ABSTRACTS ACCEPTED
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ADULT LEARNERS: WHAT EVERY TRAINER SHOULD KNOW ABOUT LEARNING STYLES

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Most learners in the healthcare professions are capable learners who have little difficulty in achieving the expected learning outcomes. Learning will be more effective if the teaching style suits their individual learning style. The objective was to assess the learning styles of learners and trainers using the VARK questionnaire. 29 trainers, 36 resident physicians and 26 nurses participated in this voluntary and anonymous survey. All trainers had either Graduate Diploma of Family Medicine, or Master of Family Medicine. The 36 resident physicians were first year in post graduate family medicine residency programme. The self report VARK questionnaire was distributed to each individual who would return the completed questionnaire to the principal investigator for data analysis. Out of 29 trainers, 41.4% has predominantly kinesthetic learning style, followed by auditory learning style. Out of 36 residents, 33% has predominantly kinesthetic learning style, followed by visual learning style. 60% of the nurses has predominantly kinesthetic learning style, compared to rest of the participants (p-value 0.026). In Fleming’s model, which is often referred to VARK learning style, learners are identified by whether they have a preference for Visual, Auditory, Reading and writing, or Kinesthetic learning. It is important for trainers to recognize that their learning preference might be different from their learners and thus, the trainers should try to implement best practice strategies into their daily activities, curriculum and assessments.
GENDER DIFFERENCES IN COMPONENTS OF METABOLIC SYNDROME IN FAMILY MEDICINE

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Aim The metabolic syndrome (MS), defined by a combination of several metabolic and cardiovascular risk factors (central obesity, atherogenic dyslipidemia, elevated blood pressure, and hyperglycemia), increases the risk of cardiovascular diseases and type 2 diabetes. The contributions of different components of the MS differ between genders and in different countries. We evaluated the gender differences in the components of MS in adults attended family medicine practice. Methods This study was conducted in Family Medicine Teaching Center Tuzla and included 158 patients (aged 18-85 years) with metabolic syndrome who were registered in one family medicine team. We evaluated the gender differences in the components of MS (waist circumference/body mass index, atherogenic dyslipidemia, blood pressure and blood glucose level) in patients attended family care setting. Results Prevalence of metabolic syndrome was 9.7% (158/1623). Significantly more women (68%) than men (32%) met criteria for MS (p<0.001). Mean age of participants was 64.29±11 years, without significant difference between men and women (64.50±11.62 vs. 64.20±10.80 years; p=0.156). Women had significantly higher body mass index than men (28.65±3.55 vs. 31.04±5.89 kg/m²; p<0.009). We didn’t find any significant differences between men and women in regards to the other components of MS: waist circumference (105.34±8.82 vs. 101.58±10.56 cm; p=0.56), fasting glucose 7.11±2.65 vs. 6.61±2.22 mmol/l; p=0.249), triglyceride (1.94±1.02 vs. 1.91±1.27 mmol/l; p=0.909), systolic blood pressure (111.9±39.8 vs. 122.7±35.9 mmHg; p=0.094), and diastolic blood pressure (70.3±24.4 vs. 75.6±21.4 mmHg; p=0.169). We also didn’t find any significant differences between men and women in regards to the diagnosis of type 2 diabetes (p=0.092), myocardial infarction (p=0.18), angina (p=0.156) and stroke (p=0.13). Conclusion Despite the significantly higher prevalence of metabolic syndrome and higher body mass index in women, we didn’t find any other significant differences in components of metabolic syndrome related to gender.
ECONOMIC COSTS OF DIABETES IN FAMILY MEDICINE IN BOSNIA AND HERZEGOVINA

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Aim: The direct economic burden of diabetes is a significant challenge in Bosnia. The aim of study was to estimate the total annual direct costs of diagnosed diabetes in family medicine. Methods: We analyzed the annual data from medical records of patients with diabetes, registered in family medicine team, and the financial data of Health Insurance Institute of Tuzla Canton in 2014. Total capitation payments for this family medicine team were EUR 60803.07 (EUR 41.88 per capita). Results: Prevalence of diabetes was 5.71% (83/1452). Mean age of patients was 66.68 years. Mean duration of diabetes was 9.97 years. Majority of patients (90.3%) had one or more chronic diabetes complications. Insulin alone used 10 patients (8.3%), 22 (26.5%) used combination insulin/oral hypoglycemic drugs, and the other used one or more oral hypoglycemic drugs. Annual costs of pharmacological therapy without complications were EUR 14788.82 (insulin EUR 11682.12; oral hypoglycemic drugs EUR 3107.7). Costs of insulin needles/pens were EUR 1835.3. Treatment costs of chronic diabetes complications were: chronic cardiovascular diseases EUR 7454.06; depression EUR 2259.44; gastrointestinal disorders EUR 1129.41. The total annual costs of diabetes treatment and its complications were EUR 27468.03. Additionally, annual costs for specialist referrals (EUR 1080.3) and laboratory testing (EUR 6167.88) were EUR 7248.18. Visits to family physician amounted EUR 3171.87 (1089 visits/year). The total annual costs, without hospital admissions, were EUR 37888.08 (EUR 456.48 per patient). Conclusion: Family medicine team spent annually 62.3% of total amount of capitation for treatment of patients with diabetes. Treatment strategies and prevention of complications keep the considerable financial resources.
PREVALENCE OF DEPRESSIVE DISORDERS IN PRIMARY CARE.

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Aims: The present study is designed to know the epidemiology of depressive disorders in Spanish primary care.
Methods: Design: a descriptive transversal study. Emplacement: a semi-urban primary care center. Subjects and methodology: were chosen the assigned patients to the center on June 2016 with the diagnosis of depression, following the diagnostic codes of depression by de ICD-10: dysthymia, bipolar disorder, severe depressive episode without psychotic symptoms (SDWP), unspecified depressive episode, recurrent depressive disorder (RD), recurrent depressive disorder with severe depressive episode present (RDS) and depressive episode. Measurements: overall prevalence, prevalence by sex and by age group, and prevalence of diagnostic subcategories of depressive disorders. Statistics: absolute values, percentages and 95% CI (CI). Results: 13609 assigned patients. Overall prevalence: 8.26%, CI=7.23-9.34% (1126 patients). Prevalence by sex: 2.16%, CI=1.65-2.64% (296 men); 6.11%, CI=4.89-8.34% (830 women). Prevalence by age group: 18-30 years: 0.30%, CI=0.26-0.35% (41); 31-50 years: 2.61%, CI=2.27-2.92% (356); 51-65 years: 2.67%, CI=2.25-2.94% (363); > 65 years: 2.69%, CI=2.24-2.95% (366). Prevalence of diagnostic subcategories (N=1126): dysthymia 9.06% (102); bipolar disorder 1.72% (19); SDWP 8.71% (98); unspecified depressive episode 62.38% (703); RD 5.78% (65); RDS 0.98% (11); depressive episode 11.37% (128). Conclusions: 1. Our work shows an overall prevalence of depressive disorders superior to the bibliography consulted (8.26% versus 1.12-6.3%). 2. The woman/man relationship is higher in our study than in the medical literature (2.8 versus 1.5-2). 3. We observe a stable prevalence after 30 years old. 4. The unspecified depressive episode is the most frequent.
THE NUTRITION COUNSELLING PRACTICE AMONG CROATIAN PRIMARY HEALTH CARE PHYSICIANS

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Aims: Nutrition is very important for the prevention and management of lifestyle related chronic disease. The aim of this study was to examine Croatian primary health care physicians’ nutrition counselling practice and determine the factors that influence such practice. Methods: A cross-sectional study was conducted among 444 (17.0%) randomly selected Croatian primary health care physicians from May to July 2013 via a 32-item anonymous questionnaire. Results: 4.3% participants didn’t provide nutrition counselling; 18.7% participants provided nutrition counselling for all patients, regardless of their individual risks, while 77.0% of them provided such counselling exclusively to patients with specific health risks. The participants’ personal interest was identified as the most significant stimulating factor for nutrition counselling, specifically, it was related to the nutritional effects on the patient’s health (55.6%). The latter factor was more frequently emphasized among females (p<0.001) and general practitioners without chronic diseases (p<0.001). The most significant barrier for nutrition counselling was lack of time (81.6%). Conclusions: It is necessary to make additional efforts to increase the frequency of nutrition counselling provided by primary health care physicians in Croatia. Keywords: nutrition; counselling; primary health care physicians; primary health care; Croatia.
PHYSICIAN HEAL THYSELF

