fever, that are not so common in adults.

**Methods:** Analyses of the data collected from the medical records.

**Results:** 30 year old man has come to the general practitioner (GP) office because the symptoms of high temperature, of up to 104 degrees Fahrenheit (40 degrees Celsius), that last for two days, and sore throat. In physical examination, GP find signs of sore throat, enlarged tonsils, and diagnosed acute viral tonsillitis. After two days patient came back to his GP because of skin rash with blisters that developed around the mouth, and painful red spots on palms and soles of the feet. Temperature is passed, but sore throat, and malaise continue. Beside skin rash, there were red blisters and ulcers in the mouth, and high inflammatory markers (c-reactive protein 106, leukocytes  $11,5 \times 10^9$ , from which lymphocytes 55%). GP diagnosed HFMD based on clinical presentation, and laboratory findings.

**Conclusion:** In the patients with sore throat, high temperature, we need to think about less frequent causes in order to prevent possible complications.

## CLINICAL CHARACTERISTICS OF THE PATIENTS WITH VIRAL HEPATITIS C

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**Introduction:** Chronic viral hepatitis B and C are mild diseases in the majority of patients. Complications - cirrhosis and hepatocellular carcinoma have a fatal outcome.

**Objective:** To analyse data of the patients with cirrhosis C and determine predictive factors for the outcome and development of hepatocellular carcinoma.

**Methods:** Total of 210 patients with cirrhosis C hospitalized from 2011 to 2016 was investigated. Physical examination, biochemical, virologic tests and visualisation methods were used for diagnosis of liver cirrhosis and hepatocellular carcinoma.

**Results:** Among all patients, there were a significant higher number with cirrhosis C compared with cirrhosis B (69%). As well, persons over 59 years of age dominated (79%). A difference in the outcome of the disease with regard to gender and aetiology of cirrhosis was significant. A significant statistical difference with regard to fatal outcome of the disease in the age group from 60 to 69 and patients over 70 was found ( $p < 0,05$  and  $p < 0,01$ ), respectively. The occurrence of hepatocellular carcinoma noticed as independent predictive factor for a fatal outcome of the patients with cirrhosis ( $p < 0,01$ ). Age over 70 was found as predictive factor for development of hepatocellular carcinoma regardless of gender, aetiology of cirrhosis and applied antiviral treatment ( $p < 0,01$ ). Severe and progressive form of chronically viral liver disease and high mortality among older persons require extensive preventive measures for detecting, monitoring, vaccination and antiviral treatment of these patients.

## SUSPECTING TUBERCULOSIS

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**Backgrounds and objectives:** Starting from the premise that the Tuberculosis (TB) is the most prevalent infection in the world, to any patient suspected is required to do a good clinic

history, anamnesis and physical exploration.

Testing of the tuberculin and chest radiographs.

We have a double purpose, on the one hand an individual objective of early diagnostic and healing of the diseased, and on the other hand one collective of avoiding or minimizing the bacillus transmission to the community and prevent the appearance of acquired resistance to drugs.

**Methods:** A patient 43 years-old from Mali, in Spain since 2003, shares dwelling with 7 healthy people.

He goes to the health center for a chart of 3 months of evolution characterized by dry nonproductive cough without no other symptoms than last week dysthermia associated with increased cough, now straw color never hemoptoica, asthenia and anorexia.

CyO, Caquexia. TA: 100/74. FC 117 lpm. Afebril. ACR: no warning signs.

Chest x-ray: heterogeneous condensation which occupies the entire LSI image suggesting cavitation in vertex left. Infiltrated in LSD and LII.

**Results:** We derive the patient to the hospital with air insulation where the diagnostic is confirmed with analytic, urinalysis, EKG, BAAR SPUTUM: positive >100/c M. Tuberculosis. Sputum culture: >25 PMN/c for Klebsiella pneumoniae BLEE -.

When we met with a patient TBC or with high suspicion is essential that we derive the patient to the referral hospital for further tests and starting treatment which will be controlled on an outpatient basis to prevent the emergence of resistance by turning away from it.

## BEHIND AN ATAXIC GAIT - ABOUT A CLINICAL CASE

Cláudia Teixeira, Diana Miranda, Carla Costa, Rui Guedes  
*USF S. Nicolau, Guimarães, Portugal*

**Introduction:** Polyneuropathy is the most common neurological manifestation associated with human immunodeficiency virus (HIV). The most common form is distal symmetric sensorimotor polyneuropathy. In regard to the clinical side, the disease can cause a decrease in the axon's sensibility to vibration and pain, in a stocking-glove distribution. Concerning the lower limbs, the sensitive losses can generate ataxia and an increase in the support polygon, as well as a positive Romberg test.

**Objective/Methods:** JR TL, 43 years old, previously an opioids drug addict, heavy alcohol consumption habits with a 6 month abstinence, known HIV/VHC co-infection known since 2006. JR TL consults his general practitioner with complaints from lack of muscular strength and paresthesia in both lower limbs and generalized trembling for 5 months. By objective examination, the patient had an enlarged base, ataxia, normal and symmetrical osteotendinous reflexes, significant proximal bilateral muscular strength deficit in the lower limbs. The analytical control revealed thrombocytopenia and proteinogram with an increase in the ratio albumin-globulin. The patient was sent urgently to neurology and internal medicine consultations. In the infectious disease consultation, it was decided to hospitalization. During the hospitalization, the patient was subjected to a electromyography, which revealed a distal symmetric sensorimotor polyneuropathy.

**Results:** Since polyneuropathy is the most common neurological complication from the HIV infection, its early identification can result in more efficient individual treatment strategies. This clinical case reinforces the need of the general practitioner to pay attention to the main manifestations and clinical complications from this pathology.

## PREDICTING THE 28-DAY MORTALITY RATE IN ELDERLY PATIENTS WITH COMMUNITY-ACQUIRED PNEUMONIA

Huseyin Elbi, Adnan Bilge, Halil Ibrahim Dayangac, Onur Dikmen  
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**Introduction:** Community-acquired pneumonia (CAP) is the most frequent cause of infectious disease-related morbidity, and mortality among all patients. Elderly patients are at a higher risk of developing severe CAP because of many underlying disease, changes in the health status.

**Objective:** In this study, we evaluated the performance of existing risk scores for predicting the 28-day mortality rate in patients presenting with community-acquiring pneumonia (CAP) in an emergency department.

**Methods:** We conducted a cross-sectional study at the Celal Bayar University Hospital in Manisa, Turkey. The records of consecutive elderly patients with CAP were reviewed for this retrospective study. All patients were followed-up to assess their outcome within 28 days of the admission. The discriminative performance of the 11 risk prediction scores for patients with CAP was assessed using the area under the receiver operating characteristic curve (AUC).

**Results:** A total of 151 elderly patients [mean age, 76.6 ± 7.8 years (range, 65-94 years); 65.6% men] with CAP were evaluated. There were 30 deaths by 28-day, an all- cause mortality rate of 19.9%. All scores except the CAP-PIRO achieved an AUC greater than 0.700, demonstrating fair discriminative power. All scores were evaluated by the Z-test to see if there were significant difference between them.

**Conclusion:** Four of the existing scores had good discriminatory power (AUC > 0.800) to predict the 28-day mortality rate. The best discrimination was demonstrated by CURB-age, a score designed for the elderly patients with CAP.

## LATENT TUBERCULOSIS INFECTION

Diego Ámez Rafael, Lorena García Rebertos, Javier Martínez Estévez  
*Distrito Poniente, Almería, Spain*

**Introduction:** Known as "the great simulator", tuberculosis mimics a large number of diseases, and its peritoneal variant can behave clinically like any other abdominal pathology, such as Crohn's disease. If not suspected, it may be overlooked or deferred indefinitely.

**Objective:** A 46-year-old male consult us for abdominal discomfort of six months of evolution, weight loss of eight kilograms, changes in bowel habit and episodes of dysthermia, so it was referred to digestive service where was performed a colonoscopy and a biopsy, with results compatible with an inflammatory bowel disease pending anatomopathological confirmation and indicating symptomatic treatment.

**Methods:** The patient consulted again for persistent symptoms and weight loss despite the treatment prescribed so we decided to reevaluate him and request other complementary tests, finding on the chest x-ray a miliary infiltrate with a cavitation in the left hemithorax and a moderate amount of free fluid and multiple septa on abdominal ultrasound, suggestive of tuberculous disease.

**Results:** Intestinal and peritoneal tuberculosis is a regional, chronic and specific disease, usually secondary to advanced pulmonary tuberculosis, which usually localizes to ileal

lymphoid tissue, with frequent localization in terminal ileum, jejunum or peritoneum. This pathology originates from the reactivation and hematogenous dissemination of latent foci, mainly from the lung, and it may not be radiologically visible. It is essential to manage latent tuberculosis infection from primary care to avoid this type of cases.

## LEGIONELLA COMMUNITY-ACQUIRED PNEUMONIA - THE ROLE OF FAMILY PHYSICIAN

Joana Bento, Olinda Santos

*Unidade de Saúde Familiar Renascer, Gondomar, Portugal*

**Background:** The primary health care services have a fundamental role in addressing infectious atypical frames because they offer great accessibility and continuity of care to their patients. In this context, it is described a clinical case of Community-Acquired Pneumonia (CAP) caused by Legionella, with recurrent Secondary Spontaneous Pneumothorax (SSP).

**Case description:** Male, 54 Years Old, Smoker, Caucasian,

Patient attended the urgent primary care appointment due to asthenia and fever with less than 12h00 of evolution and upper respiratory symptoms. Objective exam (OE) without relevant changes. Most likely Diagnosis: Upper Viral Syndrome.

He returns to the open consultation three days later due to fever with gastrointestinal symptoms. The OE Without relevant changes. Most likely Diagnosis: Acute Gastroenteritis.

Next day the patient was reassessed due to the maintenance of the initial condition with recent onset of dyspnea. OE: Fever, polypnea, tachycardia, SaO<sub>2</sub>88%; PA: absence vesicular murmurs on the right side. Thorax X-ray was requested: Pneumotorax and condensation both on the right side. The patient was hospitalized due to hipoxemic respiratory failure, Legionella CAP and SSP.

After discharge, the patient presented two more SSPs, both diagnosed by his Family Physician and properly oriented.

**Discussion:** Pneumonia Legionella occurs with mild pulmonary semiology. Pneumothorax is a frequent pathology with a varied etiology and a prognosis that depends not only on its approach but also on the recognition of associated pathologies. Family Physician emerges as a key part, necessary to correctly approach these clinical conditions, making possible successive revisions of the symptomatology and signs, and correct referral.

## FALLING IN THE AIRPORT

Felipe Sebastián Villacís Stacey, Nelva Mariela Gallardo Aguilar, Elena Morquecho Cobas

*Institut Català de la Salut, Barcelona, Spain*

**Introduction:** Medical care for a patient whose medical history is unknown and who does not speak most common languages can delay and condition the first emergency procedures.

Objective:

A 40-year-old patient was born in Ghana, traveling alone from his home country to Italy, which is transferred from the airport after dizziness, disorientation and falling down.

**Methods:** When the patient reached the emergency room, he has hemodynamic instability and systemic inflammatory response syndrome criteria, which led to start intensive management of intravenous fluid therapy and empirical antibiotics.

In the emergency room the patient was diagnosed with HIV infection with severe respiratory insufficiency.

The first diagnostic option was an opportunistic respiratory infection in an immunocompromised patient. After the first hours initiating broad-spectrum antibiotic treatment, the patient presented clinical worsening and significant changes in the X-ray with bilateral patchy opacities.

Finally the patient required orotracheal intubation and management in the Intensive Care Unit. The patient died a week later with a diagnosis of Castleman's disease in the lungs.

**Results:** Initial actions in the emergency room are determinant for the prognosis of life of a critical patient. The main limitation in this case was the language barrier with the patient and not knowing their main health history. We have to use our skills and management protocols when we are limited in this regard.

## DIAGNOSING REACTIVE ARTHRITIS

Javier Martínez Estévez, Marina Ríos del Moral, Teresa González Navarro  
*Distrito Poniente, El Ejido, Almería, Spain*

**Introduction:** Male, 60 years old. AP: dyslipidemia, podagra, herniated discs and fractures of the fibula, ankle and left wrist 2<sup>o</sup> a traffic accident, he needs to walk with orthopedic crutches. He went to the hospital because of fever, non-thermometry, arthralgia and polymyalgia for 3 to 4 days, followed by distal and progressive inflammation of asymmetric joints of the upper and lower limbs, producing functional impotence. Besides, the patient shows concern about some insect bites in his back (he denies having gone to the field or having contact with animals). He reports having practiced unsafe sex although denying genitourinary clinic. There are no similar previous episodes, no morning stiffness, ...

**Methods:** Papules with violet halo and central inoculation point without anatomical pattern and important synovitis in the right hand with arthritis of small joints of the hands and inflammation of both ankles. Axillary lymphadenopathy.

Analytically: leukocytosis with neutrophilia, PCR 16, elevation of GOT and GPT. Rx and systematic urine without findings.

Requesting: serology, HLA-B27, ANA, ANCA, antiDNA, FR, C3-C4 complements, Immunoglobulins G, A and M, urethral exudate, abdominal ultrasound and thoracic CT, and performing IC with

The patient progresses favorably with corticosteroids and antibiotic therapy against STDs: ceftriaxone and azithromycin.

**Conclusions:** The importance of an adequate clinical history made without hurry and in detail for the diagnosis and correct treatment of our patients becomes evident. Without a thoroughly anamnesis we would not have been able to make differential diagnosis between reactive arthritis secondary to vector-borne infection or STDs, as it turned out in this case.

## AN INUSUAL BASAL CELL CARCINOMA: GORLIN GOLTZ SYNDROME

Esperanza Romero  
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Gorlin Goltz syndrome (GGS) is an autosomal dominant inherited disorder that mainly predisposes to the proliferation of tumors, such as basal cell carcinomas and jaw keratocysts. GGS is caused by the Patched gene mutation on chromosome. Basal cell carcinomas in patients with GGS usually present as multiple tumors, with polymorphic clinical features, a non-gender

predilection, sometimes occurring in the early stages of life, and even affecting areas not exposed to sunlight.

**Objective:** To share a clinical experience of a syndrome with low appearance frequency. To evaluate the role of the specialist who develops its activity at Primary Care, with patients who requires a multidisciplinary intervention.

**Material and Method:** Clinical case: Three-year-old child arrives to consultation due to injuries at thorax, hands and feet of a month of evolution. The examination showed palmoplantar pits, thorax injuries difficult to typify macroscopically, hypermobile joints. Results: The radiograph of the skull showed bilamellar calcification of the falx cerebri as well as hypertelorism. No skin lesions in the form of basal cell nevus, palmar or plantar pits, or keratosis were present.

**Conclusion:** The Gorlin-Goltz syndrome is an autosomal dominant disorder with numerous diagnostic criteria, but only two major and one minor criteria or one major and three minor criteria are required to arrive at a diagnosis. The odontogenic keratocyst is frequently the presenting manifestation of this syndrome. As this condition requires early diagnosis to prevent clinical progression and complication, the onus for this often lies with the dental teams.

## WHERE IS THE MOUSE? CLINICAL CASE OF LEPTOSPIROSIS

Jaqueline Silva, sergio freitas

*Centro de Saúde Câmara de Lobos, funchal, Portugal*

**Introduction:** Leptospirosis is an under-diagnosed disease and is transmitted by the bacterium *Leptospira*. The bacteria are excreted in the urine of animals.

The disease is sometimes self-limiting, treatment is directed antibiotic therapy and in more severe cases it may be necessary to perform invasive supportive therapies.

**Objective:** To present a clinical case of severe leptospirosis and the importance of the early diagnosis.

**Methods:** Male, 43 years. Personal history of acute myocardial infarction.

He goes to Câmara de Lobos Health Center for myalgias, arthralgia and fever. At the objective examination to highlight a small wound in the right lower limb, made when killed a rat 3 days. Diagnostic impression of Dengue, analyzes were taken and medicated with paracetamol, after 2 days discussed result with the family doctor. Analyze with neutrophilia, lymphopenia, mild thrombocytopenia, creatinine increase and ALT and dengue negative IgG / igM. Clinically, aggravation of myalgias and inability to perform gait and urinary retention.

Patient referred to the hospital, request for PCR RNA of leptospirosis and blood cultures. He presented a worsening of thrombocytopenia renal function, hepatic function, PCR, CK and leptospira PCR RNA positive.

Contacted the intensive care by a compatible leptospirosis, with septic shock and renal and hepatic organic failure.

**Results:** The clinical case is important because we are faced with nonspecific complaints that can fit into several infectious diseases, but leptospirosis is common in rural areas and has a wide range of manifestations from innocuous to cases of extreme severity. Physicians should be alert to this disease

## 3.11. Vaccination

### STATE OF ANTI-PNEUMOCOCCAL VACCINATION IN IMMUNOCOMPETENT ADULTS OF A FAMILY HEALTH UNIT

Magda Catarino, Olena Kovalova  
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**Introduction:** Respiratory infections are a major cause of morbidity, mortality and consumption of health resources globally. Pneumococcus is the 2nd most deadly bacterium, responsible for about 3,000,000 deaths per year worldwide. Chronic patients are particularly vulnerable to complications such as pneumonia, bacteremia and meningitis.

**Objective:** To evaluate the state of anti-pneumococcal vaccination in immunocompetent patients in our Family Health Unit.

**Methods:** Observational, analytical and retrospective study. Included patients aged  $\geq 18$ , with indication accordingly to the norms of DGS – Health ministry, for anti-pneumococcal vaccination by the presence of at least one of the following ICD-9 diagnoses: heart failure (K77); Ischemic heart disease (K74 or K76); COPD (R95); Asthma (R96) and diabetes mellitus (T89 or T90). Data processed in Microsoft Excel®.

**Results:** Identified 1709 patients with indication for anti-pneumococcal vaccine (50.44% males), 56 were vaccinated (3.28%). Among the 535 patients with chronic heart disease (K77, K74 or K76) 13 patients were vaccinated (2.43%); among the 358 patients with chronic respiratory disease (R95 or R96) 21 patients (5.87%) were vaccinated and in the 816 patients with diabetes (T89 or T90) 22 were vaccinated (2.70%). Regarding the vaccine used, it was found that 43 users were vaccinated with the Pn23 vaccine and 13 users with the Pn13 vaccine. No patient had completed the vaccination schedule with both vaccines.

Our study revealed a great number of under vaccinated patients and none with the vaccination schedule with the two vaccines recommended by the DGS, therefore showing the compelling need of intervention in this area.

### WHOOPING COUGH: PORTUGUESE RECOMMENDATIONS FOR DISEASE PREVENTION AMONG YOUNG INFANTS

Sara Santana<sup>1</sup>, Sara Vidal<sup>2</sup>, Sandra Januário<sup>1</sup>, Andreína Fernandes<sup>1</sup>, Maria Inês Vasconcelos<sup>1</sup>, Margarida Neto<sup>1</sup>

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<sup>2</sup>*Moliceiro Family Health Unit, ACES Baixo Vouga, Aveiro, Portugal*

**Introduction:** Whooping cough is a respiratory tract infectious disease caused by *Bordetella pertussis*.

It is an important public health problem with significant morbidity and mortality, particularly in children.

Humans are the only reservoir and transmission occurs by contact with infected person respiratory droplets. Neither infection nor vaccination provides permanent immunity.

In a several countries WHO's evaluation, Portugal was considered as having a pattern of re-emergence of whooping cough. The Portuguese epidemiological situation has, in common

with most other countries, the greatest burden of disease in the <2 months age group, with lethality affecting almost exclusively this group.

**Objective:** Summarize recent recommendations on small infants pertussis prevention strategies such as pregnant women vaccination.

**Methods:** Classic review in textbooks and review articles published in the last 5 years in Medline/Pubmed and in the websites of scientific societies, with the Mesh terms “pertussis”, “prevention” and “whooping cough”.

**Results:** In the absence of more effective vaccines, additional control strategies should be implemented, to reduce the burden of disease in lower age to 2 months infants. The strategy that has demonstrated greater effectiveness is the pregnant women vaccination, who is based on the transplacental antibodies passage, giving child passive protection until the start of vaccination at 2 months. Vaccination should be performed at the time of pregnancy where the passage of antibodies is most effective, so it is recommended with a dose of combined vaccine against pertussis, tetanus and diphtheria between 20 and 36 weeks of gestation, ideally up to 32 weeks.

## EFFECTIVENESS OF DIFFERENT SENSITIZATION PROGRAMS TARGETED BY SANITARIES TO INCREASE

Jesus Bernad Suarez, Conrad Santamaria Colomer, Lorena Bernad Marin, Narcis Esteva Sanchez, Ismael Duran Ollero, Alba Sanvicente Padros, Santiago Canut, Anna Barranco Ics, Vilassar De Mar, Spain

**Objective:** To evaluate the influence that different information programs, guided and performed sensitizations on the health personnel of two neighboring Primary Care teams have exerted in the coverage figures of different vaccines.

**Methods:** Information programs on influenza vaccination were developed in two Primary Care teams geographically close to each other. They were made to coincide in a common initial informational chat after which a voluntary vaccination offer was made at the same time to the professionals who so wished. Subsequently to team A periodic support and reinforcements were carried out on influenza vaccination at each subsequent training session or meeting. These reinforcements were obviated to Team B.

Numerical cross-sectional study of vaccinated and non-vaccinated dogs in two cuts: December 2014 and December 2015.

Team population data A: urban; 20651 adults over 15 years old. One Primary Care Center (CAP) and two local offices.

Population data B: urban; 15195 adults over 15 years old. A Primary Care Center (CAP) and a local office

### Results:

- 1.- Flu vaccine > 59 years: equipment A increased by 2.9% (p < 0.012)
- 2.- Flu vaccine in DM2: A team increased by 4.2% (p < 0.01)
- 3.- Pneumococcal vaccine 23v in > 59 years: equipment A increased by 5.06% (p < 0.01)
- 4.- Td vaccine in > 39 years: equipment A increased by 1.61% (p < 0.01)
- 5.- Triple Viral Vaccine in susceptible adults: A team increased by 4.69% (p < 0.01); Team B increased by 4.22% (p < 0.01).

The reinforcement maintained in the information on influenza vaccination is associated with an increase in the vaccination coverage of the population in some types of vaccines and populations.

# 22<sup>nd</sup> WONCA Europe Conference

June 28 – July 1, 2017 | Prague, Czech Republic

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## PERTUSSIS VACCINE AND INFLUENZA AND PREGNANT

Jesus Bernad Suarez, Santiago Canut, Jana Gerhard, Narcis Esteva Sanchez, Conrad Santamaria Colomer, Lorena Bernad Marin, Diana Jaumandreu, Alba Sanvicente  
*ICS, VILASSAR DE MAR, Spain*

### Objectives:

1. Know vaccination coverage of pregnant whooping cough and influenza.
2. Find out the origin of vaccination advice.

**Methods:** Team: urban typology: Center for Primary Care, two local offices. Population > 15 years = 20,298 people. Cross-sectional study that were pregnant mother in the period 01-01-15 & 31-12-15; sample size: 221 done. Base data: Sisap.

Homemade telephone survey between the months of March and April 2016 by the nurses of the Centre.

**Results:** 168 surveys were not completed. 2 consented. 31 not contacted (two attempts). Taxa-fill 76% and 98.82% calls handled.

### 1.-pertussis vaccine:

1. a) Council 125 pregnant women (74.4%). The 18.45% (31) of advice was given by midwives and 52.72% (87) to gynecologist. Between the two: 118 = 70.23%
2. b) Administration recommended in the period of 118 pregnant women (70.23%) - 67.79% .80 receiving the vaccine the nurse and the 29.66% (35) of the midwife; 115 = 97.45% between the two.
3. c) the Board was effective in 94.4% (118/125)

### 1. Flu-Vaccine:

1. a) Council on 36 pregnant women (21.42%). Gynecologist advises 58.33% (21) and the midwife to 27.77% (10). Among both to 86.15% (31).
2. b) Administration 22 pregnant women (13.09%). The 77.27% (17) realized the nurse and the 27.73% (5) midwife.
3. c) The Board was effective in 61.11% (22/36)

### Conclusions:

1. The telephone survey conducted by health professionals is an effective method for obtaining results.
2. Low coverage and scarce flu advice and information. The council-pertussis vaccination and improved.
3. Implement processes to ensure that nurses primary active becomes part of the assessment and administration of vaccines in pregnant women.

## QUALITY OF CARE AND VACCINATIONS

Jesus Bernad Suarez<sup>1)</sup>, Jesus Cortes<sup>1)</sup>, Jesus Pages<sup>1)</sup>, Carmen Val<sup>1)</sup>, Conrad Santamaria<sup>1)</sup>, Lorena Bernad Marin<sup>2)</sup>, Narcis Esteva Sanchez<sup>1)</sup>, Ismael Duran Ollero<sup>1)</sup>

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<sup>2)</sup>*Institut Català de la Salut, Mataró, Spain*

**Objectives:** Meet vaccination status of health against influenza .

Know if unvaccinated health professionals have lower immunization coverage rate in their patients that the entire CAP.

# 22<sup>nd</sup> WONCA Europe Conference

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Rate related health vaccination coverage , vaccination coverage of patients and EQAS .

- Check for differences between vaccine coverage

**Methods:** Retrospective study of vaccine - coverage of patients > 15 years

Study of quotas of each professional and Quality Assistential Standards (QAS) .

Personal , confidential and voluntary interview with each health professional.

-Using Khalix , M -excel and SISAP

**Results:**

1. Vaccination of the sanitary equipment: doctors 53.4%; Nurses 30.1% Administrative 14.3%
2. Comparisons between vaccinated and non-vaccinated health staff regarding the vaccination rate of their patients has always been significant.
3. The standars of assistance of vaccinated personnel (doctors 50,16%;Nurses 58,56%) are more than in the non.vaccinated group ( doctors 42,84% ;nurses 41,89%)

**Conclusions:**

1: There is great low-vaccination in staff .

2: NurseS vaccinated produced higher coverage in their patients.

3: Relation between influenza vaccination in health professionals and lower rates of vaccine coverage in patients.

4: There is significant difference between vaccinated and unvaccinated doctors and / or nurses .

## HOW TO PREVENT SEXUALLY TRANSMITTED DISEASES

Paula García Acosta, Diego Ámez Rafael, Beatriz Guerrero Barranco

*Distrito Poniente, Almería, Spain*

**Introduction:** Human papillomavirus (HPV) infection is the most common cause of sexually transmitted diseases (STDs). There are more than 100 types, 40 of which can infect the genital area. They are classified as high risk HPV 16 and 18; Low risk 6 and 11. This type of STD is increasing its prevalence especially in the young population.

**Methods:** 25 year old woman healthy without known drug allergies, presents some lesions in the genital area of a month of evolution that have been increasing in size. She does not have stable partner, takes oral contraceptives as pregnancy prevention so she does not use preservative. She has never had an STD and denies accompanying clinic.

The examination revealed warts on the outside of the upper lip. No lymphadenopathy is present. We order a serology (HIV, HBV, HCV and anti T. pallidum Ac) and a cytolog

**Results:** The blood test was negative. No cellular alterations were observed on the cytology.

Our diagnosis was genital warts. The patient was treated with Imiquimod 5% cream. We recommended vaccination against HPV, use condoms and limit number of sex partner.

**Conclusions:** In case of suspected STDs, we must make a detailed anamnesis taking into account the "5P": partners, sexual practice, pregnancy prevention, STD protection and personal past. As prevention, abstinence, condom use and HPV vaccination are recommended. There are different types of vaccines. HPV vaccines are recommended routinely for boys and girls aged 11–12 years.

## **PNEUMOCOCCAL VACCINE IN ADULT POPULATION: ANALYSIS OF THE CURRENT SITUATION IN PATIENTS OF TWO FAMILY DOCTORS IN A HEALTH CENTER**

María Fernández Zambrano, Susana Reviriego Mazaira, Cristina Navarro Robles  
*Centro de Salud Las Lagunas (Distrito Sanitario Costa del Sol), Mijas (Málaga), Spain*

**Introduction:** It is estimated that the incidence of pneumococcal pneumonia in the population over 65 can be around 300 cases per 100,000 person-years. There are two vaccines that can prevent pneumococcal disease: pneumococcal conjugate vaccine (NCV13) and pneumococcal polysaccharide vaccine (NPV23), which protect against 13 and 23 strains, respectively. The current recommendations for vaccination in our area affects people over 65 years old with NPV23, immunocompetent 18-64 year old people with chronic respiratory disease, cardiopathy, liver disease or diabetes with VNP23 with revaccination after 5 years, and immunocompromised patients with dual vaccination.

**Objectives:** To know the situation of pneumococcal vaccination in patients between 65 and 74 years of age.

**Method:** Observational descriptive study of patients of two doctors in a health center between 65-74 years old during the period 2009-2016.

**Results:** We have a sample of 302 patients between 65 and 74 years. It is observed that the prevalence of vaccinated with VPN23 is 26.4%, and no immunocompromised patient has been vaccinated with CNV13 during the studying period. Of the immunosuppressed patients in our sample only 36.6% have been vaccinated. The chronic pathologies of patients who have been vaccinated correspond to 38.75% of diabetics, 15% with chronic respiratory pathology and 21.25% with chronic cardiovascular disease.

**Conclusions:** The results of the study reflect a lack of awareness of the importance of vaccination in groups at risk in our area. Therefore, it is important the primary care physician to capture and raise awareness of this group about compliance with established vaccination recommendations.

## **PNEUMOCOCCAL VACCINATION IN ADULT POPULATION: RECOMMENDATIONS IN OUR AREA**

María Fernández Zambrano, Cristina Navarro Robles  
*Centro de Salud Las Lagunas (Distrito Sanitario Costa del Sol), Mijas (Málaga), Spain*

**Introduction:** Streptococcus pneumoniae is a respiratory tract organism that can cause severe disease, mainly in children, the elderly and immunocompromised patients. Between 10-50% of all pneumonias acquired in the community may be caused by S. pneumoniae. There are two vaccines that can prevent pneumococcal disease: pneumococcal conjugated vaccine (NCV13) and pneumococcal polysaccharide vaccine (NPV23), which protect against 13 and 23 strains respectively.

**Objectives:** Know the recommendations on pneumococcal vaccination in our area.

**Method:** Systematic review of current recommendations in our area.

**Results:** In our country there are currently 3 different recommendations regarding pneumococcal vaccination in adults: according to the CDC, the semFYC and the Health Departments of the different Spanish regions.

It is estimated that the most efficient measure in developed countries to prevent pneumococcal disease in adults with congestive pathology or advanced age is obtained by

immunizing the children, but a universal childhood pneumococcal vaccination is not currently available in all regions of our country.

The evidence currently available allows the following basic recommendations for pneumococcal vaccination in adults:

- People over 65 years: single dose of VNP23.
- Immunocompetent 18-64 years old with chronic respiratory disease, cardiopathy, liver disease, diabetes, alcohol abuse and / or smoking: a dose of VNP23 with revaccination after 5 years.
- Immunocompromised patients: dual vaccination, preferably VNC13 + VNP23 with a minimum interval of 8 weeks or, VNP23 + VNC13 with a minimum interval of 6-12 months.

In order to facilitate and homogenize the practice, the different recommendations on pneumococcal vaccination in adults should be standardized.

## WHOOPING COUGH, WORLDWIDE ENDEMIC SITUATION: NEW PREVENTION STRATEGY IN OUR AREA

Cristina Navarro Robles<sup>1)</sup>, María Fernández Zambrano<sup>1)</sup>, Hector Leonardo Lugo Ramos<sup>2)</sup>

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**Introduction:** Whooping cough, also called pertussis, is an acute respiratory tract infection caused by *Bordetella Pertusis*. It is a highly contagious disease that affects all age groups, especially severe in the first months of life. It is an endemic disease worldwide, despite the high vaccination rates there are still a high number of cases.

The reasons for this increased incidence are decreased immunity, decreased potency of vaccines, genetic changes in *B. pertussis* and the general availability of better tests that allow a faster diagnosis.

**Objective:** Knowing prevention strategies for whooping cough in our area.

**Methods:** Systematic review of current recommendations in our area.

**Results:** In our health area, the current vaccination strategy consists in administering the acellular pertussis vaccine at 2, 4 and 6 months of age with reinforcements at 18 months and 6 years, although this reinforcement of 6 years can be delayed if there is a lack of supply. The most relevant prevention strategy change has led to the implementation of a vaccination program in pregnant women between the 28th and 32th weeks of gestation, regardless of the previous vaccination status and in each of the gestations. This strategy has a dual purpose:

1. Prevent the woman from getting pertussis and contagious the newborn.
2. Produce a transplacental passive transmission of antibodies to the fetus, which will protect him until the baby initiates primary vaccination at 2 months of age.

This new form ensures the protection of possible preterm infants and the passage of antibodies from the mother.

## 3.12. Alergology and imunology

### SYSTEMATIC ANALYSIS OF SERUM REPRODUCTIVE-SYSTEM-RELATED AUTOANTIBODIES IN WOMEN INFERTILITY

Eva Mala, Jakub Novosad, Irena Krčmová, Doris Vokurkova

*Institut of Clinical Immunology and Alergology, University Teaching Hospital, Hradec Kralove, Czech Republic*

**Objective:** Reproductive related autoantibodies have been proposed to be associated with natural infertility. The aim of observation was to analyze of antisperm antibody (ASA), anti-zona pellucida antibody (AZP), anti-anticardiolipin and beta-2-glycoprotein antibodies (a-CLA and a-B2-GP), anti-TPO (anti-thyreoperoxidase antibodies) in three groups of women.

**Methods:** 30 women with primary infertility (no gravidity yet), 30 women with secondary infertility (recurrent miscarriages), 10 controls (without fertility problem). The above autoantibodies were tested and the positive rates in each group were calculated.

**Results:** The positive rate of ASA were significantly higher in primary infertility female, together with significantly the highest positive rate of AZP. Women with secondary infertility anamnesis had significantly higher positive rate of a-CLA a-B2-GP, a-TPO antibodies than those in primary infertility female.

**Conclusions:** Our study thus indicates that these autoantibodies might be associated with immunological related primary infertility and may have clinical significance in its diagnosis and treatment.

### URTICARIA BY PRESSURE SYNONYMOUS OF AFFECTATION IN THE QUALITY OF LIFE

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A 38-year-old male adult who has presented with the appearance of large, painful, pruritus lesions in different regions of the body after 4-6 hours of being exposed to prolonged pressures; Arriving to notice sensation of burning and general discomfort. It works in the construction, with the appearance of these lesions coinciding in place and form of the object in contact. As well as in the area of the head and neck when taking breaks on the sofa, gluteal region while driving for long hours and on the soles of the feet after running or walking long distances. Limiting it both at work and personal life.

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 in our center. Pressure urticaria is a physical urticaria found within the subtype of chronic urticaria, which may affect up to 1% of adults. This is not a banal annoyance, has repercussion on the quality of life that affects daily life, work activity and social relations even become incapacitating. The diagnosis is based on its historical record of appearance. Treatment is a challenge because it usually does not respond to antihistamines. Antileukotrienes have shown utility.

Our patient has a delay in the appearance and size of the lesions after corticosteroid

treatment at high doses for 4 weeks with progressive reduction until withdrawal with association of antihistamines.

## THE ANGIOTENSIN-CONVERTING-ENZYME- INHIBITOR INDUCED ANGIOEDEMA. CASE REPORT

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**Objective:** Hypertension is a common health problem in Turkey with a prevalence of 31.8% (female 36.1%, male 27.5%). Angiotensin-converting enzyme (ACE) inhibitors are commonly used for the treatment of hypertension. In this case we will discuss an ACE inhibitor induced angioedema.

**Case report:** A 39 years old woman applied to our family medicine polyclinic because of edema on her face and lips which appeared two days ago. In her history, she had hypertension for 2 years and five days ago, her doctor changed her antihypertensive (lercadipin 20mg) to ACE inhibitor+ Calcium canal bloker combination (5mg Perindopril Arjinin+ 5mg Amlodipin). Except edema there was no any other symptom or finding and the case was accepted as ACE inhibitor induced angioedema. After feniramin 50mg and dexametazon 8mg intramuscular administration her edema decreased. Perindopril Arjinin stopped and again lercadipin 20mg began. After five days follow up, her blood pressure was regular and angioedema did not repeat.

**Discussion:** Angioedema is a rare adverse drug reaction (ADR) of ACE inhibitors, with an incidence of 0.2% to 0.7%. The pathogenesis of ACE inhibitor-induced cough and angioedema are believed to involve the vasoactive kinins bradykinin and substance P and other proinflammatory mediators. Angiotensin receptor antagonists cannot be considered to be a safe alternative therapy in patients who have previously experienced ACE inhibitor-associated angioedema. So like this patient calcium canal blockers and beta blockers would be a good choice for the treatment of hypertension.

## DISEASE OF VON RECKLINGHAUSEN OR NF1

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**Introduction:** NF1 is a genetic, progressive multisystem, illness with predominant involvement of the skin, and the nervous system. Considered one of the most common dominant genetic diseases.

**Methods and objectives:** 33 year old patient who for disconnection of the medium, with tonic-clonic movements and subsequent critical condition.

Upon arrival, it presents new similar episode.

Exploration: BEG, CyO, Well hydrated. Coffee stains with milk referring stands out in skin and mucous membranes

present for years, with neurofibroma in right hemithorax.

Rhythmic auscultation without blows, vesicular murmur preserved, no added noise.

Neurological: normal

Normal analytical and urine.

Rx thorax: hyperdense image in 4th costal arch. Neurofibroma at that level.

Cranial CT without pathology. Before the findings decides estimation by Neurology, with diagnosis of Neurofibromatosis Type I with seizures as a debut.

Treatment with oxcarbamacepina and cited to complete study.

**Results:** The two signs of NF1 which is based on his diagnosis are: Coffee spots with milk and dermal neurofibromas. Lisch nodules are another feature.

Other manifestations that occur in NF1 but in lower frequency is short stature and macrocephaly.

Complications that can occur in this disease are: plexiform neurofibromas, the malignant transformation of the lesions, learning difficulties, tumors of the nervous system, and finally, epilepsy, as it is the case of our patient.

## CYTOKINE-INDUCED THYROIDITIS IN GENERAL PRACTICE

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**Introduction:** The treatment with interferon in patients with viral hepatitis or blood diseases is one of the causes of autoimmune thyroiditis (AIT) - cytokine-induced thyroiditis.

The aim of the study - to investigate the frequency and peculiarities of cytokine-induced AIT in patients with hepatitis B, taking interferon-therapy.

**Methods:** 18 patients with hepatitis B treated with interferon monotherapy, age  $42,3 \pm 5,2$  years, 11 men and 6 women. Statistics performed with Excel 2007.

**Results and discussion:** AIT was diagnosed in 22% of patients with hepatitis B treated with interferon at 28-32 weeks of treatment. AIT has been detected in the phase of subclinical or manifest hypothyroidism at the planned screening of thyroid hormones. Before interferon treatment 50% of patients had pre-registered antibodies to thyroid peroxidase. Patients with diagnosed AIT were prescribed additional hormonal replacement therapy by thyroxine.

**Conclusion:** the management of patients with hepatitis B, who are taking interferontherapy, should include examination of thyroid gland function for early detection of AIT and correction of treatment.

## CONTROLLING VITAMIN D IS THE TREATMENT OF SUBCLINICAL HYPOTHYROIDISM?

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**Introduction:** Vitamin D deficiency ( $<29$  ng / ml) is a global health problem with about one billion people, being more common in older adults but although it can occur at any age. Vitamin D acts at different levels of the body system and is associated in some endocrine diseases such as hypothyroidism.

In autoimmune thyroiditis the presence of antibodies has been directly correlated with vitamin D deficiency. The scientific evidence is increasingly the fact that vitamin D has an important relation in reducing the incidence of autoimmune diseases such as hypothyroidism, explaining that hypovitaminosis is not the direct cause but it is involved in the disease.