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Physician heal thyself The aim of the workshop is to raise the awareness of how we as doctors take care for ourselves and address our own health and fragilities in professional life. Background: Do you have your own doctor? Are you a doctor for your family? How do you experience to be a patient? In recent years, more focus has been addressed to the dilemma of doctors’ self-care and help seeking behaviour. Doctors lack training in how to access appropriate self-care and how to treat their peers. While a doctor-patient often expect to be treated like a normal patient, yet the treating doctor often fails to satisfy this expectation. Content: Taking departure from our research projects and own experiences as doctor-patients we will discuss and reflect on our dilemmas as helping professionals to raise the awareness about self-care as a part of professional development. Method: Group work initiated by a short presentation Disclosure of Interest: None Declared Keywords: Self Care, doctor-patient relationship, professional development
SPONTANEOUS TALKING IN PRIMARY CARE PATIENTS- PILOT STUDY

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Background Usually doctors interrupt the talking of patient with their questions. Doctors are afraid that patients will talk too long and interfere with the schedule. But how long really the patients will talk if doctor does not interrupt? There are no studies done in the primary care. The aim of this study was to register initial spontaneous talking time in primary care patients until patient gives a sign that he/she has said all. Methods AD was a doctor who was registering the time of initial spontaneous talking in patients before they give a sign to a doctor to take the lead. The author has completed consultation course before the study and was listening actively and not asking any questions during the initial phase. The patients were interrupted in the case he/she talked more than 5 minutes. The patients did not know that the time was registered. In case of small children, the talking time of parents was registered. Student T test and ANOVA was used to test if the differences were significant between the genders and age groups. Results 200 patients were included. Mean age 30 (range 0,5-80 years), 114 women, 85 men. Mean talking time was 75 seconds (median 60 s). Only one patient had to be interrupted as she talked more than 5 minutes. 171 patients (86%) talked less than 2 minutes. There was no statistically significant difference in talking time between men and women. It was registered significantly longer talking time in the age group 30-49 (85 s) (p=0.002) and 50-80 (98 s) (p=0.0001) compared to the age group younger than 30 (61 s). Conclusions This pilot study shows that doctors in primary care may have time to listen to the patients' complaints not interrupting them. Older patients may need longer time for their visit.
VIEWS OF FAMILY PHYSICIANS ON SEXUALITY IN OLD AGE

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Aims: Sexual satisfaction among older adults have received little attention in research and clinical practice, although they are an integral part of old age. Seniors tend to consume health services and to visit family physicians more frequently, these care-providers serve as gatekeepers in the case of sexual concerns. Because family physicians are the main gatekeepers and in light of the lack of empirical knowledge concerning the way physicians perceive sexuality in old age, the goal of this study was to investigate the perceptions of family physicians and to understand their approach to the subject of sexuality in old age. Method: Qualitative interviews with 16 family physicians were conducted. We used a semi-structured, in-depth questionnaire. Results: Three main themes emerged: 1. Family physicians described having difficulty in raising questions about sexuality to older patients. 2. Family physicians tended towards the biological side of the spectrum, which focuses on the medical problem and delved into physiological questions. 3. Family physicians mainly related to medication administered to their male patients, whereas a minority also described the guidance they provide for older individuals and couples. Conclusions: The study shows that family physicians tend not to initiate discourse with older patients on sexuality, but rather discuss sexuality mostly in conjunction with other medical conditions. The physicians described a large number of discourse barriers including lack of time, workload. Most sexual complaints that arise in physician-patient discourse, concerned impotence in men and the treatment administered was most often, PDE5 inhibitor therapy.
IS THE EARLY DETECTION OF COPD FEASIBLE IN GENERAL PRACTICE IN SLOVAKIA?

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Background COPD is frequent but underdiagnosed disease. Diagnosis relies on spirometric demonstration of bronchial obstruction. Early detection as secondary prevention measure reduces mortality and improves quality of life. General practice (GP) is a suitable place to detect several chronic diseases, however spirometry is not routinely performed in primary care in Slovakia. Aim The aim of our study was to evaluate, whether the early detection of COPD is feasible in general practice in Slovakia. Methods Recruited were all smokers ≥ 40 years, who visited one general practice in one month with at least one respiratory symptom, filled in the Clinical COPD questionnaire (CCQ, week version) and underwent spirometry in general practice. Results 180 subjects were included, 83 men (46%) and 97 women (54%), mean age 52.5 years, 28.9 years of smoking 15.2 cigarettes per day. The most prevalent respiratory symptoms were cough (79%), sputum production (65%) a dyspnoea during physical activity (49%). Spirometry took 12.8 minutes in average. The higher the age and the higher the total CCQ score the longer the spirometry. Normal spirometry was present at 84% of subjects, airway obstruction at 15%, 22 subjects (12.2%) with newly diagnosed COPD. 54% of patients registered in our practice were not aware of their COPD diagnose. Conclusions CCQ questionnaire is a useful clinical tool for symptomatic patient's selection, who should undergo spirometry. Our study demonstrated, that early detection of COPD with CCQ questionnaire and spirometry is feasible in general practice. This is the first study with Slovak version of CCQ questionnaire and the first study examining the feasibility of early COPD detection in real population in primary care in Slovakia.
CANCER-RELATED FATIGUE AMONG BREAST CANCER SURVIVES POST-CHEMOTHERAPY

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Aims: Cancer-Related Fatigue (CRF) is the most frequently reported symptom by breast cancer patients post-chemotherapy, and may seriously impair quality of life. CRF is a complex and multidimensional experience. This study aims to investigate the CRF phenomenon, its various facets, and its effects on the personal and interpersonal aspects of survivors' lives. Methods: We conducted a Mix-Methods research. In a cross-sectional study a total of 170 breast cancer survivors, aged 24-82, diagnosed with local tumors, who received chemotherapy and were 1-12 months post-chemotherapy. Participants filled out the Fatigue Symptom Inventory. Qualitative interviews with 13 breast cancer patients were conducted. We used a semi-structured, in-depth questionnaire. Details of the disease and treatments were collected from the patients' files. Results: Levels of fatigue were moderate. The older breast cancer survivors reported lower levels of CRF. In the qualitative study findings revealed two main themes: "Being imprisoned in the body of an 80-year-old", focuses the fatigue experienced by younger and older women, during and post treatment, including the different patterns of fatigue and the various means of coping with fatigue; The "Family's bear-hug" exemplifies the role of the environment in coping with the experience of fatigue and the complexities entailed in receiving support from family and friends. Conclusions: This study provides insight into the complex and multi-faceted CRF experience. CRF is almost a daily experience for breast cancer survives and has a great impact on quality of life; coping with it is a continuous personal and familial struggle.
PATIENT’S UTILIZATION OF PRIMARY CARE – A PROFILE OF CLINICAL AND ADMINISTRATIVE REASONS FOR IN ISRAEL

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Aims: To improve healthcare it is important to collect relevant data regarding patients’ utilisation of health services in primary care. To describe common reasons for visits to primary care physicians (PCP) as presented by the patient; and to examine the effect of patient-, doctor- and clinic-related variables on the reasons for the visit. Methods: Visits to PCP were observed by peer doctors, at primary care clinics in Israel. Data were collected on characteristics of physicians, patients, clinics, type of visit and reasons for visit. Results: 11 physicians from seven clinics participated in the study. Data gathered from 327 visits revealed the most common medical reasons for visits as being upper respiratory symptoms, gastrointestinal, hypertension, skin symptoms, back and neck problems, and diabetes. Administrative issues were raised in 36% of visits; 15% were solely administrative; 28% included requests for blood tests or discussion of tests, and 5% engaged in preventive medicine issues. The complaint-rate regarding chronic problems was directly correlated with patient age and the extent of acquaintance with the physician. Gender-associated differences were also found: women presented more new medical problems than men, while men presented more known or chronic problems. Conclusions: Patients visit their physicians for numerous reasons. Since PCP are preoccupied with a relatively high number of administrative visits, preventive care receives attention in relatively fewer visits. To further characterize patient utilization of primary care, refinement of the research tool and performance of a broader study are needed.
COMPARING THE USAGE OF HOMEOPATHIC DRUGS, NONSTEROID ANTIINFLAMMATORY MEDICINES AND ANTIBIOTICS BETWEEN ROMANIA AND IRELAND

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Aim: Homeopathy is an alternative medicine, however is a pseudo-science. Despite of the NSAIDS and antibiotics are scientifically working medicine, their use is limited by their side-effects. Romania is a more disadvantaged country of the EU compared with Ireland. ) Our aim was to compare the usage of homeopathic medicines-, NSAIDS- and antibiotics use among individuals from Ireland and Romania. Methods:) Google document was used as a platform to create online multiple-choice questionnaire. The study group included 105 individuals from Romania and 42 people from Ireland in different age groups. The obtained data were analyzed. Results:The participants were classified by occupation: 41,4 % worked as doctors in Romania versus 70% of respondents in Ireland. 54,8 % of the Romanian individuals used homeopathic drugs, 15, 5% between them on a weekly basis, while Irish people in 81% did not use them at all. From Romania 68,9% of the individuals used antibiotics, 87, 3% annually, compared with Ireland where the percentage of antibiotics self-administration was 85,4%. 81,7% of the Romanian participants took NSAIDS, 51% monthly versus Ireland where it was 73,8%. The Romanians in 21,2% percentage answered they did not hear about the fact that scientifically the homeopathic medicines are equal to the placebo, versus in Ireland this percent was just 7%. Conclusion:As a family medicine practicioner is our task to treat patients in an effective way and to teach people how to achieve this goal. In Romania a considerable amount of people use ineffective homeopathic drugs, which are sometimes could be harmful. 21,2% percent of Romanian participant even did not know that they are useless. Thereby the teaching of people about homeopathy is still desired in our country.
THROMBOSIS IN PRIMARY CARE: DIAGNOSTICS, PROGNOSTICS AND TREATMENT