Other studies concluded that hypothyroidism patients suffering from hypovitaminosis D have a directly proportional degree between the degree of deficiency and severity of hypothyroidism, so the supplementation or treatment with vitamin D is advisable against deficiency of vitamin D and calcium in patients with hypothyroidism.

**Objective:** Vitamin D treatment improve subclinical hypothyroidism.

**Methods:** Retrospective observational study.

In our center we have some patients (N =7) with subclinical hypothyroidism (TSH 5-8 mU/L ).

We found in all of them vitamin D levels were insufficient (less 30ng/ml)

**Results:** After treatment with vitamin D, TSH levels normalized in all patients: TSH decrease or was normal ( $\bar{x}$  = 2.29) at the same time that vitamin D levels was increasing.

As an initial perspective we can infer that the treatment of subclinical hypothyroidism with vit D is effective but a prospective clinical trial with more number of patients is necessarily.

### 3.13. Travel and tropical medicine

#### TRIP TO MEXICO, PREVENTIVE MESURES

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**Background & aim:** Hepatitis A is the most common viral hepatitis in Mexico. It is produced by the hepatitis A virus (HAV), an RNA virus with fecal-oral, sexual or parenteral transmission. In recent years, there has been a change in the epidemiology of hepatitis A in Mexico. It has gone from greater endemicity to intermediate, leading to an increase of infections in adults susceptible to contracting the disease.

**Methods:** 30 year old woman presents fever, stomach ache, sickness and asthenia since five days. She does not have diarrhea, dysuria or pollakiuria. Six days ago she returned from a trip in Mexico. She denies having ingested non-bottled water, but has taken glasses with ice of which she does not know its origin. Also she has ingested paracetamol and amoxicillin/clavulanic sporadically due to she has felt bad during the trip.

We order a complete analysis with blood count, biochemistry, coagulation, serology (HIA,HBV,HCV,VEB and VIH) and abdominal ultrasound.

**Results:** Analytical: Elevation of transaminases with cholestasis pattern and increase of acute phase reactants. Coagulation TP: 39.8%.INR: 1.7%.APTT 32.3 sec. IgM VHA positive.

The patient was hospitalized due to an acute liver disease.

**Conclusions:** The most effective method to control outbreaks and promoting population protection is rapid vaccination of native subjects to reduce the incidence. Travelers from countries with low endemicity (such as Spain) are advised to vaccinate prior to travel and take precautions at the destination, such as drinking bottled water or not consuming uncooked products.

#### MANAGEMENT OF THE IDIOMATIC BARRIER IN PRIMARY HEALTH CARE

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**Introduction:** Most of the immigrant population who comes to our country come from countries of low revenue with a migratory target purely economically. They conceive the health of secondary form until it they reverberates in its working day. The ignorance of our sanitary system provokes that they come to certain welfare areas, giving the impression of saturating them, without repairing in the real problem appears inside the consultation without being able to specify its medical problem and turning the language in a real wall to be knocked down.

**Objective:** To identify the sanitary situation of the immigrant population in spite of the idiomatic barrier as well as to identify the necessary interventions to act consequently and to offer the necessary attention.

**Results:** According to the results, the base of the medical act is the anamnesis, but when it turns out to be made difficult by the language, we will center on the exhaustive physical exploration and complementary tests. We must look for signs or illness symptoms more prevalent for age, labor situation and fatherland. Likewise, where the immigration is more established, the communication barrier associate supposes a daily problem in our clinical practice with important sanitary consequences.

**Conclusion:** The existence of specific protocols of attention to the immigrant that can be adapted to the fatherland of the patient being a method that it complements to the anamnesis and physical exploration, but that does not replace them, for what there exists the need to know them and to put them into practice.

## 3.14. Mental health

### MENTAL HEALTH DISORDERS IN GENERAL PRACTICE IN FRANCE

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**Introduction:** Mental health disorders constitute a large and growing disease burden in Europe. Almost all patients with mental health disorders consulted their general practitioner in a single year. The aim of this study was to assess the frequency and the sociodemographic factors associated with the mental health disorders encountered in general medicine in France.

**Methods:** The study participants were selected from the french national cross-sectional multicentric ECOGEN study. The study was carried out with all of the patients who consulted with their general practitioner either at their medical practice or as a home visit in 128 medical centers, affiliated with 27 university general medicine departments. Data were collected from 28 November 2011 to 29 April 2012, based on the second version of International Classification of Primary Care (ICPC-2). Univariate and multivariate analyses were conducted using logistic regression analyses.

**Results:** 20 613 patients were included in the study. The frequency of mental health disorders was 17.6% [CI 95% 17.1-18.1]. The main disorders were depressive disorders, anxiety disorders, sleep disorders, and substance abuse disorders. With children, the frequency of mental disorders was 0.2%. The most common disorder was in regard to

“specific learning problems”. Sociodemographic and medical factors were for the most part strongly associated with the presence of mental health disorders but in different ways.

**Discussion:** Mental health disorders are among the most common reasons for consultations in general practice ; but this study also highlights lower rates of mental health disorders encountered in general practice than in general population.

## IS THERE SOME CONNECTIONS BETWEEN ANXIETY, DEPRESSION AND PATIENT'S SATISFACTION WITH PRIMARY HEALTH CARE?

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**Introduction:** In order to provide the best medical services to our patients and to identify as many factors which disturb providing it, research on satisfaction with health services are being carried out worldwide. I decided to extend these studies by including the most common mental disorders in the difficult process of patients` evaluation of primary health care service.

**Objective:** To assess how certain mental disorders, like anxiety and depression, affect evaluation of primary health care services.

**Methods:** A survey of 306 patients (man n=125, woman n=181) in city and district was carried out. Respondents completed HAD and PSQ 18 questionnaires. Data was processed using statistical package SPSS 19.

**Results:** The mean of anxiety scale score for man was 5.8 (SD =4) and for woman 5.5 (SD=3.7), the mean for depression scale score for man was 3.9(SD=4), for woman 2.9(SD=3). The mean of general PSQ 18 scale score for man was 59 (SD=15), for woman 61 (SD=13) from 90 possible, when satisfaction is the strongest. Both patients` anxiety and depression scores significantly correlated with the general PSQ 18 scores ( $p < 0,05$ ). The stronger anxiety and depression level had patients - the worse was their evaluation of primary health care services (Spearman Correlation Coefficient -0,34 for both anxiety and depression). The same was for each separate PSQ 18 subscale (negative correlation coefficients,  $p < 0.05$ ): the stronger was patient`s anxiety and depression - the worse was patient`s evaluation of general satisfaction, technical quality, interpersonal manner, communication, financial aspects, time spent with doctor , accessibility and convenience.

## EARLY ONSET DEMENTIA: A CLINICAL CHALLENGE IN PRIMARY CARE

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**Introduction:** Early-onset dementia is a neurological syndrome that affects the behavior and cognition of patients younger than 65 years of age. The deterioration of the day-to-day function of the individual affects not only the individual, but also the caregiver.

In the early stages of early dementia, behavioral changes, depression and psychosis may arise, and patients may not develop cognitive deficits until late stages of the disease, which may be delayed.

Its differential diagnosis is broad, and includes a number of rare hereditary and sporadic diseases. However, accurate diagnosis is often possible, and all patients with suspected early dementia should be carefully investigated in primary healthcare.

**Objective:** Understanding and alerting to the management of early onset dementia in primary care.

**Methods:** Search for articles published in the database.

Medical Pubmed. Classic review using the terms MeSH: "Young Onset dementia "and" clinical approach ".

**Results:** 18 Articles published in the last 5 years.

Of these, only 5 meet the inclusion criteria.

Early dementia onset is a difficult clinical challenge.

All young patients with suspected dementia need a systematic approach, based on detailed clinical history, psychiatric history, neuropsychological tests, imaging studies, laboratory studies with possible genetic studies can facilitate the earlier and more accurate diagnosis of the disease. Genetic mutations were identified, particularly on chromosome 17 in the tau or progranulin, in the types of frontotemporal dementia. Maintaining a high-quality clinical approach, age-specific dementia services, can reduce the direct and indirect costs of dementia to global economies.

## DEPRESSION AND SUICIDE RISK

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**Introduction:** Depression is one of the most common psychiatric disorders. It affects the quality of life, productivity, and personal and family relationships, being also one of the major risk factors for suicide. The presence of psychiatric illness, mainly depression, occurs in at least 90% of suicide cases. Currently, suicide is the 13th leading cause of death worldwide.

**Objectives:** To exhibit the main features of depression and suicide; Approach the importance and relationship between depression and suicide risk.

**Methods:** A study was conducted of review articles to research in PubMed/MEDLINE database. The search was limited to studies published in the last 5 years, in English and Portuguese, using the MeSH terms ("depressive disorder" AND "suicide").

**Results:** Of the 64 articles found 11 were selected: 10 review articles and one systematic review article.

There is currently no specific cause for depression. According to the DSM-V, the diagnosis of depression can be made based on the presence of 5 or more of the following symptoms: depressed mood; decreased interest; change in appetite or weight; sleep disturbance; psychomotor agitation or retardation; loss of energy; guilty/worthlessness; problems of concentration; and thoughts of death or suicide. It is important to make a careful family assessment and not be afraid to ask about thoughts of death and suicide attempts. About 2/3 of individuals report their suicidal intent. We should be alert to warning signs: permanent distress, self-contempt, impulsiveness, frequent goodbyes, or the supply of valuables and personal property.

Suicide is preventable and Primary Care plays an important role to minimize potential risk behaviors.

## SOMATIZATION IN TEENAGERS: SCHOOL HARASSMENT

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**Motive of consultation:** 15 year old women that in 3 months has come several times consulting for headache and insomnia, missing school frequently. She come to healyh centre emergency asking for help for anxiety crisis.

The physical examination and coplementary test were unremarkable. So we agreed to have a programmed appointment in wich her parents claims that she has been more retracted and irascible. She shows herself close to dialogue with her parents so I talk to her alone. Finally she admits she has been suffering school harassment in the social networks and in school enviroment, insults and aisolation from her classmates. She admits that the situation is overwhelming and she feels alone.

**Diagnose:** Anxiety due to a situation of school harassment.

**Conclusions:** Bulling or school harassment is every a intentional behaviour that implies a disbalance of power or strength and that is repeated in time. The stimated prevalence in Spain is 14,5%. Teens increasingly consults due to somatizations wich are generated by unnoticed school harassment. GP must know how to spot, treat and guide families.

During the past months we have been having programmed appointments with the patient and her family, in wich we try to encourage the interrelation between the family and verbalize their feelings. The search for new social activities in where she can make new social strutures is recomended. The patient claims to feel unsafe at school, but it is gradually improving and she feels more supported by her family. She sleeps better and the headaches are gone.

## POSTPARTUM DEPRESSION APPROACH

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**Introduction:** Postpartum corresponds to the first 12 months after birth and it represents a profound change for women. Many of them develop mild and usually self-limiting depressive symptoms or more serious disorders such as minor or major depression - postpartum depression (PPD). Because of the impact in women's health, it is important that the family physician is alert to this entity.

**Objective:** The objective of this study is to perform a review on the diagnosis, treatment and follow-up of PPD.

**Methods:** A review article was conducted based on the research of articles in evidence-based medicine sites with keywords "postpartum depression" and "baby blues", published between 2010 and 2015.

**Results:** Mild depressive symptoms (baby blues) occur in 40-80% of women. The diagnostic criteria for PPD are the same as those used for depression at other stages of life. The onset of depression may occur before or after birth (50% of cases begin during pregnancy). Etiology remains uncertain, although there are several changes that may justify this condition such as hormonal changes, genetic predisposition, life events. Currently, the recommended

pharmacological treatment is selective serotonin reuptake inhibitors. The non-pharmacological treatment available is cognitive and behavioral therapy.

**Conclusions:** Depressive symptoms are relatively common in pregnant women, especially in postpartum period. The PPD is a clinical entity that represent a concern in portuguese family physician having in consideration the clinical follow-up of most women after giving birth. It is important to know the signs and symptoms in order to select the most appropriate therapy.

## ST. JOHN'S WORT IN THE TREATMENT OF DEPRESSION: WHAT EVIDENCE IS THERE?

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**Introduction:** Depression is one of the most prevalent mental illnesses in Portugal (4,6%). St. John's Wort is a plant with antidepressant effects from inhibition of serotonin, noradrenaline and dopamine reuptake as well as monoamine oxidase inhibition. Having good tolerability, it has been considered an alternative to conventional antidepressants.

**Objective:** This review aims to evaluate the efficacy of St. John's Wort versus placebo in the treatment of depression.

**Methods:** An evidence-based review of meta-analysis, review articles and randomized clinical trials from medical databases published from January 2011 to November 2016 using the MeSH terms "Hypericum" OR "St. John's Wort" AND "Depression". Level of evidence and strength of recommendation were attributed according to Strength of Recommendation Taxonomy (SORT) by the American Family Physician journal.

**Results:** 70 out of 89 articles were excluded for not meeting inclusion criteria. The remaining 19 were included for complete reading. Of those, 9 were selected for analysis showing statistically significant efficacy of St. John's Wort versus placebo for the treatment of mild to moderate depression. There is evidence supporting the use of St. John's Wort as a therapeutic option for the treatment of depression (LoE=2). However, given the variability of the studied doses, some diagnostic heterogeneity and the fact that the studies evaluated mostly the plant's short term benefits, the authors attribute a strength of recommendation - "B" - for its use in monotherapy of mild to moderate depression.

## POST-TRAUMATIC STRESS DISORDER SYMPTOMS AND ASSOCIATED RISK FACTORS AMONG SYRIAN REFUGEES IN NORTH LEBANON

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**Introduction:** The Syrian conflict has generated a large flow of refugees, more than one million of them located in Lebanon. Very few studies were conducted on mental health of Syrian refugees.

**Objective:** The aim of this study was to examine post-traumatic stress disorder (PTSD) symptoms and to determine the associated risk factors in a sample of Syrian refugees living in North Lebanon.

**Methods:** An observational cross-sectional study was conducted on a random sample of 450 (84.7% women and 15.3% men) Syrian refugees aged between 14 and 45 years, living in

North Lebanon. Each participant was interviewed individually and the PTSD symptoms were determined using the Primary Care PTSD (PC-PTSD) screen, translated into Arabic, with a back-translation to the original language to verify accuracy. Reporting three or more PTSD symptoms was defined as a positive screen. Descriptive statistics and multiple regression analyses were used to examine the prevalence of a positive PTSD screen and the associations with socio-demographic and health-related characteristics.

**Results:** The prevalence of positive PC-PTSD screen in our sample of Syrian refugees was 47.3%. There were statistically significant associations between a positive PTSD screen and being a woman ( $P=0.011$ ), married ( $P<0.001$ ), older than 18 years ( $P=0.006$ ), having chronic medical conditions ( $P<0.001$ ) and reporting more than 2 stressful life events ( $P<0.001$ ). The results of this survey are alarming, with high proportions of refugees at risk for PTSD. Early screening may help identify individuals who would benefit from interventions to improve mental health.

## THE ASSOCIATION BETWEEN OSTEOARTHRITIS AND DEPRESSION IN KOREAN ADULTS OVER 45 YEARS-OLD

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**Introduction:** Disability affects physical and social activities among individuals experiencing osteoarthritis. In these people, depression and depressive mood may be combined with osteoarthritis.

**Objective:** We aimed to analyze the association between osteoarthritis and depression, and the effect of regular physical activity, in Korean adults over age 45 years.

**Methods:** We included 12,664 adults who participated in the Korean National Health and Nutrition Examination Survey from 2010 to 2012. We adjusted factors such as age, body mass index, presence of chronic disease (diabetes, dyslipidemia, hypertension, myocardial infarction, angina, stroke, and rheumatoid arthritis), smoking, alcohol, economic status, education, and living with a spouse. We then analyzed the association between osteoarthritis and depression according to biologic sex with logistic regression. We also used logistic regression to assess the association between osteoarthritis and depression, subjective depression, and objective depression in the population with or without regular physical activity.

**Results:** Depression was significantly associated with osteoarthritis in female participants (odds ratio [OR]=1.50, 95% confidence interval [CI]: 1.240–1.182). Depression was also associated with osteoarthritis in female participants who did not engage in regular physical activity (OR=1.51, 95% CI:1.324–1.719). There was a significant association between osteoarthritis and objective depression among people who did not engage in regular physical activity (OR=1.61, 95% CI: 1.302–1.989; OR=1.40, 95% CI: 1.246–1.586).

**Conclusion:** We found that osteoarthritis increases the risk of depression in female Koreans who do not engage in regular physical activity, but the risk is not significantly increased in male Koreans.

## DEVELOPMENT OF THE PERCEIVED STRESS INVENTORY: A NEW QUESTIONNAIRE FOR KOREAN POPULATION SURVEYS

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**Introduction:** Several instruments exist to measure perceived stress; however, none of them are applicable for population surveys because stress conceptualization can differ by population.

**Objective:** The aim of this study was to develop and validate the Perceived Stress Inventory (PSI) for use in population surveys and clinical practice in Korea.

**Methods:** From a pool of perceived stress items collected from three widely used instruments, 20 items were selected for the new measurement tool. Nine of these items were selected for the short version. We evaluated the validity of the items using exploratory factor analysis of the preliminary data. To evaluate the convergent validity of the PSI, 387 healthy people were recruited and stratified on the basis of age and sex. Confirmatory analyses and examination of structural stability were also carried out. To evaluate discriminatory validity, the PSI score of a group with depressive symptoms was compared with that of a healthy group. A similar comparison was also done for persons with anxious mood.

**Results:** Exploratory factor analysis supported a three-factor construct (tension, depression, and anger) for the PSI. Reliability values were satisfactory, ranging from 0.67 to 0.87. Convergent validity was confirmed through correlation with the Perceived Stress Scale, Center for Epidemiologic Studies Depression Scale, and State-Trait Anxiety Inventory. People with depressive or anxious mood had higher scores than the healthy group on the total PSI, all three dimensions, and the short version.

The long and short versions of the PSI are valid and reliable tools for measuring perceived stress.

## TOO MANY ANXIETY CRISIS DIAGNOSED IN A FIFTEEN YEARS OLD GIRL

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**Background and aim:** Fifteen years old girl who came to the health center accompanied by her mother, because she was really nervous. At first, it was very difficult to talk to her so I gave her some relaxing-pills and I separated her from her mother.

**Method:** I searched for previous medical reports on the computer and I very soon discovered that she had already come to emergency services seven times before by the same token. I started to suspect other pathologies. When she relaxed I asked her to tell me what had happened. She was in a family reunion when she realized that all her relatives started to communicate with winks because they were planning to kill her. She was suspicious, with persecutory delusions regarding her family and health staff. I called the psychiatrist on duty and he decided to hospitalized her.

**Results:** She improved with the treatment given. Once she was stable, she was transferred to a child and juvenile mental health center being there diagnosed with paranoid schizophrenia. **Conclusions:** We must not forget that although anxiety crisis is a very common reason for emergency visits, there are many others psychiatric illnesses which may occur at any age. Clinical interview is the most important thing when we evaluate these patients. Nobody had diagnosed this girl because nobody had had time enough to dialogue with her about her problems.

## MEANING OF LIFE, SPIRITUALITY AND MENTAL HEALTH - WHAT RELATIONSHIP?

Andrea Marques

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**Introduction:** The concept of meaning of life, according to the existentialist outlook proposed by the Austrian psychiatrist Viktor Emil Frankl (1905–1997). This meaning can be achieved from three different value forms, sources or categories.

**Objective:** To integrate the motivational philosophy of Frankl in a clinical context, namely through the description and correlation of three variables, the level of purpose/meaning of life, the spirituality and the depressive symptomatology in a sample group of patients.

**Methods:** A quantitative, observational, cross-sectional and descriptive-correlational study was performed. A random sample of 40 patients from the Terras de Ferreira Family Health Unit, aged between 60 to 75 years, was selected. Each participant filled in four questionnaires. The first one was a sociodemographic questionnaire; the second, titled Purpose in Life Test (PIL-R), ; the third questionnaire, called Chronic Illness Therapy-Spiritual Wellbeing (FACIT-Sp-12); lastly the fourth questionnaire, a scale from the Centre for Epidemiologic Studies of Depression (CES-D).

**Results:** A sample composed of 40 participants was obtained. Considering the correlational analysis, a strong inverse correlation between the variables purpose/meaning of life and depression was verified, that is, the higher the score in the PIL-R questionnaire (high meaning of life level), the lower the score in the CES-D scale (less depressive symptoms), having a Spearman's correlation coefficient (SCC) of -0,570,  $p < 0.001$ . A strong inverse correlation (SCC= -0,610,  $p = 0,012$ ) between the construct meaning and peace and depressive symptomatology was also observed. Finally, the variables purpose/meaning of life and spirituality showed a strong direct correlation, i. e., an increase in one of them implies an increase in the other (SCC=0,655,  $p = 0,006$ ).

## EVIDENCE FOR OMEGA-3 IN THE TREATMENT OF DEPRESSION

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**Introduction:** Depression is a debilitating and hard to treat illness. Poli-unsaturated fatty acids have been regarded as a therapeutic option in the treatment of depression.

**Objective:** To evaluate the available evidence on the efficacy of omega 3 versus placebo or as an adjuvant in the treatment of depression.

**Methods:** An evidence based review with articles searched in medical databases, published up to November 2016, using MeSH terms "Fatty Acids, Omega-3" AND "Depression". Level of

Evidence (LoE) and Strength of Recommendation (SoR) were attributed from the Strength of Recommendation Taxonomy (SORT) scale from American Family Physician journal.

**Results:** 184 of the searched 195 articles were excluded for not meeting inclusion criteria, with the remaining 11 being admitted for integral reading, and, of those, 4 were selected for analysis. Most of the analyzed studies agree on there being statistically significant evidence for the efficacy of omega 3 fatty acids in the treatment of depression. This work demonstrates that there is some evidence supporting the use of omega-3 as an option in the treatment of depression (LoE=2). However, given the variability on the studied dosage, the small sample size of most studies and also some diagnostic heterogeneity, the authors attribute a strength of recommendation B for its use in monotherapy or as an adjunct in the treatment of depression.

## MANAGEMENT OF INSOMNIA IN THE ADULT IN PRIMARY CARE

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**Introduction:** About 1/3 of adults show symptoms of insomnia. This pathology is associated to increased cardiovascular morbidity and mortality, increased risk of psychiatric disease, increased risk of accidents and also poorer professional performance.

**Objective:** A review of the literature on the therapeutic approach of insomnia of adults in a primary care context.

**Methods:** Literature search performed on Pubmed, Uptodate database, Medscape® and American Family Physician journal, limited to articles from the last 10 years, in English, Spanish or Portuguese language, using the MeSH term “Insomnia”.

**Results:** The aim of the treatment for insomnia is to improve sleep quality and daytime symptoms. Pharmacotherapy is the most commonly adopted approach for treating insomnia, however, it can lead to a form of iatrogenic insomnia. Behavioral therapy including sleep hygiene measures, cognitive-behavioral therapy as well as sleep restriction therapy have shown to be effective in the treatment of insomnia. Sleep disorders have important medical, personal and social consequences, and as such, a carefully and specifically devised clinical strategy is of utmost importance for an appropriate diagnosis and to select the most effective treatment.

## INJECTABLE PSYCHIATRIC MEDICATION: WHAT THE FAMILY DOCTOR MUST KNOW

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**Introduction:** In the mental health patterns demanded by the actual society, it is imperative the acquisition of skills and competences in this area in the Primary Care field. It is essential for the Family Doctor (FD) to be able to manage an accurate and complementary follow up of the patients with mental disease, namely in the longitudinal and proximity care of those who are under injectable anti-psychotic medication. Therefore, as this therapy is not handled by

the FD, it may occur a certain inexperience about the kinds and interactions of medication, and the parameters that should be evaluated.

**Objective:** To determine the *depot* anti-psychotic drugs, their kinetic profiles, interactions and adverse effects.

**Methods:** Bibliographic revision by the *Psychotropic Drug Directory 2014*, *Stahl The Prescriber's Guide* and the *Clinical Psychiatric Manual*.

**Results:** The main *depot* drugs are the *Flupentixol*, *Fluphenazine*, *Haloperidol*, *Olanzapine*, *Paliperidone*, *Risperidone*, *Zuclopentixol Decanoate* and *Zuclopentixol Acetate*. The majority has a mensal administration, with a 5 day peak of action. The secondary effects are weight gain, QT prolongation, among many others. The patient's weight and analytical profile must be supervised on the Primary Care field, as well as the presence of these effects.

**Discussion:** It is essential for the FD to be familiarized with the kinetics of the *depot* medication so that he can relate the patient's clinical features with the drug profile. The secondary effects must also be known in order to link them with the interurrences that may appear.

## ANTICOAGULANT THERAPY IN PATIENTS DIAGNOSED OF CARDIAC ARRHYTHMIA BY ATRIAL FIBRILLATION. EVALUATION OF THE SCORE CHADS2

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**Introduction:** In our study, more than 50 % of the patients with FA without indication of Sintrom® (CHADS2 550-1) are taking it and approximately 30 % of those who should take (CHADS2 ≥ 2) do not take. You can improve the fitness of anticoagulation in FA.

**Objectives:** Assess whether the treatment of the patients diagnosed of atrial fibrillation is correct according to criteria of indication of the chads2 (European Society of Cardiology).

**Methods:** Cross-sectional study of prescription indication. Population; total of people diagnosed of atrial fibrillation IN THE CENTER OF PRIMARY (n: 311).

Were identified all the patients diagnosed of FA and identified all the criteria referred to in CHADS2: heart failure, hypertension, age 75 years, diabetes mellitus and cerebrovascular accident. The risk is estratificO CHADS2 as: high (> 2 points), moderate (1-2 points) and low (0 points).

**Results:** Of 311 patients FA, 208 (66,88 %) took Sintrom® and 103 (33,12 %) no; of the latter, 72 take acetylsalicylic acid (ASA), 12 clopidogrel and 19 nothing.

According to the chads2, 74 patients (23.8%; IC 95 %: 19.1 - 28.5) had low risk (0-1) and 237 (76.2%; IC 95 %: 71.5 - 80.9) had moderate to high risk.

The use of Sintrom® was significantly higher in high-risk patients (56.8 compared to 70.0 %, p:0.034), while the percentage of patients without anticoagulation was greater in patients with low risk (12.2 versus 4.2 %, p , 0.05).

There were no significant differences between patients of low and high risk in treatment with AAS (29.7 compared with 21.1 %; P ≥ 0.124) nor with clopidogrel (1.4 compared to 4.6 %, p ≥ 0.200).

## ANTICOAGULANT THERAPY IN PATIENTS WITH DEEP VEIN THROMBOSIS

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**Introduction:** The adequacy of time of anticoagulant therapy in terms of the type of vein thrombosis (VT) is correct in little more than half of the cases, in up to 40.9% is not correct adaptation, primarily due to permanent treatment is performed in cases of DVT caused by precipitating factors. Most of the patients are middle-aged men, many of them with previous episodes of DVT and with affectation of femoral territory. More than half require income and are reviewed in external consultations.

**Objective:** Determine the adequacy of anticoagulant therapy in patients with deep VT. to describe the clinical features of presentation of the thrombosis in hospital emergencies.

**Methods:** A descriptive observational study retrospective. Made in the field of hospital emergencies. We have studied all patients seen at the emergency department of a District Hospital with diagnosis at discharge of deep TV during the year 2016 (n=45). Variables: age, sex, precipitating factors, drugs, neoplasms, surgery, coagulation alteration known, territory affected, need for entry, review in consultation, type of thrombosis, time of anticoagulation. Statistical analysis: average and standard deviation for quantitative

**Results:** Mean age 60.24, DT 21.25, 95% CI (53.86-66.63). 56.6% were men. Precipitating factors: 33.3% any factor, 24.4% previous VT, 8.9% venous insufficiency, 8.9% immobilisation, 17.8% obesity, 6.7% sedentarism, takes of contraceptives 11.1%, previous surgery recent 4.4%, neoplasia associated 13.3%, known alteration of coagulation 17.7%. Territory affected: 8.9%, 17.8% saphenous popliteal fossa, femoral 55.6%, 8.9%, axillary, 2.2% extensive involvement. Required hospitalization the 55.6% and 53.3% was revised in consultation. Type of VT: by precipitating factors 68.9%, idiopathic recurrent 17.8%, 13.3%. Correct treatment was performed in 59.1% of patients. Appropriate treatment is performed in 59.1% of patients

## MINDFULL WHAT?

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**Introduction:** The chronic nature of Mental Health Diseases (MHD) can have devastating effects on quality of life. It brings lots of instability and reactions based on emotions that cause mores distress.

Recently, mindfulness programs gained enormous interest on scientific community.

**Objective:** Understand clearly the role of mindfulness on MHD.

**Methods:** Narrative review of papers searched on Pubmed, Cochrane reviews and NICE guidelines as well as recent book publications about the theme, at 03-10-2016.

**Results:** These therapies are inspired on contemplative traditions, science and the major disciplines of medicine, psychology and education underpinned by a model of human experience which addresses the causes of human distress and the pathways to relieving it. They develop a new relationship with experience characterized by present moment focus. They promise to catalyze the development of qualities such as joy, compassion, wisdom and greater emotional and behavioral self-regulation. Their improvement is proved by some techniques like electroencephalogram and magnetic resonance.

NICE guidelines recommend this therapy in management of chronic depression and anxiety because it proved to reduce relapses. Those methods increase self-esteem, improve personal body image and also relieve stress, anxiety, depression, chronic pain. Also proved to reduce alcohol and drugs dependency.

**Conclusions:** The studies found are small with little amount of patients, but conclusions are positive. So, are needed more trials to understand benefits/costs. This therapy has no adverse effects and no interactions, so it seems to be a good bet.

## NARCOLEPSY - CASE REPORT

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**Introduction:** Narcolepsy is a clinical syndrome of chronic daytime sleepiness (DTS), cataplexy, hypnagogic hallucinations and sleep paralysis. Only 1/3 of patients will have all those symptoms, so the diagnosis should be considered even in patients with DTS alone.

**Objective:** Report a case of narcolepsy in a teenager and emphasize the role of the general practitioner (GP) in diagnosis and management.

**Description:** 16-year-old teenager complained of increased DTS for > 1 year; falling asleep throughout the day with sleepiness improvement after a brief nap; trouble sleeping at night; episodes of brief and sudden knee buckling associated with emotions and short episodes of complete inability to move upon awakening. A Epworth Sleepiness Scale (ESS) was passed where a score of 13 (moderate DTS) was obtained and a EEG with sleep study was made showing no pathological changes. We suggested regular sleep schedule and daytime naps and referred to neurology.

**Discussion:** Diagnosis is not always easy, so all patients with DTS should have a thorough sleep history and be submitted to physical exam, ESS and sleep studies, such as overnight polysomnogram and a multiple sleep latency test which can exclude other causes of excessive DTS. In our case the presence of cataplexy was highly indicative of narcolepsy, although we considered important to exclude other potential causes through a EEG with sleep study and Neurology referral. Despite being a rare pathology, GP faced with a suspicion of narcolepsy should be aware of the diagnostic criteria sets and stepwise approach in order to achieve an early diagnosis and management.

## IS IT MYTH OR REALITY? MEN DEPRESSION DURING TRANSITION TO FATHERHOOD

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Rates of paternal depression range from 5% to 10% with a growing body of literature describing the harm to fathers, children, and families. Changes in depression symptoms over the life course, and the role of social factors, are not well known. The risk factors for depression during parental transition were reported to be age, educational status, psychiatric history and partner depression. The highest prevalence for maternal depression was seen in the first 3 months after birth, while the highest prevalence for paternal depression was between 3 and 6 months postpartum. Children with depression in one of their parents are at risk for emotional and behavioral psychopathological problems such as attention deficit and

hyperactivity impairment, low IQ score, and adolescent depression. Both mothers and fathers go through endocrine changes during pregnancy and childbirth, albeit less for fathers. In this period, maternal hormonal changes as well as changes in cortisol and testosterone hormone levels in the father are risk factors for depression. Some researches identify the existence of a common emotional parent brain independent of the socio-cognitive brain in mothers and fathers. Recently, it has been found that activities that occur in parents' brains against baby stimuli are independent of gender. Considering all this, screening programs for both parents can be developed at the critical times of parental transition, by family physicians in terms of prenatal and postnatal depression. Therefore, all family members will be preserved in terms of future psychopathological problems.

**Keywords:** Perinatal depression, paternal depression, maternal depression

## NOT EVERYTHING THAT SEEMS, IS: "THE NEIGHBOR'S ENGINE"

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**Introduction:** Tinnitus is a common symptom in primary healthcare (10-15%). It is characterized by perception of sound with no external stimuli. It can vary in pitch, intensity and laterality. It is often associated with anxiety and can interfere with daily activities, especially by hampering concentration. Tinnitus rarely represent a serious condition, and is most commonly caused by noise induced hearing loss.

**Objective:** To highlight the importance of additional studies when faced with certain clinical "red flags" in the evaluation of tinnitus.

**Methods:** Report of a clinical case of a patient first observed for tinnitus in primary care and a brief review on the subject.

**Results:** Female, 74 years old, caucasian. No relevant medical history. Asymptomatic until November 2015, when she visits her family physician complaining of vertigo, tinnitus and unilateral partial hearing loss. The clinical picture was interpreted as a vertiginous syndrome and she was medicated with beta-hystine. In January 2016 the patient had no improvement, and elaborates delusional interpretations of the tinnitus that had already motivated conflict with her neighbors. She was referred to the Hospital's Psychiatry department for maintaining auditory hallucinatory activity – "I hear an engine rumbling at night.. It's my neighbors".. I have already called the police two times". A head CT revealed an acoustic neurinoma that was considered as a probable organic cause for the tinnitus and ensuing delusional interpretations. Tinnitus may occasionally be associated with organic, potentially treatable conditions (aneurysm, acoustic neurinoma). Signs and symptoms like a throbbing or unilateral tinnitus or when associated with vertigo should motivate thorough investigation.

## DEPRESCRIBING BENZODIAZEPINES IN INDIVIDUALS OLDER THAN 65 YEARS OLD

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**Introduction:** Benzodiazepines may cause psychological and physical addiction. Moreover, the withdrawal symptoms can arise, once the deprescription started.

**Objectives:** This protocol aims the abstinence from benzodiazepines in individuals older than 65 years old, through simple and gradual deprescribing.

**Methods:** The protocol is based on 3 stages:

- *Preparation:* it is intended that the patient assembles with the medical team, after referral by his family doctor. This meeting is intended to discuss the need for benzodiazepine abstinence, the steps of the protocol, as well as the risks and associated benefits;
- *Deprescribing:* decisions on the dosage and its reduction should be taken at this point, based on the prefilling of a consumption diary and psychological evaluation. Furthermore, the physician should mark an appointment with the patient every 15 days in order to keep monitoring the process;
- *Follow-up:* inpatient care should be considered if the user does not respond to the therapeutic. However, even after deprescribing success, the team should be aware of the patient needs, preventing relapses.

**Results:** This program is based on a global approach of the patient, performed by a multidisciplinary team. However, once we are faced with limited resources, it's impossible for us to cover all users with a need for intervention. Therefore, we tried to overcome this difficulty through the training of other Physicians, extending this protocol to a larger number of patients, making an effort to provide the best feasible care for all of them.

## PRIMARY CARE APPROACH OF PSYCHOTIC EXARCEBATION

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**Introduction:** Psychotic disorders are often serious and disabling mental illnesses. Primary Health Care (PHC) plays a key role in psychotic patients. The GP may be the patient's first contact with health care during psychotic exacerbation(PE), as such, I considered it important to clarify and systematize the means available to health professionals in our/my workplace for intervention in a crisis.

**Objective:** Outline a prototype of action in a case of PE in a patient with behavioral alteration and eventual selfaggressiveness or heteroaggressiveness.

**Methodology:** Bibliographic research at UpToDate, Fundamental Psychiatry book and the Portuguese Mental Health Act(PMHA).

**Results/Discussion:** After identifying a PE the GP may offer SOS therapy as oral/intramuscular antipsychotics and/or benzodiazepines. In case of refusal, there's no way to force him/her to take any therapeutic action/intervention in PHC. PMHA doesn't contemplate a restrictive approach in PHC. It's important to reflect about the approach at PHC because it's eventually weakened by a set of restricted actions and reduced therapeutic approaches (e.g. in my workplace we only have haloperidol 5 mg/1 ml in IM/IV injectable solution; we do not have a security guard during working period). Sometimes it's necessary to contact the Police to ensure safety/integrity of both patient/staff. Still there are ways to help the patient. The GP should be informed of the available resources and try to act effectively to ensure patient safety/proper treatment. This work intends to outline a set of actions that can be taken depending on the clinical situation, facilitating and streamlining the intervention of health professionals.

## HOW A SINGLE PROBLEM MAY AFFECT THE FAMILY MEMBERS

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**Background:** The same event can affect family members in different ways, resulting in different reasons to attend health care. Thus, this clinical case heads up to the importance of the contextualization of the patient in the scope of Primary Health Care.

**Case description:** A 29 years old mother attended the primary care on 20/05/2016. Personal history: Multiple attendances for nonspecific complaints. When questioned, she related the onset of symptoms with the father's death 2 years ago due to cancer. In addition, she felt herself in charge of all household tasks. Her son had failed a year. Sleep hygiene techniques were taught and medication has been kept. Psychology attendance was requested.

In July, it was confirmed that the son failed a year again. Mother said that he was restless and did not concentrate. However, during the attendance, he maintained proper posture. The teenager identified learning difficulties and less appropriate behaviors, and improvement strategies were established. It was appealed to his mother to encourage study habits.

In October there were improvements. Strategies were agreed to maintain good performance and a reevaluation examination was scheduled for after 1<sup>st</sup> trimester evaluations. As for the mother, she reported improvements in the relationship with her husband and job change. The availability for follow-up was strengthened. Psychology consultation was maintained.

**Discussion:** The present case intends to warn to the role of the family physician in the contextualization of recurrent signs and symptoms, and in his approach, allowing a systemic approach with repercussions at the family level.

## BENZODIAZEPINE WITHDRAWAL - HOW TO DO IT?

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**Introduction:** Benzodiazepines are a class of psychoactive drugs used to treat a range of conditions, including anxiety and insomnia. Short term use of these medications is generally safe and effective. However, the long term use of benzodiazepines is controversial, because of the potential of tolerance, dependence, and other adverse effects.

**Objective:** Review interventions to enable patients to discontinue long-term benzodiazepine use.

**Methods:** Biographical research of clinical guidelines, systematic reviews and meta-analyses published in the last 10 years, employing the MeSH term: "benzodiazepine".

**Results:** Patient engagement in management is essential, as without this, any attempts to address harmful use may be hindered by non-adherence. If the patient is not ready to change, or is just considering it, motivational interviewing techniques are recommended. In a positive scenario, there are two possible approaches: benzodiazepine withdrawal with the aim of abstinence or benzodiazepine maintenance therapy. The choice of approach depends on an assessment of the risk of harm and relapse, and it has to be referred, leading to an optimal management. Prescribing interventions, substitution, psychotherapies and pharmacotherapies can all contribute. Unless the patient is elderly, it is helpful to switch to a

long-acting benzodiazepine in both withdrawal and maintenance therapy. The dose should be gradually reduced over weeks to lower the risk of seizures.

**Conclusions:** People who are benzodiazepine dependent or at risk because of misuse, should be identified and appropriately assessed to determine their risk of harm. Depending on patient characteristics, benzodiazepines can be withdrawn or the patient stabilized on a maintenance program.

## WHEN THE MOUTH BURNS

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**Framework:** Burning mouth syndrome (BMS) is a recent nosologic entity characterized by an intraoral burning sensation, with no underlying dental or medical cause, frequently associated to gustatory disturbances and subjective xerostomia. It affects mostly women in menopause or postmenopause and the estimated prevalence ranges between 0.7-12.2%. BMS is a diagnosis of exclusion and represents a challenge for the family doctor.