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AIMS 1. Provide knowledge about diagnostic strategies for thrombotic disorders in primary care, i.e. venous thromboembolism (VTE) and atrial fibrillation (AF); 2. Give an up-to-date overview on the risk of recurrence of VTE and prognostic risk tools in AF patients; 3. Create an overview of treatment with oral anticoagulants, including both vitamin K antagonists (VKA) and direct oral anticoagulants (DOAC) in primary care; 4. Discuss the differences regarding managing thrombotic disorders across Europe. DESCRIPTION Diagnosing VTE is challenging, notably in primary care, due to frequently non-specific signs and symptoms in combination with the lack of additional tests in general practice. We will discuss current available clinical decision rules that can help GPs in this diagnostic process. Also, the role of D-dimer testing, including novel variable thresholds based upon age or pre-test probability will be discussed. Next to VTE, AF is also essentially a thrombotic disorder with an increasing burden in our ageing society. Nowadays, the CHA2DS2-VASc score is used to calculate stroke risk and to decide whether oral anticoagulants should be started, but it has some important limitations that will be discussed. We will give an overview of the treatment options and discuss the considerations of prescribing DOACs as compared to traditional anticoagulant treatment with VKAs. Finally, the differences in (primary) thrombosis care across European countries will be discussed in order to learn from each other’s experiences and best practices. CONCLUSIONS By the end of this workshop, participants will have knowledge of the latest developments regarding diagnosis, prognosis and treatment in VTE and AF, and will be aware of the differences in thrombosis care across Europe.
THE ASSOCIATION BETWEEN BULLYING VICTIMIZATION IN CHILDHOOD AND
FIBROMYALGIA. A CROSS-SECTIONAL STUDY IN ADULT POPULATION.

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Aims: Fibromyalgia is a functional pain syndrome presenting with various somatic symptoms. Several studies have shown connections between different adversities and the onset of fibromyalgia. The aim of the current study was to explore the association between self-reported bullying victimization in childhood and self-reported fibromyalgia in adulthood. Methods: The study setting is cross-sectional deriving data from a large and representative postal questionnaire study (sample N=64,797) initiated in Finland in 1998. Only responders having answered the questions on fibromyalgia in both follow-ups in 2003 and 2012 were included in the study (N=11,924). Severity of bullying was divided in three groups: no bullying, minor bulling and severe bullying. Covariates showing statistically significant associations with fibromyalgia in cross sectional analyses were included in the unconditional logistic regression. Results: 50.6% of the respondents reported victimization of minor bullying and 19.6% of severe bullying. Participants reporting fibromyalgia in adulthood reported more bullying and in females alone this association was statistically significant (p = .027). In multivariate logistic regression modelling statistically significant associations between childhood bullying victimization (reference: no bullying) and fibromyalgia were found: adjusted odds ratio (OR) for minor bullying was 1.35 (95% CI 1.09 - 1.67) and for severe bullying 1.65 (95% CI 1.27 - 2.14). Conclusions: Our results suggest that peer bullying victimization might be another risk factor for fibromyalgia, but there is need for further, preferably prospective cohort studies. The findings emphasize the importance of actions to prevent childhood bullying.
INDISCRIMINATE TREATMENT OF ACUTE INFECTIONS MAY LEAD TO ACTIVATION OF CHRONIC DISEASES - A RETROSPECTIVE STUDY OF 45 CLINICAL CASES

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Background The challenge in primary care and family practice in the last few decades has shifted from dealing with acute infections to chronic inflammatory diseases, presently the top cause for mortality. Emerging research demonstrates that unresolved acute inflammation activates chronic diseases. The Unified Theory of Continuum of Diseases and the theory of Levels of Health propound that the suppression of acute diseases repeatedly by drugs is the main causative factor for such a phenomenon. Aim of the study To evaluate if there is a case for suppression of acute infections as a cause for chronic diseases Materials and Methods We examined the medical history of 45 Indian patients with repeated treatment of acute infections in the past Results Subjects were 29 females and 16 males with mean age of 14.04 years. 37 patients had a chronic disease diagnosis at the moment. 5 cases suffered only acute infections - only one of them showing high fevers. 3 cases exhibited both chronic and acute (albeit low grade) diseases. All of them were repeatedly treated for high fevers and other acute episodes in the past. Discussion This study gives enough cause for concern about aggressive treatment of acute infections in children which may serve as stress on immune system, activating the predisposed chronic state. It might be better to adapt therapies that boost the immune system rather than suppress it. Also, educating the primary care physicians and parents regarding the actual dangerous infections as opposed to those that are beneficial to the immune system is necessary. Conclusion There is need for a population based study to determine the effect of suppression of acute inflammation on the immune system.
INTEGRAL CARE IN FAMILY MEDICINE ONE OF THE BEST DIAGNOSTIC- THERAPEUTIC TOOL

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The objective is to illustrate how the integral character of family medicine allows solving some problems taking into account all the factors that affect a person. In this study we analyze the case of an 80 year-old man whose longitudinal and problem-oriented clinical history, a characteristic of primary care, was fundamental for the diagnosis of his pathology. It is about an 80 year-old man with type 2 DM, hypertension and dyslipidemia, which causes chronic diarrhea with frequent decompensation and numerous hospital admissions due to acute renal failure of the pre-renal origin. Both are resolved during the periods of admission and, after a brief asymptomatic period, recur rapidly resulting in a new admission. Studies show a normal colonoscopy and normal abdominal scan and ultrasound. Faecal calprotectin is high. In subsequent studies only villous atrophy of an unknown origin was observed having been scheduled mesalazina at a dose of 1.5 g daily empirically. The study with an endoscopic capsule presents difficulties due to the visualization of images. In a home visit to assess the dietary habits and review the drugs, we saw the existence of two different types of antihypertensive that the patient has followed at different stages of this process - his usual treatment (olmesartan) and Enalapril. We undertook a review of the literature of other cases of villous atrophy using olmesartan (the patient's usual treatment which was replaced by an alternative in the hospital pharmacy during the admissions and maintained until the blood pressure figures increased). This effect is not extendible to the remaining ARA-II. After the drug is replaced, the patient remains asymptomatic.
INSTITUTIONALIZED POPULATION; DIFFERENTIAL CHARACTERISTICS.
INVESTIGATION PROJECT.

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The objective of the study is to compare the ageing process of people older than 65 living in an institution and those living at home. One of the research lines of our center is related to the study of the institutionalized population. We studied people who live in the institution corresponding to our health service area and extended the study to other centers of our region until we reached a sample of a total of more than 600 patients. With this study we have got to know some of the characteristics of this population, established a profile of the institutionalized patient - reasons for admission, age, average length of stay, associated pathologies etc. We needed to go a step further and compare that population over 65 living in a residence with the rest of the population of that area. We have selected the population, calculated the necessary sample size and started a collection of data. The monitoring of this sample and data collection will be maintained over a 3 year period (coinciding with the data obtained in our previous studies of an average stay of the institutionalized population). We have begun to collect data such as gender, age, marital status, number of children (sons/daughters), level of dependence (according to the Barthel scale), existence of psychiatric pathology, dementia, Alzheimer's disease, stroke, use of psychotropic drugs and urinary incontinence. In addition to this data (common for the institutionalized population) we have also asked about the valuation of geriatric institutions, how likely it is in each person's judgment to go to a residence and the existence of carers. Throughout the comparative follow-up, we will evaluate mortality, compare profiles, the evolution of dependence, prevalence of the described situations, ...
VIOLENCE OVER FAMILY DOCTORS

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Abstract: Violence, whether a group or individual behavior, is considered a deviation. It's one of the leading health - work problems, an its growing. The definition of violence depends on the point of view, so it could be a legal or a social problem. Violence comes in many shapes and sizes. There are some known types of violent behavior: domestic violence, bullying etc. This research is based on workplace violence. As a form of violent behavior, it can be noticed in different professions involving communication. The main topic of this research is violent behavior in the healthcare system. By the nature of it violence can be physical, psychological, sexual etc. The definition of violence by the World Healthcare Organization goes: Attentional use of physical power, by threatening someone, and end with certain consequences. Goals: to determine the existence of violence over healthcare workers - doctors. Determination of the causes for violent behavior. Determine a profile of a violent person. Determine a strategy or programs to prevent violence in the healthcare system. Method: The research conducted a survey for doctors, for 6 hospitals. Results: The research shows that in a period of one year, doctors were exposed to verbal violence more often than physical, and almost never sexual violence. Majority of those who were exposed to violence were women. Persons who act violently are 25 - 50 yrs old, and the cause for them acting so was their discontent with the healthcare system. Conclusion: Doctors deal with the problem of violence on their own, the need for a strategy to prevent violence is still present. Key words: violence, healthcare workers, doctor.
HOW TO START A CONVERSATION ABOUT ALCOHOL USE?

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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 harmful 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. On the other hand there’s plenty of evidence that screening for alcohol use disorder and brief intervention is effective in primary health care setting. But how we can help our patients if we even don’t ask about alcohol in general and why are we not asking? 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 this 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 (AUDIT, CAGE).
AN APPROACH TO A NECROTISING PNEUMONIA CASE

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A 57 year old female with no past medical history, regular medications and allergies presented to her GP with neck pain and was treated with codeine and diazepam. A week later she saw her GP again with increased lethargy so diazepam was changed to naproxen. The following week she woke up with worsening symptoms, difficulty in breathing and blotchy rash so she called an ambulance. A diagnosis of shock made, anaphylaxis treatment given and she was transferred to our hospital. In the emergency department “history of mild non-productive cough, harsh course creps throughout right lung field” and due to “clinically severe sepsis secondary chest” critical care input advised. The patient had CT of head, chest and abdomen as advised by a critical care consultant. On the request form although her septic shock picture detailed there was no mentioning of the chest symptoms and examination findings and “? source of infection” was sought. The reporting radiologist noted infection related changes in the right lung, however, reported as “due to peripheral wedge-shaped consolidation the differential also include pulmonary infarct and septic emboli; this is unlikely.” The next day in the critical care unit the assessing doctor documented “ALI=Aacute lung injury, no clear source of sepsis.” She dropped her blood glucose to 1.1 mmol and reviewing endocrinology team thought it was secondary to overwhelming sepsis and they advised microbiology input. The patient was kept on tazocin and acyclovir with no microbiology advice. Despite the maximum treatment in the critical care the next day she passed away. The following day blood cultures came back as Staphylococcus aureus. And post mortem histology from the right lung showed “features of septic emboli and necrotising pneumonia.”
SICKNESS ABSENCE- ILLNESS OF WORK OR HEALTH?

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Background Sickness absence is an indicator of poor self-rated health, subsequent serious morbidity and mortality. Absence from work is less common in some occupations. Lower grade of employment, female gender and older age are associated with higher rates of sickness absences. Individual lifestyle factors, such as higher body mass index, smoking or alcohol consumption have been shown in some studies to be associated with greater rate of absenteeism. Various psychosocial factors at work seem to influence on the rate of absenteeism as well. Aims The aim of the study was to examine various factors known to be associated with absenteeism and define the most important ones from them. Methods The study is a cross-sectional study conducted among employees of the city of Pori, in Finland in 2015. 714 participants attended to the study. In this study we analyze the information from 671 (94%) subjects, who had all valid measurements from all the sources. Absence records were received from the employer, for two years’ period. Results There were 595 (88.7%) women and 76 (11.3%) men in the study group with mean age of 48.9 years. The mean rate of absenteeism was 10.6 days. The study objects were divided into four groups based on their rate of absenteeism. The groups were compared between the factors known to be influencing on the rate of absenteeism. After performing ordered logistic regression analysis the most important factor associated with absenteeism showed to be the number of regular medication. Conclusions Chronic disease of the employee is a risk factor for absenteeism from work. From the point of view of our results, occupational medicine work should be concentrated to its core functions- to prevent diseases and take care of employees’ chronic illnesses.
A RARE CASE OF PAIN

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Aims: Demonstrate a case of Kienbock disease revealing the importance of a correct and timely diagnosis. Methods: Review of seven articles about Kienbock disease. Research conducted by Pubmed, from 2012 to 2017, with the keywords: Kienbock disease. Results: Case report: Female, 30 years old. No important personal and family history. The patient referred a right wrist pain, intermittent, with 3 months of evolution and without history of trauma. The pain did not pass with nonsteroidal anti-inflammatory drugs or with wrist immobilization. Physical examination showed wrist pain that worsens with rotation and flexion movements. Ultrasound and wrist X-ray without changes. Magnetic resonance imaging showed decreased signal intensity on T1-weighted and T2-weighted images indicating impaired vascularity and making the diagnosis of Kienbock disease (stage I). The patient was submitted to radial shortening osteotomy to improve pain and prevent the disease progression. Conclusions: Kienbock disease is a condition marked by avascular necrosis of the lunate bone. Magnetic resonance imaging can help in visualizing of the bone anatomy, the staging of Kienbock disease and ruling out alternative diagnoses that mimic Kienbock disease. should be considered after conventional radiography. Magnetic resonance imaging therefore should be considered after conventional radiography in the care of patients with suspected Kienbock disease. The goal of the surgical treatment is to unload the lunate in an attempt to decrease stress across the radiolunate joint, to allow for revascularization and prevention of disease progression.
THE BENEFIT OF VITAMIN D SUPPLEMENTATION IN FIBROMYALGIA

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Aims: To evaluate, in the light of current scientific evidence, the benefit of vitamin D supplementation in patients with fibromyalgia. Methods: Bibliographic research of guidelines, randomized controlled trials, systematic reviews and meta-analyses, published between September 1, 2007 and September 1, 2017, in English, indexed in the databases of the National Guideline Clearinghouse, National Institute for Health and Care Excellence Guidelines Finder, Canadian Medical Association Practice Guidelines Infobase, The Cochrane Library, Database of Abstracts of Reviews of Effectiveness, Bandolier, Evidence Based Medicine Online and MEDLINE, using the terms MESH "cholecalciferol" and "fibromyalgia". The Strength of Recommendation Taxonomy scale was used to assign levels of evidence and recommendation forces. Results: Of the thirty-one articles found, one Systematic Review and two Randomized Controlled Trials were selected. The Systematic Review was assigned as level of evidence 2 and both Randomized Controlled Trials were assigned as level of evidence 3. The Systematic Review analyzed four randomized controlled trials involving 287 subjects and demonstrated a significantly lower pain intensity in patients with fibromyalgia who received vitamin D treatment. One Randomized Controlled Trial supplemented thirty fibromyalgic women with vitamin D during twenty weeks and revealed a marked reduction in pain. The other Randomized Controlled Trial supplemented seventy-two fibromyalgic patients for six months and revealed a statistically significant reduction in pain. Conclusions: According to current scientific evidence, vitamin D supplementation in patients with fibromyalgia may reduce the pain in patients with vitamin D deficiency (recommendation force B).
THE INFLUENCE OF NATIONALITY AND PLACE OF RESIDENCE ON SATISFACTION WITH PRIMARY HEALTH CARE SERVICES

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Aim. Social and demographic factors are associated with patients’ attitude toward primary healthcare (PHC) services. However, influence of such factors like patients’ nationality, place of residence or education is still ambiguous. The aim of our study is to investigate how the main socio-demographic factors and their interaction influence the patients’ satisfaction with PHC.

Methods. The study surveyed 889 patients in Vilnius, Lithuania. The patients’ data included age, gender, place of residence, education, nationality and type of PHC center (public or private owned). Patient Satisfaction Questionnaire Short-Form was used. Patient’s depression and anxiety symptoms were also analyzed and used during regression analysis.

Results. Female gender, young age, place of residence in the city and Lithuanian and Polish nationality had significant influence on higher level of satisfaction with PHC. However, there were no significant differences established among the education and type of PHC center groups. Woman had better evaluation of such satisfaction aspects as Interpersonal Manner, Communication and Time Spent with Doctor. Patients, who was younger, lived in the city or had Lithuanian or Polish nationality had better evaluation of almost all seven satisfaction aspects, unlike those, who was older, lived in district center or village or had Russian nationality. However, linear regression analysis of all data revealed, that living in the city and Polish nationality still associate with better evaluation of PHC; while previous correlations between age, gender, Lithuanian nationality and satisfaction with PHC had disappeared.

Conclusion. Better patients’ satisfaction with PHC services was more reliant on social factors such as Polish nationality and place of residence in the city.
HELP DEVELOP EUROPEAN CURRICULUM STANDARDS IN FAMILY MEDICINE FOR UNDERGRADUATES!