**Case description:** 53-year-old woman, caucasian, domestic, married, 2 daughters, Nuclear Family, Duvall Class VI, Graffar Middle-Low Class. With a personal history of obesity, hypertension and dyslipidemia. She resorted to urgent medical appointment on 04-04-2016 due to burning sensation in the mouth with paresthesia and xerostomia. No other symptoms. The physical examination revealed no changes. It was prescribed nystatin. Due to maintenance of the complaints she was observed by Dentist that found no dental or oropharyngeal changes. She carried out an analytical study that turned out to be normal. On suspicion of BMS, initiated treatment with clonazepam, alpha-lipoic acid and sertraline and was referred for a psychology consultation. After 3 months of treatment she presented a slight symptoms improvement.

**Discussion:** BMS has a severe interference in the quality of life of the patient being frequently associated with psychiatric disorders. Given the non-specific clinical manifestations, this disease requires a high level of suspicion and a holistic approach of the patient. Evidence of an effective treatment is not available, so close care is needed to improve the adherence to therapy. The family doctor plays a central role on diagnosing and managing BMS.

## HYPONATREMIA ASSOCIATED WITH ANTIDEPRESSANTS: A REVIEW

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**Introduction:** Antidepressants have been associated with adverse effects, including hyponatremia. The guidelines recommend that the risk of hyponatremia may be considered when choosing an antidepressant (AD).

**Objective:** Review the latest literature on the association between hyponatremia and antidepressant use.

**Methods:** Search using PubMed and Scielo databases, with keywords: "Antidepressive Agents" AND Hyponatremia, for articles published from January to May 2006. A total of 100 articles were found, of which 45 articles were included.

**Results:** Hyponatremia is a serum sodium concentration ( $\text{Na}^+$ ) < 135 mEq/L and its prevalence associated with AD is between 0.5% to 32%. Age, female sex, and polymedication are the most relevant risk factors. Symptoms rarely arise before  $\text{Na}^+$  < 130 mEq/L and depend on the severity of hyponatremia. The most common cause is the syndrome of inappropriate secretion of antidiuretic hormone. Among selective serotonin reuptake inhibitors (SSRI), citalopram and escitalopram have been associated with a higher risk, similar to venlafaxine. Other classes have been less studied but, with exception of monoamine oxidase inhibitors, the risk appears to be lower. An ionogram after one month of treatment with AD is recommended for all patients. In the treatment, the first step is to suspend the drug, however, treatment should be individualized..

**Conclusion:** Hyponatremia is a side effect to be taken in patients on AD. Whenever it is necessary to maintain treatment, the same antidepressant or of the same class should be avoided, with trazodone, bupropion, agomelatine, mirtazapine and reboxetine being possible choices as there's few reports of hyponatremia with these drugs.

## PECULARITIES OF ANXIETY IN TEENAGERS

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**Medical record:** 10 year women with intense and sudden crisis of vertigo. She had come to urgencies at the hospital and to his pediatrician several times. After blood test and image studies it is descarted organic cause. She is send to mental helath where high level of anxiety as personality trait and also transitory anxiety. Also, the depressing levels, wth somatic symphoms, loose of everyday enjoyment, asthenia, or even suicidal thoughts. Decreasing levels of vitality and fatigue shows at minimun efforts, influencing a decrease of attention, memory and concentration. The patient shows a loss of self confidence, inferiority feelings and low self steem, wich leads to a tendence of negative thoughts, affecting relationships with family and equals.

**Diagnose:** Anxiety-depressing syndrome.

**Conclusions:** In teens with ansiety if often show as irratabilty, requirements, and rage. Also frecuent cahnging somatic pains can be founded (dizziness, pruritus, headache, palpitations, insomnia...), ritual, absurds habits, excesive preoccupations or unjustified. Repeatingly avoiding of certaing situartions (school, going out, social relationships...). Test like anxiety inventory of Beck focused on teens, acn help us diagnose. The recommended treatment is cognitive-conductural therapy (rate evidence A), some times combined with antidepressant drugs, wich the first election would be ISRS.

**Key Words:** anxiety, teenagers, mental health.

## HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY - A CASE REPORT

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**Introduction:** Headache associated with sexual activity is a rare headache syndrome that can occur either as a primary headache or caused by a potentially malignant processes. The cause

of primary headache is unknown and are difficult to study, but is more prevalent in men. The prognosis is generally good, even if transient neurologic symptoms are associated.

**Objective:** Report the case of male patient with a headache associated with sexual activity and its particularities

**Methods:** Clinical data were collected from patient's interviews and personal clinical file with his consent

**Results:** 53-years-old man, with history of depression, hypertension and dyslipidemia, presents with intense left hemicranial headache that begins during the sexual activity, over one year, without any accompanying symptoms. It last a few seconds (less than a minute), but it didn't occur in every sexual encounter. The physical examination was normal, without any signs of neurological deficits or increased intracranial pressure. He performed a head CT that showed a slight dilatation of the lateral and third ventricles, but with normal morphology and without apparent obstructive cause. Later, he went to a Neurology consultation, where he did a lumbar puncture, that was normal, and a head MRI that show no signs of hydrocephaly. So, he was diagnosed with primary headache associated with sexual activity. He began treatment with indomethacin 100mg one hour prior the sexual encounter and propranolol 10mg twice a day, with great improvement in pain and in sexual satisfaction. He maintain regular Neurology follow-up consultation with head MRI evaluation.

## VIGOREXIA, AN EMERGING DISEASE

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**Reason for consultation:** 24-years-old male who consults because of family pressure. The patient presents verbal and physical aggressivity, coinciding with substance abuse (anabolic steroids) since 2-3 months ago.

**Case description:** The patient has being presenting an excessive preoccupation for his physical image during 4 years. He attends the gym daily for 4-5 hours, so he has had to abandon most of his social activities and daily life obligations. In the last 3 months, he decided to consume anabolic steroids to improve his results. In spite of the effort he recognises feeling thin, especially when compared to other gym mates. The patient presents a narcissist personality with obsessive thoughts, physical image distortion with lacking consciousness of disease, provoking negative thought towards its body, anxiety and depression. He is sent to the Mental Health Services for Psiquiatric evaluation.

**Differential diagnosis:** ortorexia, anorexia, social-phobia.

**Conclusions:** Vigorexia, Adonis complex or muscle dismporpha is a physical image alteration, in which the patients present an excessive preoccupation towards is body, which leads to the search of increasing the body mass and volume without increasing its fat index, with the risk of reaching an deformed and excessive musculature. He also suffers from a cognitive distortion of his physical image, seeing himself weaker, and investing a lot of time in practicing exercise with abandon of his daily obligations, with the consequent social repercussion. It appears mainly in young males (18-35 years-old). The symptoms of vigorexia and the clinical consequences of steroid abuse, are poorly known and this possibly explains why it is underdiagnosed.

## DEPRESSION IN PATIENTS ABOVE 60 YEARS OF AGE IN FAMILY DOCTOR'S PRACTICE

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**Introduction:** Depression constitutes a serious health problem which may worsen prognosis of various diseases.

**Objective:** The aim of our research was to assess the prevalence of depression among family doctor's patients and its relationship with easily detectable clinical parameters.

**Methods:** We enrolled 161 patients aged 68±6 years, 53 men and 108 women, who consecutively came to see the doctor. Data on patients' education, risk factors for cardiovascular diseases, comorbidities and drugs being taken, were collected. 10-year risk of fatal coronary event was assessed according to the European Society of Cardiology (Escore). The Geriatric Depression Scale, including 30 questions, was performed and depression was recognized when the score was above 10. The data were analyzed with statistical methods.

**Results:** In all the patients depression was found in 36% of them, and its presence correlated with their age (OR 1.75, p<0.02) and taking sleeping pills (OR 4.5, p<0.001).

Depression was recognized more frequently in women than in men (49% vs 25%, p<0.04, respectively). In women depression correlated positively with age (OR 1.88, p<0.04), value of Escore (OR 4.32, p<0.03) and taking sleeping pills (OR 4.3, p<0.006). However, in men the presence of depression was correlated with total time of their education (OR 3.2, p<0.04).

**Conclusions:**

1. Depression constitutes a serious health issue among outpatients, especially women.
2. Elevated risk for cardiovascular events and older age promotes depression in women.
3. Frequent use of sleeping pills by women may be due to depression
4. Higher education may prevent depression in men

## EXPERIENCE WITH A COMMUNITY-BASED MULTI-DISCIPLINARY MEMORY CLINIC: A PRIMARY CARE PERSPECTIVE

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**Introduction:** Dementia prevalence is rising globally. Family physicians are increasingly challenged to meet the healthcare needs of patients with dementia.

**Objective:** We report our experience developing a multi-disciplinary memory service within a polyclinic in Singapore.

**Methods:** We developed a workflow to receive and manage patients, standardised documentation templates, and trained healthcare personnel. Sited within polyclinics, the service comprised a multi-disciplinary team of neurologists, family doctors, and nurses working to assess patients above 55 years with cognitive complaints. The diagnoses of dementia or mild cognitive impairment (MCI) were made on clinical grounds.

**Results:** 251 patients (86 Male, 77.7±9.2 age) and 166 of their caregivers were reviewed between May 2013 and Dec 2014. 119 (47.4%) and 91 (36.3%) patients were diagnosed with

dementia, and MCI respectively. The most frequent cognitive symptoms were memory difficulty (93.2%), mood/behavioural changes (40.2%), and executive dysfunction (35.1%). The mean MMSE score was  $17.0 \pm 5.8$  and  $24.2 \pm 4.3$  for patients with dementia and MCI respectively ( $p=0.019$ ). 68 (57.2%) patients with newly diagnosed dementia had MMSE scores of greater than 16 at the time of presentation. Patients with dementia were more likely to be female (OR 10.4,  $p=0.006$ ), older ( $p<0.001$ ), and of lower educational level ( $p=0.002$ ). Amongst patients with dementia, the prevalence of Behaviours of Concern was 1.5% for the group with MMSE  $\geq 16$ , 14.6% in the MMSE 10-15 group, and 10% amongst those with MMSE  $< 10$  ( $p<0.0001$ ). 11 subjects (9.2%) were depressed. The mean Zarit score amongst the 166 caregivers surveyed was  $16.4 \pm 8.5$ . 41 (34.5%) carers of patients with dementia reported high caregiver burden. Worse dementia severity was correlated with higher caregiver burden ( $r=0.19$ ,  $p=0.014$ ). Overall, 43 (17.1%) patients had previously undiagnosed B12 deficiency and 3 (1.2%) patients were found to be hypothyroid.

## INFLUENCE AND RISK FACTORS FOR DEVELOPMENT OF HALLUCINATIONS IN PATIENTS WITH PARKINSON'S DISEASE

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**Introduction:** Hallucinations are a common psychiatric non-motoric symptom in Parkinson's disease (PD), which is a result of Parkinson's psychosis.

**Objective:** To determine the prevalence and risk factors for the development of hallucinations in patients with PD.

**Methods:** This cross-sectional study includes 76 patients with PD treated at the Institute of Neurology, Clinical Center of Serbia. All patients were interviewed about the presence of hallucinations. Hoehn and Yahr scale was used for the disease staging, while severity of symptoms was assessed by the Unified Parkinson's Disease Rating Scale (UPDRS), severity of depressive symptoms with Hamilton Depression Rating Scale and cognitive impairment with Mini-Mental State Examination (MMSE). Additionally, they were interviewed about their sleep problems. Appropriate statistical methods were used.

**Results:** 39 patients (51,3%) had hallucinations with average length of 2,9 years. Most common were visual hallucinations (94,9%). Group was then divided into hallucinators and non-hallucinators. Highly significant statistical difference ( $p<0,01$ ) was discovered in the UPDRS score and sleep fragmentation between the groups. Significant statistical difference ( $p<0,05$ ) was found in Hoehn and Yahr score, MMSE score and prevalence of nightmares between the groups. Within the patients suffering from PD more than half had hallucinations. Patients with hallucinations had significantly worse form of PD, poorer cognitive status and had nightmares and sleep fragmentation more frequently than the rest.

## MOURNING, PATHOLOGIZING A NATURAL PROCESS

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**Introduction:** Death is part of daily life, but it seems that increasingly we are less used to it. Many patients come to our clinic demanding drugs to overcome this process. There has been a

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destruction of the rituals that allow us to express feelings and receive support to overcome a process like this, therefore, suffering is now considered unnatural and requires medical or psychological assistance.

**Objective:** It is estimated that more than 25% of queries that are taught in primary care concerning psychological aspects are related to the loss of a loved one. We intend to capture these patients and carry out an approach from primary care to avoid the pathologization of a natural process.

**Methods:** It has been proven that there are situations surrounding the life of the deceased before death that hinder elaboration of mourning as unaware of illness or code of silence. Unexpected deaths must be considered as a factor that may hinder the process. From primary care through active listening we can support and normalize these emotions. In many cases this approach will be enough for proper elaboration of mourning.

**Results:** The evidence concludes that antidepressants are effective in reducing symptoms associated to mourning, like depression, but not the mourning itself. In many cases the patient has not even waited long enough to assess whether it is or not a pathological process or if is necessary prescribing drugs or referral to mental health units.

## MENTAL HEALTH IN PEOPLE OVER 65 YEARS IN RELATION TO THEIR INTELLECTUAL HABITS

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**Introduction and Objective:** Describe the reading habits and mental activities of people over the 65th and the presence of mental illness, particularly anxiety and depression.

### **Methodology:**

Design: Descriptive study

Ambit: Urban Health Center, with postgraduate education. Population Study 65th seniors who visited the primary care during the months of March, April and May 2016.

After informing the study and obtain verbal consent, applying a sheet of data collection.

Posterior chart review to quantify the presence of mental health problems (anxiety, depression or mixed).

### **Results:**

Attended 316 persons.

Study population 316. Women 213.

Make some activity, 85 women, 55 men and 39.90%, a 53.39%.

The readers have mental pathology 27.7% of females and 8.3% of men.

In the no reader group, is mental pathology in 49.50% of women and a 38.46% of men.

Women read more books and magazines, men read more sports journals

Internet use is low in these age groups. There is a 9.6% men and 5.25% of women said to connect a minimum of 3 times per week.

**Conclusion:** In our study, it seems that there is a tendency to suffer less mental disorder those who have an intellectual activity

We need to make further study and apply statistical techniques to prove or disprove hypothesis is.

Internet facilitates the relationship between people and can help improve the isolation suffered by some elders.

We believe that we should favor the use of new technologies and social contact to improve health.

**Keywords:** Mental health, intellectual habits, over 65 years

## RESIDENT PHYSICIANS OF FAMILY MEDICINE AND MOURNING. HOW DO THEY TREAT IT? FIRST RESULTS

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**Introduction and objective:** To know the opinion of the resident doctors of the first year about the grieving process and its handling in the consultation.

**Methods:** Cross-sectional descriptive study. First-year residents of Family and Community Medicine of three teaching units. Self-administered survey. Descriptive analysis, percentage comparison using the  $\chi^2$  test.

**Results:** 43 residents (81%) answered. The average age was 27 years, 60% were women. 93% consider that mourning is not a disease.

77% believe that care should be taken by the patients themselves and their environment.

If they need care, 60% think they should be the Family Doctor.

44% have attended a duel. The average rating of their capacity is 6.4 / 10.

72.3 have gone through personal duels and 12% in the last year.

About the skills.

Positive: empathy (100%) listening (30%), patience (26%).

Negatives: hurry (53.5), incomprehension 62%

14% of the residents consider that the mourning needs professional support and this must be pos the family doctor.

In relation to the mean score, men were given a higher score (6.88 and 5.89 women with a  $p = 0.2$ )

**Conclusions:** Residents feel that grief is not a disease.

Less than half have professional experience.

They consider that care must be taken by the patient's own environment.

They believe that it has an average capacity to take patients with mourning, being higher in men.

Continuous training and experience will be favorable

**Key words:** Residents of family medicine, mourning, primary care.

## YOGA EFFECTIVENESS AS ADD-ON TO PHARMACOTHERAPY IN ADULT DEPRESSION

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**Introduction:** Depression is one of the most common mental illnesses, with a prevalence of 4 to 11% worldwide. Many patients use alternative and complementary therapies, such as yoga, in association with antidepressant pharmacotherapy. The benefits and risks of such combination strategies have not been fully evaluated.

**Objective:** Evaluate yoga effectiveness as add-on to pharmacotherapy in adult depression.

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**Methods:** Guidelines, systematic reviews, meta-analysis and randomized controlled trials were searched using the MeSH terms: yoga, depression and antidepressive agents. The Oxford Center for Evidence-Based Medicine 2011 scale was applied to assess the quality of the studies and to assign evidence levels.

**Results:** Twenty-one articles were identified and three were selected: a guideline, a systematic review and a randomized controlled trial. The randomized controlled trial did not demonstrate a statistically significant effectiveness of yoga as an adjuvant antidepressant therapy. Despite being a randomized controlled trial, an evidence level 2 was attributed, due to its limitations. The systematic review recommends yoga as add-on to pharmacotherapy, as a third-line intervention. Despite being a review based on a meta-analysis, two randomized controlled trials, a systematic review and two open clinical trials, due to the methodological errors identified, an evidence level 2 was assigned. The guideline concluded that yoga is effective as adjuvant therapy in reducing the severity of depressive symptoms and an evidence level 2 was assigned.

**Conclusion:** Effectiveness of yoga as add-on to antidepressant pharmacotherapy is controversial. Yoga may be recommended, since side effects are rare. However, more controlled and randomized trials are required.

## NOTHING IS EVER AS SIMPLE AS IT SEEMS

Maria del Pilar Campos Navarro<sup>1)</sup>, Alexandru Claudiu Coman<sup>2)</sup>, Maria Dolores Piqueras Acevedo<sup>1)</sup>, Ricardo Robles Martínez<sup>1)</sup>, Alejandro Belmar Simó<sup>1)</sup>, Ana Luisa González Galdámez<sup>1)</sup>, Alicia Rodriguez Hernandez<sup>1)</sup>, Carmen Celada Roldán<sup>2)</sup>, Maria Coello Vadell<sup>1)</sup>, Victoria Villa Artero<sup>1)</sup>

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**Introduction:** A 64 year-old woman who lives alone and has no medical history, attends her medical doctor presenting, as her family informed, dementia-like symptoms. “I’m unable to manage myself; I forget dates, what I had eaten yesterday...” Her family hired a caregiver.

**Objective:** Due to demographic changes, mental and degenerative diseases are on the increase. It can be difficult to distinguish between Alzheimer’s disease and depression because the symptoms can be quite similar. In this case, the initial diagnostic was Alzheimer’s disease instead of depression.

**Methods:** The medical history is fundamental to perform a good differential diagnosis. First we have to discard organic diseases with the complementary tests.

**Results:** Complementary tests are normal. Psychometric tests: cognitive deficit variable over time.

Diagnosis: Depressive pseudo-dementia

**Conclusions:** Depressive pseudo-dementia is a condition in which a patient has another disorder—such as depression—yet has symptoms that mimic dementia (memory problems and behavior changes). But, can we rest if we diagnose someone with depression? Recent research studies are describing depression as a risk factor to develop dementia. We have to frequently raise the differential diagnosis depending on the evolution of the clinical presentation. The diagnosis of dementia should be made after the treatment of the depressive symptomatology so that it will not lead to a false diagnosis. Under the slightest suspicion of pseudo-dementia, treatment should be initiated, being the selective serotonin reuptake inhibitors the first choice of use.

## AN INSEPARABLE COUPLE “HEART AND MIND”

Maria del Pilar Campos Navarro, Alexandru Claudiu Coman, Naisa Baraza Perez, Angela Fernandez Costa, Cristina Membrilla Moreno, Inmaculada Diaz Jimenez, Ana Garcia Perez, Clara Martinez-Tafalla Lopez, Alba Jimenez Garcia, Ricardo Robles Martinez  
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**Introduction:** 60-year-old man who suffered an acute myocardial infarction the month before, attends his general practitioner (GP) for reevaluation. THE GP finds him more affected so he asked him about the return to his normal life. The patient confirms that he has been struggling with significant feelings of worthlessness and shame due to his inability to adapt to his usual life since he was discharged from the hospital. He felt unusually fatigued and irritable.

**Objective:** To remind clinicians that they should routinely screen their patients with heart disease for signs of depression

**Methods:** Clinical history, complementary tests, screening test for depression (PHQ-9)

**Results:**

Diagnosis: Reactive depression

**Conclusion:** Depression has an important negative impact in established cardiac disease.

Both pathologies are very common and often coexist: the prevalence of depression in cardiac diseases may reach from 15% to 20%. There is no indication on using antidepressants to treat subthreshold depressive symptoms but we have to consider them for patients with depression with suicidal ideation, severe depression that inhibits participation in rehabilitation or self-care, and the development of depressive symptoms during hospitalization in patients with depressive history. Serotonin reuptake inhibitors (sertraline and citalopram) are recommended to use for the treatment of depression in cardiac patients. Given that most antidepressants can cause initial anxiety or insomnia in the first few days of use, it is best to use benzodiazepines when beginning an antidepressant.

## TREATMENT-RESISTANT DEPRESSION: AN ORGANIC CAUSE

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**Background:** Cushing's syndrome is a rare disease whose symptoms dependent on hypercortisolism manifests itself through metabolic, cutaneous, musculoskeletal, gonadal and neuropsychiatric disorders.

**Case Description:** 61-year-old Caucasian woman with history of hypertension, type 2 diabetes, dyslipidemia, obesity, renal lithiasis, dysthymia with recurrent depressive episodes, anxiety and sleep disturbances. On March 2016, at her diabetes consultation with her family doctor, she presented with worsening of her depression, marked anhedonia, psychomotor retardation and terminal insomnia. Her previous episodes were marked by anxiety and sadness, without the cognitive component or lethargy. At the examination she presented with round and inexpressive face, alopecia, excess weight with predominant abdominal fat and motor retardation. After non-response to various therapeutic adjustments, she was oriented to a Psychiatry consultation at the reference hospital where she maintained the symptoms despite medication. Meanwhile, in a renal lithiasis study, an “incidentaloma” of the adrenal gland was detected and she was referred to Endocrinology. The diagnosis of endogenous

ACTH-independent Cushing's syndrome by unilateral adrenal tumor was confirmed, pending surgical treatment. She maintains, to this date, severe depression resistant to treatment and cognitive dysfunction.

**Discussion:** The sometimes insidious manifestations of Cushing's syndrome, with its common symptoms of cardiovascular, unspecific and psychiatric disorders can make it difficult to diagnose this entity. It is important to consider it not only when its "classical" symptoms are present but also in cases of new or aggravated psychiatric and neurocognitive dysfunction so that timely treatment can ameliorate patient's quality of life.

### 3.15. Musculoskeletal problems

#### THE EFFECT OF SYSTEMIC STEROID THERAPY ON BONE MINERAL DENSITY IN PATIENTS WITH ALOPECIA AREATA

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**Introduction:** Alopecia areata (AA) is a common autoimmune disorder, and its treatment frequently includes long-term use of topical, local, and systemic corticosteroids. Although steroids have been associated with osteoporosis, their effects on patients with AA have not been well investigated.

**Objective:** This study analyzed bone mineral density (BMD) of patients with AA and the effects of local and systemic corticosteroid use on AA.

**Methods:** We evaluated BMD in 83 patients with AA between the ages of 20 and 60 years and 83 age-matched controls. Using dual-energy x-ray absorptiometry, BMD was measured at the lumbar spine and femur. BMD, T-score, and Z-score were analyzed.

**Results:** There were no statistical differences in Z-score between the patients with AA and controls in the lumbar spine, femoral neck, or femoral trochanter. There were also no significant differences in BMD between patients with and those without a history of local steroid treatment. Systemic steroids treatments gradually decreased BMD in AA patients and AA patients receiving long-term systemic steroids showed significantly lower Z-score at lumbar spine and femur trochanter compared to normal controls.

**Conclusion:** This study suggests that calcium and vitamin D supplement should be counseled on preventive measures for osteoporosis before starting long-term systemic steroids treatment in AA patients and BMD monitoring is necessary in patients with history of previous systemic steroids therapy.

#### THE CHARACTERISTICS AND PROFILE OF A PATIENT WITH DENOSUMAB

Jose Ramon Lopez Lanza, Maria Jose Agueros Fernandez, Alvaro Perez Martin, Jose Ignacio Gutierrez Revilla, Rocio Lopez Videras, Maria Angeles Pereda Garcia, Javier Bustamante Odriozola, Maria Jose Diaz Gago, Luis Ruiz Pastor  
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**Introduction:** There has been an increase in the use of denosumab over the last few years

**Objective:** To study the characteristics of the prescription and the patient who has been prescribed denosumab.

**Methods:** A descriptive, transversal study carried out on all patients who had been prescribed denosumab up to December 2015. These patients were seen at the primary care health centre in Santander (Spain), which covers the health requirements of a population of 19980 inhabitants. The computerized primary care medical records and the records from the main hospital were studied.

**Results:** 89 patients were studied, with an average age of 74.25 (SD± 8.97 years), BMI 25.41±4.13 and mainly female (97.8%). 39.3% had suffered a fracture previously (75.5% vertebral, 13.5% Colles) and 3.4% familiar fracture previously. 12.4% smoked, 3.4% drank alcohol, 10.1% used corticoids, 7.9% suffered from rheumatoid arthritis, and 21.4% suffered from secondary osteoporosis. 36% registered on dexa (lumbar t-score -2.87, and hip -2.5). 93.3% of the prescriptions were for osteoporosis, it was internal medicine that issued the most prescriptions (35.5%), (primary care 17.6%). In 41.6% it was the first medicine to be prescribed; 62.9% had also been prescribed calcium, and 77.5% vitamin D.

**Conclusions:** The profile of a patient taking denosumab is a 74 year old female with osteoporosis. In one third of the cases they had suffered a fracture previously and had been prescribed by internal medicine department. In almost half of the cases it was chosen as the best treatment option. Recording information regarding osteoporosis in the medical records is advisable.

## ETIOLOGICAL CLASSIFICATION OF LOW BACK PAIN IN THE ELDERLY

Ayesha Mukhopadhyay

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**Introduction:** Low back pain has been a chronic issue for centuries and now has become an epidemic. Its prominence has permeated all fields of medicine and has become a significant issue to patients and physicians.

**Objective:** With the elderly population most effected by this epidemic, focus of this study will be to find the most common causes of low back pain in elderly.

**Methods:** One hundred people were enrolled in this cross-sectional study. They consisted of elderly patients as defined as greater or equal to 60 years of age. History, physical exam, age, sex, BMI, socio-economic status, physical activity, and associated co-morbidities were recorded. Then, laboratory and diagnostic imaging was performed to determine the final diagnosis.

**Results:** The most common cause of low back pain in the elderly was found to be lumbar spondylosis as this comprised of 24% of patients. This is followed by degenerative disc disease (11%), spondylolistheses (11%), lumbar sprain (10%), sacralization (9%), canal stenosis (7%), diffuse idiopathic skeletal hyperostosis (DISH) (5%), herniated disc (5%), malignancy (3%), osteomalacia (3%), osteoporotic compression fracture (3%), traumatic (3%), spinal epidural abscess (1%), psychological (1%).

## COMPARISON OF COMMON FACTORS IN PATIENTS WITH CHRONIC LOW BACK PAIN

Ayesha Mukhopadhyay

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**Introduction:** Low back pain can present in anyone. Being an epidemic, it has been discovered that certain factors that are more commonly associated with this pathology. The significance of the factors in relation to low back pain is important to understand when trying to decrease and prevent its prevalence.

**Objective:** The focus of this study is to first classify the different levels back pain. Based on the classification, the categories will be correlated to the common factors associated with the pathology.

**Methods:** One hundred patient with low back pain at Peerless Hospital were given the Oswestry Low Back Pain Disability Questionnaire (OLBPDQ) to classify the patient's functional disability. This information was then correlated to the three common factors associated with back pain. They are BMI, osteoporosis/osteopenia, and lumbar root compression. BMI was calculated with height and weight, osteoporosis/osteopenia was measured with a DEXA scan, and the presence of lumbar root compression was determined with MRI.

**Results:** The patient's functional disability based on the OLBPDQ was compared to BMI, which was categorized into four stages: normal, overweight, obese, and extremely obese. Comparison showed a p value of 0.678 (insignificant). Then the patients' functional ability was compared to bone density, which was categorized via DEXA scan results as: Normal, osteopenic, and osteoporosis. This comparison was significant ( $p = <0.001$ ). Finally, the patients' functional ability was compared to those with root compression found on MRI. This correlation did not show significance ( $p = 0.754$ ).

## MUSCULOSKELETAL DISORDERS IN TRACK AND FIELD: PREVALENCE AND RISK FACTORS

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**Introduction:** Sports participation involves a certain risk of injuries that might lead to long-term or even permanent disability.

**Objective:** Our study aims to assess the current prevalence and the determinant risk factors of musculoskeletal disorders among Lebanese elite track and field athletes, in order to facilitate the development of appropriate injury prevention programs.

**Methods:** A cross-sectional survey was conducted among an eligible study population of 250 adults Lebanese athletes. Data were collected through an anonymous structured questionnaire exploring the demographics and participant characteristics, and the presence of a musculoskeletal damage at the time of the survey.

**Results:** A total of 210 participants completed the questionnaire (response rate: 84%): 60.5% were male, and the mean age was  $25.51 \pm 6.71$  years. The athletes were categorized into event groups: sprints (17.6%), middle and long distances (49.5%), throws (10.5%), jumps (11.9%), and combined events (10.5%). The current injury prevalence was 40.5% (95% confidence

interval, 33.9%-47.1%). Seventeen participants reported injuries to 2 body regions, and 2 others reported injuries to more than 2 regions. Most of the damages affected the lower extremities (67.9%), mainly knee and leg (26.4%).

The multivariate analysis showed a significant association between the presence of an injury at the time of the survey and the athletes' age ( $p$ -value=0.014), and height ( $p$ -value=0.024): older and taller athletes had more injuries. Moreover, the occurrence of a musculoskeletal condition during the past year was significantly associated with the presence of an injury at the time of the survey ( $p$ -value<0.0001).

## WHEN DIAGNOSIS COMES WITH A HANDSHAKE: A CASE REPORT

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**Introduction:** A 83-year-old woman, who lives in a retirement home, often requires home visits about pain control. Hypertension, obesity, atrial fibrillation. Severe arthrosis. Polymyalgia rheumatica. Chronic pain. Dementia. No smoker. Surgical history: total bilateral hip replacement, bilateral knee replacement, scoliosis treated with spine surgery, bilateral cataract surgery. A severe arthrosis was noticed in the right hand with Bouchard's nodes and Heberden's nodes with a decreased range of motion. Patient mentions a chronic problem in the third finger in the right hand. No local trauma. Every time that she clenches her fist, she cannot actively extend the third finger and must do it with help of the other hand. The flexion of the third finger at the metacarpophalangeal joint resulted in a radial subluxation of the extensor digitorum tendon. Evolution: Paraffin treatment and hand training during many years by the occupational therapist. Grip ability test (GAT) 42,2 points. Patient was referred to orthopedist.

**Conclusions:** It is very important to notice every detail in the clinical interview, from a handshake till the farewell, to get useful information for diagnosis. Risk factors about Trigger Finger are being female, age between 40 and 60 years old, diabetes, rheumatoid arthritis and previous occupations. Trigger Finger usually affects the flexor digitorum tendon. This is an uncommon cause of Trigger Finger that affects the extensor digitorum tendon. It results from disruption or laxity of the radial sagittal bands that stabilize the tendon over the metacarpal head. It is usually associated with a trauma or an inflammatory joint disease.

## PREVALENCE AND RISK FACTORS OF MUSCULOSKELETAL PROBLEMS IN LEBANESE INSTRUMENTAL MUSICIANS: AN OBSERVATIONAL SURVEY

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**Introduction:** Musculoskeletal injuries represent a significant medical problem in musicians in all age groups and at all levels of performing ability. They can impact on a real decreasing performance activity and may even end a career.

**Objective:** The aim of our study is to ascertain the prevalence and the determinant risk factors of musculoskeletal disorders among Lebanese instrumental musicians. Ultimately, this

evaluation will facilitate the development of treatment protocols and disease prevention programs.

**Methods:** This study used a cross-sectional design. Five hundred musicians were contacted in music schools, professional and non-professional orchestras. Data were collected through a questionnaire exploring the demographics and participant characteristics, their musical practices, and the occurrence of musculoskeletal problems during the last month and the last twelve months.

**Results:** A total of 262 instrumental musicians completed the questionnaire (response rate: 52.4%): 68.6% were male, and the mean age was  $25.88 \pm 9.76$  years. Our study population included professors (21.5%) and students (78.5%), professionals (58.3%) and amateurs (41.7%). The categories of instruments were: keyboard (28.6%), string (24.3%), woodwind/brasswind (37.1%) and percussion instruments (10%).

The injury prevalence during the last month was 46.2%, and the 1-year retrospective injury prevalence was 33.5%. The topography of the musculoskeletal problem depends on the musical instrument ( $p$ -value $<0.05$ ). Moreover, the multivariate analysis showed a significant association between the occurrence of injury during the last month and musician's sex ( $p$ -value=0.003), the participation in concerts ( $p$ -value=0.016), and the occurrence of a musculoskeletal problem during the last twelve months ( $p$ -value $<0.0001$ ).

## POLYMYALGIA RHEUMATIC: THE IMPORTANCE OF THE DIAGNOSIS

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**Introduction:** Polymyalgia rheumatica (PMR) is a common inflammatory condition among patients older than 50 years and women are more commonly affected. The etiology and pathogenesis of PMR is currently unknown but multiple genetic and environmental factors are considered to influence susceptibility to this illness.

**Objective:** With this study we tried to conduct a review of epidemiology, diagnosis and management of PMR.

**Methods:** We searched the PubMed and B-ON databases, in order to make a literature review of the most recent articles including the keyword "polymyalgia rheumatica".

**Results:** The typical manifestations of PMR are aching of the shoulder girdle and pelvic girdle, associated with morning stiffness. Sedimentation rate and C-reactive protein are elevated, and anemia and thrombocytosis may occur. Other numerous disorders are capable of presenting with similar symptoms, which can difficult the diagnosis of PMR. The diagnosis of PMR is made primarily on clinical grounds. Recently, attempts have been made to improve the criteria used for the diagnosis and treatment of PMR, but corticosteroids (CSs) remain the treatment of choice for PMR. The starting recommended dose is 15–20 mg/day and after 2-4 weeks, after improvement of the symptoms of inflammatory disease and markers, the dose can be tapered gradually. The duration of treatment for PMR varies from 6 months to several years, although some patients may develop CS-induced side effects.

## RAYNAUD'S PHENOMENON AS A FIRST SIGN OF SYSTEMIC SCLEROSIS: A CASE REPORT

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**Introduction:** Raynaud's phenomenon (RP) is a common disorder, affecting 3-5% of people in the general population. Primary RP represents the majority of cases, in which there is no evidence of a secondary cause, peripheral vascular disease, digital ischemic lesions or nailfold capillary abnormalities. 10-20% of cases appear to have a secondary cause and systemic sclerosis is the most common of them.

**Objective:** Case report presentation and non-systematic literature review about RP's approach in primary care.

**Methods:** Case report presentation and bibliographic research at PubMed's database, using the MeSH terms "Raynaud's phenomenon", "diagnosis", "treatment" and "primary care".

**Results:** 39-year-old caucasian female patient with personal history of asthma and migraine, who presented at a rheumatology appointment, referred by her family doctor. A careful medical history revealed that the patient had been diagnosed with RP approximately one year prior to the appointment and had undergone several symptomatic treatments like amlodipine and transdermal nitroglycerin. Initially she presented with digital ulceration on her feet and afterwards on her hands, associated with painful digital pulps. On physical examination, triphasic color changes, both feet and hands digital ulcers and sclerodactyly were observed. Capillaroscopy showed clinical abnormalities compatible with early systemic sclerosis. It was proposed hospitalization for iloprost perfusion and further workup.

**Conclusions:** To determine the underlying cause and to evaluate the potential for severe complications is the main challenge in primary care. The diagnosis is essentially clinical and the suspicion of a secondary cause, digital ulceration and poor controlled symptoms are some of the criteria to hospital referral.

## CELL TUMOR OF THE EXTENSOR TENDON SHEATH OF THE THIRD TOE

Mario Joao Rodrigues Esteves, Laurinda Leitao

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This is an account of a case of giant cell tumor of the extensor tendon sheath of the third toe of the right foot, an uncommon location for this type of lesion. The male patient, type II diabetic, had pain in the right foot, without previous trauma. He underwent clinical examination, radiological and magnetic resonance imaging of the region. Once the diagnosis of Tumor Giant Neoplasm was established, the patient was then treated with surgical resection of the tumor. The diagnosis was confirmed by anatomopathological examination. The patient progresses well, with improvement of the symptoms reported in the preoperative period.

## ARTHRITIS PAIN OF LARGE JOINTS INFLUENCES ANXIETY AND DEPRESSION

Enrique Almenar Cubells, Carmen Mozota Pérez, Diana Diaz Gil, Enriqueta Hernandez Hernandez, Alfredo Quiles Raga, Jose Espuig Aviño, Daniel Palacios Martorell, Elena Navarro de San andres

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**Introduction:** Osteoarthritis is a very limiting disease since it affects millions of people in the world it is the first cause of chronic pain

**Goals:**

The study aims to answer the following questions:

- 1.- To know which joints were the most affected by osteoarthritis
- 2.-Assessing pain produced by arthrosis of large joints
- 3- To study if the Anxiety and Depression is influenced by the pain of the osteoarthritis

**Material and methods:** Descriptive cross-sectional study of 164 patients diagnosed with osteoarthritis of the knee or hip following the Altman criteria recorded in the electronic history of a FAMILY DOCTOR, patients were asked for informed consent and patients with acute diseases were excluded Or severe chronic conditions, those with a diagnosis of mental illness and those who did not give informed consent. Each patient assessed pain using the Visual Analogue Scale (VAS). Anxiety and Depression were measured using the Goldberg scale (sensitivity of 83% and specificity of 82%). Weight, height, body mass index .

**Results:** The mean age of the participants was 19.82 with a standard deviation of 11.09, women 56.7% men 43.3%, knee osteoarthritis 47% hip 13.4 and knee-hip 39.6%; Very little pain 18.3% little 16.5, quite 36.6% and much 28.7%, anxiety 45.1% and depression 59.1; Chi square pain-anxiety 21.23 bilateral significance 0.000; Chi square pain-depression 19.380 bilateral significance of 0.000.

**Conclusions:** There is a significant association between joint pain and anxiety and depression. Therefore, the family Doctor should study these two conditions when osteoarthritis is diagnosed

## SPONDYLODISCITIS AS A CAUSE OF LOW BACK PAIN

Ana Rita Coutinho, Felisberta Leal  
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**Introduction:** Low back pain (LBP) is a frequent complaint in primary care visits. Most cases have a mechanical origin, secondary to structural abnormalities, trauma or degenerative conditions, with no significant inflammatory component. The systemic causes (infectious/inflammatory, neoplastic or visceral) are involved in only about 3% of cases. An uncommon cause of LBP is spondylodiscitis; it consists of an inflammation in the intervertebral disc, affecting mostly the dorsal or lumbar spine. The insidious symptoms and the unspecific presentation lead to a delayed diagnosis, resulting in high morbidity and mortality.

**Objective:** To describe a case of LBP with inflammatory origin, secondary to spondylodiscitis.

**Results:** Male patient, 73 years old. Antecedents of Diabetes, Hipertension, Ischemic Heart Disease, Aortic Stenosis. Under Metformin, Irbesartan/Hydrochlorothiazide, Carvedilol, Acetylsalicylic Acid, Simvastatine and Alprazolam.