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Aim During a session of the WHO Committee for Europe in 2017, WONCA Europe released a statement (http://bit.ly/2yJODoK) that recommends the establishment of shared minimum standards for the undergraduate curriculum in family medicine, in order to ensure increased exposure to primary health care. The aim of this workshop is to initiate a process to develop undergraduate curriculum standards in line with the WONCA Europe statement. Description Participants will start brainstorming in smaller groups. They share their proposals regarding the (1) aim of undergraduate teaching in family medicine, (2) the timing and duration of such teaching, (3) if and how practice visits in family medicine should be used, and the recommended (4) teaching modalities and (5) assessment methods, facilitated by EURACT council members (European Academy of Teachers in General Practice/Family Medicine). The Basic Medical Education Committee of EURACT is responsible for strengthening undergraduate education in family medicine in Europe and has issued a number of statements and papers (www.euract.woncaeurope.org). The results of the latest survey of family medicine curricula in some European universities will be presented, as well as the WONCA Europe statement. Expected outcomes Suggestions of minimum standards for the undergraduate curriculum in family medicine. The content will then be discussed further in the EURACT council to develop a statement on minimum standards for the undergraduate curriculum in family medicine.
OVERTREATMENT OF OLDER PATIENTS WITH TYPE 2 DIABETES MELLITUS

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Aim In older people with type 2 diabetes, especially those with macrovascular complications, other comorbidity and a long duration of diabetes, less stringent HbA1c levels are recommended. The Dutch Diabetes Guidelines on type 2 diabetes include an HbA1c algorithm with targets above 7% (53 mmol/mol) for people older than 70 years, who are using more than metformin alone. If they are known less than 10 years with diabetes, the target is 7.5% (58 mmol/mol), when the diabetes duration is longer than 10 years the target is 8% (64 mmol/mol). We investigated whether these personalised HbA1c targets are implemented, focusing on overtreatment. Methods Observational study using routine care data of 1002 patients with type 2 diabetes treated in five primary care centres. Data were retrieved from the electronic patient files. frailty was assessed using the validated frailty index. In overtreated patients we scrutinised the files for recordings of hypoglycaemia, falls accidents and visits to the emergency room of the hospital. Results In our cohort 319 patients were aged >= 70 years, among them 165 had an HbA1c target above 7%. This latter group had more micro- and macrovascular complications, used more often more than 5 medicines and were more often frail compared to those with a target lower than 7%. Of these 165 patients 64 (38.8%) were overtreated, i.e. 20% of all people older than 70 years. The majority of overtreated people were frail and hypoglycaemia occurred in 20.3% of them; almost 30% reported falls accidents. Conclusion Personalised treatment in older people with type 2 diabetes is not yet common practice. A substantial number of older people are overtreated, with likely harmful consequences. To prevent overtreatment, defining a lower HbA1C limit might be helpful.
STUDY ON THE KNOWLEDGE AND PRACTICES OF BASIC UNIVERSAL PRECAUTIONS OF THE NURSES TRAINING SCHOOL (NTS) STUDENTS IN NATIONAL INSTITUTE OF HEALTH SCIENCES (NIHS), KALUTARA, SRI LANKA

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Aims The objective of the study was to determine knowledge and practices on basic universal precautions among the nursing students in National Institute of Health Sciences(NIHS) Kalutara Sri Lanka in 2017. Even with the creation of protocols regarding universal precautions, workplace accidents with potentially contaminated biological material are frequent. Nursing students are at very early stage of their career take care to the patients in health care settings and are at risk of occupational exposure to blood borne pathogens. Therefore it is essential to promote them for good infection control practices from the very beginning, before incorrect practice develops into a habit. This will lead to improve the quality of care provided for the patients and enhance patient safety. Methods Between February to April 2017 the nursing students in NIHS Kalutara who has completed first year were selected to collect data by a self administered questionnaire. They were surveyed of personal information, knowledge and practices on universal precautions. Data was statistically analyzed using Statistical Package for Social Sciences software. The knowledge and practices were analyzed separately and in relation to the demographic characteristics of the participants. Results The study results revealed that 63.1% were having a good knowledge on basic universal precautions. The usual practicing of universal precautions among the nursing students were satisfactory in 59.1%. There was no significant association between the age, sex and experience with knowledge and practices. Conclusion The knowledge on hand washing and sharps were satisfactory but their practices in each aspect is lacking. Lack of universal precaution adherence is primarily due to insufficient supply of materials and workload.
OPTIMIZING ATRIAL FIBRILLATION (AFIB) MANAGEMENT USING AN ELECTRONIC MEDICAL RECORD (EMR) DASHBOARD IN PRIMARY CARE

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Aims: Family physicians have limited time managing chronic disease patients, thus an atrial fibrillation (AFib) dashboard was created and a chronic disease coordinator (CDC) hired to identify and recall patients with care gaps. Individual physician interviews were conducted to share results and a consensus reached to develop workflows, roles and responsibilities. The team analyzed if electronic medical record (EMR) management delegation to CDC is financially sustainable. Methods: The 2016 Canadian Cardiovascular Society and BC AFib guideline recommendations were reviewed and integrated into an AFib EMR dashboard. The CDC analyzed number of patient care gaps, recalled patients with care gaps and completed cost analysis to determine sustainability. Results were shared with team physicians to identify barriers and facilitators to integrate a team based approach in managing AFib patients. Results: 31 EMR widgets created allowed team based patient recalls for 1:1 review that helped identify common themes as: 1. Patient Panel Clean up 2. Investigation and Lab Monitoring Care Gaps 3. Increased opportunities for shared care with team members 4. Medication Care Gaps 5. Opportunities for improved clinical audit Barriers identified: a. Lack of physician time to review dashboard b. Lack of funding for practice audit c. Lack of guidelines awareness Conclusions: By reverse engineering selected recommendations from Canadian guidelines into the AFib EMR dashboard, the CDC helped physicians manage a panel of AFib patients in a cost neutral fashion. A consensus building engagement approach helped overcome physician barriers to utilizing an EMR dashboard that can increase team based care and be a framework and protocol for implementation of other EMR dashboards in other chronic diseases.
THE EFFECT OF STRUCTURED LIFESTYLE MEASURES ON THE HEALTH-RELATED QUALITY OF LIFE AMONG HYPERTENSIVE ADULTS ATTENDING A PRIMARY CARE CLINIC IN SOUTH-WESTERN NIGERIA

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Aims: Previous studies report poor health-related quality of life (HRQoL) in hypertensive patients. This hospital-based intervention aimed to determine the baseline and post-intervention HRQoL in two groups of hypertensive patients, introduce structured lifestyle measures to one group and to compare its effect with another group receiving usual care.

Methods: One hundred and thirty-four eligible participants who completed the study were consecutively and randomly assigned to either of two groups through matching with sixty-seven participants in each group. The intervention group received lifestyle counseling for three months using a manual. Physical and mental HRQoL dimensions were obtained preceding and following the intervention using the Short-Form health survey (SF-12) tool. Results: Following the intervention, the mean intra-group physical component scores in the intervention group improved from 44.07 to 48.28 (paired t-test: -4.08, P = .001) and from 42.92 to 47.88 (paired t-test: -5.28, P < .001) in the control group. The change in the mean mental component score was statistically significant in the intervention group (paired t-test: -2.48, P = .016) but was not significant in the control group (paired t-test: 0.33, P = .746). Conclusion: The significant changes in HRQoL suggest that structured and non-structured lifestyle models can be successfully used to bring about improvement in the physical dimensions of HRQoL of hypertensive adults. The change in the mental component of the intervention group however suggests that a structured lifestyle model may be more effective in improving their mental HRQoL dimensions. Primary care physicians can thus be encouraged to assess HRQoL among their patients and encourage lifestyle changes to improve their quality of life.
SELF EFFICACY IN PATIENTS AFTER CARDIAC REHABILITATION PROGRAM IN PRIMARY CARE

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Aims: The aim dependent variable was Pre-post and post-intervention score in the Perceived General Self-Efficacy Scale -Baessler & Schwarzer. Description: An Community clinical trial; open; controlled and randomized study is designed. It was proposed to participate, over 12 months, all the subjects, both adults, of both sexes, who concluded CR in the unit of Hospital reference. At random, the subjects were assigned to the intervention or control group. The intervention was constituted by a succession of visits, performed by the family doctor, on a scheduled basis. Psychometric variables: personality questionnaire Salamanca; Hamilton anxiety; And Beck’s depression index. Results: 89 patients accepted to participate, (response rate 93.68%), with mean age 63.01 years (SD 8.75). After the end of the study, it was detected as the main result, difference of means 6.0972 (p 0.0053, 95% CI 4.1950 to 10.29), showing the improvement in score of the Perceived General Self-efficacy Scale, in the group exposed to intervention. The difference of scores in the Hamilton scale, there were no significant differences p = 0.943), and same way, there were no significant differences between groups for the averages obtained in Beck inventory (p = 0.8987). Conclusions: The results show significant improvements in the scores related to the perceived general self-efficacy in the population that finished the intervention program compared to the control group. Key Words: Cardiac Rehabilitation; Primary Care; Self efficacy
WHAT ARE THE CHARACTERISTICS OF OUR PATIENTS TAKING DUAL ANTI-PLATELET AND ANTI-COAGULANT MEDICATION?