The patient initiated LBP complaints, with no major effort or trauma associated. He was observed in a primary care visit and medicated with intramuscular Cetoprofen, Paracetamol and Thiocolchicoside for analgesia on demand. One week later he was observed by his family doctor, who kept the analgesia and dismissed an etiologic study. Months later, as the pain got worse and started irradiating to the lower limb conditioning claudication, the patient recurred to an orthopedist; he was medicated with Tramadol and initiated complementary

study. Diagnosed spondylodiscitis with a massive psoas abscess; the patient was admitted to Infectious Diseases department for antibiotic treatment.

**Conclusion:** It is necessary to identify the correct etiology of LBP, in order to ensure a proper treatment of the underlying condition.

## DOCTOR, I CAN'T MOVE MY LEGS

Montserrat Sánchez Alaminos, Daniel Martínez Antequera, Lilián Tomás Ortiz, María Dolores Navarro Miralles, Soraya López Zácarez, Ana Esther Pérez Díaz, Ana María Fernández López  
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**Introduction:** A 40-year-old man who goes to the emergency room due to bilateral lower extremity weakness with abrupt onset. Refers to weight loss of 10 kg in 9 months without other symptoms of interest.

Medical History: No arterial hypertension, no Mellitus diabetes, no dyslipidemia or other cardiovascular risk. No previous surgery. No chronic treatments.

Clinical examination: upper limb strength: 3/5 and lower limb strength: 2/5 with palpable thyroid. Rest as normal.

**Objective and Methods:** Blood test: Potassium(K): 2.1, THS <0.008, T4 2.96 as only pathological findings.

Electrocardiogram: There is no evidence of hyperkalemia: ST-segment depression, sinus tachycardia, U waves or T-wave amplitude decrease

Monitoring.

**Results:** It is a Thyrotoxic periodic paralysis (TPP) as a form of presentation of primary autoimmune hyperthyroidism, after immediate replacement of potassium in the emergency room, the patient was asymptomatic and began treatment with non-selective beta-adrenergic antagonists and methimazole to normalize thyroid function and avoid relapse.

**Conclusions:** TPP is a pathology related to a defect in muscle ion channels, which is characterized by episodes of muscle weakness that can be precipitated by intense exercise, fasting or carbohydrate rich meals. With these stimuli, a state of hyperthyroidism would favor the intracellular entry of K, producing a state of hyperpolarization of the muscle fiber and consequently its paralysis.

The importance of recognizing the urgency of this pathology lies in its lethal complications, especially at the cardiac level, so it is essential to establish immediately treatment and the patient monitoring.

## THE GREAT SIMULATOR

Eva María Fernández Cueto<sup>1)</sup>, Mario García Aroca<sup>2)</sup>, María del Socorro Fernández Guillen<sup>1)</sup>, Carmen Celada Roldan<sup>2)</sup>, Isabel María Martínez Ardil<sup>3)</sup>, Raquel Gomez Garcia<sup>3)</sup>

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**Introduction:** 17 year old woman, without medical history who comes to the emergency department 15 day history of malaise, generalized joint pain without joint swelling, and persistent fever of 39C, predominantly evening, coinciding with the appearance of it, developing a localized rash on the trunk and thighs formed mainly by erythematous macules

circular, which is sometimes accompanied by sweating and chills. In recent days shows, nonproductive cough and sore throat.

Physical examination: Fever 39.6. In exploring multiple papules and conclusive, erythematous plaques of pink habonoso appearance and located mainly in upper trunk and legs were observed. OR: hypertrophic tonsils without exudate. AC: Gallop for the fourth tone. AP: fine crackles in both bases. Abdomen slightly painful hepatomegaly without splenomegaly

**Method:** PCR 18 Hemoglobin 10 mg / dl Hematocrit 30% VCM 83l Leukocytes 33.25 with 83% neutrophils. 545,000 platelets / mm<sup>3</sup>.

Skin biopsy: showing skin fragment preserved epidermis, dermis with infiltration surface pericapillary mixed with discreet presence of leukocytes in proportion and hematic extravasation in the deep dermis.

The clinical picture as Still's disease was interpreted by present criteria and Yamaguchiapara Cush. She started treatment with methylprednisolone 40 mg / day, calcium and vitamin D. Forwarding rash, fever, joint pain and sore throat.

**Results:** Still's disease.

Due to the multisystem nature of the disease and the absence of a specific diagnostic test, the diagnosis is made by exclusion can not be realized in full in the area of primary care, but it can be a presumptive diagnosis of the disease in the presence of a fever of unknown origin, thereby avoiding delay and unnecessary diagnostic tests

## INDICATION OF TREATMENT WITH DENOSUMAB SINCE ITS COMMERCIALIZATION IN 2011

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**Introduction:** Denosumab is a human monoclonal antibody for osteoporosis treatment. It was approved by the European Commission on 28 May 2010, and introduced in Spain during 2011. Although it is not considered a first line treatment, denosumab's use has been increasing since its commercialization. Well-founded doubts about its efficacy and serious side effects, such as jaw's osteonecrosis and hypocalcemia, have been reported.

**Objective:** We wanted to assess the indication of treatment with denosumab in our primary care team.

**Methods:** Descriptive study. We reviewed all cases that have been treated with denosumab since 2011. We checked whether the treatment met criteria for indication, such as bone mineral density, fracture history and classical risk factors for osteoporosis. We also checked whether an alternative treatment was possible.

**Results:** 96 patients have been receiving treatment with denosumab, 9 of these are men and only in one of them the treatment meets criteria of indication. 87 women have been treated with denosumab, and only in 34.1% of them the treatment was correctly indicated. In 27.1% of the patients the densitometry result was not reported as being less than -2.5 SD and therefore none diagnosis of osteoporosis should be done. Although denosumab is not considered a first line treatment, 12.5% of the patients assessed had not received any other

treatment before. Even though there is no comparative data with bisphosphonates, it is usual for denosumab to be used as an alternative. Strong evidence based guidelines are needed in order to avoid osteoporosis overtreatment and its consequences.

## **PIRIFORMIS SYNDROME, THE "FALSE SCIATICA"**

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**Introduction:** The piriformis syndrome is a neuromuscular disorder caused by a dysfunction of piriformis muscle, a lateral rotator of the hip. Due to its close proximity to the sciatic nerve, a dysfunction of this muscle may originate inflammation or compression of the nerve causing pain along its trajectory, mimetizing sciatica. There may be other symptoms such as dyspareunia, rectal pain and limitation of motion of the hip. The dysfunction is mainly caused by continuous trauma of the muscle.

**Objective:** A literature review about the piriformis syndrome.

**Methods:** Bibliographic research in relevant databases (Pubmed® and Medline®) using keywords such as piriformis syndrome, piriformis muscle, sciatic nerve and sciatica.

**Results:** The piriformis syndrome is responsible for about 6% of sciatic nerve pain and 17% of low back pain. Its diagnosis is essentially clinical, based on features such as muscle hypertrophy and worsening of pain with internal hip rotation and adduction, and after exclusion of pathologies such as disc herniation, radiculopathy and tumours. The treatment should start with physiotherapy and osteopathy. Analgesics and anti-inflammatory drugs may be necessary, as well as local injection of anaesthetics and corticosteroids. Surgery is the last treatment option. Despite its prevalence, the piriformis syndrome is not frequently mentioned in clinical meetings. Although, the knowledge of its pathophysiology and clinical features proves to be essential to its correct diagnosis. It is also important to state that the efficacy of the treatment is directly related to the cooperation of the patient, which may return to its previous activity.

## **APPROACH AND TREATMENT OF OSTEOPOROTIC VERTEBRAL FRACTURES**

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**Introduction:** Osteoporosis is a systemic skeletal disease characterized by low bone density and a change in the microstructural quality of the bone, which leads to diminished bone resistance and higher risk of fracture. Osteoporotic vertebral fractures are associated with an important morbidity and mortality, as well as important healthcare and social services costs.

**Objective:** Review the approach and treatment of osteoporotic vertebral fractures on the primary care setting.

**Methods:** Literature review based on systematic reviews, meta-analysis and guidelines published in the last five years, limited to Portuguese and English language, on Pubmed, Medscape, BMJ and UpToDate databases, using the MeSH terms "osteoporotic vertebral fractures".

**Results:** Osteoporotic vertebral fractures may manifest as an acute pain episode or may be asymptomatic, as an accidental finding of radiography. The initial evaluation of the fracture is important, in order to provide the best treatment. A detailed anamnesis, physical exam – with neurological exam – and imagiologic and analytical investigation are mandatory in these patients. Treatment consists in analgesy, fisiotherapy, orthosis and treatment of the underlying pathology. Bedrest time should be minimized. Surgical approach must only be considered in patients with painful osteoporotic vertebral compression, despite optimized medical treatment.

After diagnosis and treatment of the fractures, the treatment of the underlying pathology – osteoporosis – must not be forgotten. The family doctor has an active paper not only on this phase, but also on the screening of the disease, by searching risk factors, prescribing osteodensitometry and treating when indicated.

## THE BACK WAKES ME UP AT NIGHT, I WALK A BIT AND IT DISAPPEARS...

Rocío García-Romero, Rafael de-Mena-Poveda, Pedro Vivancos-Ureña, Marta Perez-Valencia, Clara Montesinos-Asensio, Lidia Amador-Fajardo  
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**Case description:** 23-year-old woman with no medical history of interest, single, unemployed, attends for low back pain which started 4 months ago and grows progressively. Intermittent improvement with physical exercise, but not with rest and partial relief with anti-inflammatories. During the last month the episodes are more continuous, waking her up at night, irradiating to lower left limb, no fever, no xerophthalmia or psoriatic pathology and no morning stiffness.

**Exploration and complementary tests:** Painful dorsolumbar apophysis palpation, no mobility limitation, doubtful left lassegue and painful distraction, compression and Faber maneuvers. Simple lumbar and sacroiliac radiological study shows subchondral sclerosis in both sacroiliacs, suggestive of sacroiliitis. CT: bilaterally mildly osteophyte spondyloarthrosis with increased bone density at the level of articular face of the left iliac in relation to sacroiliitis. The blood test shows high ESR and CRP, with normal rheumatoid factor. The RMN confirms left-sided sacroiliitis. HLA-B27 is negative being diagnosed as spondylarthritis without complying the asa criteria.

**Diagnostic:** Inflammatory low back pain, negative HLA-B 27 spondyloarthritis.

**Differential diagnosis:** Mechanical low back pain vs inflammatory low back pain.

**Final comment:** To emphasize the importance of a correct anamnesis guiding the symptoms, as well as the value of physical examination that guides us towards the request of a simple x-ray which in this case supports the diagnosis of Sacroileitis.

## GLUCOCORTICOIDS INDUCED OSTEOPOROSIS- CASE STUDY

Katarina Mitić, Ana Bojčić, Aleksandra Veselinović, Sonja Gojić, Jovana Radmilović  
*Health center "Dr Simo Milošević", Belgrade, Serbia*

**Introduction:** Glucocorticoids are now widely applied in therapy of autoimmune diseases, inflammatory diseases of the digestive tract, neurology and rheumatology. Also, are the medicines most likely to cause osteoporosis. Their effects on bones are dosed and timely

dependent. Pathological fractures on the basis of corticoid-induced osteoporosis causes 30-50% off all patients on this treatment.

**Objective:** To show the therapeutic use of glucocorticoids as causative agents of secondary osteoporosis.

**Methods:** Medical carton of patients is analyzed.

**Case study:** A patient aged 42 reported to their doctor about injuries on their right foot. Rendgenogram of the right foot showed the fracture of the fifth metatarsal bone and osteoporosis appearance of the bone. Details taken from history reversals that patients suffering from Morbus Chron and uses hydrocortison dosed of 10 mg daily for 6 years. Suspicion was raised about the osteoporosis caused by corticosteroids. DEXA( Dual-Energy X ray Absorptiometry) was done on lumbalis vertebrae and obtained T score - 2,7, which confirmed this diagnosis. Immediately introduced in therapy alendronat, a dose of hydrocortisone was gradually reduced. In check ups 2 years later there was no reappearance of fractures T score stood at -2,6.

**Results:** Glucocorticoid osteoporosis is a known medical problem, but it is under-diagnosed and under-treated. It is therefore of most important for all patients with long-term corticosteroid therapy to work DEXA review, to include medicines that prevent bone loss and to use the minimum of sufficient doses of glucocorticoids in order to control the main disease.

## THORACIC OUTLET SYNDROME-CASE STUDY

Katarina Mitić, Ana Bojčić, Aleksandra Veselinović, Sonja Gojić, Jovana Radmilović  
*Health center "Dr Simo Milošević", Belgrade, Serbia*

**Introduction:** The throacic outlet is a space that limit the scalene muscles of neck, first rib and clavicle. Through this space passes the lower roots of the brachial plexus and subclavian blood vessels. When exists compression on this two structures, then we talk about thoracic outlet syndrome-TOS. It occurs in every 500 people, which makes it frequent syndrome.

**Objective:** To remind on the existing of this not-so-rare syndrome.

**Methods:** Patient's medical records were analyzed.

**Case study:** The patient aged 36-reported to her doctor for pain and numbness in the left side of the neck, left shoulder and arm. She said that in last time there are muscle weakness of the left hand. There was the weakness of the pulse at the radial artery on the left arm during the execution Adson's and Allen's test. Electromyoneurography (EMNG) showed slower conduction of nerve impulses on the left side. Doppler ultrasonography showed a drop in blood pressure compared to the right arm and flattened pulse wave. Rendgenogram of cervical spine showed the presence of cervical rib left. This confirmed diagnosis of TOS. Physical therapy and drug therapy were begun (anti-inflammatory drugs, muscle relaxants, analgesics and sedatives).

**Results:** TOS is often difficult to detect because it has similar symptoms as well as the other status which occur in the shoulder area. However, its prevalence reminds us that we must think of this syndrome in determining the etiology of pain and paresthesia in the shoulder and arm, in order to timely diagnosis and starting treatment.

## MARFAN SYNDROME

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**Introduction:** Marfan syndrome is a multi-systemic disease and one of the most common inherited conditions of the connective tissues. The diagnosis is mostly made upon clinical findings that must fulfill pre-determined international criteria.

**Results:** Marfan syndrome is a connective tissue disease, with an autosomal dominant pattern. It involves, mostly, the cardiovascular, skeletal and ocular systems. Marfan syndrome is caused by a mutation in the FBN1 gene, it shows having both inter and intra familiar variability, both genders have the same risk and it is not predominant of one specific ethnic or racial group. The diagnosis is made upon clinical findings, mainly using the recently revised Ghent criteria, which are divided upon systems and must obey major and minor criteria. The diagnosis requires a multidisciplinary assessment that often includes a geneticist, ophthalmologist, cardiologist and orthopedist, if severe orthopedic issues arise. The treatment begins with lifestyle modifications, various issues in pregnancy should be considered, especially concerning the risk of transmission; all other symptoms and finding should be treated by the respective specialists.

**Conclusion:** Marfan syndrome is still underdiagnosed. Being it a potentially life-threatening disease it is important to be aware of some of the most basic clinical signs, to be able to make a rapid referral.

## INCIDENCE OF EXTREMITY AMPUTATION IN PATIENTS WITH CHRONIC PERIPHERAL ARTERIAL OCCLUSIVE DISEASE: ETHNIC DISPARITIES

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**Introduction/Objective:** Patients with chronic peripheral arterial occlusive disease (PAOD) have a higher rate to receive extremity amputation. The objective of this study is to compare the ethnic disparities of receiving extremity amputation among patients with chronic PAOD.

**Methods:** Between 2001 and 2015, the patients with first diagnosis of chronic PAOD in our hospital were enrolled in the study. Our hospital, Puli Christian Hospital, is located in the central area of Taiwan which surrounding by mountains and aboriginal tribes. Chi-square test and two sample t-test were used to identify the difference of extremity amputation between aboriginal and non-aboriginal patients with chronic PAOD.

**Results:** A total of 380 patients (26 aborigines and 354 non-aborigines) were enrolled in the final study. The mean age at first diagnosis of chronic PAOD was younger in aborigines (63.7 vs 70.4,  $p=0.009$ ), the mean age of receiving extremity amputation was also younger in aborigines (63.8 vs 77.7,  $p=0.007$ ). Ten of aborigines and 29 of non-aborigines received extremity amputation, the rate of receiving extremity amputation was significantly higher in aborigines (38.5% vs 8.2%,  $p<0.001$ ).

**Conclusions:** Among the patients with chronic PAOD, aborigines exhibited a higher rate of and a younger age on receiving extremity amputations. We recommend that close follow-up and health education for aboriginal patients with chronic PAOD should be provided.

## THE HIDDEN INJURY

Montserrat Sánchez Alaminos<sup>1)</sup>, Daniel Martinez Antequera<sup>1)</sup>, Lilián Tomás Ortiz<sup>2)</sup>, Maria Dolores Navarro Miralles<sup>2)</sup>, Soraya López Zácarez<sup>2)</sup>, Ana Esther Pérez Díaz<sup>3)</sup>, Ana María Fernández López<sup>4)</sup>

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**Introduction:** A 48-year-old woman who visits her family doctor for pain in the right shoulder because an excess effort at home.

The patient had no medical history of interest except that she was a 30-pack-year smoker. The exploration presents moderate pain with diffuse palpation and with the passive and active movements of rotations, retroversion and anteversion, abduction and adduction. Analgesic treatment was given and a shoulder x-ray was normal.

**Method:** In view of the persistence of the symptomatology, with the same shoulder examination and normal cardiac and pulmonary auscultation, it was decided to request a chest x-ray, which revealed a mass in the upper lobe of the right lung. The patient was referred to the Pneumology department at the hospital to complete the study:

- CT thorax: bronchogenic neoplasia T4N1M0
- Biopsy: bronchopulmonary adenocarcinoma infiltration
- Spirometry: pattern within normality.

**Results / Diagnosis:** Pulmonary adenocarcinoma T4N1M0 Stage IIIB. The patient remains stable during the diagnostic process, referring to oncology for follow-up to begin treatment.

## CASE REPORT OF A MARFAN SYNDROME

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**Introduction:** Marfan syndrome (MS) is a genetic disease with autosomal dominant transmission. Incidence is 1-2 cases per 10,000 people. The disease results from a mutation in the fibrin gene. This protein is present in the connective tissue, and the alteration of structure affects mainly the musculoskeletal, cardiovascular and ophthalmic systems. The most frequent symptoms affect structure and function of the eye, cardiac valves, aorta and musculoskeletal components of spine and legs. Diagnosis is mainly clinical. In 75% of cases, the disease has a familial transmission, and the first symptoms appear usually in young adulthood.

**Objective:** Present a case report of a rare disease, but with severe impact in quality of life of the patient and his family.

**Method:** Man, 35 years, 1.98 m height and 98 kg. Healthy until 30 years old, when start feeling lumbar pain with irradiation to the left leg, quickly aggravation and no response to pain control therapy. For sudden loss of muscular strength and standing left foot, underwent

urgent neurosurgery for spinal decompression. Detected, aortic aneurysm and valvulopathy revealed in Angio-CT, both surgically corrected. Due to high suspicion, a diagnostic hypothesis of MF was proposed. He presents also claw toe, articular hyperlexidation and myopia. Investigation of family was made in genetics consultation and MS was detected only in the mother.

**Results:** It's a case, that shows the importance of a good global exam. The suspicion of the rare or genetic syndromes it's very important, especially at young patients, whealthy before, with sudden, severe and quickly progressive symptoms, without known cause.

## TREATMENT WITH UNDENATURED TYPE II COLLAGEN IN OSTEOARTHRITIS OF THE KNEE - AN EVIDENCE BASED REVIEW

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**Introduction:** Knee Osteoarthritis is a frequent degenerative disease of the joint that causes a great deal of morbidity. The most common clinical features include pain, stiffness, reduced mobility, muscle weakness, local swelling, deformities, crepitation and loss of function. Undenatured type II collagen has been recommended for symptomatic relief of osteoarthritis of the knee.

**Objective:** The main goal is to review the evidence available concerning the benefits of undenatured type II collagen in the quality of life of patients suffering osteoarthritis of the knee.

**Methods:** An evidence based review with articles searched in medical databases (*Medline, National Guideline Clearinghouse, Guidelines of NHS, Canadian Medical Association Practice Guidelines Infobase, Cochrane Library, DARE and Bandolier*) using "collagen type II" and "osteoarthritis, knee" as MeSH terms. Level of Evidence and Strength of Recommendation were attributed from the Strength of Recommendation Taxonomy scale of the American Family of Physician's journal.

**Results:** 404 of the 406 articles were excluded for not meeting the inclusion criteria. 2 articles were admitted for reading and for analysis. Both studies agree that there's statistically significant evidence that supports its use in the relief of symptoms related to knee osteoarthritis when compared with placebo or supplements made of glucosamine and chondroitin. In sum, there's evidence that supports the use of this compound in knee osteoarthritis (LoE 2), however due to the small sample size of the studies and the short period of symptomatic relief, the authors attribute a strength of recommendation B for its use as monotherapy for this disease.

## MINDFULNESS TECHNIQUES IN THE RELIEF OF CHRONIC LOW BACK PAIN

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**Introduction and Objective:** Chronic low back pain is a frequent clinical situation and has a significant impact on patients' quality of life and productivity. Despite the numerous treatment options and the increasing availability of medical care in this area, there is still a need for treatments with demonstrated efficacy, low risk and potential to be available for the

population. Thus, with this review, we intended to conclude whether meditation techniques may or may not become a therapeutic option for patients with low back pain.

**Methodology:** Research conducted in PubMed, the Cochrane Library and BMJ until October 2016, using the combination of the keywords "low back pain" and "Mindfulness-based stress reduction" and "adults". Random clinical trials comparing treatment with mindfulness techniques and usual care were included. We take as major outcomes the improvement of pain and functional limitations.

**Results:** In some clinical trials in adults with chronic low back pain, the treatment with mindfulness techniques compared with usual care, showed improvement of pain and functional limitations.

However, in other studies in individuals over 65 years of age, it has not been possible to demonstrate pain relief or improvement of functional limitations, neither in the short nor the long term.

We believe that the available evidences is inconclusive as to the efficacy of meditation techniques in improving pain and functional limitations in patients with low back pain. For this reason, we consider it necessary to carry out more clinical trials with a longer follow-up period so that conclusions can be drawn.

## REMITTING SERONEGATIVE SYMMETRICAL SYNOVITIS WITH PITTING OEDEMA (RS3PE)

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**Introduction:** This syndrome is characterized by symmetrical synovitis with pitting edema in the dorsum of the hands or feet. It shows an absence of rheumatoid factor and favourable response to glucocorticoids. In most of the cases, it has an unknown etiology and is more frequent in older people.

Pleural and pericardial effusions are unusual complications to this syndrome. Nevertheless, the following case clinic fulfilled all the criteria for the diagnosis of this entity, and also developed a bilateral pleural effusion.

**Objective:** RS3PE is a frequent reumathological entity which interest in primary care is its easy diagnosis. The aim of this report is to show an infrequent form of clinical presentation of this syndrome.

**Methods:** Case report. Patient in the Internal Medicine Unit at the Hospital Clinic Barcelona.

**Results:** A 87-year-old Spanish man presented arthralgia and pitting edema on his feet. He had several symptoms such as pain in multiple joints, peripheral edema specially on both malleolus that complicated his walking, and a markedly elevated erythrocyte sedimentation rate. Enhanced computed tomography and laboratory data showed no evidence of malignancy, but it did show an unusual increase of the ADA and low glucose in the thoracentesis test result. After discarding Rheumatoid arthritis, Tuberculosis, Lymphoma and pyogenic effusion, we arrived to the conclusion that he had RS3PE. He also developed respiratory distress because of bilateral pleural effusions. Laboratory data showed that serum vascular endothelial growth factor and interleukin-6 were significantly elevated. After administration of steroids, his pleural effusions decreased and finally disappeared.

## SUDDENLY A LUMP IN MY NECK

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**Introduction:** 23 years old male. Without previous conditions, surgeries nor treatments. No local traumatism. For the last 48 hours the patient has suffered of high degree fever (39°C) with shivering associated to a painful lump on the left supraclavicular region. The previous days, cervical adenopathy and fever despite antipyretic, but not suffering dysphagia nor dyspnea.

**Objective:** Diagnosis and management of unusual pathologies.

**Methods:** Physical exploration: Temperature 38.5°C, BP 123/59mmHg, 94% O2 Saturation. Good general condition, eupnoea, feverish, amygdale hypertrophy without exudates. Swelling of approximately 10x4cm on the left anterior area of supraclavicular region, rocky and very painful, with oedema, erythema and increased temperature without cervical adenopathy. No meningeal irritation signs. Cardiopulmonary auscultation without findings. Pharynx hyperemia with tonsils hypertrophy. Epigastric discomfort without abdominal pain or masses.

**Complementary test:**

Blood test: PCR19, leucocytes 14.14 (neutrophils 91.4%, lymphocytes 4.5%). Hemoculture: streptococcus dysgalactiae.

Cervical ultrasound: Heterogenic widening of the left sternocleidomastoid of about 3cm, with anechoic and liquid areas inside and inflammatory changes among the soft tissues surrounding it.

Cervical MR: Mass in left sternocleidomastoid of 8,82 x 6,56 x 4,96 cm affecting esternoclavicular region to hyoids bone. Bleeding areas on the cranial area that might be responsible for the increased size. At the inferior part, it overcomes the muscle limits affecting supraclavicular fat.

Differential diagnosis: left sternocleidomastoid pyomyositis. Reactive adenopathy.

**Results:** Diagnosis: Left sternocleidomastoid hemangioma complicated with bleeding and streptococcus dysgalactiae infection of a probable hematogenous origin.

**Final commentary:** Admitted at hospital for endovenous antibiotic with significant improvement. A extirpation surgical procedure is decided after the treatment.

## INFLUENCE OF CLIMATE ON CHRONIC PAIN

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**Introduction:** Many patients with osteoarticular and rheumatologic pathology report altering the pain pattern with climate change. From 400 BCE Hippocrates pointed out that the climate could influence the state of the diseases. A study carried out in 1870 reported greater intensity of pain in periods of Aurora Borealis. The first publication on climate and influence with pain was in 1887 in the American Journal of Medical Science.

**Objective:** To determine the influence of climate on patients with chronic pain.

**Methods:** Bibliographic research of review articles, written in Portuguese and English, published after the year 2000 inclusive, with the following key word: *climate, chronic pain*.

**Results:** From the bibliographical research resulted the meeting of 10 articles of classic revision and meta-analyzes. Several theories have been proposed, but to date the etiology remains unclear. On the other hand, certain psychological factors associated with climate change may have an impact on patients with chronic pain.

The results of the published literature are difficult to compare because most have small samples, the meteorological variables are different between the studies, and there are disparities in the diagnosis and measurement of pain.

**Conclusion:** Despite the methodological diversity of the studies analyzed, there are some significant results that confirm the influence of meteorological conditions on pain intensity, especially in the most recent publications. Further studies are needed to measure whether the intensity of this effect interferes with the performance of daily activities and verify and quality of life of individuals.

## ABOUT A CASE, PATIENT WITH TETANY AND ASTHENIA CRISIS

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**Description:** 15 old-year male that comes to health centre emergencies with tetany in the upper and lower limbs. He also has distal paraesthesia in the upper limbs self-limited and asthenia since a month. A week ago he suffered a gastrointestinal symptoms, healed now. Blood test: severe hypokaliemia (1.80mEq/l), magnesium 0,55 mmol and metabolic alkalosis, no others pathological findings. In the EKG: sinus rhythm 80bpm, normal QTc. 40 mEq of ClK is administrated in 4 hours, improving the symptoms (K 2.72 mEq/L). After discard the use underhand of diuretics, he is diagnose of Gitelman syndrome, correcting the blood alterations with potassium, magnesium and spironolactone. The patient now have occasional similar crisis of minor intensity, and blood parameters, that at the beginning improved, posteriorly needed a dosis adjustment to repair the hypokalaemia.

**Strategy of actuation:** Gitelman syndrome is a tubulopathy of recessive autosomic heritage in with the main alteration is on the distal tube. It causes metabolic alkalosis, with normotension, hypokalaemia, hypomagnesaemia and hypocalcaemia. Patients with Gitelman syndrome are asymptomatic, despite episodes of muscular weakness and tetany with or without abdominal pain, vomiting and temperature. It is common the minor symptoms as asthenia, muscular weakness, nocturia and polydipsia, which explains the diagnose in an elder age. Diagnose criteria: a) hypomagnesemia or renal origin (mg <1,6mg/dl, in presence of magnesuria improperly elevated, FE mg>9%). B) hypopotasemia or renal origin (kaliemia <3,6 mEq/l, in presence of kaliuria improperly elevated, EF >16%), y c) urinary excretion of calcium < 2mg/kg/day (rarely superior to 0,5 mg/kg/day), in normotentse and without diuretics.

## LUMBAR SPINE OSTEOCHONDROMA: WHEN AN IMAGE SPEAKS FOR ITSELF

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**Introduction:** Osteochondroma represents 30-40% of all benign bone tumours and only 1-4% involves the vertebral column. They typically present during the second decade and have a male predominance. They are usually asymptomatic and commonly discovered incidentally. Their characteristic radiographic features allow them to be diagnosed by plain radiograph. Most osteochondromas are not removed until the physes is closed, because of the moderate risk of recurrence.

**Case description:** An 8 year old child, male, Caucasian, previously healthy, comes to a surveillance consultation in March 2016. The physical examination revealed, at the L4 vertebra level, a left paraspinal palpable mass, 25x20x10mm, fixed, hard in consistency, non adherent and without pulse. Neurologic examination was normal. Lumbar spine radiograph's report revealed no lesions, despite the alterations that were visible on the sagittal view image. Further study by ultrasound revealed a calcic image, 20x21mm, with no aggressiveness criteria, closely related to vertebral column structures. Finally, the CT scan confirmed a 20x15mm mass arising from the spinal process of L4 vertebra, being consistent with an osteochondroma. At this moment the patient has an hospital consultation scheduled for January 2017.

**Discussion and conclusions:** The suspicion of an unknown diagnosis in paediatric patients is faced with concern by the parents. The primary care physician should be alert to the least expected differential diagnosis, in order to better manage all the doubts and anxiety. This case also demonstrates an inconsistency between the physical examination findings and the radiograph's report, enhancing the importance of the physical examination on daily practice.

## OSTEOID OSTEOMA VS OSTEOLASTOMA

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**Introduction:** Osteoid osteoma (OO) is a rare, benign, primary bone tumor. It's more frequent in cortical region of the diaphysis of long bones. Histologically, no difference can be seen between OO and Osteoblastoma (OB). They're classified according to their size: lesions until 1,5cm - OO, and more than 2cm - OB. It appears most often in the second and third decades of life, more commonly in men. Patients usually present with pain for several months.

**Objective:** Review of the literature, oriented by a case description.

**Methods:** Informed consent and database SClínico.

**Description:** 70-year-old female, with obesity, hypothyroidism, multiple osteoarthritis and dyslipidemia. Consulted her general practitioner on March 26th of 2014 due to a left elbow pain, diagnosed with a tendinitis. She went to the Emergency service on April 16th and made a elbow TC "...suggesting tendinitis and enthesitis." After two years (December 7<sup>th</sup>, 2016), returned maintaining left elbow pain with associated swelling, refractory to therapy. On examination it was identified a swelling of anterior forearm, distal to ulnar fossa, with painful pronation. X-ray and ultrasound were ordered. On December 29<sup>th</sup> was referenced to orthopedics because the result of X-ray.

**Results:** X-ray and ultrasound suggesting a possible OO (diameter of 4.5cm and thickness of 15mm).

**Conclusion:** The clinical course of OB often makes diagnosis difficult. Lesion size supports the diagnosis of OB. By this way, more exams need to be done, such as biopsy to make a definitive diagnosis. Surgical excision is the treatment of choice.

## CHONDRODYNIA

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**Introduction:** Tietze syndrome is characterized by an inflammation and painful thickening, which is located in one or more costal cartilages. So far, this condition has been named in a variety of ways: cost-chondral syndrome, chondrodynia, or costal chondritis, among others.

**Objective:** A 34-year-old woman with no personal history of interest. She goes to her GP due to pain in the left hemithorax that radiates to the back, with ill-defined characteristics. It does not worsen with deep inspiration or supine position. He has taken pain medication without clinical improvement.

**Methods:** The auscultation is normal and presents pain at the palpation of 4<sup>o</sup>-5th costal arch. Treatment with partial rest, anti-inflammatory and diazepam muscle relaxants with diagnosis of Tietze's syndrome is indicated. The patient is required to return in a week in order to assess her evolution, and she shows no symptoms.

**Results:** Tietze syndrome may appear in all ages, but a predominance between the ages of 20 and 30 is observed. Occasionally there is a relationship with chronic respiratory diseases, although there is also association with rheumatic processes and gouty arthritis. Coexistence with calcifications of painful costal cartilage has been pointed out quite frequently. The lesion may be localized in one or more costal cartilages. Its instauration is progressive, almost never of abrupt or acute appearance. The pain is located on the affected cartilage; it is exacerbated with exercise and activity. Treatment consists of relative rest, cold to be applied on the area and anti-inflammatory drugs.

## DEEP VEIN THROMBOSIS VS. BAKER QYST RUPTURE

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Baker's cyst it may arise in isolation, but often accompanies degenerative changes in the knee joint. The diagnosis is essentially clinical, however, ultrasound can confirm the diagnosis and detect complications (hemorrhage, rupture or infection).

A 70-year-old male with antecedents of bilateral gonarthrosis. Come to consultation for severe pain and edema of the entire left leg below the knee. He reported that the condition started the day before during a walk, with sudden onset of intense pain in the left twin region, associated with functional limitation. On objective examination, the knees presented coarse crackling and palpable osteophytes, as well as bulky oval formation in the right popliteal cavity (Baker's cyst already known). He manifested intense pain on palpation of the left twin and edema with godet sign in the middle and lower third. Positive Hommans sign. It was hypothesized that it was a deep vein thrombosis(DVT) and was sent to the emergency department(ED) for confirmation. In the ED, doppler echography showed the presence of "a slide of fluid around the muscles associated with diffuse vascular compression due to edema of the calves, but without deep venous thrombosis." A diagnosis of probable baker's cyst rupture was made and the patient admitted for rest and pharmacological treatment.

Baker's cyst rupture may mimic a DVT and could progress to a compartmental syndrome. Thus, in a patient with gonarthrosis, Baker's cyst rupture should be a differential diagnosis with a suggestive DVT.

## CHIARI MALFORMATION

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**Introduction and Objective:** Chiari I malformation (CM-I) is characterized by abnormally shaped cerebellar tonsils, displaced below the level of foramen magnum.

CM-I is a rare disease, with predominance on female.

**Method:** Case report of a 40 years old Caucasian female. Background: myxomatous mitral valve and possible prolapse; depressive disorder; chronic rhinosinusitis; bilateral carpal tunnel syndrome. Medication: sertraline 50mg; alprazolam 0,25mg. The patient went at her doctor's office for reappraisal after an episode of lost of consciousness followed by stuporous state a week earlier. At the emergency room the positive findings were hyporeactive and mydriatic pupils and hypotension. The CT scan showed cortical sulci enhancement, suggesting diffused atrophy. After clinical stability the patient was discharged.

On present appointment she denied new episodes and an extensive workout was made.

Without relevant findings it was made a new CT.

On following consultation, she had pain on sacroccocigea region with inflammatory rhythm with associated morning stiffness and weight sensation on cervical. No other symptomatology.

The new CT presented changes suggestive of CM-I malformation. She was referred to neurosurgery.

Research was made on pubmed. Key words: "Chiari malformation".

**Discussion:** CM-I usually causes no symptoms and it malformations are discovered only during the course of diagnosis or treatment for another disorder.

If the malformation is severe, it may cause headache, neck pain, dysphagia, dizziness among other symptoms. Some of this was presented by our patient.

**Conclusion:** Chiari malformation requires high index of suspicion. The prognosis is highly dependent on the therapeutic approach and clinical condition.

## A RARE CASE OF URINARY RETENTION - ABOUT A CLINICAL CASE!

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**Introduction:** Medullary compression has several causes. When the onset is sudden, it is often due to trauma or bleeding. Less frequently, a vascular malformation, such as an arteriovenous fistula (AVF), may occur. This pathology affects mainly middle-aged men who develop progressive myelopathy. The diagnosis is based on Magnetic Resonance Imaging with Angiography and the treatment goes through embolization or surgery.

**Methods:** A search for articles using the MeSH terms arteriovenous fistula and myelopathy published between January and December 2016 was conducted.

**Case description:** 72 years old was submitted to P-TUR in September/2015. He went to the Family Physician with urinary retention associated with difficulties in starting urination. He performed a urinary test which revealed leukocyturia. The urine's culture was negative. He visited the urologist with the same symptomatology, maintained algiation and started antibiotherapy in a prophylactic scheme. He returned to speak with his FP, due to loss of control of anal and bladder sphincters and paraparesis, for which an urgent request of Neurosurgery consultation was performed. The patient was hospitalized for further study. Angio - MR was performed, which revealed dorsal dural FAV in D11 which conditions a myelopathy syndrome, and was submitted to right D11 hemilaminectomy.

**Conclusion:** One of the characteristics of the Family Physician is the managing of the disease at an early stage of its natural history, in an undifferentiated phase, which may require urgent intervention. The case referred to is an example of this and the management of the resources that we have at our disposal.

## RESOLUTION OF INFILTRATIONS IN PRIMARY CARE

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**Objective:** Improve the circuits in Primary Care processes that require infiltration

**Methodology:** Infiltrations appointments of GP was analyzed. It has been chosen to make, within the health center, a centralized Infiltration Unit, which a GP specially trained in technique. Given the burden of care work of a specific agenda, was created with 5 infiltrations a week. There is a consultancy with Rheumatology support once a month. Areas of Infiltration were not limited.

**Results:** A cohort of 199 patients was followed at 16 months. Variables: sex, age, date of care, delay time, infiltration zone, post-infiltration NSAIDs, persistent clinic return. 53.6% of women and 46.4% of men. The mean age is 56a the age group that most infiltrates is between 60 - 70 years with a concentration between 50-55 years. 14.4% require treatment NSAIDs with post - infiltration (85.6% do not need it). 29% re-consult and need a second infiltration. With delay of 1 to 5 weeks The area most infiltrated in our team is spur and shoulder tendinitis. In this study we focused on the rate of relapses: calculated of the number of 2 or more episodes / person / year, being our rate of Relapses of 13.56 / person-year. The data of this subgroup were analyzed comparing men and women obtaining  $\mu 3.25 \delta 0.96 / \mu 3,5 \delta 2.52$ , applying t-student with  $p = 0.74$ , not being statistically significant.

**Conclusions:** Improved organization facilitates patient care circuits, with acceptable results with a low rate of relapse, ending the care process avoiding referrals and delays. In primary care, relapse rates are not published and we have only been able to contrast them with hospital level, being similar.

## ABOUT A CASE OF A MENINGIOMA AS AN INCIDENTAL FINDING

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**Objective:** Describe a case of Meningioma Dorsal

**Methods:** Revision of case of Meningioma Dorsal using as main variables the symptoms, diagnosis, treatment and evolution

**Results:** A 29-year-old woman with irrelevant personal history, consults to his family physician for weakness and numbness in lower extremities and perineum, urinary and rectal urgency without incontinence after epidural anesthesia during vaginal delivery, resulting in emergency and admitted to the neurology department. The physical examination shows Normal cranial pairs, paraparesia in both legs, bilateral extensor cutaneous reflex and hyperreflexia in positive left leg, tacto-algic hypoaesthesia in both left and perineal predominant lower limbs, most in the perianal region right; To inguinal region (D12-L1). No ataxia. All the blood test is normal. EMG normal. MRI lumbar: On the vertebral body D9-D10-D11 there is an expansive mass, well delimited intraraquidea of posterior intradural location, extramedular at D9-D10 level, it compresses and laterally moves the spinal cord, which is slightly swollen and edematous, a finding compatible with meningioma dorsal. Later was admitted in Neurosurgery for intervention; bilateral laminectomy was performed, with complete extirpation of the lesion with good recovery.