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Aims: Using papers anti-platelet and anti-coagulant together is risky but sometimes may be necessary. It is interesting to know the patients who are in this situation. To study the characteristics of patients who are taking both antiplatelet and anticoagulant medication. Methods: A descriptive, transversal study, carried out on all patients prescribed with dual antiplatelet and anticoagulant medication, up to May 2016, who visited a Primary Care health centre in Santander (Spain). This centre 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. The average and standard deviation were used for quantitative variables, and percentages were used for qualitative variables. Results: 20 patients were studied. The average age was 73.5 (SD ± 8.3), mainly male (65%); the most used active ingredients were acetylsalicylic acid (47.5%), acenocumarol (35%), apixaban (7.5%), dabigatran (5%), rivaroxaban (2.5%) and clopidogrel (2.5%). The average length of time of the treatment was 7.05 years (SD ± 5.4). The main reasons for prescribing these medications were auricular fibrillation (35.9%), heart disease (28.2%), strokes (12.8%), antiphospholide syndrome (10.3%), transient ischemic attack (5.1%) and deep vein thrombosis (5.1%). The specialties that most prescribed this medication were cardiology (61.3%), neurology (25.8%), cardiovascular (6.5%) and internal medicine (3.2%). Conclusions: The typical profile is that of a male of approximately 70 years, prescribed with acetylsalicylic acid and acenocumarol due to auricular fibrillation and heart disease. Cardiology is the department that most prescribes this medication.
SOCIETAL REACTIVENESS TO THE CHILD HEALTH POLICY ISSUES IN EUROPE

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Aim: The MOCHA project studies the varied patterns of children's primary care in Europe. It also includes analysis of child health policy determinants. Method: A qualitative approach was used. A questionnaire was sent to the project's Country Agents (CA), experienced contact points in each of the 30 participating countries. CAs were asked to identify strong public and professional discussions related to child health services in their countries. Data collection was between July and December 2016. Results: Child health issues involve the public and raise nationwide debates. The public concerns were directly or indirectly related to child health and depicted the national overtone. They were present in the public awareness episodically, e.g. a few weeks like in the case of contraception in adolescent girls in France or few years when the vaccination in Italy or location of the national children's hospital in Ireland, were discussed. The cases described by CAs show the broad perspective in the perception of child health problems. Examples include the anti-vaccination movement across Europe, children's rights, poverty, mental health, etc. Overlaps between different areas within particular cases were observed. This enabled the emergence of the generic structure of areas of child health care and policy due to various criteria. Conclusions: Europe's concerns about child health care are twofold: 1) devoted to systemic issues (indirect patient orientation) and 2) to the child health and wellbeing (direct patient orientation). The child health problems are considered via different domains within the health care system such as primary care, specialist care, emergency care and social care. Within those domains, three levels of activity are present: prevention, promotion and care.
DEFENDING CHILDREN’S HEALTH - VEHICLES OF PUBLIC EXPRESSION

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Aim: The MOCHA project is assessing the patterns of children's primary care in Europe. It also includes the analysis of child-centric health policy determinants. Method: A qualitative approach was used. A questionnaire was sent to the project’s Country Agents (CA) who are experienced contact points in each of the 30 participating countries. CAs were asked to identify strong public and professional discussions related to child health services in their countries. Data collection was between July and December 2016. Results: Public feelings were raised by actors directly involved in the process of child health care. Initiatives and actions were undertaken by parents and individuals, politicians, academics, experts and stakeholders, and NGOs. They expressed their opinion through actions such as protests and strikes, campaigns, debates and petitions or particular behaviours in social media. Additionally, they were supported by philanthropic and political initiatives. The public attention was maintained through various communication channels, most commonly social media, traditional media and the Internet. The last vehicle of public expression was information, which is becoming more readily available, whether via official government websites, social media or other channels. The articles in the press, documentaries and educational films, as well as publications of reports, help to keep the issue in the public eye. Conclusions: The means by which the public express their dismay or support of an initiative or system change can support or hinder the process of policy development. Public expression can stimulate change - without debate as to the intended (or unintended). The vehicles of public expression characterise how the public sentiment is raised and continued.
BURN INJURY: THE ROLE OF PRIMARY HEALTH CARE

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Aims: The summer of 2017 was strongly affected by the fires in our country. There was a big recurrence of health-care emergencies, quickly exhausting available resources. As family doctors, we feel the need to help and, consequently, we decided to review how to act on bum injuries. The objective was to create a protocol of action and to educate other colleagues and family nurses. Methods: We reviewed the pathophysiology and therapeutics in burn injury through pubmed research, to create a protocol of action. Results: We found that 75% of bum injuries are considered mild, which may be treated by primary health care. The first step is to remove jewels, belts and others accessories and then, it's appropriate to wipe the body with abundant sterile water to cool the burn area and remove any contaminants. The use of ice is not recommended because, even if it inhibits the hyperthermic causes, it can cause ischemia. Applying ointments or others topical remedies, such toothpaste, is not recommended as possible sources of infections. It's recommended to cover the patient with sterilized blankets, to not aggravate the hypovolemic shock. It's important to measure the vital parameters and to evaluate the cardio-respiratory function. Only in hospital, the respiratory tract damage or cardiovascular failures will be confirmed with more accurate instrumental examinations, but it's important to act with first-line medical procedures, like to place a venous access or oxygen/corticosteroids administration, in order to delay any injuries until it is possible to reach the nearest hospital. Conclusions: The first aids to burned patients are fundamental to their management, because they drive the evolution of the disease and the success of medical treatment at the hospital care center.
CROSS-CULTURAL ADAPTATION MEASURING PRIMARY HEALTH CARE USERS
OPINION ABOUT ABILITIES, SKILLS AND COMPETENCIES OF THEIR FAMILY
PHYSICIANS IN KOSOVO

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Objectives Aim: Our aim was to validate an international instrument addressing family physicians in 2017 competency level from the primary health care users perspective in transitional Kosovo. It has been extensively reported that abilities, skills and competencies in quality improvement are vital for general practitioners and family physicians in order to foster and improve patient care (1). Such roles and competences have been already classified in frameworks (CanMEDS 2013 Canadian Medical Education Directives for Specialists Roles Framework [2,3]), the six core competences identified and described by the Accreditation Council for Graduate Medical Education (ACGME competencies) [5]. Materials & Methods A convenient sample of 98 primary health care users in Kosovo aged 18 years was interviewed in December 2012 (42 men and 56 women; mean age: 53±11 years). Study participants were asked to assess, from their perspective, the level of abilities, skills and competencies of their respective family physicians about the following aspects (referred to as domains) of primary health care: Patient care and safety (eight items); Effectiveness and efficiency (seven items); Equity and ethical practice (eight items); Methods and tools (five items); Leadership and management (four items), and; Continuing professional development (five items). Results Mean age was similar in men and women who participated in the cross-cultural adaptation of this international instrument in the Kosovo setting. Furthermore, educational level was similarly distributed in both sexes (data not shown in the tables). Reliability (the internal consistency) of the overall scale (37 items) was Cronbach’s alpha=0.88; Keywords: competencies, family physicians, primary health care users, quality of care.
THE USE OF THE ANKLE-BRACHIAL INDEX (ABI) IN DIABETIC PATIENTS. DO WE KNOW ABOUT THE RISK OF ISCHEMIA IN LOWER LIMBS?

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Aims: The diabetic patient presents a high cardiovascular risk. ABI is a useful examination to evaluate ischemia of the lower limbs. Objective is analyse the risk of ischemia in lower limbs in diabetic patients. Methods: A descriptive, transversal study of patients with diabetes in a urban primary health center. The risk of peripheral arterial disease was calculated using the ankle-brachial index, and by completing the Edinburgh claudication questionnaire. To calculate a correct control, the values recommended by ADA 2016 were used (blood pressure <140mmHg and <90 mmHg, LDL-c <70mg/dl, insufficient glomerular renal filtration >60). Complications considered were strokes and cardiac disease. For quantitative variables the average and typical deviation were used, and percentages were used for qualitative variables. Results: 103 patients were selected, with an average age of 69.9±12.2 years (>80 years: 25.2%), mainly male (54.4%), BMI of 29.3±5.1, a waist measurement of 104.3±12.9 cm, glomerular filtration of 75.3±19.5. 13.6% were smokers and 25.2% had some type of complication (10.7%, heart disease; 9.7%, a stroke). The average values found were HbA1c 6.7±1.1%, LDL-c 87.8±32.7 mm/dl, HDL-c 47.0±12.4 mm/dl, triglycerides 149.8±160.3 mm/dl, systolic blood pressure 137.8±12.4 mmHg, diastolic blood pressure 74.9±9.2 mmHg. 77.7% fell within BP control figures, 44.7% within LDL-c figures. 25% had a pathological ABI (slight: 11%; moderate: 8%, severe: 6%). The Edinburgh claudication questionnaire showed that 71.8% were asymptomatic, 11.7% had vascular claudication, 4.9% had atypical symptoms, and 10.8% did not do the test due to motor difficulties. Conclusions: Almost 25% of diabetic patients are elderly, have renal insufficiency or a previous vascular complication. 50% are obese. There should be improvements in the degree of the control to which important risk factors such as hypertension, dyslipidemia, obesity, and smoking. The ankle-brachial index is a useful and simple check to evaluate the existence of ischemia in lower limbs. Almost 25% were affected.
THE DEGREE OF CONTROL OF DIABETIC PATIENTS USING INTERNATIONAL RECOMMENDATIONS