**Conclusion:** According to the clinical findings following epidural anesthesia, the most logical thing was to attribute a complication as a result of the procedure. Once the MRI was performed, the lesion compatible with dorsal meningioma was detected, although the patient had previously had no symptoms, these were precipitated by the increased intradural pressure, secondary to the volume of local anesthetics that displaced the medulla with consequent compression and inflammation.

## HIGH- ENERGY TRAUMA AND ACUIRED BONE FRAGILITY HIP FRACTURE IN YOUNG WOMEN. CLINICAL CASE PRESENTATION

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**Introduction and objectives:** Hip fractures in young female adults are uncommon and often the result of energy trauma (Patient 1) however it can occure due to bone fragility caused by transient osteoporosis (TO) especially during the pregnancy (Patient 2). *It is known that Transient Osteoporosis can put patients at greater long-term risk for fractures in different areas*

*of the body. Both of the fractures mechanisms are associated with higher incidences of femoral head osteonecrosis and nonunion. Multiple factors can play a significant role in preventing these devastating complications and contribute to a good outcome.*

**MeSH terms:** Hip fracture, transient osteoporosis, energy trauma

**Methods: Case report:** Presentation of two cases of fracture of the hip with its different mechanism.

**PATIENT 1:** 49 – year – old female with no relevant medical history who suffers a fatal fall in her work. Examination at Urgency Unit: unilateral hip pain exacerbated by activity, motion of the hip limited. Review of systems was negative for fever, chills, fatigue, headache, chest pain, palpitations, abdominal pain, paresthesias, or any other symptoms. X-rays of the pelvis and hips revealed subcapital right hip fracture and underwent a surgical treatment.

**PATIENT 2:** 35 - year- old female in her third trimester of pregnancy, with no significant medical history, presented to her clinician with a 3 week long left hip pain associated with knee pain that became more severe in the last 24h. Treated with analgesics (paracetamol and opioids) for the last two weeks that did not alleviate her symptoms. Examination: left hip pain exacerbated by activity, hip motion limited. Review of systems was negative for other symptoms. Evaluated by physical therapy, she was assigned physical exercises and recommended to use a walker. Given her unrelenting pain, which had progressively worsened over time, an X-rays of the pelvis and hips was performed that revealed subcapital left hip fracture and necrosis of femoral head that needed to undergo a surgical treatment. (previous densitometry ( T- score 3,2, Z – score 2,3)

Abbreviations: X-rays, plain radiography, CT, computed tomography;

MRI, magnetic resonance imaging

**Results:** Both patients presented a favorable evolution with full recovery of the movement along the first year of follow- up.

**Conclusion:** Hip fractures can be due to a different mechanism. Both trauma and transient osteoporosis of the hip (TOH) can be responsible factor.

The screening and the early diagnosis during the routine check – up it's crucial in prevention of the side effects of the hip fracture at the early age.

## CHRONIC POSTERIOR DISLOCATION OF THE GLENOHUMERAL JOINT IN A MIDDLE AGE MAN. CLINICAL CASE PRESENTATION

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**Introduction and objectives:** Shoulder dislocation, also known as glenohumeral joint dislocation, is the most common large-joint dislocation seen in the emergency department. The dislocation can be anterior, the most common 95 -98% , posterior (around 4%) and inferior (less than 1% ). Posterior shoulder dislocations are considerably less common than anterior, accounting for no more than 4% of all shoulder dislocations. Perhaps for this reason, many posterior shoulder dislocations are initially missed by treating physicians, and diagnosis is delayed in nearly all cases. Failure to diagnose and treat

posterior dislocations promptly can result in complications, including recurrent dislocations, avascular necrosis of the humeral head, degenerative disease, and chronic pain. Chronic dislocation is generally classified as a dislocation lasting more than 3 weeks.

Our objective is to determine the diagnostic methods what would enable not to miss and to increase awareness of the diagnostic features, investigations and management of posterior shoulder dislocation.

**MeSH terms:** posterior dislocation, glenohumeral joint, chronic

**Methods : Case report:** Presentation of a case of chronic posterior dislocation of the glenohumeral joint in a 56 year old man.

**PATIENT:** A 56 – year – old male with no relevant medical history with a left sholuder pain for over a year. No previous trauma known. Examination: the patient was holding his arm in an internally rotated position unable to externally rotate or abduct his arm; posterior shoulder prominence and flattening of anterior deltoid with subsequent coracoid process prominence was noted. X - rays revealed no fracture however the CT and MRI suggested posterior shoulder dislocation and the patient underwent a surgicat treatment with reduction of humeral head and reparing the subscapularis tendon with McLaughlin technique. Together with postoperative rehabilitation including immobilization of the shoulder with an external rotation brace for 6 weeks followed by progressive passive, active-assisted, and active range of motion and rotator cuff strengthening exercises for another 6 weeks, this technique resulted in pain-free range of motion, a stable shoulder, and good joint congruency.

Abbreviations: X-rays, plain radioghaphy, CT, computed tomography; MRI, magnetic resonance imaging

**Results:** At 6 months he patient had regained a full motor power and at last follow – up 18 months after the surgery the patient remains asymptomatic.

**Conclusion:** Careful history of mechanism (including seizure, electrocution and trauma) and correct examinaton with proper diagnostic methods should raise clinical suspicion because early diagnosis is essential to avoid chronic dislocation, osteoarthritis and avascular necrosis of the humeral head and finally the surgery.

## ANEURYSMAL BONE CYST OF THE SECOND METARARSAL. CASE REPORT

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**Introduction and objectives:** Aneurysmal bone cysts are a benign solitary lesion of unknown etiology. They are usually located in the long bones and the spine and are mainly diagnosed in infants, children and young male adults in their second decade of life and most frequently are found in the *metaphysis* of long bones. A rare location for aneurysmal bone cysts is metatarsal bone. The most common findings in the physical examination are pain, swelling and /or pathological fractures. Although benign, the aneurismal bone cyst can be locally aggressive and can cause extensive weakening of the bony structure and impinge on the surrounding tissues.

**MeSH terms:** Aneurysmal cyst, second metatarsal, benign lesion

**Methods: Case report:** Presentation of a case of aneurysmal bone cyst of the second metatarsal in a young man.

**Patient:** A 30-year-old male presents to his Primary Medical Doctor complaining of a persistent, progressive pain and gradually increasing swelling in the right foot, during the last year. There was no history of trauma. Clinical examination revealed diffuse swelling and tenderness of the left foot. Routine laboratory analyses were all normal. Plain radiograph of the left foot revealed an osteolytic and markedly expansive lesion in the second metatarsal bone. Computed tomography (CT) and magnetic resonance (MRI) images showed a large well-defined cystic lesion with thin cortex and internal septa, in the second metatarsal bone. The patient underwent a surgical treatment with cyst removal with extraction of samples and the lesion was filled with beta phosphate tricalcium.

Abbreviations: X-rays, plain radiography, CT, computed tomography; MRI, magnetic resonance imaging

**Results:** The patient remains asymptomatic for 2 years.

**Conclusion:** In many cases, a bone cyst will only be discovered by chance when X-rays are used to diagnose an unrelated condition, or after an affected bone has fractured.

Once diagnosed and symptomatic should be treated to prevent further complications and avoid its unlikely but possible malignization. Although traditionally these tumors were treated with open surgery now other techniques are available: intralesional surgical procedures, minimally invasive procedures, percutaneous surgery, embolization or sclerotherapy. Also non-invasive treatment, such as pharmaceutical intervention with denosumab or bisphosphonates has been reported to be effective.

## FEMORAL NECK STRESS FRACTURE IN A YOUNG PHYSICALLY ACTIVE FEMALE : A CASE REPORT

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**Introduction and objectives:** Stress fractures are common injuries in young physically active people, most common in female and often difficult to diagnose. A stress fracture is a fatigue-induced fracture of bone caused by repeated applications of stress over time. Stress fractures can be found in various female subgroups: military personnel, endurance athletes that perform repetitive weight-bearing sports such as distance running or adolescent athletes with amenorrhea, eating disorders, and osteopenia, otherwise known as the *female athlete triad*, however all physically active person can suffer from a stress fracture. Several locations in the lower extremity have a predisposition towards developing stress fractures, including the tibia, metatarsals, and fibula. Stress fractures to the femur are less common. Although clinicians will frequently screen population at risk and add a differential diagnosis of stress fracture it is still possible for healthy persons to sustain stress injuries or fractures that can easily be overlooked.

The aim of our work is to rise an awarness that stress fractures can occur in any physically active person.

**MeSH terms:** Stress fracture, femoral neck, physically active

**Methods: Case report:** Presentation of one case of a stress fracture of the hip in a young physically active female.

**Patient:** A 34 – year – old female whose medical history includes migraines without aura and a 6-year history of oral contraceptive use. Non smoker. No history of food or drug allergy. Referes active and healthy lifestyle (gym and fitness several times a week). Presents to her primary medical doctor complaining of a persistent, progressive and gradually increasing unilateral hip pain exacerbated by activity with motion of the hip limited that had started a month ago. Review of systems was negative for any other symptoms. X -rays of the pelvis and hips revealed no fracture. Treated with analgesics (paracetamol and NSAIDs) for the last two weeks that only partially alleviate her symptoms. Given her unrelenting pain, which had progressively worsened over time, an CT and MRI of the pelvis and hips was performed that revealed nondisplaced compression-side FNSFs that underwent a conservative treatment (following the acute treatment principles of protection, rest, ice, compression, elevation, medication, and modalities – PRICEMM).

Abbreviations: X-rays, plain radiograph, CT, computed tomography; MRI, magnetic resonance imaging, FNSF femoral neck stress fracture

**Results:** The patient *remains asymptomatic* leading a *fully active life* during 1 year of follow-up.

**Conclusion:** Stress fractures commonly presents in a population at risk but the general practitioners must be aware that may occur in any physically active person.

An early diagnosis and rapid treatment it's crucial for the full recovery.

## SNAPPING ESCAPULA SYNDROME AND SCAPULOTHORACIC BURSTITIS CAUSED BY UNCOMMON BENIGN CHEST WALL FIBROMA: A CASE REPORT

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**Introduction and objectives:** Snapping scapula syndrome is a condition that involves the popping, grating, grinding, or "snapping" of bones and tissue in the scapula. It is a controversial condition attributed to bony and soft tissue abnormalities and may result in scapulotoracic bursitis. The causes of scapulothoracic bursitis and crepitus include direct or indirect trauma, overuse syndromes, glenohumeral joint dysfunction, osseous abnormalities, muscle atrophy or fibrosis, and idiopathic causes. In this report we attribute these shoulder conditions to an unfrequent benign chest wall tumor: elastofibroma dorsi. Elastofibromas are benign unfrequent and underdiagnosed soft tissue tumors. They occur mostly in the infrascapular region between the thoracic wall, the serratus anterior and the latissimus dorsi muscle, with a prevalence of up to 24% in the elderly. The etiology of this lesion remains uncertain and is a source of ongoing debate.

**MeSH terms:** Snapping scapula, scapulothoracic bursitis, elastofibroma

**Methods: Case report:** We herein report a female patient with snapping scapula syndrome caused by bilateral fibroelastoma dorsi.

**Patient:** 49 – year – old female with no relevant medical history who presented with a painful right shoulder for over a year. No previous trauma known. Physical examination: a full abduction and internal rotation of a shoulder causes a severe pain and apparition of right subscapular firm and mobile on palpation mass of 4 cm in diameter that disappears with the repetition of shoulder movement. Ultrasound confirmed scapulothoracic bursitis and CT scan showed large bilateral fusiform subscapular soft tissue heterogeneous solid masses with linear areas of low density secondary to fat. Diagnosis of bilateral elastofibroma dorsi type A was established with MRI and the patient was to specialized center to undergo a surgical treatment with resection of the largest tumor. Macroscopic and histological findings were consistent with elastofibroma.

Abbreviations: X-rays, plain radiography, CT, computed tomography; MRI, magnetic resonance imaging

**Results:** During 1 year of follow up the patient presented favorable evolution and reestablish painless and full scapular motion.

**Conclusion:** If symptomatic elastofibroma dorsi can be safely treated without surgery that aports pain relieve however biopsy is important to be performed to exclude soft tissue sarcoma.

## ANKLE SPRAIN IN A TEENAGER REVEALING BENIGN BONE TUMOR. CLINICAL CASE REPORT

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**Introduction and objectives:** An osteochondroma is a benign tumor that develops during childhood or adolescence and is often diagnosed as an incidental finding. Osteochondromas account for approximately 35% of benign bone tumors and 9% of all bone tumors. Most are asymptomatic, but they can cause mechanical symptoms depending on their location and size. As a child grows, an osteochondroma may grow larger, as well. Once a child has reached skeletal maturity, the osteochondroma typically stops growing, too. Osteochondromas can develop as a single tumor (osteocartilaginous exostosis) or as many tumors (multiple osteochondromatosis).

**MeSH terms:** Ankle sprain, osteochondroma, benign tumor

**Methods: Case report:** Presentation of a case of incidentally diagnosed osteochondroma.

**Patient:** A 14 – year – old male with no significant past medical history presents to his Primary Medical Doctor after suffering a traumatism in his right foot while he was playing football with his friends 2 weeks ago. Diagnosed 13 days ago with a low grade ankle sprain treated with rest, local cold, immobilization and oral analgesics (NSAIDs) referes only partial alliviation of his symptoms.

Physical examination revealed mild symptoms with some pain on direct palpation and little or swelling. There were no appreciable secondary neurological or muscular deficiencies noted. The range of motion of the ankle and subtalar joint appeared to be unaffected. Due to persistent symptoms X – rays was performed and revealed a well-defined exostosis in the right lateral distal tibia. The patient was derived to the Traumatology Department with

suspected osteochondroma. CT and MRI confirmed the suspicion. As long as it remained asymptomatic no specific treatment was required.

Abbreviations: X-rays, plain radiography, CT, computed tomography; MRI, magnetic resonance imaging

**Results:** During 1 year of follow up the patient remained asymptomatic.

**Conclusion:** In most cases of osteochondroma, no treatment is required other than regular monitoring of the tumor to identify any changes or complications that may end up in surgical excision. Occasionally these benign tumors may become malignant. Therefore, it is important to make an accurate and early diagnosis. The differential diagnosis for osteochondroma includes myositis ossificans, juxtacortical chondroma, parosteal osteosarcoma, and peripheral chondrosarcoma.

## 3.16. Emergencies and trauma

### VITAMIN D DEFICIENCY IN ADULT PATIENT OF A PRIMARY CARE CENTER ATTENDED BY HIP FRACTURE IN APRIL 2013-MAY 2014

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It is well known the fundamental role that vitamin D plays in calcium homeostasis by serum levels in a narrow range, so that it can perform its multiple physiological functions, including bone metabolism as the most important. It acts as hormonal system, which acts by exerting other multiple actions in other tissues and systems, which are the so-called extra-bones actions of vitamin D. Although there is still a certain degree of controversy over what the appropriate levels of VitD are, levels between 24-32 ng / dL appear to be adequate to reduce risk Fractures and even falls, values below 20 ng / ml can be admitted as a clear deficiency.

The purpose of this study was to analyze the determinations of vit D levels in adults patients belonging to the health center in study attended in a county hospital by hip fracture in the period of April 2013- May 2014, assessing their deficiency and associated comorbidities in a secondary way.

This is a retrospective and descriptive study.

From the total of 208 patients attended at hospital for hip fracture, only 31 patients belong to the primary care center in study. Observing a high prevalence of insufficient levels of vit D <20 ng/ml on 28 patients of them, representing 90,3%. Only 3 patients, 9,7% of them presented optimal levels of vitamin D >30 ng/ml. The study shows most of the patients with hip fracture has deficiency of vitamin D. Our job as Primary Attention Doctor's it's give a adequate supplementation as treatment and prevention.

## ACUTE SEVERE HYPERCALCEMIA IN AN ATRAUMATIC FRACTURE

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**Introduction:** History: 86-year old male presents to Emergency Department, reporting static spontaneous fall and consequently cannot sit down. No further medical history.

**Objective/Methods:** Exploration: The patient lives independently and conserves superior functions. No insomnia reported, however complains of pain in both hips when actively rotating. Furthermore, he reports to have pain in both trochanters plus a proximal third of bottom limbs. No hematomas found. Conserved osteotendinous reflexes. No neuro-sensitive deficit. Bilateral pulse present.

Analysis: Calcium: 15 mg/dl, PTH: 1912, TSH: 2.5, 25(OH)D: 7, Creatinine: 1.6, eGFR: 37.

Thyroid Ultrasound: diffuse goitre and a solid 1.7 cm nodule in the lower pole seen. It suggests parathyroid adenoma.

CT cervical/thoracic scan: 19 mm nodule in left parathyroid gland seen. It was first suspected to be primary hyperparathyroidism (aetiology of adenoma vs. adenocarcinoma to be considered) and calcidiol deficit with bilateral femoral fracture intervened.

**Results:** Radiological, blood test results and pathological anatomy confirm primary hyperparathyroidism due to left lower parathyroid adenoma. The patient was treated with Cinacalcet 30 mg per day. Blood test values much improved since, reaching normal values allowing patient to move independently.

**Conclusion:** Applying to primary care: Primary hyperparathyroidism is the most common cause of hypercalcemia in the ambulatory setting and has been found to hinder paraneoplastic syndrome. Although this condition can occur at any age, it commonly affects people over the age of 50 and the symptoms are often discovered on routine screening tests while the patient is still largely asymptomatic. Increasing experience with specific pharmacological treatments shows promise as yet another alternative to surgery or simple medical monitoring.

## 64-YEARS-OLD WOMAN WITH COXALGIA

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**Case description:** 64-year-old woman who visits medical center for pain and mild functional impotence in the right hip, after a hip-twist caused by a slip without falling. She was treated first with usual analgesia because of the anodyne examination and the mild-to-moderate pain. After 15 days of treatment, due to the persistence of pain, urgent ambulatory radiological study was performed, coming as a result a subcapital fracture of the right hip.

She was referred to the emergency department for evaluation by the Traumatology service, who decided to operate. During the intervention, fragility of the femoral bone was investigated with an intraoperative biopsy. After detailed anamnesis, loss of 8kg of weight in the last year was remarked.

**Exploration and complementary tests:** Good general condition, conscious and oriented state. No fever. BMI 32 kg/m<sup>2</sup>. Normal cardiorespiratory exploration. Not palpable

lymphadenopathy. Ankle edema. Musculoskeletal exploration: pain in abduction of the right hip, no further exploratory signs of interest. No loss of sensibility or force in lower limbs.

Hip X-ray: displaced subcapital fracture.

Intraoperative biopsy: morphology and immunohistochemistry compatible with peripheral neuroectodermal tumor / Ewing.

**Diagnosis:** Pathological hip fracture

**Differential diagnosis:** Osteoporotic hip fracture

**Final comment:** Anamnesis should be more outlined in order not to miss relevant details that could help us in the correct diagnosis. Radiography is essential in certain pathologies since it provides in an economic, fast and easy way a certain diagnosis.

## A DIFFERENT CERVICAL PAIN

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**Introduction:** A 52-year-old woman who consults with a post-traumatic left pain-cervical after a traffic accident where anti-inflammatory drugs and muscle relaxants are prescribed. At 10 days, this pain cervical is associated with severe rotatory dizziness, vomiting, numbness of the left half face, difficulty in walking and talking, so she is referred to emergencies.

### **Objective:**

-Make a correct differential diagnosis of common pathology.

-Always keep in mind that strokes are not always in the elderly

### **Methods-results:**

*Physical examination:* The patient was in a poor general condition, conscious and oriented, eupneic breathing, afebrile, TA 130/90, FC 70 lpm. Normal respiratory-heart auscultation.

*Neurological exploration:* She has severe occipital headache, upper left limb and the left half face hypoesthesia, mild dysphagia and hypophony

*Cerebral CT:* It is observed that there is no alteration. Injury in a cap that is suggestive of hemangioma without being able to rule out other diagnoses

*Computed tomographic angiography:* Spinal artery dissection in the left V3 distal segment.

**Diagnosis:** Left lateral bulbar stroke by dissection of the left vertebral artery V3-V4

**Differential diagnosis:** Cervical pain

**Conclusions:** Strokes due to dissection of the vertebral artery represent a major cause of stroke in young and middle-aged patients.

The main predisposing factors are cervical trauma and primary arterial wall diseases

In V1 and V2 it is frequently associated with penetrating trauma and injuries due to head rotation movements and in V3 to blunt injuries or flexion-extension injuries of the neck.

In traumatic dissections it is frequent that the pain is diagnosed as having a musculoskeletal origin.

## FACTORS ASSOCIATED WITH RAPIDLY REPEATED ACUTE POISONING BY SUBSTANCES OF ABUSE

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**Introduction:** The long-term prognosis is poor for patients treated for acute poisoning by substances of abuse, with increased mortality rates. Patients rapidly repeating such poisoning are especially at risk.

**Objective:** We identified factors associated with re-presenting with poisoning the first week following treatment in primary care for acute poisoning by substances of abuse, and charted whether the patients subsequently saw their general practitioner (GP).

**Methods:** All patients 12 years and older treated for acute poisoning by substances of abuse at a primary care emergency outpatient clinic in Oslo, Norway, were included consecutively from October 2011 through September 2012. Cases were excluded if the patient was transferred to hospital. We collected data on gender, age, main toxic agent, suicidal intention, severe psychiatric condition, homelessness, self-discharge, referral to specialist health services, and whether the patient was in contact with a GP the first month following discharge. We did a multiple logistic regression analysis to identify factors associated with re-presenting.

**Results:** In 169/1952 (9%) cases the patient re-presented within a week with a new poisoning. Homeless patients were more likely to re-present, adjusted odds ratio (AOR) 2.2 (95% CI 1.4–3.5), as were self-discharging patients, AOR 1.7 (95% CI 1.2–2.5). Patients below the age of 26 years were less likely to re-present, AOR 0.46 (95% CI 0.29–0.75). Among re-presenting patients 51/169 (30%) saw their GP the first month following the poisoning, compared to 476/1783 (27%) among patients not re-presenting (p=0.38).

## DUAL PROTECTION IN PATIENT TRANSPORT USING BREAKTHROUGH MAGNETORHEOLOGICAL FLUIDS DAMPER TECHNOLOGY

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**Introduction:** Smart materials have a critical role in today's leading age healthcare systems. One of these is magnetorheological (MR) fluids, which has important applications in military, automotive and optics technologies. We are planning to transfer this smart material into healthcare technology by applying in ambulances and stretchers.

**Objective:** Due to high vibrations and shocks, transferring the patient in the fastest way and giving the emergent medical care during transportation are mostly compelling. Moreover,

patients are with high risks for injuries caused by shocks. To eliminate these harmful physical effects, we developed a smart damping technology employing magnetorheological fluids. It allows us to adapt challenging landscapes and to defeat vibrations and shocks on the patient almost instantly by hardening and softening the ambulance suspension system and the stretcher damper.

**Methods:** Magnetorheological fluids work with magnetic field and have a very quick response time as 10 milliseconds. Magnetorheological fluids-magnetic field interaction changes the yield strength of the fluid. This smart fluid is utilized in the damper instead of a hydraulic fluid. Accounting to the magnetic field, the stiffness of the damper changes. The invention is patented by Turkish Patent Institute (application number: 2013/12816). Our next plan is settling MR dampers in ambulance suspension system, which could stabilize six-degrees-of-freedom of the ambulance. The same principle will be implemented to stretchers. It establishes a secondary protection against vibrations coming from the stretcher to the patient as well.

**Conclusion:** We expect this dual protection system will create a safe and fast patient transport and healthcare.

## ALTERNATIVE ANALGESIA DURING THE LABOUR IN PRIMARY CARE: PILOT STUDY

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**Introduction/Background:** A significant number of births are attended every year in Emergency Department of Primary Care. In this department there is not an anaesthetist or a midwife, consequently the duration of the labour and pain during the process could be increased.

There are several non-pharmacological analgesic methods to relieve pain during labour, that is among the transcutaneous electrical nerve stimulation (TENS). TENS is a low frequency electrotherapy technique, analgesic type, generally used in musculoskeletal pathology, but it has also come to be used as an alternative treatment during labour. In a lot of countries, it is included in Clinical Practice Guide of Standard Delivery Care. It is also a safe, cheap and useful treatment, even more so, it should be included during the emergency obstetric management in primary care.

**Objective/Methods:** The objective of this study was to prove the effectiveness of the TENS during the labour.

12 participants were recruited from the Emergency Department of Gynaecology Service of CHUIMI of Las Palmas de Gran Canaria, Spain. They were randomly divided in three groups, two of them with different frequency and pulse widths, and the placebo group. The data of a visual analogue scale and a satisfaction questionnaire were also collected.

**Results:** All patients experienced pain relief, especially after the application of the TENS during 30min. There were not side effects. The data of the most effective dose were not statistically significant.

**Conclusions:** TENS must to be a safe alternative analgesia during the labour in primary care.

## FOREIGN BODIES OF THE AIRWAY

Petar Todorovic

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**Introduction:** Foreign bodies of the airway represent most urgent condition in medicine. Most airway foreign body aspirations occur in children younger than 5 years; children aged 1-3 years are the most susceptible. It is second most common cause of morbidity and mortality in the children under the age of five.

**Objective:** Adequate and urgent treatment is essential, time passed from suspicion to treatment must be the shortest possible.

**Methods:** Case report

**Results:** Four year old child was brought to the doctor because he choked with button. Choking, gasping, coughing, was present in clinical picture. Impaired respiratory sound was found in physical exam. Chest x ray was normal. Child was sent to the hospital, where flexible fiberoptic bronchoscopy was done, and the foreign body removed from the right main bronchus.

**Conclusion:** The diagnosis and treatment of foreign bodies in the airway are a challenge for family doctors, otolaryngologists and pulmonologists. Normal physical examination, and normal chest x ray does not exclude foreign body aspiration. A high level of suspicion is needed for foreign body aspiration to allow for prompt treatment and avoidance of complications.

## SPINAL CORD INFARCTION WHICH DEVELOPED AFTER THE HEAD AND BACK TRAUMA

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**Introduction:** Spinal cord infarction (SCI) is not common. A large study showed that only 9 of 3784 autopsies revealed SCI. The circulation of the spinal cord has unique features related to the rich anastomotic anatomy of the cord that result in relative rarity of SCI. Clinical presentation depends of the infarction level, and depth of the ischaemia of the spinal cord.

**Objectives:** Recognition of this rare disease.

**Methods:** Case report. Analysis of medical data.

**Results:** 67 year old woman fell down the stairs and injured her head and back. She had a 3 cm laceration in the parietal part of the head, and several bruises in the thoracic part of the back. She was examined in emergency unit, where computerized tomography of the head was done, and showed no abnormality. Two days later patient felt back pain and sudden weakness in the legs. Physical examination showed lowered muscle tendon reflexes, absent Babinski reflexes, lower muscle tone, superficial pain and sense of temperature are lost bilaterally with relative preservation of light touch and vibration. Nuclear magnetic resonance of the spine indicated infarction in lower thoracic level of the spinal cord.

**Conclusion:** The SCI, either ischemic or hemorrhagic, has an acute and often apoplectic onset evolving over minutes. SCI is usually marked by an acute onset, often heralded by sudden and severe spinal (back) pain. This is associated with bilateral weakness, paresthesias, and sensory loss. Knowledge of structure and vascularization of the spinal cord is crucial for its recognition.

## BOERHAAVE'S SYNDROME. THE IMPORTANCE OF A GOOD MEDICAL EXAMINATION

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**Introduction:** Spontaneous esophageal rupture following vomiting is a rare cause of esophageal perforation, with a delay in diagnosis due to its non-specific presentation. It is a process with high mortality and the main prognostic factors are the size and location of perforation and delay in diagnosis.

**Objective:** A 28 year old man comes to our health center because of general intense discomfort, vomits and 4 day old fever. Without toxic habits or medical history. He went to emergency service where started treatment with ibuprofen, without improvement, in fact for 24 hours he reported feeling of edematization in the neck, with cough and loss of voice for what he consults.

**Methods:** He was anxious and sore. Hyperemic pharynx, no plaques. Touching the cervical ganglia we perceive crackling from the neck to the costal wall. No other pathology. We requested a chest x-ray, where we found a subcutaneous emphysema from the neck to the last ribs, so we decided to send him to emergency service with diagnosis of subcutaneous emphysema because of intense vomiting as more probable etiology, also known as Boerhaave's syndrome.

In Emergency Service, a chest and neck computed axial tomography were done: minimal perforation of the esophageal posterior wall was observed, that confirmed the diagnosis.

**Results:** Without touching the neck, we would not have asked for an x-ray and we would never have made the diagnosis, so it can not be forgotten that complementary tests are a great help in our work, but the most important is exploring patients.

## PRIMARY CARE MANAGEMENT OF ANAPHYLAXIS IN THE LOCAL HEALTH UNIT OF ALTO MINHO (PORTUGAL)

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**Introduction:** Anaphylaxis is a systemic hypersensitivity reaction, that can be potentially fatal. The variability in clinical presentation, and lack of a specific test, make the diagnosis hard. The most accepted clinical criteria are those established by the National Institute of Allergy and Infectious Diseases and the Food Allergy and Anaphylaxis Network. Treatment should be initiated promptly after the diagnosis, with immediate adrenaline intramuscular administration as first line therapy.

**Objective:** This study aims to identify primary care physicians' knowledge regarding diagnosis and treatment of anaphylaxis.

**Methods:** This is a cross-sectional study, consisting on a self-administered questionnaire to the primary care physicians of the Local Health Unit of Alto Minho (LHUAM). Authorization to the study was given by the Ethical Committee of the LHUAM.

**Results:** 222 questionnaires were sent, with only 57 responses obtained, corresponding to a response rate of 26%. The majority of respondents were mid-age female family physicians' specialists, with more than 30 years of experience. 70% of the respondents have never diagnose an anaphylaxis. 96% knew the correct definition of anaphylaxis, 75% knew that

adrenaline is the first line treatment, but only 37% knew it was preferably given through intramuscular injection and only 23% knew the correct monitoring time after an anaphylaxis.

**Discussion:** Although most of primary care physicians know the definition and first line treatment of anaphylaxis, the great majority have never diagnosed one and experience in its management is lacking. International studies show a worldwide underdiagnosis and undertreatment of anaphylaxis, which can also be the case in Portugal.

## SHOULD WE DOUBT THE TYPICAL SIGNS?

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**Introduction:** Deep vein thrombosis (DVT) is usually diagnosed before a patient with painful lower limb edema until proven otherwise. Sometimes the diagnosis is not easy. Classical signs such as edema, pain, Hommans sign or D-dimer, are non-specific.

**Objective:** A 60-year-old woman consult us for pain and erythema of the left leg of 48 hours of evolution. Due to the high suspicion of DVT, we decided to refer the patient to the hospital emergency service, where an analytics (D-dimer 1,500 ng/ml) and a doppler of lower left limb (deep venous system permeable without signs of deep or superficial insufficiency), that discarded said process and it was decided to treat the patient with analgesics and antibiotics. At 48 hours, the patient returns due to the bad clinical evolution, with increased erythema and pain on palpation, so he drifts back to the hospital. Complementary tests are repeated, obtaining a D-dimer of 8,400 ng/ml and a venous doppler with left popliteal thrombosis.

**Methods:** In the differential diagnosis should be taken into account: Post-thrombotic syndrome, cellulitis, acute arterial ischemia, lymphedema or heart failure. The venous exploration of lower limb is limited in many cases to assess the femoral and popliteal veins, and it is advisable to perform a new assessment at 48 or 72 hours, despite normal results if clinic persists.

**Results:** Therefore, it is important to properly diagnose and treat DVT due to the risk of existing pulmonary thromboembolism. In addition, without anticoagulation there is a risk of 20-28% of proximal spread, 30% of recurrences and 20-24% of developing post-thrombotic syndrome.

## WATCH OUT FOR FAT EMBOLISM!

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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.

**Objective:** 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.

**Methods:** 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.

**Results:** 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.

## USUAL FALL IN THE FLOOR. A STRANGE VARIANT OF NORMALITY

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**Introduction:** Male patient 20 yo. Born in Ecuador. Living in Spain for 10 years ago. He had not visited his country recently. No drugs allergies. No previous surgery. No daily treatment. Patient came to our clinic with a big pain in his coccyx because of a fall down two days ago. Patient couldn't sit down anywhere because of the pain and sometimes he had tingles in both legs

**Objective:** Obtain a diagnosis, alleviate the symptoms and inform the patient of his illness

**Methods:** First of all, given the clinical and the origin of it, my first suspicion was a fracture of coccyx. I made a basic physical exam: Good general state. great pain at the palpation on the involved area. No hematoma, no cutaneous inflammation, no wound. Neurologically: strength and sensitivity conserved. I ordered a coccyx X- Ray. The treatment was analgesics and measures to avoid constipation.

The results of the X-ray were an increased sacrum-coccyx angle, outside normal angle. I referred my patient to a traumatology service for assessment.

Two months later, my patient was been studied with an nuclear magnetic resonance (NMR) and was diagnosed of "BRAT COCCYX", without fracture involved.

**Results:** The picture suggests a fracture or a dislocation of this bone, but actually brat coccyx is a strange variant of normal.

## "CONGENITAL HEART DISEASE AND TACHYARRHYTHMIA": REPORT OF A CASE

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**Introduction:** We report the case of a male patient 22 years old, caucasian, native of Spain, who came to the emergency department of a health center for dizziness and palpitations after being doing physical exercise. He has a medical history of Ebstein anomaly.

He was a conserved highlighted general condition. Oxygen saturation 98%, 230 bpm, blood pressure 112/64 mmHg. Cardiopulmonary auscultation: tachycardia tones.

As the general condition of the patient was acceptable it was decided to reverse rhythm with Adenosine, 3 cycles, without reverse tachyarrhythmia; subsequently administered

Amiodarone, without success. The patient begins to worsen, showing clear signs of heart failure and low cardiac output, with sweating, diaphoresis, hypotension 78/36 mmHg and persistence of tachyarrhythmia. So we proceed to electrical cardioversion of the patient being reversed tachycardia to sinus rhythm at 82 bpm. After cardioversion, the electrocardiogram tracing showed sinus rhythm at 80 bpm with appearance of a “delta wave”, characteristic of Wolf-Parkinson-White syndrome.

**Results:** Ebstein's anomaly encompasses a broad spectrum of abnormalities characterized by different degrees of displacement and adhesion of the septal and posterior dysplastic tricuspid valve to the right ventricular cavity. The incidence is rare. It affects 1 in 20,000 live births, representing 0.3% of all congenital heart defects.

However, associated tachyarrhythmias, as PSVT (paroxysmal supraventricular tachycardia), flutter or atrial fibrillation, ventricular pre-excitation (WPW) and ventricular tachycardia more usually in the adolescent and adult patient. 5-10% of all arrhythmias in this anomaly correspond to WPW syndrome, usually the right anterolateral pathway. When WPW syndrome appears in Ebstein's anomaly, up to 40% can coexist multiple pathways. Let's remember that digoxin is contraindicated in WPW.

## ELDERLY PATIENT WITH SEVERE ACCIDENTAL TRAUMA AT HOME

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**Introduction:** A 71-year-old male previously diagnosed of Essential Hypertension, Hypercholesterolemia, Allergic Rhinoconjunctivitis and Benign Prostatic Hypertrophy, all under drug treatment, suffered a vasovagal pre-syncope falling backwards and hitting accidentally the back of the neck with subsequent severe cervical pain without loss of consciousness. His GP detected important cervical deformity, loss of strength in the upper limbs and severe cervical pain and referred him to Accident and Emergency Department (A&E)

**Results and Conclusions:** In A&E the patient showed an important cervical deformity in flexion, with loss of strength 4/5 in the upper limbs and also continued to present intense cervicgia (EAV: 9/10) irradiating to both arms and with very bad general condition. He had a simple cervical spine CT-scan, reported by radiologist: "Moderate-severe articular and interspinous dislocation of C5-C6 and bone rests with remodelling are seen. Spondylarthrosis degenerative changes with disc height loss in C4-C5 and C6-C7. Conclusion: Moderate-severe C5-C6 fracture-dislocation with interspinous lamina separation without significant stenosis of the central canal. Degenerative spondylartheric changes ". He required pain clinic treatment prior to neurosurgery. A posterior approach technique was carried out in the first time and afterwards with reduction of the fracture and placement of plaque and screws. He progressed positively with an adequate radiologically control for which he was discharged and he continues convalescence at home.

Considering red flags in primary care is paramount. In trauma emergencies, an exhaustive physical and complementary examination (with Image Tests) is essential to confirm or discard bone fractures caused by accidents.

## A TEACHER WITH UNCOORDINATED HANDWRITING: A CASE REPORT

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**Introduction:** Cerebral vascular malformations occur in 0,1 to 4,0 percent of the general population. Four general subtypes have been described. Cavernous Angiomas are the less common malformation, with an incidence of 0,4 percent and occurs with equal frequency in males and females, with a mean age of 30 to 40. However, women more commonly present with haemorrhage and neurologic deficits.

**Objective:** Increase diagnostic awareness, even towards subtle neurological deficits not valued by the patient.

**Methods:** Case report of a 31-year-old female patient, diagnosed with a Cavernous Angioma.

**Results:** The patient went with her daughter to a routine visit with her Family Physician. Occasionally referred hypoesthesia on the right side of the face on the last 8 days and with slight difficulty in coordinating movements of the right hand and leg, with the need to reduce speed while driving. She denied decreased muscle strength. On neurologic examination she presented hypoesthesia on the right side of the face, right hand and foot and uncoordinated handwriting. After the advise of her family physician, she accepted being referred to the Hospital emergency. In hospital, the cranial computed tomography (CT) and magnetic resonance imaging (MRI) revealed ponto-mesencephalic lesion with recent haemorrhage. She was orientated to neurosurgery consultation with the diagnosis of an cavernous angioma, witch was corrected by surgery. Nowadays, she does daily physiotherapy treatment and speech therapy and is visited at home by her family Doctor.

## 3.17. Skin and soft tissue problems

### TREATMENT OPTIONS FOR FEMALE PATTERN HAIR LOSS - A EVIDENCE BASED REVIEW

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**Introduction:** Female pattern hair loss (FPHL) or female androgenetic alopecia is a nonscarring alopecia and the condition that most commonly leads to alopecia in females. It affects 29–38% of women and more than 55% of women older than 70 years but may begin at any age following puberty. This women are socially and psychologically affected, with poor body image, lower self-esteem, problems with sleep and with everyday function. The clinical picture is characterized by a diffuse rarefaction of scalp hair over the midfrontal scalp and a more-or-less intact frontal hairline.

**Objective:** To determine the efficacy and safety of the available options for the treatment of FPHL.

**Methods:** We searched for clinical guidelines, systematic reviews and original studies published in English or Portuguese, between January 1, 2000 and August 31, 2016 using the MeSH terms "female pattern baldness" or "androgenetic alopecia". The Strength of Recommendation Taxonomy (SORT) by the American Academy of Family Physicians was used to assign levels of evidence and strength of recommendation.

**Results and conclusion:** 3 articles met the inclusion criteria (2 systematic reviews and 1 original article). There was consensus about the efficacy and safety of topical minoxidil in the treatment of FPHL and there was no difference between the minoxidil 2% and 5% (SORT A) however more treatment-related local side effects were reported for the minoxidil 5%. The finasteride does not seem to be efficacious in women, proved not to be more effective than placebo (SORT B). There were inconsistent results in the studies that evaluated laser devices but there was improvement in total hair count (SORT B).