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Aims: Good control of diabetic patients is demonstrated to reduce the risk of adverse events. Objective is analyse the characteristics of diabetic patients and the degree to which international recommendations are complied with. Methods: A descriptive, transversal study of diabetic patients treated at a primary care surgery at an urban health centre. To calculate the correct control figures, the ADA 2016 recommended values were used (blood pressure <140 mmHg and <90 mmHg, LDL-c <70 mg/dl, HbA1c<7%). The risk of peripheral arterial disease was calculated using the ankle-brachial index (ABI). Complications considered included the existence of strokes, or cardiac disease. For quantitative variables the average and typical deviation was used, and percentages were used for qualitative variables. Results: 103 patients were selected, with an average age of 69.9±12.2, mainly male (54.4%), BMI of 29.3±5, a waist measurement of 104.3±12.9 cm, glomerular filtration 75.3±19.5, 13.6% were smokers, and 25.2% an additional complication (heart disease 10.7%, stroke 9.7%). The average values found were HbA1c 6.7±1.1, LDL-c 87.8±32.7 mm/dl, HDL-c 47.0±12.4 mm/dl, triglycerides 149.8±160.3 mm/dl, systolic blood pressure 137.8±12.4 mmHg, diastolic blood pressure 74.9±9.2 mmHg. 77.7% were within the systolic BP control figures, 44.7% the LDL-c figures, and 70.9% the HbA1c. 25% had a pathological ABI (slight, 11%; moderate, 8%; severe, 8%). 56.3% had received the flu vaccine and 41.7% the pneumonia vaccine. With regards to treatment, 64.1% had been prescribed oral anti-diabetes medication; 21%, insulin; 3%, GLP1; and 75% a statin. Conclusions: The degree of control of important risk factors such as hypertension, hba1c and LDL in a patient with diabetes could clearly be improved, as many of the recommendations of the main guides are not complied with, particularly in the case of LDL. The profile of a diabetic patient is that of a 70 year-old overweight male, non-smoker, treated with oral anti-diabetes medication and statins.
THE USE OF THE PATIENT DIGNITY QUESTION IN PALLIATIVE CARE PATIENTS CARED FOR IN PRIMARY CARE: STUDY PROTOCOL.  

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Aim and background: Dignity is a fundamental pillar in the medical practice, especially when caring for palliative care patients. In order to practice dignity conserving care, medical focus has to shift from patienthood (related with the disease) to personhood (centered in the whole person who happens to have a disease). Chochinov and colleagues created the Patient Dignity Question (PDQ): What do I need to know about you as a person to give you the best care possible? One key advantage of using PDQ is that it can provide information that may not be available through routine procedures. The use of this question in the acute and palliative care settings has already been studied. However, there is no evidence that this question is useful in the primary care (PC) context. Description: Quantitative, observational and descriptive study, using a convenience sample of patients with palliative care needs cared for in the PC setting. Inclusion criteria: being age 18 or older, having palliative care needs, ability to read and speak Portuguese, being cognitively intact, and ability to provide written informed consent (WIC). After obtaining WIC and sociodemographic questionnaire, each patient will be asked to answer to the PDQ (in a 10-15min interview with his physician), after which a written summary will be produced and evaluated by each patient to ensure its accuracy. Patient Dignity Inventory, a scale measuring patient’s sense of dignity, will be assessed before and after the PDQ and a post-PDQ satisfaction questionnaire will also be administered. Conclusions: After the data collection we aim to explore whether the PDQ is acceptable, feasible, satisfactory and effective in increasing the sense of dignity of patients with palliative care needs cared for in the PC setting.
IT'S FINE AT THE MOMENT BUT, COME BACK TOMORROW, I'LL BE HERE.

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The aim of the study is to illustrate how the continuity of care provides an essential value in the treatment of patients in Primary Care. In this study, we analyze the case of a man who came during continuous attention with headache and after the first visit, he was informed about the need for a reevaluation the following day. This is a 59-year-old man with a history of type 2 DM, obstructive sleep apnea who previously smoked 11 years ago. He checked-in to the emergency room of our health center because, after physical exertion, (sexual intercourse), he experienced intense pain in the neck along with with nausea and dizziness. A physical examination, including an exhaustive neurological check, there were no alterations present, except for TA 191/85. Given the normality of the exploration and after captopril and metoclopramide is sent home with the indication of the reevaluation the next day given the sudden and intense process. The next day the patient returned with an evolution of the symptoms with frontal headache and vomiting. The physical examination revealed double vision and a stiff neck. In view of these symptoms and the suspicion of subarachnoid hemorrhage, we referred him to the emergency department of the hospital where a scan was performed. It showed subarachnoid hemorrhage in the suprasellar system, perimesencefálicas system, preptontine and cerebellopontine angle. Thanks to the early diagnosis, he was discharged with the problem completely resolved. The HSA is a disease with a high mortality rate. For this reason it is crucial to arrive at a definitive diagnosis of this entity as soon as possible. The continuous attention characteristic of primary care has a clear advantages over the occasional visits to emergency services or even hospital care.
A STUDY ON THE DEGREE OF CONTROL OF OBESE PATIENTS WITH DIABETES. ARE WE DOING THINGS RIGHT?

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Aims: Diabetes and obesity are considered cardiovascular risk factors so their control is very necessary to reduce risk. Objective is to study the profile and degree of control of HbA1c, blood pressure and cholesterol in obese, diabetic patients, at primary care level, as well as the risk of peripheral arterial disease. Methods: A descriptive, transversal study of obese, diabetic patients treated at an urban primary care centre. Obesity was defined as BMI>30. To control it correctly, the values recommended by the ADA 2016 were used (blood pressure <140mmHg and <90 mmHg, LDL<70mg/dl, HbA1c<7%). The risk of peripheral arterial disease is calculated using the ankle-brachial index. For variable quantitative variables, the average and typical deviation was used, and percentages were used for qualitative percentages. Results: 48 patients were analysed, with an average age of 70.3±12.3, mainly male (62.5%), glomerular filtration of 73.5±20.2 and BMI 33.9±3.61 with a waist measurement of 114.2±9.3 cm. The study found an LDL average of 89.1±40 mm/dl and an average of HbA1c of 6.7±1.2. 20.8% smoked. 28.3% showed pathological ABI (slight: 13%, moderate: 8.7%, severe: 6.5%), 47.9% had received the flu vaccine and 37.5%, the pneumonia vaccine; 58.7% showed a correct blood pressure control figures; 70.9% had correct HbA1c figures and 34% correct LDL figures. 79.2% used statins, 58.3% used metformin, and 22.9% used DPP4 inhibitors: 20.8% used sglt2 and 16.4% used insulin. 25.2% had some type of complication, mainly coronary disease (14.6%), peripheral arterial disease (10.4%), and strokes (10.3%). Conclusions: The profile of an obese patient with diabetes is a 70 year old male, non-smoker, treated with metformin, of which 25% have suffered some complication. The degree of HbA1c control can be considered to be correct, according to international indication, but not that of blood pressure or of lipids. They usually require medication to reach the recommended figures. The number of flu and pneumonia vaccines available should be increased.
NONALCOOLIC STEATOHEPATITIS (NASH): SHOULD I BE AFRAID?