## **BRAZILIAN HEALTH MINISTRY NATIONAL CAMPAIGN: PHYSICAL EXAM TO LEPROSY'S SCREENING AND ALBENDAZOL MANAGEMENT**

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**Introduction:** The Vila Velha University medical students attend an internship in the Public Health System, participating in activities in the coverage area. The health ministry perform a national campaign to combat Leprosy and worm infestations.

**Objective:** to describe the cure, teach the protection against these diseases and help in the signals and symptoms' identification, favoring early diagnosis and the immediate treatment.

**Methods:** The first day of the campaign, September 14<sup>th</sup> 2015, the medical students went to a public school to distribute the authorization forms - Albendazole's administration and self-image data - to be filled by the children's parents informing the present blots, their localization and other information. On September 21<sup>st</sup>, 2015, the medical students received the forms filled by the children parents, performed the physical exam only in the suspect children's blots and administered the Albendazole.

**Results:** Thirteen classes ranging from first to fifth grades were included in the campaign, children between 6 to eleven years old. The medical students made tactile, pain and thermal sensibility tests in the children who returned with self-image data containing suspect skin lesions and did Albendazole's administration for all children allowed by their parents. There were no children forwarded to the Health Unity for assistance caused by Leprosy suspect lesions.

**Conclusions:** Early detection on Leprosy is essential for disease control. National Health Campaigns are necessary and extremely important, especially with children from public schools, who have limit access to health information and medicaments.

## **PANNICULITIS MANAGEMENT IN PRIMARY HEALTH CARE**

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**Introduction:** Panniculitis refers to a group of conditions that involve inflammation of the subcutaneous fat characterized by skin nodules or plaques. It can be caused by inflammation, infection or malignancy. Panniculitis is uncommon, although it is important that physicians know when to suspect and how to manage it.

**Objectives:** To review the etiology, epidemiology, diagnostic and therapeutic management of panniculitis.

**Methods:** Literature was reviewed using Dermatology textbooks, sites of scientific societies and Evidence Based Medicine database, with selection of papers in Portuguese or English language, published between January of 2006 and December of 2016, using the MESH term "Panniculitis".

**Results:** Panniculitis is usually characterized by skin erythematous nodules with soft or firm consistency, that can be painful, ulcerate or even regress without any scar. Diagnosis can be suspected through clinical history, physical examination and laboratory findings but can only be definite with a deep cutaneous biopsy. The most common subtypes of panniculitis are lipodermatosclerosis and erythema nodosum, but there are several others. Etiological identification is required for treatment selection which should include the management of the underlying systemic illness and the elimination of the cause.

**Conclusions:** Primary care physicians should be aware of panniculitis and its different subtypes in order to manage it correctly in a time efficient way, due to the severity of some associated systemic illnesses. With a careful anamnesis and physical examination physicians could narrow the selection of complementary exams and, according to the underlying systemic illness, choose the most appropriate medical care for referral besides Dermatology.

## **ALOPECIA: MANAGEMENT STRATEGIES FOR PRIMARY CARE PROVIDERS**

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**Introduction:** Physicians should be careful not to underestimate the emotional impact of hair loss for some patients.

Diffuse hair loss can affect both sexes at any age. Anything that interrupts the normal hair cycle can trigger diffuse hair loss. So emotional stresses, nutritional deficiencies and endocrine imbalances.

Finding the cause of the hair loss requires a thorough history and examination and will enable appropriate treatment in family medicine.

**Objective:** Understanding and management strategies related to alopecia in primary health care.

**Methods:** Articles published in the database Medical Pubmed. Classic review using the terms MeSH: "Alopecia" and "primary health care".

**Results:** 18 Articles published in the last 5 years.

Of these, only five meet the inclusion criteria.

A careful history and thorough physical examination usually suggest the underlying cause of alopecia. The first clue to the specific cause is the pattern of hair loss, whether it be complete baldness, patchy bald spots, thinning or hair loss confined to certain areas. Ancillary laboratory evaluation and scalp biopsy are sometimes necessary to make or confirm the diagnosis.

Successful treatment of underlying causes is most likely to restore hair growth, be it the completion of chemotherapy, effective cure of a scalp fungus or control of a systemic disease. Minoxidil and finasteride can be used in a significant minority of patients, especially those

with male pattern baldness and alopecia areata.

Alopecia can be a big issue. Early diagnosis and timely institution of appropriate treatment are helpful and comforting to those affected by this disease.

Implementation of well centred approach would allow successful management in primary care setting.

## IRRITANT PHYTOCONTACT DERMATITIS CAUSED BY BUTTERCUP: CASE SERIES

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**Background:** Traditional herbal medicine is very common in the Anatolian regions and has been used for centuries.

**Objective:** In this study, it was aimed to show the course of dermatitis in cases of phytocontact dermatitis caused by buttercups when the patients presented at different times after the application.

**Participants:** 3 patients who lived in the same region presented at the clinic because of lesions which emerged after the topical application of plants from the Ranunculaceae family for knee pain. The patients presented on the 1st, 4th and 15th day respectively after application and were all diagnosed with irritant phytocontact dermatitis.

**Conclusion:** In Turkey, particularly amongst the elderly, the use of herbal treatments is greater than has been estimated. Therefore, when family practitioners observe lesions particularly on joint surfaces, the use of plant extracts must be questioned.

## NON INFECTIOUS CUTANEOUS MANIFESTATIONS OF DIABETES MELLITUS

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**Introduction:** Diabetes mellitus is the most common endocrine disorder, affecting 11,7% of the Portuguese population. Its cutaneous manifestations are present in up to 79,2% affected individuals, the most common one being infection (47,5%). Skin involvement can arise over the course of the disease or it can be its first sign.

**Objective:** to alert family physicians to the main non-infectious cutaneous manifestations of diabetes.

**Methods:** A review of articles from medical databases, limited to the last 10 years, in English, Spanish and Portuguese, using the MeSH terms “cutaneous manifestation” and “diabetes mellitus”.

**Results:** Diabetic dermopathy is the most common non infectious cutaneous manifestation of diabetes. It presents with sub-centimeter papules with an atrophic depression. Acanthosis nigricans is a hyperpigmented, symmetric, velvety thickening of skin folds, and is predictive of a state of hyperinsulinaemia. Diabetic bullae feature sterile contents and affect mostly the back of the hands and feet. Necrobiosis lipoidica is a rare lesion featuring, erythematous plaques with a palpable border and a central atrophic, yellowish lesion with telangiectasia. Annular granuloma is characterized by small groups of hard papules in a ring or arciform configuration. Most of the discussed cutaneous manifestations of diabetes require no specific

treatment and can be managed in a primary care context. They are mostly asymptomatic, self-limited and can regress spontaneously. In general, glycemic control does not influence the course of these conditions

## DERMATITIS PSORIASIFORM : THE SECRET IS ON HISTOPATHOLOGY

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**Introduction:** Male 47 years-old with small psoriasis outbreaks in axillary region treated with Diproderm (2 brothers with psoriasis). Smoking and occasional drinker no other history.

**Aim and method:** Consultation in primary care by an extensive psoriasis outbreak, pain muscle, 37, 9 ° C and plates erythematous in thighs, groin and armpits with superinfection data and serous vesicles. Treatment: prednisone 60mg and cloxacillin torpid evolution and monitoring by GP.

Finally, he needed hospitalization in dermatology due to worsening: diffuse erythema thoracoabdominal, armpits, upper limb flexure, groin, genital area, internal thighs face of and severe palmar erythema with desquamation.

When the studies are completed:

- Biochemistry, hemogram and normal coagulation.
- Negative serology: HIV, HCV, HBV, syphilis.
- Negative ANA and anti-DNA.

-Skin Biopsy findings: dermatitis psoriasiform with occasional microabscesses in corneal layer not fully concordant with psoriasis.

Hospital treatment: mometasone, prednisone and emollients.

After hospital discharge, prednisone 10mg in descending pattern and mometasone cream nights were indicated.

Chronic treatment: clobetasol cream, occasional application, daily Aloe-Vera and stop prednisone. Follow-up by GP.

Currently in stable phase.

CLINICAL TRIAL: PSORIASIFORM DERMATITIS.

DIFFERENTIAL DIAGNOSIS: Inverse psoriasis vs Toxicoderma (SDRIFE type) vs Pityriasis rubra pilaris.

**Results:** Psoriasis prevalence among adults is 0, 9-8, 5%. There is no gender predilection, but there're two prevalent age ranges 30-39 and 50-59 years-old. Most prevalent when we move away from the Earth equator.

**Risk factors:** genetic predisposition, smoking, obesity, drugs, alcohol, vitamin-D deficiency, infections.

The important thing of the case is the big clinical affectation and pathological anatomy where it cannot be concluded clearly that it's an inverse psoriasis as initially looked, so it's cataloged as dermatitis psoriasiform histopathologically.

## ESOPHAGEAL PERFORATION: A FATAL PRESENTATION OF ACUTE CHEST PAIN

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A 79-year-old woman with a history of hypertension and recurrent urinary tract infection, who went to the health center for general discomfort, shivers and dyspnea. Physical exam revealed hypotension, tachycardia, diaphoretic and poor general condition. Oxygen saturation 91%. ECG showed an ST elevation, activating the myocardial infarction code. Patient was treated with double platelet antiaggregant and heparin. Arrived at hospital without chest pain, tendency to hypotension, tachypnea and tachycardia. Coronary angiography showed arteries without significant stenosis. The patient remained hypotensive, requiring perfusion of liquids and vasopressors, with progressive deterioration until low level of consciousness and orotracheal intubation. The thoracoabdominal CT showed a lesion in the esophagus with signs of perforation and mediastinitis. The conclusion was a probable esophageal neoplasia with perforation. The patient fell in multiorgan failure and poor prognosis, aggressive measures were avoided. Finally, the patient died that night.

**Conclusion:** esophageal perforation is a real medical emergency that demands high level of diagnostic and therapeutic skills. This is a disease with high morbidity and mortality, and delayed treatment affects seriously the prognosis of the disease.

## WHEN THEY ARE NOT JUST CANKER SORES - ABOUT A CLINICAL CASE OF PEMPHIGUS VULGARIS

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**Introduction:** Oral mucosa ulcers are common and most are transitory and have a spontaneous resolution. There are several causes, namely dermatological, in which oral ulcers may be present without simultaneous involvement of skin lesions.

**Objective:** present and alert for a rare but serious differential diagnosis of oral mucosa ulcers.

**Methods:** case report.

**Results:** Male, 37 years old, nuclear family, Duvall IV, with no personal and familiar relevant history.

On December 2015, develops canker sores of the oral mucosa. These remained and worsened, having an important impact on the patient's life quality, as the food intake was painful. In addition, a month later, skin lesions appeared on the scalp. The symptoms persisted and, two months later, blister lesions appeared on the back. During this time, did multiple treatments, with no response. When he was finally observed by his family doctor, given the seriousness of the situation, he was referred to the Dermatology service, where he was diagnosed with pemphigus vulgaris. The treatment was initiated, with relief of the symptoms.

Pemphigus vulgaris is an autoimmune blister cutaneous disease. It is a severe condition - before the immunosuppressive therapy, the mortality was high. The cutaneous and mucosal involvement was an important key to the diagnosis.

Although the treatment is managed by the dermatologist, the family doctor, as the responsible for the provision of longitudinal continuity of care, will have an important paper on the evaluation of some treatment complications, as the increased risk of osteoporosis.

## PACIENT WITH SKIN PAPULES THAT DON'T IMPROVE: NEVER FORGET TO DO DIFFERENTIAL DIAGNOSIS

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**Introduction:** Marginal zone B lymphoma is the most frequent of skin lymphomas. It shows papules or infiltrated plaques, nodules or reddish tumors, mainly located in trunk and extremities. Extracutaneous spread is rare. Despite their favorable clinical course, they frequently develop skin recurrences.

**Clinical case:** A 69-year-old male patient, smoker, with a history of urinary bladder neoplasia and diabetes mellitus. He complained for pruritic erythematous lesion in left deltoid after insect sting, treating it with topical corticoid and antihistamine. He came back two months later due to persistence of the lesion, which was indurated and had increased in size, so it was derived to dermatology for assessment. A biopsy was performed, showing a reaction compatible with arthropod sting and prescribed intramuscular corticoid depot. Six months later, he returned with dozens of erythematous-edematous lesions, violet-colored, the largest of which was 20 mm in diameter, in an area of 8 x 8cm in diameter in the left deltoid region. A new biopsy was performed showing atypical lymphoid infiltrate suggestive of marginal zone B lymphoma. After extension study, it was oriented as a lymphoma B of marginal zone stage IIb being candidate for local curative radiotherapy.

**Differential diagnosis:** Reactive lymphoid hyperplasias (vaccines, arthropod stings, tumors), leishmania, sarcoidosis.

**Conclusion:** In the face of patients with papules that do not disappear, it is important to make differential diagnosis with other diseases that may worsen the prognosis.

## NEUROFIBROMATOSIS TYPE 1 - THE FAMILY DOCTOR AS THE VEHICLE FOR EARLY DIAGNOSIS

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**Introduction:** Neurofibromatosis (NFs) are a heterogeneous group of inherited, autosomal dominant syndromes that have in common the development of multiple benign tumors of the Central and Peripheral Nervous System, as well as other organ systems. There are three major clinically and genetically distinct forms: types 1 and 2 and schwannomatosis. They mainly affect the development of Schwann cells, melanocytes, and endoneural fibroblasts. NF1 is the most common form (96%) and affects approximately 1 in 2600-3000 individuals. NF1 is due to mutations in the *NF1* gene (chromosome 17q11.2), which result in reduced amounts of neurofibromin. The hallmarks of NF1 are the multiple café-au-lait macules and cutaneous neurofibromas. Café-au-lait macules are flat, uniformly hyperpigmented macules that appear during the first year after birth and usually increase in number during early childhood. Other clinical manifestations: freckling, lisch nodules, tumors, bone abnormalities, neurologic abnormalities, hypertension, and other manifestations.

**Objective:** Emphasize the importance of the family doctor as a health professional who accompanies primarily the development of the child and therefore has a privileged position in the early diagnosis of the disease.

**Methodology:** Bibliographic revision.

**Discussion/Results:** Although the majority of skin and subcutaneous lesions present a low risk of malignancy, given their high prevalence in pediatric ages, it is necessary to evaluate these lesions and to consider not only possible complications such as differential diagnosis. Therefore, the family doctor has a fundamental role in the early evaluation and diagnosis of this disease.

## GRANULOMATOUS CHEILITIS: A CASE REPORT

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A 61-year-old woman, without toxic habits, with a history of type II diabetes mellitus treated with metformin, hypertension treated with enalapril, iron deficiency anemia, hypercholesterolemia and anxiety-depressive syndrome. The patient came to the health center for a 3-day non-pruritic upper lip edema, without other dermal lesions. No changes in her usual medication or diet. Physical examination revealed soft upper lip edema, well delimited, without signs of infection. Afebrile, blood pressure 133/87 mmHg, heart rate 67 beats/mit. Initially diagnosis was oriented as urticariform angioedema of the upper lip. Antihistamine and prednisone treatments were prescribed, with improvement of symptoms. Three months after, the patient presented a new episode with the same symptomatology. Treatment with antihistamine and oral corticoid were repeated, enalapril was withdrawn, without lesion remission. One month after, the patient presented soft edema of the upper lip with violet coloration, gingival ecchymosis and localized induration. Upper lip biopsy revealed granulomatous cheilitis. Finally, treatment with intralesional corticosteroids was started with complete remission of symptoms.

Granulomatous cheilitis is characterized by the appearance of recurrent lip swelling that responds to a nonspecific granulomatous reaction in one or both lips, which may become persistent. It has been considered as a monosymptomatic form of Melkersson Rosenthal syndrome (SMR) described as the association of recurrent facial edema, recurrent facial paralysis, and fissured tongue. Patients generally present oligosymptomatic forms of the disease, and the granulomatous cheilitis is the most common monosymptomatic form.

## LOCALIZED SCLERODERMA (MORPHOEA) - CASE REPORT

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**Introduction:** *Morphoea* or Localized Scleroderma refers to an idiopathic cutaneous condition, unique by the typical appearance of its skin sclerotic lesions. It is more common in women and may appear in any phase of life. The skin lesions are erythematous or violaceous plaques at first, evolving to sclerotic anhidrotic plaques, with variable degrees of pigmentation. The first line therapeutics is with topic corticosteroids or tacrolimus; phototherapy is one of the second line therapeutic options.

**Objective:** To present a typical case of advanced *Morphoea*.

**Case Report:** Woman, 70 years old. History of depression, hiatal hernia, osteoarthritis with prosthetic material in both knees, carpal tunnel syndrome surgery five years before. No regular medication.

Two years ago the patient started a feeling of abdominal constriction, affecting all superior abdominal quadrants; she also had complaints of dysphagia and dyspepsia. She suffered progressive evolution of an abdominal belt skin lesion. This lesion progressively grew, and new sclerotic lesions arose in different body areas.

Nowadays the patient has massive violaceous sclerotic skin lesions on waist, infra-mammary sulcus and pretibial region; no pain or other symptoms associated. Because she had no response to topical corticoid therapy, she was admitted to the hospital to undergo phototherapy.

**Conclusion:** Localized Scleroderma is a rare condition. Although it is usually a good prognosis illness, the sclerotic skin lesions may cause a significant discomfort to patients and interfere with their quality of life.

## **PERNIOSIS IS A VASOSPASTIC AND INFLAMMATORY SKIN DISEASE RESULTING FROM EXPOSURE TO COLD AND MOISTURE.**

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A case of skin lesions.

A 78-year-old man with a history of ex-smoker, high blood pressure, dyslipemia, severe aortic stenosis with bioprosthesis placement, ankylosing spondylitis, depressive disorder, benign prostatic hypertrophy and cholecystectomy.

Anamnesis: Erythematous lesions pruritic and painful in relation with cold at acral parts (ear, nose, fingers and feet)

Fisical Examination: Systolic murmur II / VI. Slight bibasal crackling. Erythematous-violaceous lesions on fingers and toes with dry necrosis on the toes and nose. Symmetrical distal pulses.

Analysis: Hemogram: Hb 77g/L, Hto 23.7%, VCM 100fL, Plaquetlets 32.000, Leukocytes 3800 (N 63%, L 33%). ECG: Sinus rhythm, 15º, PR 0,24, QRS 0,08.

Differential diagnosis: Embolisms (Septic, Cholesterol), Digital ischemia (Buerger's disease, Arteriosclerosis), Systemic diseases (Cryoglobulinemia, Antiphospholipid Syndrome), Neoplasms, Idiopathic Perniosis.

Biopsy: Perivascular lymphocytic dermatitis with vascular damage and epidermal vacuolar damage, without thrombi or emboli.

Diagnosis: Idiopathic Perniosis.

Perniosis is a vasospastic and inflammatory skin disease resulting from exposure to cold and moisture. It can be idiopathic or associated with systemic diseases, mainly systemic lupus erithematous. It presents after hours of cold exposure like erythematous, swollen, painful patch mainly on the dorsal surface of toes.

Diagnosis is clinical, although microscopic study of a biopsy sample can be useful in specific circumstances. The treatment rests mainly on the protection and avoidance of cold. The prognosis in idiopathic perniosis is excellent with remissions and exacerbations in relation to exposure to cold.

## OLD WOMAN WITH ABDOMINAL MASS

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**Introduction and objective:** 88 years old female. Hypertension, bilateral glaucoma, hysterectomy. Treatment: Acid-Acetylsalicylic, Eprosartan/Hydrochlorothiazide, Amlodipine, Dorzolamide-eye drops. Consultation at home for disorientation and functional impotence of right lower limb of a day of evolution. No previous trauma. Given the alterations of the physical examination, she was referred to ER, diagnosed of urinary infection and admitted in internal medicine.

**Methods:** Exploration and Complementary Tests: Conscious, oriented, cachectic. Feverish. No neurological alterations. Abdomen: Soft, depressible, 9 cm hard mass in right iliac fosse, slightly mobile, painful on palpation. Inability to lift and flex the right leg. March with increased base of support. Analytical: Creatinine 1.02, PCR 21, Hemoglobin 12.3, Leucocytes 19640 (neutrophils 87.4%), Platelets 321000. Urine: Intense bacteriuria, 50-70 leukocytes/field, 5-10 red cells/field. Uroculture: negative. Abdominal CT: Abscess in psoas iliacus with thickening of the appendix wall without signs of perforation. Microbiology: *Morganella morganii* and *E. coli*, sensitive to Gentamycin and Cefotaxime.

**Clinical Trial:** Right psoas iliac muscle abscess. Urinary tract infection of the lower tract. Differential Diagnosis: Perforated appendicitis. Infected hematoma. Diverticulitis. Cronh's disease. Colorectal cancer. Osteomyelitis. Hydronephrosis. Perirenal abscess. Sacroiliitis.

**Results:** Image tests were performed to study the impotence of the lower extremity, and before the results, drainage of the collection and adjustment of antibiotic therapy, with progressive clinical and analytical improvement.

Psoas abscesses aren't frequent. It is a pathology difficult to diagnose, non-specific and insidious. The gold standard test is CT. Generally, right lower limb abscesses are associated with perforation of the small intestine and appendix. Once the diagnosis confirmation, initiate Cefotaxime plus Metronidazole and abscess drainage.

## NOT JUST A SKIN DISEASE

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**Introduction/Background:** A 48-year-old woman whose only antecedent is a mental retardation diagnosed at school age in Paraguay. Caesarean at term (foetus died). Family history: father dead for gastric cancer; grandmother and aunt dead for breast cancer; other aunt has bone cancer; grandfather, uncle and brother with neurofibromas. She is referred by her general practitioner to study skin lesions.

**Objective/Methods:** Physical examination: more than 6 café-au-lait spots larger than 15 mm, Crowe sign and multiple neurofibromas. Mucous membranes were not affected. We request cranial RMN (normal), echocardiogram (normal) and valuation by ophthalmology (multiple cutaneous fibromas on eyelids of both eyes. No Lisch's nodules), psychology and genetics. The histological result confirmed the diagnosis of Neurofibromatosis.

**Results:** Our patient has Neurofibromatosis type 1 (von Recklinghausen's disease) and meets the established criteria for NF1 (two or more): a) Six or more café-au-lait spots measuring at least 5 mm before puberty or 15 mm after puberty. b) Axillary or inguinal freckling. NF1 is an autosomal dominant disease. Can affect the skin, bone, endocrine glands, nervous system central and peripheral; the clinical expression is variable, can be very mild with the café-au-lait spots and dermal neurofibromas, to become disfiguring bone dysplasia with plexiform neurofibromas. Affecting both sexes and all racial groups equally. There are 8 different types of NF (85% corresponds to NF1).

**Conclusion:** NF1 is a multisystem disorder requiring management by multiple disciplines, often coordinated through a primary care physician or a geneticist. A detailed patient investigation is required, because of the possibility for generalized involvement of other organs. There is a paucity of available medical treatments, but ongoing trials hold promise in treating both the cutaneous and noncutaneous manifestations of NF1. It is important to make a differential diagnosis with various skin syndromes (McCune Albright, Von Hippel-Lindau, etc.); with neurological disorders; mental retardation and spastic paresthesias.

## IS IT JUST A SPINE DISEASE OR SOMETHING ELSE?

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**Introduction/ Background:** Seventy-six year old woman who goes to the medical urgency service for weakness and pain in both lower limbs from eight hours long.

**Objective/ Methods:** The patient says that she can not move her right foot and she has paresthesias in both lower limbs. As personal records, she describes asthma attacks and sinusitis through her entire lifetime. On the physical exam: motor system without significant disruption but she feels loss of sensation on the lateral side of both legs (from knee to foot), with abolished reflexes. The first thing we thought about was a root spine problem, so we asked for a spine x-ray. Against this background, blood tests, MRI scan and lumbar puncture are requested.

**Results:** MRI scan, X-ray and lumbar puncture are normal, finding a bilateral pulmonary interstitial infiltrate on the x-ray. In blood test we see marked eosinophilia and positive p-ANCA. Based on these results and taking into account the patient's history of asthma and sinusitis, we requested biopsy of the sural nerve and we start with corticosteroids treatment. The biopsy confirms that she suffer from Churg Strauss vasculitis and the patient responds well and quickly to the corticosteroids, recovering little by little the sensitivity in both legs.

**Conclusions:** With this clinical history, the most common thing would be to think of a radiculopathy because it is the most prevalent pathology. However, we have to keep in mind that sometimes we can come across with rare disease.

## AN UNUSUAL DIAGNOSIS - CLINICAL CASE

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**Introduction:** Pemphigus vulgaris is an autoimmune, chronic and severe disease. It has an estimated incidence of 1-5/1.000.000 people diagnosed per year. Affects skin and mucous membranes (buccal, pharyngeal, laryngeal, esophageal, nasal, conjunctiva and genital) presenting as superficial erosions and ulcerations. The first clinical manifestations are in the oral mucosa, whose lesions precede the cutaneous ones.

**Clinical case:** We present a case of a male patient, 66 years old, caucasian, with middle-low social class. No usual medication or history of known allergies. No relevant personal and family background. On 8/1/2016 went to an emergency department for a history of erosive-crustous mucosal and cutaneous lesions, 6 months of evolution, with aggravation in the last month and spontaneous hemorrhage of the lips. He also referred weight loss of 10 kg in the last month and notion of fever, never quantified. Analytically, only elevation of inflammatory parameters. In the dermatology assessment other similar lesions are identified in the pre-sternal, umbilical, dorsum and bilaterally periorbital regions. Given this situation and the exuberance and the evolution time of the lesions, the patient was admitted to the dermatology department. The result of the incisional biopsy of one of the cutaneous lesions confirmed the diagnosis of Pemphigus Vulgaris.

This clinical case portrays the complexity of this pathology, with a dynamic nature that makes its diagnosis often a challenge. Family Doctors play a key role in early diagnosis and timely referral since, although rare, pemphigus vulgaris is a chronic and serious disease that if left untreated can lead to death.

## ERYTEMA NODOSUM, THE IMPORTANCE OF A DETAILED MEDICAL HISTORY

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**Introduction:** Erythema nodosum (EN) is an inflammatory process of the subcutaneous tissue. Its hallmark is symmetric erythematous subcutaneous nodules in the pretibial zone. Etiologically it's mainly idiopathic, but there are many causes, including streptococcal pharyngitis.

**Objective:** The aim of this study is to highlight the importance of a detailed history, since the treatment and prognosis of EN is cause dependent.

**Method:** Case study.

**Results:** Female, 12 years old (without relevant medical history) developed erythematous nodules in the pretibial region of her left leg, cough and odynophagia. One month later she was observed with the same symptoms in the emergency room, and diagnosed with EN.

Laboratory investigation revealed no changes besides the positive rapid strep test. She received intramuscular penicillin and was sent home with symptomatic treatment. Two weeks later she returned with fever, bilateral lesions, edema of her left leg and claudication. She was discharged with adjustments in her medication. Two days later she was reevaluated and admitted, for having difficulties in walking.

**Conclusion:** Laboratory investigation showed leukocytosis with neutrophilia and high C-reactive protein, sedimentation and anti-streptolysin O levels; hemoculture and screening for autoimmune disorders were negative. During her hospitalization she developed new lesions on her right leg, but remained afebrile, being discharged four days later. At the follow-up consultation she had no symptoms or analytic abnormalities. Despite the unusual clinical course, the probable cause of EN in this case was the initial streptococcal infection. Comprehensive, detailed medical history plays an important role in the diagnosis and treatment of EN.

## ERYSIPELA AND CELLULITIS, A REVIEW OF THE THERAPEUTIC APPROACH

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**Introduction/Objective:** Erysipelas and cellulitis are nonspecific cutaneous manifestations and shows a challenge in the Family Doctor (MF) clinical practice, especially for therapeutic management, where different antibiotic therapies are recommended. The aim of this work is to carry out a review of the therapeutic approach in the treatment of these pathologies.

**Methods:** A survey of the Scopus index databases (Life Sciences and Health Sciences) and ISI WEB of Science™ were carried out in English, Portuguese and Spanish using the following terms MeSH: erysipela; "Cellulitis"; "Treatment". Articles published between 2000 and 2016 were selected. The American Family Physician's Strength of Recommendation Taxonomy (SORT) scale was used to assign levels of evidence and recommendation strengths.

**Results:** Of the 62 articles found was excluded studies that did not focus on the therapeutic approach of erysipelas / cellulitis and repeated / unavailable articles. Eight articles were selected: a meta-analysis, a randomized controlled clinical study (RCT), three case-control, a Guideline, a non-experimental study and an opinion article.

Although it is agreed that antibiotic therapy is essential in the treatment of both erysipelas and cellulitis, different antibiotics are recommended in each treatment, depending on factors such as the type and severity of symptoms: penicillin, amoxicillin, amoxicillin-clavulanic, dicloxacillin, Cephalexin or clindamycin for most typical cellulites (without systemic manifestations) (SR A); Systemic antibiotics for cellulites with systemic manifestations of infection (SR A). More studies are needed to reinforce the degrees of recommendation and to determine the duration of therapy.

## ACNE IN PREGNANCY: THERAPEUTIC APPROACH

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**Introduction:** Acne vulgaris is a common disease in primary health care and physiologic changes in pregnancy raise the risk of acne. Clinical guidelines regarding treatment of acne in pregnancy are scarce and some treatments are contraindicated.

**Objective:** This review aimed to outline a therapeutic approach for acne in pregnancy based on safety profile and available evidence.

**Methods:** For this review, MEDLINE/PubMed was searched using the MeSH terms "Acne Vulgaris", "Pregnancy" and "Therapeutics". In addition, Clinical Evidence, EMBASE, Cochrane Library and UpToDate were searched.

**Results:** Topical treatment is indicated in mild to moderate acne or as adjunct to systemic therapies in most severe forms. The systemic absorption of topical agents should be considered, therefore the teratogenicity of retinoids inhibits its use in pregnancy. Topical benzoyl peroxide or azelaic acid is recommended as baseline therapy. Topical combination of erythromycin or clindamycin with benzoyl peroxide is recommended in inflammatory acne. Oral antibiotics, except tetracyclines, in combination with topical benzoyl peroxide are indicated in moderate to severe inflammatory acne or refractory to topical treatment. Short-term of oral prednisolone may be useful to fulminant nodular cystic acne after the first trimester. Other treatments include zinc supplementation and phototherapy.

**Discussion:** The treatment of acne in pregnancy is within reach of family doctor. The therapeutic approach should be tailored to the type of acne. It is important to assess the risk-benefit of available treatments and to adopt strategies to limit bacterial resistance to antibiotics. Early treatment may contribute to the physical and psychological well-being of pregnant woman.

## DOCTOR, MY TONGUE IS BLACK!

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**Case report:** We present the case of a 58 years-old man, tobacco smoker of 1 pack/day, alcohol consumer 40g/day, without other history of interest, who consults for sensation of stinging, thickening and black coloration of the tongue of 2 days' evolution. He denies the use of inhalers or other recent treatment. Examination shows a mouth with a lack of hygiene, black lingual pigmentation on posterior part and an increase of the lingual papillae. Suspecting black hairy tongue we advise to stop tobacco and alcohol, vigorous brushing after each meal and topical application of miconazole 2%, 3 times/day, during 2 weeks, with complete resolution.

Black hairy tongue (BHT) is a relatively common benign disease, characterized by brown-black discoloration and hypertrophic tongue surface, giving aspect of villi. Risk factors are broad and from daily exposure (antibiotics, corticoids, alcohol, tobacco, poor dental hygiene, consumption of tea, coffee). It is produced mainly by disorders in the normal lingual flora associated with colonization by bacteria and yeasts (the most frequent *Candida Albicans*) producing porphyrin that gives the characteristic colour. Diagnosis is clinical and generally does not require complementary tests, but when the causes or history are atypical or not clear or the treatment is refractory there should be considered an extended study to rule out lesions associated with neoplasia or immunocompromise (acanthosis nigricans, leucoplasia vellosa).

Currently there is no consensus over the treatment, with several effective regimens including short cycles of fluconazole, topical retinoids alone or in combination with urea and combinations of antimycotics, keratolytics, all with satisfactory results.

## PITRYASIS ROSEA VS PSORIASIS. A CLINICAL CASE

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**Introduction:** A 31 year old female patient, without relevant personal clinical history, taking no medication, presented with two weeks clinic of skin lesions. Those were circumscribed to the right side of the torso and started with a herald patch on the back. The lesions were of different sizes with annular form, maculopapulous and erythematous, presenting some desquamation. The lesions were not painful, nor itchy. She presented no other symptoms, but referred important emotional distress and work overload. After 5 days the patient referred malaise, asthenia, headache and low grade fever.

**Objective:** With this type of lesions and clinical history, we initially had a diagnosis of Pitriasis Rosae. But with the appearance of new symptoms we extended the differential diagnosis to subacute lupus and pustular psoriasis.

**Methods:** We made blood test and serologies. We requested an urgent Dermatological opinion. A biopsy was performed. The blood test were normal and serologies were negative. Before the results of the biopsy the lesions were treated with topical corticosteroids, with poor results. The results of the biopsy were surprising, showing histological skin lesions compatible with pustular psoriasis, a rare disease. Rest was recommended together with controlled sun exposure.

**Results:** Lesions resolved completely within a month. One year follow up with no relapses. There is the possibility that pitriasis rosea precipitated psoriasis, which is a very rare triggering factor. We cannot rule out either, stress and emotional distress has worsening factors, in a patient where there was no personal or family history of psoriasis.

## VITILIGO: A PRIMARY CARE SETTING APPROACH

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**Introduction:** Vitiligo is an acquired pigmentary disorder of unknown origin and is the most frequent cause of depigmentation worldwide, with an estimated prevalence of 1%. This disorder can be psychologically devastating and stigmatizing, especially in dark skinned individuals.

**Objective:** Review the vitiligo diagnosis and its approach in primary care setting.

**Methods:** Literature review from the last ten years, in portuguese and english language, using MEDLINE and evidence-based medicine sites, with Mesh terms “vitiligo” and “therapy”.

**Results:** Vitiligo is an acquired chronic depigmenting disorder of the skin resulting from selective destruction of melanocytes. Vitiligo can be classified into two major forms: non-segmental vitiligo and segmental vitiligo. Non-segmental vitiligo, the commonest form, is characterized by symmetrical and bilateral white patches. Different clinical subtypes have

been described, including generalized, acrofacial, and universalis types, all with a bilateral distribution. Patients should also be evaluated for signs and symptoms of associated autoimmune disorders, especially thyroid disease. The therapeutic options and prognosis are different between the two major forms. Topical therapies, like corticosteroids and calcineurin inhibitors, are recommended as a first-line option in patients with limited vitiligo (lesions which cover <2% to 3% of the body surface). Patients should be advised to avoid cutaneous trauma and should use cosmetic coverage. Notably, glabrous skin such as the penis, hands, wrists, feet, and fingertips often do not respond at all. Patients with a widespread vitiligo, or topical therapy resistant, should be referred to Dermatology, because they will need systemic therapy, phototherapy or, even, surgery.

## IMPETIGO: A CASE REPORT

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**Introduction:** Impetigo is a contagious superficial bacterial infection. This contagious infection tends to affect the face and extremities with lesions that progress from papules to vesicles, pustules, and crusts. Less common manifestations include bullous impetigo and ecthyma. Impetigo is primarily caused by *Staphylococcus aureus*. Non-bullous impetigo can also be caused by group A beta haemolytic streptococcus (*Streptococcus pyogenes*). It is most frequently observed during early childhood.

**Objective:** Increase a correct diagnosis in adults, treat properly, limit the spread of the disease to other individuals and prevent other complications like osteomyelitis, septicemia and others.

**Methods:** Case report of a 51 years old male, diagnosed with Impetigo

**Results:** Male, 51 years old, without major diseases, locksmith, appeared in our medical appointment with lesions that had begun as papules and had progressed to vesicles surrounded by erythma with clear yellow fluid, which later became darker and more turbid and painful in the right thump, lateral abdominal wall, neck and face. He had already done antibiotic therapy during 24 hours (prescribed in the emergency). Bullous impetigo in an adult with appropriate demographic risk factors should prompt an investigation for previously undiagnosed human immunodeficiency (HIV) infection. Therefore, he did blood tests (serologic tests) which became negative. Beyond the clinical appearance, the bacterial culture identified a *Staphylococcus aureus*, the major pathogen in this infection. In order to exclude the hypothesis of Osteomyelitis in the right thump due to the extension of the lesion, it was also performed an x-ray.

## SUN DOES NOT, THANKS

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**Introduction:** Squamous cell carcinoma is the second most common malignant skin tumor, most common areas chronically exposed to the sun. They usually settle on precancerous epidermal injuries.

**Objective:** A seventy-year-old male farmer patient. Under dermatological follow-up due to multiple actinic keratoses on scalp and actinic cheilitis in the lower lip, as well as for the removal of several squamous cell carcinomas. It has required different treatments such as cryotherapy for isolated lesions, topical diclofenac and even photodynamic therapy and surgical removal of tumor lesions. The performed extension study is negative.

**Methods:** Prevention is fundamental in the management of this carcinoma. The main measures include: 1. To avoid high exposure to artificial and natural solar light exposure, mainly in the central hours of the day; to wear physical protection; to avoid long exposure to the sun and tanning treatments. 2. Adequate use of photo protectors: health knowledge on application and frequency of use is essential. It should be applied half an hour before sun exposure in a generous and even amount in all the areas affected, changed every 2 hours and after each bath. Greater photoprotection in the first expositions and special care to the most sensitive areas are key. 3. Adequate treatment of actinic keratoses and cancerization field with cryotherapy, photodynamic therapy, among others.

**Results:** In dermatological practice it is common to see patients with actinic lesions in photo exposed areas, with risk of transformation into squamous cell carcinomas. As family doctors, we face a preventable and curable health problem.

## CHILD HEMANGIOMA: TREAT OR FORGET?

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**Introduction:** Child Hemangioma is the most frequent benign vascular tumor in children, affecting about 4 to 5% of caucasian newborns. Its clinical presentation has 3 distinct phases: proliferation, stabilization and involution, and its course is usually benign and characterized by a complete involution, greater than 90% by 9 years, without the need of any intervention. However, some hemangiomas are more problematic due to their size, location, number and pattern of distribution, and can therefore have a significant aesthetic effect, complications and extra-cutaneous abnormalities. These may require a therapeutic intervention.

**Objective/Methods:** Compilation of current knowledge about treatment for childhood hemangioma. Bibliographical research of guidelines, systematic reviews, meta-analyzes and randomized clinical trials using the keywords: *Hemangioma and Therapeutics*.

**Results:** According to the consulted literature, small hemangiomas do not require treatment because of their benign and uncomplicated evolution. On the other hand, infantile hemangiomas that are large, which have a facial, peri-orbital or peri-orifice location, or which are located in dermatomes, are more likely to cause complications and should receive treatment. The treatment may include: intra-lesional corticosteroids, topical corticosteroids, topical Imiquimod, topical B-blockers, systemic corticosteroids or systemic B-blockers. Laser, surgery or arterial embolization, are also options.

**Conclusions:** There are multiple evidences that support the need to treat some hemangiomas, depending on the size, location and characteristics of the hemangioma.

## **PALPABLE CERVICAL MASS IN A YOUNG PATIENT, THEY ARE NOT ALWAYS LYMPHADENOPATHY: THE ROLE OF ULTRASONOGRAPHY IN PRIMARY CARE**

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**Introduction:** A 19-year-old male, consults us for a nodule in posterior cervical zone of years of evolution that has increased in size for a month, being hard to palpation, with irregular touch and adhered to deep planes. By ultrasonography performed in Primary Care during the visit, we see that it is a solid lesion with precise limits in dermal plane. He is sent to surgery for excision of the lesion and histological study, being diagnosed of pilomatrixoma.

**Method:** Ultrasonography is becoming an increasingly useful tool in the Primary Care. It is a relatively inexpensive, non-ionizing, non-invasive test that provides dynamic information allowing observation of moving structures in real time. If there is a mass in the neck, the cervical palpation allows us to know its consistency, shape, limits and adhesion to deep planes. Ultrasound allows us to characterize the lesion in cystic, solid or vascular, localize it in the different compartments of the neck, measure size, detect the involvement of neighboring structures and reduce differential diagnoses.

**Results:** Pilomatrixoma is a benign tumor derived from hair follicles that has hard consistency with hypodermic location. Ultrasonography is an extension of the examination in the consultation, if we have a palpable mass in the neck it allows us to characterise it. In this case the ultrasonography in consultation allows us to exclude the inflammatory adenopathy which is one of the most frequent causes of palpable mass in a young patient, allowing us to make a good and fast orientation of the case.

## **CASE CLINIC: ACQUIRED MELANOCYTIC NEVUS IN ADULT AFFECTING THE ACRAL REGION**

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Melanocytic nevi are benign proliferations of a type of melanocyte known as a nevus cell. Melanocytic nevi maybe congenital or acquired. They begin to appear after the first six months of life, increase in number during childhood and adolescence and reach a peak count in the third decade, and then regress. Acquired nevi can be classified as common or atypical. Atypical Melanocytic nevi must be differentiated from melanoma because they share features such as asymmetry, border irregularities, color variability and diameter greater than 6 mm that require biopsy.

**Aim:** The use of dermoscopy in primary care is very helpful in the differentiation between acral nevus and early acral melanoma.

**Method and results:** A 34 year old Colombian woman with no history of illness. 3 years ago she noticed a cluster of hyperpigmented lesions, located in her right heel. She went to a doctor to check the lesions. So her primary care physician referred her to a dermatologist. The dermoscopy revealed a parallel ridge pattern that suggested acral lentiginous melanoma and it needed a biopsy. The result of the biopsy was acral junctional melanocytic nevus.

**Conclusion:** Prognosis of acral melanoma is difficult because of delayed detection in the advanced stages. Early detection is essential. The dermoscopy features of Melanocytic nevi

are: parallel furrow pattern , lattice -like pattern, regular fibrillar pattern and parallel ridge pattern. The diagnosis is with anatomic pathology. The sensitivity and specificity of the parallel ridge pattern in diagnosing early acral melanoma is 86% and 99% respectively, so they always require biopsy. (1)

## LIPEDEMATOUS SCALP - CASE REPORT

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**Introduction:** Lipedematous scalp is a extremely rare disease, with approximately 50 cases in the whole world, and no known records in Portugal until this day. Its cause is still unknown, and is recognized by subcutaneous tissue hyperplasia that can be associated with pain and pruritus, and without any other inflammatory parameters. If alopecia is also present, is known as lipedematous alopecia, and the possibility that both correspond to the same pathology is still in study.

**Objective:** Recognition and treatment of lipedematous scalp in Primary Care Services. Case report of a 43-year-old woman, with no relevant medical history, that went to her family doctor with complaints of headache and pruritus that started 6 months before.

**Methods and Results:** Physical examination showed no alteration except for the presence of a considerable depression of the scalp in the area between vertex and occipital zone, with a slight peeling. For complementary study it was asked a computerized tomography that showed diffuse increase of epicranial fat thickness, making diagnosis. In the absence of targeted therapy, the patient was medicated for symptomatic relief and referenced for Dermatology specialty consultation.

Lipedematous Scalpe is a disease that is not yet defined. Despite associations with mechanical, endocrine and dyslipidemic factors, its pathogenesis remains unknown, and there is only consensus regarding its characterization as localized lipomatosis to the scalp without associated inflammatory signs. It is a possible cause of dyspepsia of the scalp, which can easily go unnoticed, and it is therefore advisable to palpate patients with dyspepsia without an apparent cause.

## LEG ULCERS FOR FAMILY DOCTORS

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**Introduction:** Leg ulcers are a very prevalent condition in primary care and are associated with increased morbidity and mortality. Family doctors should be capable of doing a correct etiologic diagnose of the ulcer and manage the proper treatment.

**Objective:** To do a primary care oriented approach to the differential diagnosis and therapeutics of the principle types of ulcers (venous, arterial, diabetic and pressure ulcers).

**Methods:** A literature review was conducted, using the databases Pubmed and Uptodate, with inclusion of papers published in the last 10 years, written in English and Portuguese.

**Results:** The diagnostic approach to leg ulcers includes etiological assessment through the identification of risk factors, clinical history, appearance and site of the ulcer and diagnostic tests. Treatment for ulcers should follow these steps: debridement, cleansing, choice of dressing material, and approach to infection. Adjuvant measures are also important. They

include compressive therapy and pentoxifylline in venous ulcers, anti-aggregation and correction of risk factors in arterial ulcers, diabetic foot care in diabetic ulcers and specific care for immobilized patients in pressure ulcers. Those with great severity should be addressed in secondary based health care.

Considering that family doctors are the first line of health care, the correct diagnosis and treatment of the principle types of ulcers is mandatory.

## **SOME BLISTERS REMAIN A MYSTERY: A PEMPHIGUS FOLIACEUS CASE REPORT**

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**Introduction:** Blistering skin diseases often appear in patients with multiple chronic pathologies. Many cases are not addressed properly and are often misdiagnosed and have less quality of life.

Pemphigus is a rare autoimmune blistering disease that affects the skin and mucous. In most cases, anti-desmoglein antibodies are found to be responsible of this disease.

This article presents a pemphigus foliaceus case study.

**Case presentation:** An obese 69 year-old male with hypertension,atrial fibrillation,phlebitis.Develops a skin rash over the course of 2-3 weeks.Initially skin appears as a fragile, flaccid blister filled with clear fluid appeared on an erythematous base. The blisters quickly ruptured due to friction with clothing and produced painful coalescent erosions. No other symptoms were reported. No pharmacological treatment changes were made in the past year.

Given the patients background, a topical antifungal agent was the first therapeutic approach. After a week of treatment with no improvement, skin biopsies were taken.

Direct immunofluorescence exam revealed the presence of IgA anti-desmoglein 3. A pathological exam showed acantholysis of the upper epidermis. These findings were suggestive of pemphigus foliaceus.

Systemic glucocorticoid treatment was then administered with regression over the course of a few weeks. No direct attributable cause was found.

**Conclusion:** Pemphigus foliaceus can appear in patients at any given time with no direct attributable cause. It often involves a broad differential diagnosis. Identifying clinical features of this disease is important. Under or mistreatment can provoke difficult diagnosis.

## **LOCLA SCLERODERMIA: MORFEA AXILAR**

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**Introduction:** Scleroderma is a Chronic fibrous connective tissue disease.Affects skin,and internal organs (lung, kidney and digestive sistem). More frequent in women (4: 1) and debut between 30-50 years. It can be systemic or localized.

The localized forms are characterized by areas of the skin indurated.

Cause unknown.

Incidence 0.34 - 2.7 cases / 100,000 habitants year.

More prevalent in children and young adults

Differential diagnosis: borrelia, lipoid necrosis, lipodermatosclerosis, ringworm corporis.

Diagnosis is made through clinical correlation with the histological study of compromised skin and hematological exams (eosinophilia, inflammatory activity and autoantibodies: antinuclear, antihistone and antimetalloproteases)

It is recommended that the biopsy include adipose tissue.

Treatment: Topical treatment with corticosteroids, tacrolimus, imiquimod or calcipotriol plus betamethasone.

**Clinical case:** A 57-year-old female patient suffering from fibromyalgia, hypertension, hypercholesterolemia, anxiety-depressive disorder and obesity. Treatment with hydrochlorothiazide 25mg / d, lorazepam 2mg / d, venlafaxine 37.5mg .

Appearance in bilateral axillary region of plaque-like skin lesion of erythematous borders with tightness sensation, which does not improve with the use of antimycotics. Subsequently anhidrosis and absence of hair is added. No systemic symptoms.

Refers deodorant use of the Spanish institute for 2 years.

Physical examination: Pearlescent lesions like sclerotic plaques, with erythematous border covering bilateral axillary region. Absence of hair.

▫ Hemogram, serologies (Borrelia burgdorferi IgG) and autoimmunity: Negative.

▫ Biopsy and anatomopathological study: morphea (inflammatory infiltrate of lymphocyte predominance).

**Discussion:** The circumscribed morphea is the most common in adulthood.

The bilateral axillary region is an atypical presentation of morphea on plaque. Could there be a relationship with deodorant use?

It is important to perform differential diagnosis with systemic sclerosis.

## 3.18. Occupational health

### BURNOUT AND JOB SATISFACTION OF 112 EMERGENCY MEDICAL STAFF

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**Introduction and Objective:** The aim of this study was to determine the burnout and job satisfaction levels and effective factors of 112 emergency medical staff.

**Materials and Methods:** 112 medical staff working at Karabuk, a little city in Turkey, between November-December 2016 were included in this cross-sectional study. A questionnaire was used to assess socio-demographical characteristics, working duration, material, spiritual satisfaction, exposure to adverse patient behaviour, feeling emotionally and intellectually exhausted, Maslach Burnout Inventory (MBI) and Minnesota Satisfaction Scale (MSS) to assess burnout and job satisfaction. MBI had subscales as emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA).

**Results:** 228 staff (54.0% male, 46.0% female) was included, 59.6% was married, 79.8% was working less than 10 years. Mean age was 30.31±6.07 years. 86.4% was noticed that they were satisfied with their job, while 75.4% satisfied with their salary. 98.7% of them was exposed to verbal, 86.0% actual adverse patient behaviour, the rate was high in male staff, 25.3% of them

was feeling emotionally, 22.9% intellectually exhausted. Intrinsic, extrinsic and general satisfaction were high in females, EE, DP and PA scores were high in males. Staff who were satisfied with their job had high job satisfaction and PA scores, low burnout score. PA, job satisfaction scales were high in staff who were working more than 10 years.

**Conclusion:** Although the majority of 112 emergency medical staff were exposed to adverse patient behaviour, their job satisfaction levels were high and burnout levels were low.

## 3.19. Oncology and palliative care

### NEEDS OF PALLIATIVE CARE APPROACH AT A PRIMARY CARE CLINIC IN JAPAN

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**Introduction:** Palliative care approach at the right time can improve the quality of life in patients with advanced illnesses. However, identifying patients who require palliative care approach is challenging for family physicians, even though several identification tools have been developed for this purpose.

**Objective:** The aim of this study was to explore the prevalence and characteristics of patients who required palliative care approach at a primary care clinic in Japan.

**Methods:** This observational study enrolled all patients aged 55 years or older who visited the chief researcher's outpatient clinic in October 2016. We used the Supportive and Palliative Care Indicators Tool (SPICT) to identify patients who required palliative care approach.

**Results:** This study included 98 patients (69 females). The mean patient age was  $77.0 \pm 9.0$  years. Nine patients (9.2%) were identified as needing palliative care approach. The most common advanced conditions of patients who required palliative care approach were heart/vascular disease, dementia/frailty, and respiratory disease. Only 2 of the patients who needed palliative care approach had discussed advanced care planning with their family physician.

**Conclusions:** Almost 10% of outpatients at a primary care clinic required palliative care approach, though only few had discussed advanced care planning with their family physician.

### POLYMORPHISMS IN THE XPC AND XPD GENE AFFECT URINARY BLADDER CANCER RISK: A CASE-CONTROL STUDY, META-ANALYSES AND TRIAL SEQUENTIAL ANALYSES

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**Introduction:** of XPC and XPD gene have been extensively studied in relation to cancer. Keeping in view their decisive polymorphic effects and collocations with urinary bladder

cancer (UBC), we have analyzed Ala499Val and Lys939Gln of XPC and Lys751Gln and Asp312Asn of XPD polymorphisms in Indian bladder cancer patients.

**Objective:** To clarify the impact of polymorphisms of XPC and XPD, on bladder cancer risk, a meta-analysis and trial sequential analysis were performed.

**Methods:** The polymorphism was analysed using polymerase chain reaction-restriction fragment length polymorphism (PCR-RFLP) in 234 case and 258 control samples, followed by Chi square test for statistical analysis. The meta-analysis included a total of 8010 cases and 8449 controls and 11,115 cases and 13,800 controls for XPC and XPD respectively. Forest plot, funnel plot and Egger's test were used to interpret statistical significance.

**Results:** The results of our case control study showed significant association between A499V and D312N polymorphism and UBC in the studied population (OR=2.68, CI=1.80-3.98,  $p < 0.0001$  and OR-2.85, CI-1.91-4.25,  $P < 0.0001$ ) respectively. Meta-analyses showed strong associations of both polymorphisms with UBC (A499V: OR = 1.79, CI = 1.28-2.50,  $p = 0.001$ ; K939Q: OR = 1.26, CI = 1.01-1.57,  $p = 0.046$ ) (D312N: OR-1.35, CI-1.15-1.57,  $P < 0.000$ ) and (K751Q: OR=1.12, CI=1.00-1.25,  $P = 0.03$ ). Results of TSA were consistent with those of the conventional meta-analysis. Substitutions of XPC and XPD increase bladder cancer risk in Indo-European populations of Uttar Pradesh and also in other populations across the world.

## HEADACHE AND GLIOBLASTOMA MULTIFORME GRADUS IV, CASE REPORT

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**Introduction:** Glioblastoma Multiforme is astrocytic tumor, he makes more than 50% brain adult's tumor(1). Clinically symptoms and signs are developing so fast, and differential diagnosis can be also brain haemorrhage. Prognosis is bad, with life expectancy 10-12 months, and survival after 2 years is just 10%(1). Headache is the most common symptom.

**Case Report:** 35 old man with intensive Headache in last 2 months, with no medical history. Headache stopped after the painkillers. He felt exhausted, and had a lot of stress. Beside Headache, he felt the pain in the neck. TA 110/80 mmHg. Neurological examination, tension in active and passive movement of the neck. He got to do blood analyses and RTG of neck spine. Got parenteral analgesic therapy for 5 days. In one week he fell into a coma. Cranial MSCT confirmed Glioblastoma Multiforme gradus IV. The tumor was huge and destroyed the whole left hemisphere. The patient died after 4 days.

**Conclusion:** Obvious bad prognosis of this malign tumor pushes us to think and act fast. We have to take all the steps to implement the patient as soon as possible through different diagnostic procedures. It means, that we, as a doctors must seriously approached to every headache because they can be symptom of very serious conditions and diseasescan.

**Key words:** glioblastoma multiforme, headache, neurological examination, cranial MSCT

## TWO CASES OF INCIDENTALLY DISCOVERED MULTIPLE MYELOMA IN PATIENTS WITH ACUTE KIDNEY INJURY

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**Introduction:** Multiple myeloma (MM) is a hematologic neoplastic disorder. Renal failure is a quiet common feature of MM and occurs in 20-40% of MM patients. In this study, we report two cases of MM in acute kidney injury without the typical MM manifestation.

**Case report:** A 55-years-old woman was hospitalized to our department to be treated intravenous antibiotics and received supportive care for APN (acute pyelonephritis). Serum creatinine was 2.51 mg/dL, eGFR was 19.9 L/min/1.73<sup>^2</sup>, serum total protein was 9.7 gm/dL and serum albumin was 3.6 g/dL, and then albumin-globulin ratio was lower than 1 with 0.59. So we checked serum protein electrophoresis, the result showed monoclonal peak in gamma region. She was diagnosed as MM by bone marrow biopsy, and was received thalidomide/dexamethasone induction treatment and autologous stem cell transplantation. On second case, a 66-years-old man had health check-up in our department. His results of health check-up 2 years ago were within normal range but serum creatinine at this time was 4.14 mg/dL, hemoglobin was 7.5 g/dL, platelet was 112000/ul and eGFR was 14.6 L/min/1.73<sup>^2</sup>. So we refered him to hematologist in order to identify MM because the result of serum protein electrophoresis showed a small peak (8.8%) in the early beta 2 fraction. Hematologist did bone marrow biopsy and confirmed MM. Now patient is undergoing chemotherapy with bortezomib/thalidomide.

**Conclusion:** From these case, we knew that we should consider MM as different diagnosis when we met abnormal laboratory findings during the treatment course of acute kidney injury patients.

## MALT TYPE NON-HODGKIN LYMPHOMA - AN ATYPIC LOCATION

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MALT lymphoma is a rare tumor in the salivary glands, being the most common location in the parotid gland.

A.S., 43 years old. No previous pathologies, without recent occurrences. She appears in consultation of its physician in February/2016 by palpation of a lump in the lateral cervical region, on the right, with 2 days of evolution, with no apparent increase during this period. It denies any other associated complaints, namely pain to self-palpation, dysphonia, dysphagia, hoarseness or odontalgia. She denied fever or recent infections. The palpation was characterized by a formation of about 1 cm, hard-elastic consistency, adhering to the deep planes (about 9 cm of the right clavicular region). Ultrasonography of the soft tissues of the identified region showed, in the anterior aspect of the right parotid, a well defined hypoechogenic nodule with some vessels in the Doppler study, measuring about 9.5 mm. The diagnostic hypothesis of pleomorphic adenoma was proposed, but with suggestion of histological characterization. Sent to the surgery department of the reference hospital, she underwent an excisional ganglion biopsy, which was sent for histological study, later identified as MALT non-Hodgkin's lymphoma of the parotid gland (free surgical margins and no evidence of distant metastases).

This type of lymphoma is usually localized and has a slow clinical course, generally with no evidence of metastases. The most common therapy is local as surgical therapy or radiotherapy, and it is reasonable in many cases that surgery may constitute a reasonable primary treatment, when it is summed up with surgery with short-term surveillance in consultation.

## LOW BACK PAIN: WHAT MAY BE BEHIND?

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**Introduction:** Low back pain (LBP) is one of the most common reasons for visits to physicians. About 70% of adults will have LBP in their lifetime, most cases corresponding to benign pathology. However, some may represent systemic disease such as cancer, which corresponds to 0.7% of cases.

**Objective:** Awareness for less common causes of LBP

**Methods:** Case description

**Results:** A 70-year-old man with history of dyslipidaemia treated with simvastatin 20 mg came to see his FP (Family Physician) due to LBP on the right side irradiating to the upper lateral third of the thigh, with mechanic rhythm, started a week ago. At observation there was just a discomfort at right lumbar paraspinal musculature palpation, reason why he was medicated symptomatically. Three weeks later, returns reporting the same complaints, but now presenting a straight leg raise (Laségue) sign on physical examination. Presuming it was a lumbar radiculopathy analgesics were adjusted and Gabapentin was added. Despite of that, patient returns next week due to pain worsening. For that very reason we performed a radiological study that revealed osteoblastic images on ilium bones and lumbar spine, suggestive of metastasis. The following study showed a Prostate Adenocarcinoma. This case describes a less common cause of LBP that FP may face on their practice. It is very important to be able to identify and manage them adequately. In this particular situation, accessibility and longitudinal continuity of care provided to the patient, permitted a straight monitoring of the clinical evolution and led to a timely and adequate orientation.

## PLEURAL EFFUSION IN A SMOKER PATIENT

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**Case description:** 61-years-old man, with no medical history of interest, smoker of 1 pack/day for 40+ years. Presents progressive asthenia, dyspnoea, cough and expectoration for 3 months. Also refers feeling an obstacle in the throat, with nocturnal choking that wakes him up at night, occasional headaches, no weight loss. At his medical center, a chest x-ray is performed showing massive left pleural effusion.

**Exploration and complementary tests:** Blood test: CPR of 2.61 without leukocytosis and uncompensated respiratory acidosis. Good general condition, hemodynamically stable and no fever although abundant sweating. Bilateral laterocervical, axillary and inguinal adenopathies present on exploration.

Chest X-ray: left pleural effusion occupying two-thirds of the hemitorax, with increase of hilar size and left parahilar opacity. Thoracic CT shows supra and infradiaphragmatic adenopathies, hepatomegaly and splenomegaly. Pleural fluid does not present neoplastic infiltration.

Bone marrow aspiration with infiltration by atypical lymphoid cells with immunophenotype compatible with lymphoma. Both left inguinal adenopathy and bone marrow biopsy showed infiltration by marginal zone B lymphoma.

**Diagnosis:** B Non-Hodgkin's lymphoma of marginal zone stage IV A

**Differential diagnosis:** Non-Hodgkin's lymphoma vs lung neoplasia

**Final comment:** Emphasize the importance of physical examination and the usefulness of a test as accessible as the chest X-ray for the differential diagnosis of patients in primary care.

## MANAGEMENT OF NEUROPATHIC PAIN

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**Introduction:** Neuropathic pain is a common chronic pain condition estimated to affect 6% and 10% of adults. Despite being the recent focus of extensive research the treatment of neuropathic pain can be challenging for family physicians.

**Objective:** Improve the efficiency of treatment and optimize the approach to neuropathic pain in primary care setting.

**Methods:** Research in Medline, Cochrane, TRIP, ERIC database with terms "Neuralgia" [MeSH] AND "therapy" [Subheading] to obtain systematic reviews, reviews or guidelines to acquire the best evidence in this theme. The limits to this search were set to full free text available in English and Portuguese published the last 5 years.

**Results:** 20 articles were found 14 of them excluded, remaining with a total of 6 articles for analysis. Majority of articles recommended as first line treatment agents: antiepileptics (gabapentin or pregabalin), tricyclic antidepressants (nortriptyline, amitriptyline), serotonin and norepinephrine reuptake inhibitors (SNRIs) (duloxetine, venlafaxine) and topical treatments. For second line treatment is recommended opioid analgesics (tramadol). Third and fourth line treatment is suggested the use strong opioids, opioids combination therapy or anticonvulsants with lesser evidence of efficacy.

**Conclusions:** Sufficient pain relief with medications alone or in combination were achieved in no more than 40–60% of patients, thus the treatment of patients with neuropathic pain should be considered an integral component of a more comprehensive approach. The keys to its successful implementation, at the individual level, are attention to the patient's specific needs and early review of the therapy efficacy. In this way the burden of neuropathic pain on our patients can be reduced.

## MIGRATORY THROMBOFLEBITIS AS INITIAL CLINICAL MANIFESTATION OF PANCREATIC CANCER – CASE STUDY

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**Introduction:** Migratory thrombophlebitis is characterized by the thrombosis of deep veins, including those that are rarely affected by such a process. It often occurs in the adenocarcinoma of the pancreas, presenting an element of paraneoplastic syndrome. This syndrome is a complex of symptoms in patients with malignant tumors, which can not be explained by the effect of the tumour mass nor direct secretion of hormones secreted by the tumor tissue.

**Objective:** To think of the possibility of a malignant tumour in recurrent deep vein thrombosis.

**Methods:** The medical records of the patient were analyzed.

**Case study:** A patient aged 63-reported to his doctor due to painful swelling in his lower right leg. The patient mentioned that he already had deep vein thrombosis. Colour duplex ultrasonography of the blood vessels of the legs was diagnosed Phlebothrombitis femoropoplitealis l dex. Low molecular weight heparin therapy was started. Patient reported also occasional pain under the left rib arch and back as well as weight loss. Ultrasound, CT (Computed Tomography) and ERCP (endoscopic retrograde cholangiopancreatography) were performed. Disclosed is a tumour in the body of the pancreas, as well as metastasis to lymph nodes and liver. The patient underwent CT guided biopsy of the tumour, and histopathologic findings showed pancreas ductal adenocarcinoma. The patient now undergoes palliative antiodolor therapy.

**Results:** Often migratory thrombophlebitis manifests before the pancreatic cancer has clinically manifested. This is why it is very important to think about the possibility of pancreatic cancer in patients with migratory thrombophlebitis.

## EVALUATION OF THE USE OF THE AFRICAN PALLIATIVE OUTCOMES SCALE IN A RURAL COMMUNITY IN NORTHERN TANZANIA

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**Introduction:** The African Palliative Care Association African Palliative Outcomes Scale (APCA-POS) is a tool designed to measure palliative care outcomes in Africa. Most previous evaluations of the APCA-POS have been in the context of validation or research.

**Objectives:** Evaluate the pragmatic use of the APCA-POS by a specialist palliative care team in day-to-day community-based practice, and describe the characteristics and needs of the patients served.

**Methods:** We undertook a retrospective audit of APCA-POS use by the Hai district palliative care service (based in Machame hospital in northern Tanzania), analysing records of all patients seen from July 2014-June 2015.

**Results:** 60 patients with data available were analysed. Diagnoses included cancer (40%), HIV (28%) and stroke (20%). 63% were bedbound at the time of first encounter. The APCA-POS was used in 24% of new patients, predominantly in those taking opiates or with a cancer diagnosis. Needs were highest in the domains of pain and feeling that life was worthwhile; by contrast there were consistently low reported levels of family and carer needs.

**Conclusions:** The Machame palliative care team serves a high-need population. The APCA-POS was used inconsistently and predominantly to assess pain. Low levels of family and carer need were reported; this may be genuine, but alternative explanations include perceived barriers to reporting, or carer strain not acting as a trigger for APCA-POS assessment. More consistent use of the APCA-POS may allow palliative needs to be more systematically addressed.

## FERTILITY PRESERVATION IN CANCER PATIENTS UNDERGOING GONADOTOXIC TREATMENTS

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**Introduction:** With the improvement of cancer treatments there are a growing number of oncologic patients reaching reproductive age. One of the long-term effects of cancer and its treatment is infertility, an issue of great interest for patients, and their doctors should be prepared to enlighten them regarding Fertility Preservation. However, many patients refer not being properly advised on the issue.

**Objective:** It is the purpose of this investigation to assess the knowledge and clinical practice of oncologists on the subject of fertility preservation.

**Methods:** A questionnaire was sent by the Portuguese Society of Oncology and by 20 service directors of the Oncology Referral National Network.

**Results -** Ninety-seven percent of oncologists believe that more attention should be given to the topic of Fertility Preservation and 52.4% mentioned already addressing the subject with the patients, despite of their limited knowledge on the available procedures. Only 5 out of 30 doctors stated giving written information and 44% never referred a patient to Reproductive Medicine. The main barriers to the discussion of the topic were limited prognosis and the urgent need to start cancer treatments.

**Conclusions:** The main conclusions of this study highlight the deficient knowledge of doctor regarding the Fertility Preservation procedures approved in Portugal and the neglect in providing a written educational support to the patient. Training lectures to improve doctor's knowledge on Fertility Preservation issues should be organized and the establishment of Referral protocols between Oncology and Reproductive Medicine could be fruitful in the improvement of the approach to the oncological patient in reproductive age.

## OLD PEOPLE AND COGNITIVE IMPAIRMENT ARE NOT ALWAYS DEMENTIA

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**Introduction:** Primary central nervous system lymphoma (PCNSL) is relatively rare brain tumor, form of extra nodal, high grade non-Hodgkin B-cell lymphoma. It is more frequent with immunodeficiency patients. The incidence of the tumor in immunocompetent patients is approximately 51 cases per 10.000.000 yearly.

**Case report:** 66-year old female, with arrhythmia. She came to her general practitioner(GP) complaining on memory loss, especially with memorizing new things. Her GP had her undergo the mini-mental state examination test (MMSE), and a result strongly suggested cognitive impairment (score was 22/30). Rough neurological examination was normal. The appearance of the patient (well dressed, well mannered) didn't go along with the work diagnosis, senile dementia. GP sent her to Dementia center but unfortunately examination was scheduled for five months ahead due to a long waiting list. After 2 months aphasia appeared and patient was urgently sent to neurologist. NMR showed expansive mass in the left temporal region. The patient underwent to surgery and patohistological findings confirmed the B- cell non-Hodgkin lymphoma. There was no metastasis. She got postoperative chemotherapy and radiotherapy

of CNS. She was given metotrexat and dexametason, antibiotics and antimicrotics. After all her cognitive functions were normal (MMSE 28/30).

**Conclusion:** Older people, above age 65 are often being ignored when complaining on memory loss, but we must pay attention to that symptom. Using MMSE in everyday practice can distinguish real problems from memory loss expected for age. It's not expensive, time consuming and since is not invasive patients don't hesitate to perform it.

## LONG-TERM FOLLOW-UP OF NUTRITIONAL STATES AFTER GASTRECTOMY IN NORMAL AND UNDERWEIGHT EARLY GASTRIC CANCER PATIENTS

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**Introduction:** Studies about longitudinal changes of nutritional states in normal and underweight patients after gastrectomy are limited in Korea.

**Objective:** This 5-year retrospective cohort study was performed to investigate nutritional states in normal and underweight early gastric cancer (EGC) patients after gastrectomy.

**Methods:** We included 233 EGC patients (115 males and 118 females, mean age: 51.9 years) who had an initial body mass index of <23 kg/m<sup>2</sup> and analyzed longitudinal changes in body weight and nutritional parameters before surgery as well as 1, 2, 3, 4, and 5 years after surgery.

**Results:** The mean preoperative and postoperative weights in patients were 59.2, 56.6, 56.3, 56.3, 56.2, and 56.7 kg in men and 51.9, 47.9, 48.0, 48.4, 48.9, and 49.2 kg in women (baseline, 1 year, 2 years, 3 years, 4 years, and 5 years, respectively) (P < 0.001; baseline vs 5 years). The percentages of underweight patients at baseline and at 5 years were 8.7% and 22%, respectively, in men and 5.9% and 24.4%, respectively, in women (P < 0.001 for both), and the percentages of anemia were 13.9% and 25%, respectively, in men (P = 0.016) and 26.3% and 43.4%, respectively, in women (P = 0.004). Albumin levels did not decrease in men or women. After gastrectomy in normal and underweight patients, their weight was reduced by approximately 3–4 kg 1 year after surgery and sustained until 5 years after surgery. The odds ratios of underweight and anemia increased approximately 3–5-fold and 2-fold, respectively, 5 years after surgery. Periodic nutritional monitoring is important in normal and underweight patients after gastrectomy.

**Key words:** Early gastric cancer; gastrectomy; underweight; nutritional states

## BLASTIC PLASMACYTOID DENDRITIC CELL NEOPLASIA: A CASE REPORT AND LITERATURE REVIEW

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**Introduction/Background:** Blastic plasmacytoid dendritic cell neoplasia (BPDCN) is a rare tumor that occurs with an unfavorable clinical course and outcome. Approximately, 75% of patients who received treatment respond satisfactorily with regression of the disease.

Nevertheless, 90% of patients suffer relapses and the survival rate is about 14 month after diagnosis.

**Objective:** Case report and literature review

**Case description:** 58 years old female patient who presented to primary care physician with a single subcutaneous nodule on the back. Physical examination did not identify any evident abnormalities of the heart, lungs or abdomen. Data from a routine blood and liver kidney function test were normal. Bone marrow biopsy doesn't show evidence of infiltration.

Additionally, pathological examination of skin lesion identified that the dermis and subcutaneous fat layer were infiltrated with medium-sized tumor cells. Immunohistochemical staining with leukocyte common antigen (LCA), CD4, CD56 and CD43 was positive. These findings fulfilled the requirements for the diagnosis of BPDCN. The patient was referred to third level hospital for chemotherapy. In addition, bone marrow allotransplantation is performed. Six month later, patient developed a recurrence of skins lesions, so it is decided to carry out a new chemotherapy cycle. In association with chemotherapy, new bone marrow allotransplantation is performed, followed by donor lymphocyt infusion. Disease progression was not inhibited despite the treatment. The patient died of severe pneumonia, two years after diagnosis of BPDCN.

**Conclusions:** General practitioners have a key role in cancer detection as the usual first point of contact for patients with potential cancer symptoms.

## ANOREXIA WITHOUT WEIGHT LOSS. SYMPTOMS THAT ARE COUNTERACTED WITHIN THE SAME PATHOLOGY

Jorge Zieleniewski Centenero, Alba Castañeda Pérez-Crespo, Natalia Aguilar Lorente, Maria Rodríguez Romero, Vanessa Martinetti, Francisco Campillo Palma, Maria José Hernández Sanchis, Manuel López Piñera

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**Background & Aim:** Ascites refers to an accumulation of fluid in the peritoneal cavity. The most common causes of ascites are cirrhosis and cancer. The aim of this paper is to discuss how symptoms can counteract confounding the diagnosis

**Method:** Collection of the clinical history from the patient and the medical test results.

**Results:** The case refers to man 85 years old, caucasian, retired, low number of consultations. Consults for gastric discomfort, loss of appetite and postprandial fullness. Minimizes symptoms. We prescribe a proton pump inhibitor. After three weeks, it refers an increased anorexia associated with weight loss of around 4 kilograms, abdominal bloating and asthenia. He says that he has been constipated in recent months. Physical exam we found distended abdomen suggestive of ascites.

Seeing the clinical picture and the physical exam suggestive of ascites, we asked for an emergency ultrasound, which shows ascites, reason why we send the patient to the hospital. Finally after additional exams, ultrasounds, chest-abdomen-pelvis CT and colonoscopy with biopsy the final diagnosis was ascending colon cancer with peritoneal carcinomatosis.

**Conclusions:** Several symptoms of the same pathology can find a balance making very difficult to identify them and therefore the process that causes them. A continuous follow-up of the patient is a great diagnostic advantage, so we are able to appreciate changes in the patient related or not with the reason for consultation and therefore distinguish signs of alarm.

## HOW LIFE CHANGES IN LESS THAN 6 MONTHS

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Hodgkin's lymphoma is a cancer of lymphatic tissue whose etiology is not known. It presents a higher incidence in the age groups from 15 to 35 years old and from 50 to 70 years old.

He is a 44 year old man who comes to the consultation with the family doctor after hospitalization in Internal Medicine in the HDS for presenting a clinical condition, beginning 6 months before hospitalization, of right inguinal swelling with about 1cm, painless and since 3 months progressive increase of the same, complicated of increased malleolar volume and subsequently of the entire lower limb homolateral. He also refers to skin changes with hyperpigmented and scaly areas, very pruritic, generalized across the body. Denies fever, weight loss and night sweats. During the hospitalization, he had a CT that revealed ganglion formations in the abdomino-pelvic region and some with adenopathy dimensions in the pelvic cavity. He had excision of the larger adenopathy and was discharged with an indication to attend an outpatient visit to Internal Medicine, where the anatomopathological result revealed cellular alterations compatible with Hodgkin's lymphoma. The patient was referred to the Hematology office where he is being followed and performing chemo. He also maintains follow-up in consultation with his family doctor who guarantees the individual and family follow-up that this case requires.

Hodgkin's lymphoma is one of the most curable cancers. However, it requires a lot of dedication and accompaniment from the family doctor to these patients and their families, assuming a key role in these cases.

## A THREE YEARS OBSERVATION OF QUALITY OF LIFE IN PATIENTS WITH HEAD AND NECK CANCER

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**Background:** Cancer therapy together with monitoring of nutritional status and nutritional support are important both for quality of life and survival of patients with head and neck cancer.

**Methods:** The group of 726 patients with head and neck cancer (HNC) was observed. Patients were given by a nutritional support through the percutaneous endoscopic gastrostomy (group A) and sipping (group B). Monitoring the quality of life (QOL) was carried out in the defined checks through questionnaires - in module of general QOL and module of QOL for HNC patients. We compared results between groups. Group A and B are comparable in terms of representation of cancer stage and treatment modality.

**Results:** Nutritional intervention is the causal factor affecting the development of nutritional parameters, complications, quality of life, pain and survival of patients. Patients with nutritional intervention due to percutaneous endoscopic gastrostomy showed better tolerance of cancer treatment ( $p < 0.02$ ), less complications, significantly lower incidence of depending on the care of another person ( $p < 0.04$ ), and comparable QOL with group B.

**Conclusion:** Monitoring QOL we consider as one of the key factors of comprehensive care in the oncological treatment. It has become obvious that it correlates with independent

predictive factors of cancer care (malnutrition and lack of development of weight loss, quality of life, and nutritional intervention).

## **HARD TO DIAGNOSE; POSTMASTECTOMY SKIN LESIONS**

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Skin metastases are not routine on malignancies. The most seen carcinoma that metastasize to skin is melanoma and the second is breast carcinoma. Cutaneous metastases can be seen as various patterns. Most seen manifestations are nodules and tumors. Erythematous patches or plaques are very rare seen clinical manifestations. The clinical forms of cutaneous metastasis may mimic other benign dermatologic lesions like erythema annulare, contact dermatitis, tinea (fungal) infection, erysipelas, cellulitis and cutaneous mucinosis.

A 45-year-old woman who had undergone a mastectomy for left breast carcinoma 2 years and mastectomy for right breast carcinoma 2 months prior to her recent clinical presentation noticed a small erythematous macule on her right breast side. An antifungal and afterwards topical steroid treatment were applied by dermatologists but the healing couldn't be achieved. Then a skin biopsy was taken from the lesions and carcinoma metastasis was diagnosed. The lesions healed after systemic chemotherapy and Herceptin treatment. The prognosis of metastatic inflammatory breast carcinoma is poor. Surgical treatment is not recommended. Systemic chemotherapy with or without radiation therapy and hormonal and or Herceptin treatment are the main treatment options.

Dermatologists, family physicians and oncologists should be aware of these rare cutaneous manifestations of metastatic breast carcinoma. Metastatic breast carcinoma can mimic reticular erythematous mucinosis, in addition to the other well-documented cutaneous patterns.

## **A GIANT BREAST CANCER CAUSING ULCERATION AND SEVERE BREAST DISFIGUREMENT**

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Invasive papillary carcinoma is relegated to the section of 'rare types' of invasive breast carcinoma. Papillary carcinoma of the breast represents approximately 0.5% of all newly diagnosed cases of breast cancer. The prevalence of invasive papillary carcinoma seems to be greater in older postmenopausal women. With respect to radiographic evaluation of papillary carcinoma, ultrasonography is the most extensively studied imaging modality, though magnetic resonance mammography has potential utility. Treatment-related information for patients with papillary carcinoma is limited, and patterns noted in available series suggest a variable approach to this disease. Different therapeutic modalities are offered for the treatment. Radiation and chemotherapy can be added to the surgery.

Here we report a case of a 87-year-old woman with a slow growing, ulcerated tumor in the left breast. Our patient presented to the outpatient breast surgery clinic in our hospital with a 12-year history of an enlarging left breast mass. Over the last 1 year, she reported discomfort

as well as ulceration with occasional bleeding. The worsening symptoms prompted her to seek medical care. Core needle biopsy suggested an invasive/in situ carcinoma with broad ulceration and necrosis. Treatment with total mastectomy and adjuvant chemotherapy followed.

Especially old patients don't pay attention to their breast lesions. Family physicians take an important role to be alert on the breast examination for all age groups. It is important to make a correct diagnosis and to treat according to the guidelines.

## **FAMILY MEDICINE, PALLIATIVE CARE AND CHF PATIENTS – IMPLEMENTATION OF A MODEL**

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**Background:** CHF is a common reason for hospitalization amongst older people. It's incidence and prevalence are increasing as the population ages with unpredicted illness trajectory and high mortality rate. Life expectancy ranges from days to years, and the number of patients requiring end-of-life care is increasing.

Multidisciplinary Palliative Care approach can benefit the patient when used to gradually supplant curative treatment as the patient's disease advances. The patient's primary physician should be the main stem of this multidisciplinary approach.

**Objectives:** To introduce and implement Palliative Care philosophy and treatment to severe CHF patients and professionals at the Cardiology ward in our hospital.

### **Methods:**

1. Integrating a Family Practitioner, specialists in Palliative Care at the CHF department. 2. Choosing appropriate patients for intervention focusing on three groups: severe HF patients, heart transplant candidates and LVAD recipients 3. Intervention: interview, designing of a treatment plan and follow-up. 4. Designing an educational program for the ward's professional staff after assessing their knowledge and attitude towards palliative care by conducting a questionnaire research before and after training.

**Results:** 16 patients and their families were assessed last year by a Palliative Care specialist. By close interaction and continuity of care we achieved a reduction in hospitalization days and improvement of quality of life.

Research results : still ongoing and planned to be finished during March 2017

**Conclusion:** Implementing Palliative Care for severe CHF patients can reduce hospitalization, decrease unnecessary polypharmacy and improve quality of life. We believe that the staff attitude and knowledge about Palliative Care will improve after delivering our training program.

## **DOCTOR, WHAT IS HAPPENING TO ME?**

Elena Sánchez Pablo<sup>1)</sup>, Almudena Salas Sola<sup>1)</sup>, Aranzazu Sánchez de Toro Gironés<sup>2)</sup>, Almudena Carrasco Angulo<sup>2)</sup>, Sara Isabel Roncero Martín<sup>2)</sup>, María Teresa Palacios López<sup>1)</sup>, Carmen Botias Martínez<sup>1)</sup>, Ascensión Martínez Más<sup>3)</sup>

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**Introduction:** 47 years old female with progressive general discomfort for the last four weeks, abdominal pain, nausea and loss of appetite, afebrile. Indurate painful cutaneous lesions that started as erythematous area in legs and back, then in groins and arms, for what she is taking corticoids without improvement. Allergic to penicillin. No previous medical conditions.

**Objective:** Analyze the diagnosis process when symptoms are confuse.

**Method:** Physical exploration: BP 146/85, CF 117, T<sup>a</sup> 35.8°C, SatO<sub>2</sub> 100%. Acceptable general status. Normohydrated. Cardiopulmonar auscultation normal. Abdomen: tympanic, painful in left hypocondrium and flank, no peritoneal irritation signs. Cutaneous erythematous lesions in left elbow and smaller in legs, painful but without infection signs. Symmetrical distal pulses. Hommans negative.

**Complementary test:** Chest x-R: within normal limits. Abdominal x-R: distal aeration with a lot of gas and faeces in colic margin, no hidroaereal levels. Blood test: VCM 83.8, PCR 6.1, leucocytes 25040 (N 81.2%, L 11.4%). Superior left arm ultrasound: superficial thrombophlebitis.

At a deeper study: GGT 120, FA 156, lactatodeshidrogenase 427, PCR 2.7, Fe 36, ferritina 294, transferrina 221, CEA 138, CA 19.9>50.000.

Dermatologist evaluation: linfangitis vs tromboflebitis lesions. Anathomopatology : superficial perivascular dermatitis.

Abdominal CT: hepatic parenchyma with multiple focal lesions and a mass in left hepatic lobe. Spleen with multiple hipodense lesions suggestive of infarcts. Pancreatic lesion of 2.8 cm, hipodense, affecting peripheral fat and causing esplenic vein stenose and thrombosis of esplenic artery. Regional adenopatys. Hipodense focal bilateral lesions in kidneys.

Anathomopatology: adenocarcinome cells

**Result:**

Diagnosis:

Pancreatic neoplasia status T3N1M1 with hepatic metastases and esplenic vein and artery infiltration. Trousseau Syndrome.

A chimoterapy schema with paliative intention is settled with good response.

## WHAT SEEMS AN ANXIETY CRISIS IS NOT ALWAYS IT

Elena Sánchez Pablo<sup>1)</sup>, Almudena Salas Sola<sup>1)</sup>, Aranzazu Sánchez de Toro Gironés<sup>2)</sup>, Almudena Carrasco Angulo<sup>2)</sup>, Sara Isabel Roncero Martín<sup>2)</sup>, Carmen Botias Martínez<sup>1)</sup>, María Teresa Palacios López<sup>1)</sup>, Manuel González María Dolores<sup>3)</sup>

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**Introduction:** 17 years old female student with palpitation perception in resting period and dyspnoea for four days with right parasternum pain that increases with movements, coughing and deep breath but afebrile. She refers to be very nervous in relation with academical requirements, having lost two kilos in the last months.

**Objective:** Our aim to expose this case is to give a second thought to our crowded daily practice and the consequences that may have not carefully listening the patient and jump straight to the more frequent diagnosis.

**Methods:**

Physical exploration: Good general status. Slightly right lung hypoventilation. Cardiologicaly ritmic and without murmurs. Pain at palpation of right parasternum region.

Complementary test:

ECG 90 bpm without conduction alterations.

Thorax X-Rays: right paracardiac mass

Blood test without alterations

Thorax CT: anterior mediastinical mass (6.7x7.5x7.2cm) with extension to paracardiac right area, pulmonary parenchyma mass efect with asociated atelectasis, not allowing to dismiss cardiac infiltration. 1cm right hilum adenopathy.

Biopsy: high celularity, linphoid aspect with hith proliferative activity. Ganglia: neoplasia infiltrate with big cells of linfoid aspect. Inmunohistology: more than 90% proliferative activity.

PET-CT: anterior mediastinical mass 8.40 (AP) x 8.75 (T) x 9.45 CC) cm with maximal SUV (standardized uptake value) 27.60. No evidence of other locations of active disease.

Diferential diagnosis: invasive thymoma or germinal stripe tumour.

## **Results:**

Diagnosis: Type B lymphoma of big cells IIA IPI 1.

After the diagnosis the patient started a chemotherapy treatment. In parallel a treatment of preservation of fertility is settled. The mass is decreasing.

## **EXPLORATION PROTOCOL DEVELOPMENT IN PATIENTS WITH LYMPHOEDEMA AFTER BREAST CANCER SURGERY, AN ANALYTICAL PROSPECTIVE STUDY**

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**Introduction/background:** Lymphoedema is one of the most common complications of a breast cancer. It is a chronic accumulation of lymphatic liquid and proteins in the subcutaneous cell tissue.

There is not a gold standard test for the diagnosis of lymphoedma, consequently the diagnosis is made with clinical findings, aiming the volume increase of the limb. It can be made when in two consecutive areas there is a difference in the perimeter between two or more centimetres with respect to the other extremity. The fibrosis degree can be valued with palpation method. It is important to select the correct moment to start the physiotherapy treatment to improve the prognosis and to prevent side effects and complications.

**Objective/Methods:** The objective of this study was to determine the correct exploration protocol in patients with lymphoedema after breast cancer surgery.

22 participants were recruited from the Lymphoedema's monographic consultation of Rehabilitation Service of CHUIMI of Las Palmas de Gran Canaria, Spain. The measures collected were perimeter difference and palpation fibrosis grade, every 4cm, in eleven locations in arm side during two consecutive revisions.

**Results:** With the adjustment of linear mixed models, the differences between each patient and each level were studied. All of them suffered from deterioration in different levels, especially patients with less fibrosis level.

**Conclusions:** Lymphoedema's patients after breast cancer could be explored every 3 months at least, especially those recently diagnosed and patients with less fibrosis level.

Clinical examination must include perimeter difference and palpation fibrosis grade every 8 cm in both arms.

## VERY SUGGESTING CLINIC, CONCLUDING DIAGNOSIS

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**Introduction:** A 72-year-old man, smoker of 90 packs a year and alcoholic. Hypertensive and dyslipemic. Acute myocardial infarction in 2009. Iron deficiency anemia due to duodenal ulcers and atrophic gastritis. Chronic renal failure.

He went to the clinic for postprandial vomiting and weight loss (30 kg in 2 years), with dysphagia of 5 days of evolution.

In the exploration, it presents cachectic appearance and mucocutaneous pallor, with pain in hemiabdomen right non-irradiated, without megalias. Rest without findings.

**Objectives:** Faced with the constitutional syndrome described and the emaciated appearance the patient is referred to referral hospital.

Blood tests: hemoglobin 9.55, CRP 14.5, urea 266, creatinine 7.62, Ca 19.9 694, blood occult in stool. Thoraco-abdomino-pelvic computed tomography: proximal esophageal dilatation, gastric wall thickening in fundus and cardia, and pancreatic body. Gastroscopy and esophageal transit: distal esophagus in corkscrew. Colonoscopy: normal. Renal echo: right renal atrophy with left hypertrophy. PET-CT: proximal mass in pancreatic body with diffuse increase of metabolism in body and tail, and gastric walls.

**Methods:** The patient is diagnosed of achalasia secondary to pancreatic neoplasia.

**Results:** The most common cause of secondary achalasia is tumoral. Because of the comorbidity of the patient, his treatment was palliative but the surgery is elective (curative potential).

Its high mortality rate is due to the late diagnosis due to its non-specific clinical (it is the tenth most frequent tumor and the fourth in mortality).

## EFFECTIVE COMMUNICATION IN PALLIATIVE CARE

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**Introduction:** Communication is fundamental to the physician-patient relationship, is a central part of the therapeutic relationship, being of particular importance in palliative care. Dealing with death, making critical decisions, communicating bad news, and confronting the failure of established therapies are tasks of high emotional demand for the health professional. Communication training can reduce the impact of these situations

**Objectives:** Talk about the SPIKES communication technique, which facilitates the communication of bad news.

**Methodology:** Research in PubMed, with the key-words communication, palliative care, SPIKES strategy.

**Conclusion:** Professional communication is a skill and like any skill can and must be learned. Communication is an essential therapeutic tool for delivering high quality care and the way bad news are given influences the patient's recovery rate, decreased suffering, adherence to treatment, and psychosocial adjustment. Increasing the longevity of the population leads to a higher prevalence of chronic diseases, so the communication techniques of bad news should be trained by professionals, allowing a greater capacity for communication in these situations.

## IMPACT OF HOPE IN PALLIATIVE CARE PATIENTS

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**Introduction:** The number of palliative patients is increasing and this trend will continue in the coming decades. These patients have to face many problems in the physical, mental, socioeconomic and spiritual dimensions of their life and will need the resources to deal with them. Religion, social support, family and healthcare professionals have been recognized as important strategies for coping with the disease. Hope is another important factor that can help patients cope more effectively with the disease at all stages. It is a dynamic process, defined as "a multidimensional life force characterized by a confident expectation of a good future." In the last decades, it has become a subject of scientific scrutiny, although the work is still scarce.

**Objectives:** To explore, in the light of existing literature, the importance of hope in the palliative patient, and describe the different meanings

**Methodology:** Literature review, through the search of articles in scientific databases, namely MEDLINE-PubMed and UpToDate. The keywords used were: Hope; Palliation; Coping; Quality of Life.

**Results / Discussion:** It stands out that the balance between being optimistic and realistic, being in control and let go seem to contribute to giving the lives of patients meaning, remaining committed to life even in the face of an uncertain and potentially frightening future. It is necessary for both health professionals and patients to be able to take the prognosis that the disease involves and possible paths, putting the focus on the preferences of the patient himself, limiting an overmedicalization of the end of life.

## THE DIFFERENTIAL DIAGNOSIS OF GENERALIZED ADENOPATHIES SHOULD INCLUDE A VERY RARE DISEASE

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**Introduction:** Through the observation of a patient with generalized adenopathies, the diagnosis of a rare disease is reached.

**Objective:** to arrive at the correct diagnosis and to know more about some diseases.

**Methods:** observational

**Results:**

**Clinical history:** Male, 20, comes for puffed injury in parietal area. On subsequent visits, cervical-retroauricular-occipital lymphadenopathy and headache.

**Personal history:** Epicranial tumor resection when he was 5. No reports.

**Physical exploration:**

Puffed injury, 1cm, parietal area, soft. It appears superinfection.

Subsequent visits: cervical-retroauricular-occipital lymphadenopathy.

Neurological examination is normal.

**Supplementary tests:**

- Blood-serology test: normal.

When the patient was younger, coinciding with tumor, he also had the puffed injury and lymphadenopathy like now:

- Cranial radiography: lytic lesion in the parietal area.
- Brain-CT: extracranial swelling, malignant characteristics, extends intracranial compartment.

**Clinical judgment:** At first it's oriented as cellulitis+lymphadenopathy. We prescribed antibiotic, but the lump and lymphadenopathy persist. We think different diagnoses: neoplastic disease, benign tumor, viral infections and cat-scratch disease.

**Treatment:** He is derived to the emergency room, where the lumpectomy was decided.

The histopathology reported findings consistent with Rosai-Dorfman disease.

After surgery, steroid therapy is initiated and a CT for control is requested; it shows residual area.

**Evolution:** The patient has not resubmitted with related clinical diagnosis.

**Conclusions:** Although the Rosai-Dorfman disease is rare, this case highlights the importance of studying the lymphadenopathy. Although at first it may be related to a local infection, we must always reevaluate the patient once solved the infectious episode.

## WHEN WE HAVE TO THINK OF A MASS LIKE BULKY?

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**Introducción, objective:** Costal mass management

**Methods:** observational

**Results:**

**Clinical history:**

Woman, 47, comes for bilateral rib pain, more in inspiration, cough and yellow expectoration.

It's oriented as cold and muscle pain.

Later she explains left arm pain, nocturnal predominance.

After 4 weeks, appearance of parasternal mass and dyspnoea.

**Personal history:**

Smoker.

**Physical exploration:**

Left rib cage: Pain in the palpation.

Later left parasternal mass, 3x3cm.

**Supplementary tests:**

- Spirometry: FEV1/FVC:65.56, post- bronchodilation: 67.72., FVC:3.29ml. FEV1pre: 2.16ml. FEV1post-bronchodilation: 2.23ml.

- Blood test: ANA+, erythrocyte sedimentation 82, c-reactive protein 1.5

- Electrocardiogram and chest X-ray: Normal.

### **Clinical judgment, differential diagnosis:**

First nonspecific symptoms, oriented as cold+muscle pain. Later, differential diagnosis:

- Neoplasia
- Autoimmune disease
- Inflammatory disease (condritis).
- Benign tumor.
- Pulmonary embolism

She is derived internal medicine and while she is waiting, the patient has three tumours to costal level, severe dyspnoea and facial-neck edema. It is derived emergency room:

- Blood test: lymphocytes low (13.70%), thrombocytosis (plaquette 473.000), c-reactive protein 1.59ng/ul, LDH 375U/l, CA125 176.5U/ml, AC anti-EBNA positive.

- Chest CT: invasive anterior mediastinal mass, compressed and stenotic superior vena cava, possible right pulmonary infarction.

- Biopsy: Bulky mass, stage IVB.

### **Evolution:**

The facial edema has improved and the patient has good tolerance to treatment. She is at home, she explains fatigue and mild chest discomfort with dry cough and anxious-depressive clinic, he has started anxiolytic-antidepressant treatment, besides chemotherapy.

### **Conclusions:**

Seeing the need for monitoring, studying the different visits together. In this case, all the symptoms were for the same process, but if you studied separately we risk trivialize and don't arrive at a correct diagnosis.

## **EWING SARCOMA IN 40-YEAR-OLD PATIENT: A CASE REPORT**

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**Introduction:** Ewing's sarcomas represent group of small round cell tumors which account for 10-15% of all primary bone neoplasms. The incidence of these tumors peaks in the late teenage years. Overall, 27% of cases occur in the first decade of life, 64% of cases occur in the second decade, and 9% occur in the third decade.

**Objective:** To describe the clinical characteristics and survival of this disease in 40-year-old patient.

**Methods:** This paper was generated from patient medical record.

**Results:** 40-year-old male patient consulted his GP complaining about localized pain in the upper third of his left shin, which wasn't related to activity. He denied any trauma of the leg or vascular diseases. On physical examination, only local tenderness on palpation was found. Analgetics were administered, but without any improvement. The pain intensified with time. The radiography showed lytic lesion in the diaphysis of left fibula with a prominent soft tissue mass extending from the bone, suggestive for Ewing sarcoma. Biopsy confirmed diagnosis. The patient was referred to chemotherapy. After the six cycles with VIDE (vincristine, ifosfamide, doxorubicin, etoposide) protocol, magnetic resonance showed disease progression. Patient is now undergoing radiotherapy and surgical treatment is planned. Even

though Ewing sarcoma is rare in the patients older than 40 years, musculoskeletal pain that persist despite analgetic therapy should be suspicious for neuropathic pain which accompany malignancy. In such case, only high degree of clinical suspicion can provide timely diagnosis and better treatment outcome.

## ANEMIA AND FREQUENT BLOOD TRANSFUSION IN PATIENTS WITH MALIGNANCY - CASE REPORT

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**Introduction:** People with cancer may develop severe anemia, which can cause a deterioration in the condition of the patient, or can jeopardize patient's life. Anemia in patients with cancer, depends of cancer type, localisation, duration, treatment. Some cancers such as gastrointestinal or urogenital can cause bleeding, others can affect blood production organs (bone marrow), or kidneys (low erythropoietin level). Anemia may develop because of the cancer chronic character. Cancer treatment (chemotherapy, radiation therapy, surgical treatment) can cause blood loss, or decreased production of blood cell.

**Objective:** Understanding anemia in patients with malignancy, can help us in treatment of anemia, and improve treatment

**Methods:** Analyses of the data collected from the medical records. Literature review.

**Results:** 65 year old woman was diagnosed with malignant melanoma localized on the right thigh, in June 2015. She was operated, and other diagnostics (ultrasonography, computed tomography, PET/CT) show affection of right axilla lymph nodes and lymph nodes in pelvis. Patient refused further treatment, and the disease has since monitored and does not progress. Three months ago patient occurs symptoms of weakness, fatigue, which does not correspond to the state of its basic illness. Blood analyses show severe anemia (hemoglobin level 5,2 g/dl). Patient was transported to the hospital where she received two units of blood transfusion. In last three months she was sent to the hospital two times, because of anemia in chronic (malignant) disease.

**Conclusion:** Anemia in malignant disease are common, and adequate treatment is necessary for the benefit of the patient.

## THINKING BEYOND THE INITIAL DIAGNOSIS: METASTATIC CHOLANGIOCARCINOMA

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**Background and aim:** The deep venous thrombosis (DVT) is a clinical entity associated with a prothrombotic state, abnormal blood flow or endothelial dysfunction. The family physician should be able to recognize signs and symptoms of DVT. Occasionally, it can be the first manifestation of another disease.

**Case description:** We present a case of a 68 years old retired man, who referred a pain on his left leg two days of evolution, without any symptoms associated.

In the first evaluation, we could see a marked inflammatory sign on his left leg, with dorsalis pedis pulses present. We prescribed amoxicillin+ clavulanate 875/125 mg.

Two weeks later, he had a marked pain and swelling of both legs, more evidence on his left leg. It could be appreciated inflammatory signs (edematized and high temperature) in the

same region. The final diagnosis was venous thrombosis and the patient was referred to the hospital.

In the next evaluation, the patient referred an important loss of weight (17% in 6 months), due to that, the emergency doctor requested an abdominal and pelvis CT, with the diagnosis of metastatic cholangiocarcinoma. The treatment was: palliative care by family physician.

## NAIL CLUBBING

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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.

**Objective:** 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.

**Methods:** 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.

**Results:** 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.

## REALITY AND MYTHS OF NASOGASTRIC TUBE FOR PATIENTS WITH ADVANCED DEMENTIA

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**Introduction:** The social burden of dementia as a terminal illness is substantial and increasing, with an estimated incidence of 6.7 million cases in the US in 2025.

The most frequent symptoms in the final stages of the disease are anorexia, lethargy, fever, constipation, dyspnea and restlessness.

**Objective:** A 59-year-old patient with a history of severe mental retardation from infancy, advanced early dementia, a high dependent for all basic activities of daily living, and a third-degree atrioventricular block with pacemaker rejection.

It is brought by the family to our Health center for refusal of intake, initially episodic and permanent in the last 3 days.

They are waiting to be evaluated in Digestive's consultation for placement of Percutaneous Endoscopic Gastroscopy (PEG), come to request the placement of A nasogastric tube while the appointment arrives.

**Methods:** The patient is in a flexo attitude, unreactive, mute, disconnected. Well hydrated, eupneic. Cardiorespiratory auscultation: rhythmic but muted noises, preserved murmur, anodyne abdomen.

**Results:** It is vital to know the reality of certain clinical practices in order to transmit to the family members conclusive answers and with evidence.

The supposed benefits of tube feeding are: Prolongs life, prevents aspiration, improves malnutrition and alleviates the symptoms of hunger or thirst, but really:

- Does not increase survival.
- The aspirations are due to saliva and regurgitation thus don't decrease.
- Does not cause weight gain or early healing of ulcers.
- Increases hospitalizations due to placement complications.
- Increases the rate of physical and pharmacological containment, producing more ulcers.

## THE PERCEPTION OF PHYSICAL AND PSYCHOLOGICAL BURDEN OF CANCER PATIENTS

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**Introduction:** Psychooncology includes diagnosis, treatment, providing support to cancer patients and their caregivers during coping with the disease, treatment and final outcome.

**Objective:** To investigate the differences in the perception of physical and psychological burden of cancer patients.

**Methods:** Cohort studies of cancer patients over the age of 18 years (N = 174), in Tuzla Canton. As research instruments were used questionnaires: Questionnaire on medical characteristics of patients and the basic questionnaire of psychooncology documentation (PO Bado). Questionnaires were done by filling the questionnaire and interviewing. A key factor in the study was the time from the moment of acknowledgment and confirmation of the cancer diagnosis: t1 <14 days, t2 > 14 days <6 months, t3 > 6 months.

**Results:** The most intense signs and symptoms of burnout are fatigue, limited daily activities, and other physical strain. And the most intense psychological problems are sleep disturbances, decrease quality of life, cognitive decline, helplessness, fear of disease, anxiety and depression.

**Conclusion:** Depression has a 74% and 84% anxiety of cancer patients. Signs of physical exertion are most intense in the T2 group and emotional strain in the T3 group.

## HIP FRACTURE AS A SYMPTOM OF RENAL TUMOR

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**Introduction:** The most frequent malignant bone tumor is metastasis. Knowing this fact, it is essential not to overlook lytic lesions, even though they have little clinical repercussion. Bone metastatic disease may appear in young patients, but it is more common in people over 40 years. As for sex, breast tumors are the most frequent in women and prostate in men.

**Objective:** A 44-year-old man comes for a traumatic episode of low impact in the sacral region 48 hours ago, but before the persistence of pain and mild functional impotence decides

to consult. At the exploration, there is a hematoma in the area, which is why we request a hip radiograph where we can observe a pathological fracture in the right ischiopubial branch on a lytic lesion.

In view of the high incidence of bone lytic lesions secondary to the metastatic process of primary tumors, it was decided to go to the Emergency Room (ER) to complete the study and look for the cause of the bone destruction.

**Methods:** In the ER, he had realized a hip computed tomography (CT) that confirms the fracture and offers a suggestive image of metastasis of primary tumor, so that the patient is hospitalized to search the primary tumor.

**Results:** In abdominal CT, a solid mass of heterogeneous density was observed, affecting the upper two thirds of the cortex of the right kidney, compatible with clear cell carcinoma. So the patient moves to Oncology Service to start treatment.

## DOCTOR, I AM TIRED

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**Introduction:** Waldenström macroglobulinemia is an uncommon hematological neoplasm characterized by lymphoplasmacytic proliferation with monoclonal immunoglobulin M (IgM) production and medullary infiltration with inter trabecular pattern. This condition is more common in men, starting at the age of 60.

**Objective:** British 77 year old male patient without medical record. He visits his family doctor due to asthenia associated to weight loss of 5-6 kg over a period of 4 months. He shows thinness and pallor. The palpation of the lymph nodes in the right armpit is less than 1 cm and the left armpit is 1.5 cm with an elastic consistency and painless. The rest of the exploration is anodyne.

**Methods:** Complementary tests show low hemoglobin and raised creatinine. Immunology test, increased immunoglobulin M. Proteinogram: monoclonal band of IgM-K type Altered  $\beta_2$ microglobulin in determined tumor markers Thoracic scan: prominent hila. Thoracic-abdominal CT scan: increased adenopathies in retrocrural, celiac, peripancreatic, retroperitoneal, common iliac, bilateral iliac and bilateral inguinal bifurcation. They are related to lymphoproliferative process. Hepatomegaly. Periportal edema secondary to systemic pathology. Paraseptal emphysema. Bone biopsy: Lymphoplasmocitos and plasmatic cells.

**Results:** Initially, this disease remains stable for a long time, without many symptoms. The patient usually comes to the hospital for progressive asthenia, anorexia and weight loss, attributed to anemia that is always present.

## IMMUNE THROMBOCYTOPENIC PURPURA AND ASSOCIATIONS

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**Introduction:** A 32 year-old woman with the following medical history: chronic immune thrombocytopenic purpura (ITP) since 2011, corticosteroid-refractory which lead to splenectomy, Raynaud phenomenon, inflammatory polyarthralgia. During her admittance in the neurology department to study a Guillain-Barré syndrome, a constitutional syndrome

with a progressive weight-loss was detected. The study was carried out with a suspicion of lymphoproliferative syndrome.

**Objective:** Take into account the possible associations to the Immune thrombocytopenic purpura. **Methods:** Clinical examination (generalized arreflexia and flaccid paraparesis), serology, lumbar puncture, full-body computed tomography, positron emission tomography, adenopathy biopsy (Lymphoma T (CD3 +)).

**Results:** She was diagnosed with Guillain-Barré syndrome and proliferative syndrome (peripheral T-lymphoma) in a patient with chronic ITP.

A treatment with gamma-globulin was initiated due to the results of the complementary explorations, with severe albumin-cytological dissociation and the symptomatology. Subsequently, she started treatment with chemotherapy (CHOP scheme) with good tolerance.

**Conclusions:** Chronic ITP or Werlhof disease. We classify it within the group of peripheral thrombopenia. It is caused by the appearance of IgG antibodies on the platelet membrane causing its destruction. More typical of young adults, usually women. Up to 90% of cases don't present spontaneous recovery and may develop recurrences of the disease. Other associated diseases such as lymphomas (our case), infections (HIV, HCV, Helicobacter pylori) and other immunological diseases should always be discarded and taken into account as if they were a "triangle of associations".

## RELIEVING CHRONIC LYMPHEDEMA BY SUBCUTANEOUS DRAINAGE IN PALLIATIVE CARE: A SYSTEMIC REVIEW

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**Introduction:** In palliative care, cancer-related lymphedema is usually chronic and debilitating. It often severely hampers patients' life quality at the end of life. Thus, the optimal solution to relieve lymphedema in palliative care remains to be a challenge for the majority of health care providers.

**Objective:** This study aims at identifying the evidence and experiences of subcutaneous drainage in relieving the disease burden among terminal patients. And we can have a better understating and provide an evidenced-based suggestion to caregivers.

**Methods:** This systemic review study was performed by widely literature review from various databases, including, Medline, Pubmed, CINAHL, Cochrane Library, and also Chinese database, without language restriction.

**Result:** Overall, there were nine studies discussing subcutaneous drainage included, published between 2004 and 2013. There was one systemic review that focused on palliative for cancer-related lymphedema, and the rest were case reports. In 8 case reports, there were 24 patients. In a total of the 24 patients, the subcutaneous drainage was left in place ranging from one day to four weeks, and the drainage amount ranged from 250 ml to 12.8 liters. Eight patients received antibiotics treatment (Bar-Sela, G. 2010), six had evidence of infection, and the other two received antibiotics for prophylaxis. One patient had severe heart failure, and he received the subcutaneous drainage for severe scrotal swelling (Sabar, R. 2013). All of these twenty-four patients have significant improvement both subjectively and objectively, they all reported satisfaction and improved mobility and feeling of comfort.

## BREAST CANCER IN MEN

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**Introduction:** Breast cancer has a rare prevalence in men population, with the incidence 1 in 100,000. The family doctor (FD) has a very rare chance to meet such a patient. Therefore, it is worth to present a case of male patient with breast cancer.

**Case report:** Two years ago, in otherwise healthy 60-year-old patient FD found few palpable subcutaneous formations on several places on the trunk and on left arm. These formations had the characteristics of lymphomas. At the same time he found the mass in the left breast and a somewhat bigger formation in the right breast. The patient was referred to the surgeon, who requested breast ultrasound and new appointment. However, he neglected the recommendation and appeared at the FD office after 18 months. At that time, a new palpable retromammillar, firm, fixed mass was found. The mass was about 5 cm, without any ulcerations or discharge. He was referred to the surgeon again who requested an urgent USG, MR and biopsy. The results showed an invasive carcinoma with axillary's metastases. The patient was ordered for the hospital treatment with purpose of operation. After the staging, an operation plan failed and patient received chemotherapy.

**Conclusion:** Since the early signs are often ignored or misinterpreted by patients and doctors, breast cancer in men is unfortunately very often detected and diagnosed at an advanced stage. This was also the case with our patient firstly because of neglected symptoms and secondly because of the system dullness.

## 3.20. Traditional and alternative medicine

### CHANGING EFFICACY OF WET CUPPING THERAPY IN MIGRAINE BY THE LUNAR PHASE

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**Objective:** Aim of this study was to evaluate the effect of blood-letting with wet-cupping therapy (WCT) in migraine treatment and to research whether or not there was any difference according to the phase of the moon.

**Materials and Methods:** This self-controlled study was conducted in Karabuk between 2014-2016. Patients who were diagnosed with migraine were enrolled in the study. Migraine disability assessment questionnaire, demographic characteristics, migraine attack frequency and duration, and family history was asked to assess the severity of headache. WCT was applied three sessions and the questionnaire was administered before and 1 month after the final WCT session.

**Results:** A total of 85 patients were included and were classified according to the type of migraine as Group I (n=41) with aura, Group II (n=26) without aura and Group III (n=18) other types of migraine (mixed). The reduction in the MIDAS scores and number of migraine attacks was statistically significantly greater in the WCT applications made in the first half of the month compared to those in the second half of the month. Although the reduction in the

VAS scores was greater in the second half of the month, it was also significant in the applications made in the first half of the month.

**Conclusion:** WCT was found effective in the treatment of migraine and the effect on MIDAS, VAS and the number of attacks was significantly better when the application was made in the second half of the month compared to those made in the first half.

## WATER INTAKE TREATMENT FOR KIDNEY STONE PREVENTION

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**Objective:** The aim of the study was to investigate the effect of natural bottled mineral water of Glina to prevent nephrolithiasis.

**Methods:** A total of 6149 stone-forming patients (57,9 ±6,2 m. Age, 60,1% male/39,9% female) were treated with natural bottled mineral water of Glina drinking therapy. Each subject has followed a water-drinking protocol including a total daily intake of 2000-3000 ml of water two times per day on empty stomach for 21 days. At the end of the trail the progression of nephrolithiasis was assessed through physical examination, biochemical tests and radiological investigations. In order to investigate the recurrence of the nephrolithiasis 1289 of the cured participants continued to receive a systematic water-drinking therapy at home (at least 2 liters intake water / 2 days a week) and they took part in four post-treatment follow-up based on a specific questionnaire filled in 5, 10, 15 and 20 years.

**Results:** From 6149 patients who were included in the protocol, 1489 expelled the kidney stone (24.23%) and 1289 of them continued treatment with water intake at home while 200 did not (control group). In the intervention group recurrence of nefrolithiasis was diagnosed in 98 people 7.6% (5 years after: 1.62%, 10 years: 1.78%, 15 years: 2.01%, 20 years: 2,17). In control group recurrence of nefrolithiasis was diagnosed in 49 people 24.5% (5 years after: 3.0%, 10 years: 4.5%, 15 years: 7.0%, 20 years: 10%). (P <0.001)

**Conclusions:** The effect of bottled natural mineral water of Glina intake treatment for nephrolithiasis prevention was extremely important as demonstrated according to the statistically significant (P <0.001) positive results were found in the suspension of recurrence in time 20 years. This method has the advantage of not causing adverse effects, also is effective and low cost.

## MANAGEMENT OF VERTIGO IN PRIMARY CARE

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**Introduction:** Dizziness is an unspecific and disabling symptom very common in Primary Care. Vertigo is the most prevalent cause of dizziness. Vertigo is caused by an asymmetric involvement of the basal activity of the central or peripheral vestibular pathways, occurring by episodes, with a decrease in the intensity of the latter as the precipitating factor dissipates or the compensation occurs.

**Objetive:** Review the vertigo approach in the context of Primary Care, its clinical aspects and diagnostic/therapeutic strategies.

**Methods:** Thematic review from the MEDLINE databases, NHS British Guidelines, Canadian Medical Association Practice Guidelines, Cochrane Library, DARE, Bandolier, Pubmed, published between January 2000 and July 2016 in the English language, using the terms MeSH: "Vertigo", "Management" and "Primary Care".

**Results:** The evaluation of vertigo is clinical based on the history and objective examination, but in some cases the use of complementary diagnostic resources is useful. The primary goal in the management of vertigo is the distinction between a peripheral or central cause. Next, it is necessary to know what is typical of the symptoms, researching precipitating factors and associated symptoms. Physical examination is essential and special attention should be paid to neurological examination. The Dix-Hallpike maneuvers, among others, are essential procedures. In respect to diagnostic tests, audiometry may be useful in the study of Meniere's Disease and NMR in the search for space-occupying lesions. **Conclusion:** vertigo is an essentially clinical diagnosis that can be done in Primary Care. Contact with other specialties should be reserved and encouraged for the most urgent and worrying cases.

## TREMOR – APPROACH AND GUIDANCE IN PRIMARY CARE (PC)

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**Introduction:** Tremor is the most common movement disorder and one of the most frequent causes of referral to Neurology. It is usually a benign condition, but may be part of the clinical picture of other pathologies.

**Objectives:** Review the tremor approach in the context of PC, its clinical aspects and diagnostic/therapeutic strategies.

**Methods:** Thematic review in scientific databases (National Guideline Clearinghouse, NHS Guidelines, The Cochrane Library, PubMed e UptoDate), published between January 2010 to November 2016, in Portuguese and English, with the terms MeSH: *tremor e medical management*.

**Results:** Tremor is an involuntary, rhythmic and oscillatory movement of a part of the body. The clinical characterization of tremor is essential for the later syndromic framing, even if the essential tremor is the most prevalent), and two main types of tremor can be defined: at rest (more frequently observed in Parkinson's disease) and action (postural or kinetic). The anamnesis should inquire about age of onset of tremor, precipitating / aggravating factors, anatomical location, laterality and symmetry, existence of other symptoms, habitual medication and family history. Summary neurological examination, including writing assessment, is essential. Ideally, all tremors should be evaluated by a neurologist.

**Conclusions:** Tremor is a frequent symptom and its correct identification and characterization facilitates the diagnosis. The family doctor plays an important role in the recognition of this entity.

## YOGA IN FIBROMYALGIA: SAFE AND EFFECTIVE?

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**Introduction:** Yoga is an ancient technique based on meditation in movement. Its practice has been linked to health promotion and has been advocated as therapeutic. The growing recommendation of this practice has raised the need for scientific analysis.

Fibromyalgia is a disabling condition, causes work absenteeism due to generalized chronic pain, anxiety, insomnia and depression. It's very difficult to treat. Yoga has been recommended for symptom management.

Recently, mindfulness programs gained enormous interest on scientific community.

**Objective:** Synthesize the available evidence regarding the efficacy and safety of Yoga in fibromyalgia.

**Methods:** A systematic review of reviews, original articles and guidelines using the National Guidelines Clearinghouse, NHS Guidelines, CMA, DARE, TRIP, Cochrane, Bandolier, BMJ and Pubmed, published in the last 5 years in English with MESH terms "fibromyalgia" and "Yoga" on 01-09-2016.

The assessment of evidence levels(EL) and assignment of recommendation force were made accordingly with American Family Physician's Scale (SORT).

**Results:** Found 77 articles. Excluded 66 not fitting the criteria. Included 8 reviews and 3 original.

The clinical trials showed efficacy in reducing the symptoms of pain, anxiety and depression(EL 2).

One of the review articles found no consistency of pain relief, however described change in the patient's relationship with the pain (effective coping).

Review articles are consistent with the positive trend of improving symptomatology, but methodological errors are obstacles to structured conclusions.

**Conclusions:** Yoga is safe and moderately effective for the management of symptoms of fibromyalgia(SORT B). However, current studies lack methodological rigor.

More studies are needed with specification of the technique and long-term effects of Yoga.

## PHYTOTHERAPY ADVERSE EFFECTS AND INTERACTIONS

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**Introduction:** Phytotherapy was considered the main form of diseases treatment until the XVIII century, and it has lasted through the ages until modern homeopathy. Family Physicians are often faced with questions about herbal medicine and deal with a large number of polymedicated patients. The knowledge of the possible adverse effects and interactions of the main phytotherapeutic herbs is important for a shared therapeutic decision.

**Objective:** To review the evidence of the adverse effects and drug interactions of herbs with phytotherapeutic use commercialized in Portugal.

**Methods:** Literature was reviewed using Clinical Guideline Standards, sites of scientific societies and Evidence Based Medicine database with selection of papers in Portuguese or English language, published between january of 2006 and december of 2016, using the MeSH terms: "herbal medicine", "adverse effects" and "drug interactions".

**Results:** Herbal drugs usually contain a multitude of pharmacologically active ingredients, which greatly increases the possibilities of interactions and adverse effects. In many instances, the likelihood of herb-drug interactions could be higher than drug-drug

interactions. Interactions between herbs and drugs may increase or decrease the pharmacological or toxicological effects via the pharmacokinetic herb-drug interactions caused by one medicine interfering with the elimination, metabolism or absorption of another medicine.

**Conclusions:** The difficult control of organic and psychic conditions through conventional medicine leads to the patients search for adjuvant therapies. The risks of using herbal medicine should not be disregarded as some have serious adverse effects and interact with conventional medical therapeutics.

## IS A LONG TRADITIONAL REGIMEN A PANACEA? THE EFFICACY OF GOJI FOR EYES: A SYSTEMATIC REVIEW

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**Introduction:** Goji (*Lycium barbarum*), also named wolfberries, is a well-known traditional Chinese herb for its benefits in protecting eyes, strengthening the activity of kidneys and liver, and enhancing the immune system. Despite the popularity in functional food market, the evidence is mostly drown from in vitro and animal researches.

**Objective:** We performed the first systematic review to explore the effectiveness of goji for eyes.

**Methods:** We searched MEDLINE, Cochrane CENTRAL databases and Chinese Electronic Periodical Services, aiming specifically at randomized controlled trials. We included patients with diagnosis of vision disorders, dry eye or macular diseases. The scientific names and common names of goji berry were all used as search terms. The primary outcomes were any improvement of eye functions, in order to examine the effect as broad as possible. The review process and software followed the standards of Cochrane Collaborations, and was performed by at least two individual reviewers.

**Results:** 3 studies were enrolled into final analysis. We did not performed meta-analysis due to high heterogeneity of outcome assessment. Two studies conducted by Amagase demonstrated no significant improvements in eye strain and visual acuity, respectively. The other study conducted by Bucheli suggested that goji supplement protected from hypopigmentation and soft drusen accumulation. We will propose some suggestions on outcome assessment and present the details in the presentation.

**Conclusion:** We concluded that the efficacy of Goji for eyes is currently inconclusive. High-quality human studies with appropriate evaluation are needed in future research.

## ACUPUNCTURE IN THE TREATMENT OF CHRONIC MIGRAINE - REVIEW OF EVIDENCE TAKING INTO ACCOUNT A CLINICAL CASE

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**Introduction:** Acupuncture is used in the prevention and treatment of migraine, but its effectiveness is still controversial.

**Objective:** To investigate the clinical evidence of acupuncture in chronic migraine from a clinical case

**Methods:** A 37-year-old woman with chronic daily migraine had tried preventive treatments with propranolol, amitriptyline and topiramate without success. She also presented drug abuse for three times needing oral corticosteroids.

During the last two months she had tried auricular acupuncture, decreasing frequency (1/week) and intensity of the crisis.

We reviewed Pubmed and Cochrane articles for the last 5 years: Out of 30 studies 9 were selected applying predefined criteria: 8 clinical trials and one meta-analysis about episodic migraine. A descriptive analysis was done.

**Results:** The meta-analysis evidenced: A reduction of the number of days with headache, from 6 to 3.5 with acupuncture vs placebo and showed at least similar effect as prophylactic drugs.

The comparison groups of the others were: 4 another acupuncture techniques, 1 Flunarizine 20mg+paracetamol 500mg, 2 had no control group, and only one of them evaluated auricular acupuncture. All of them had evidenced that acupuncture improved chronic migraine and even one of them concludes improvements in the psychological profile in migraines.

The evidence suggests that many acupuncture techniques are successful in migraine pain relief, that acupuncture may be at least similarly effective as prophylactic drug treatments and also may have a psychological benefit.

Further research on acupuncture efficacy for chronic migraine is needed.