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Aims Although NASH is usually considered a benign pathology, its progression to cirrhosis and hepatocellular carcinoma (HCC) is not uncommon. It's essential to know its natural history and proper management to avoid serious complications. Description NASH is associated with multiple factors, the most important being central obesity, increased insulin resistance and dyslipidemia. Other factors are parenteral nutrition, some surgical techniques, drugs and metabolic diseases. Most of patients are asymptomatic and clinical manifestations and laboratory findings are nonspecific. Diagnosis is based on liver biopsy. The histologic findings must include steatosis, hepatocyte ballooning degeneration and lobular inflammation. Liver disease of another etiology must always be excluded. NASH prevalence in USA general population is 5-12% (5-7.5% in Europe), while nonalcoholic fatty liver disease (NAFLD) prevalence is 30-40% (20-30% in Europe). NAFLD is the most frequent chronic liver disease in Western countries. Cirrhosis develops when simple steatosis progresses to NASH and then fibrosis. Factors associated with disease progression include older age, diabetes mellitus, central obesity and, above all, histologic evidence of hepatic inflammation. Progression to cirrhosis requires surveillance for HCC (ultrasonography at six-month interval). The cornerstone of treatment is weight loss in obese or overweight patients (lifestyle modifications, drugs, bariatric surgery). In addition, drugs such as vitamin E (antioxidant) or insulin-sensitizing agents (pioglitazone) can be used. Alcohol consumption should be avoided. Conclusions Due to the high prevalence of NASH, it's very important to promote healthy lifestyles in order to minimize the modifiable risk factors for disease development.
POLYOSTOTIC FIBROUS DYSPLASIA INCIDENTALALLY DIAGNOSED: A RARE CASE REPORT

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Aims: Fibrous dysplasia is a non-malignant bone tumor that usually behaves as a slow and indolent growing mass lesion. We aim at reporting a case of a female patient complaining of headache and facial deformity later diagnosed with polyostotic fibrous dysplasia (PFD). Description: We report a rare case of a 29-year-old female that visited our clinic complaining of headache, nasal congestion and hyposmia for several weeks. She also presented facial deformity and painful swelling of the upper left orbita. An X-Ray was obtained showing a suspicious opacity of the left frontal sinus and a right shift of the nasal septum. A CT scan and bone scintigraphy were later obtained and confirmed a tumor involving the ethmoid and frontal bone. Patient was referred to the Neurosurgery and Otorhinolaryngology Departments of a central hospital and the suspected diagnosis of PFD was confirmed. A watchful waiting approach with regular imaging screenings was proposed and accepted by the patient, who is now free of symptoms and more acceptant of the benign condition of her tumor. Conclusions: With this case we aimed at making Family Physicians aware of this rare but relevant condition that might be difficult to diagnosis. Fibrous dysplasia is a rare but benign tumor that occurs mainly in adolescents and young adults in their second and third decades. Symptoms, depend on the location and type of the tumor, and include facial deformity, vision changes, nasal congestion, local pain or headache. There are no clear guidelines for the treatment of this condition, and options include monitoring the progression of the tumor, medical or surgical approaches, depending on the case.
ABDOMINAL PAIN: ABOUT A CASE.

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Aims: A 27-year-old woman consulted for abdominal pain of 72 hours of evolution evaluated several times in the emergency department without clinical improvement. Description: Medical history Anamnesis: patient covers our consultation referring already two previous visits to the Emergency Room due to poor pain control, without knowing the origin of the ailment. It is located in hypogastrium and right iliac fossa, and is of sharp features and colic type evolution. It was started 72 hours without a trigger and has remained despite the administration of oral and even intravenous analgesia in the Emergency Department. Personal history: He has no personal history of interest, except the prescription of hormonal contraception. Exploration: aware of the afebrile collaborative ontend, pain palpation in the hypogastric region and right iliac fossa is highlighted, with a sign of doubtful rebound, without signs of peritonism. Noises preserved. Additional tests: systematic of normal urine, and blood analysis without leukocytosis or elevation of acute phase reactants, with normal renal and hepato-biliary profile. An abdominal ultrasound was performed where we observed two dependent masses of both ovaries, of rounded contour and mixed content; we locate free liquid in the Douglas space. Clinical judgment: adnexal masses Differential diagnosis: adnexal tumor Differential Dx Inflammatory bowel disease, endometriosis, diverticulitis. pyelonephritis Conclusions Ultrasound is a complementary tool in Primary Care and very useful for diagnostic guidance. In this case I advance urgent assessment for gynecology and improved management. We think that family doctors should be trained in ultrasound, because it is a very useful tool with a great future.
MAKING THE PREPARTICIPATION SPORTS EVALUATION EASY FOR PRIMARY CARE PHYSICIANS

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Aims: The benefits of exercise and sports are widely known and most public health interventions are based in the promotion of physical exercise and sports participation. As part of their service portfolio, many Primary Care Physicians are requested to conduct preparticipation sports evaluation for patients from different ages and sports. However, during training this can be overlooked and many Physicians report difficulties in conducting these assessments. We aim at presenting a simple, straightforward approach of preparticipation sports evaluation based on international guidelines and current recommendations of major sports medicine, family medicine and cardiology societies. Description: During 90 minutes, a Sports Medicine Specialist, an Orthopedic Surgeon and a Family Physician will conduct a case-study based workshop, focusing on practical aspects of the preparticipation sports exam that include: history, physical exam, screening exams (e.g. electrocardiography, other cardiac screening or laboratorial and imaging exams). Facilitators will also focus on the management of major conditions that can impair sports participation, such as cardiovascular disease, asthma, epilepsy, concussion, Marfan Syndrome, scoliosis and other musculoskeletal and orthopedic injuries. Clear guidelines regarding the prescription of additional exams, the referral to secondary care and how to deal with unexpected findings will be provided during the session. Conclusions: At the end of the event, we expect that participants will feel confident to autonomously conduct preparticipation exams and make the correct assessment of when to give medical clearance for sports participation (full or restricted) and when to refer the athlete to secondary care.
ALL YOU NEED TO KNOW ABOUT THE MANAGEMENT OF COMMON ACUTE TRAUMATIC LOWER LIMB INJURIES IN PRIMARY CARE

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Aims: Primary Care clinics are the patient's first point of entry into the health care system and Family Doctors are often asked to deal with common acute lower limb injuries. These can be caused by sports participation, small house accidents or any other traumatic events. A simple but rigorous physical examination is crucial to make the decision regarding the management of the patient in Primary Care, the need for imaging exams or the referral to secondary care. We aim to present a simple straightforward workshop that will provide the basic tools for Primary Care Physicians to manage confidently most common acute lower limb injuries. Description: For the first part of the workshop, a Sports Medicine Specialist, an Orthopedic Surgeon and a Family Physician will conduct a case-study based lecture, focusing on practical aspects of the assessment of acute lower limb injuries that include: history, physical exam, need for imaging exams. Clear guidelines for the management of injuries will be presented for: each type and grade; when to referral; when to treat. Facilitators will specially focus on the assessment and management of knee and ankle injuries: strains, sprains and fractures. Later, a practical session will be conducted, with participants grouped in pairs to practice physical examination and immobilization techniques, aiming at boosting their confidence. During this period, simulated cases will also be presented to encourage participants to practice their skills. Conclusions: At the end of the event, we expect that participants will feel confident to manage most common lower limb injuries, to perform a rigorous yet simple physical examination of the knee and ankle and to correctly request imaging exams and referral patients to secondary care, when appropriate.
PHYSICAL EXAMINATION OF SHOULDER, HIP AND KNEE OF THE ELDERLY MADE EASY

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Aims: Facing the aging population, Family Doctors are increasingly spending more time caring for elderly patients. While the increased longevity is obviously a triumph for healthcare, as the population ages the burden of chronic disease, such as hypertension, diabetes and osteo-muscular conditions also raises. Effectively assess and diagnose musculoskeletal conditions, and possibly reducing the use of imaging exams could be of utmost importance in times when accessibility and health costs are sparse. We aim at improving the skills of Family Doctors, by conducting a practical workshop on the physical examination of shoulder, hip and knee of the elderly. Description: The workshop will be facilitated by a Sports Medicine Specialist, an Orthopedic Surgeon and a Family Physician, who will focus on the practical aspects of the systematic assessment of the shoulder, hip and knee. The elderly patient presents a real challenge for the physician regarding the physical exam of major joints, as joint deformity, peripheral neuropathy or sarcopenia might be present. Participants will have the opportunity to learn the basic skills of shoulder, hip and knee physical examination from case-study presentations and videos. This includes: inspection; palpation; and specific tests for tendons, ligaments and other structures. Following the initial theoretical approach, participants will be grouped in pairs to practice those techniques. Conclusions: At the end of the event, we expect that participants will feel confident to perform a rigorous yet fast physical examination of the shoulder, hip and knee of the elderly patient. Understanding the correct approach and the specificities of the physical exam in these patients might improve the quality of care provided.
HUMANITIES IN MEDICINE: INCORPORATING A CLASSIC STRATEGY FOR IMPROVING YOUR TEACHING PERFORMANCE, PROMOTING PROFESSIONALISM AMONG YOUR STUDENTS, AND REINFORCING THE PATIENT CENTERED APPROACH. A PEER REFLECTIVE WORKSHOP.

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Aims 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 the time talking about problematic students, problems with learning environment, and problems with the university, instead of nurturing themselves. As teachers we need to state new paradigms in education. Humanities could be incorporated in faculty development strategies because they provide a useful peer reflective scenario, facilitate how to share our weaknesses 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 required to reinforce the patient centered approach. Description The presenters (scholars from Brazil, Finland and Poland) will share their experiences in using Humanities in Faculty Development in a multicultural scenario. 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, high feedback from the participants, and an opportunity to start a peer feedback scenario on teaching. 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 stimulate their students and residents for improving professionalism and to involve them into the Patient Centered Methodology.
THE PERSISTENT COMPLAINTS: A NEW CHALLENGE FOR THE GP

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Aim and Background We are often solicited by patients suffering from chronic symptoms. They often consult with last claims instead of primary care searching. Trying to avoid to support them in nomadic care search resulting from our discharge of uncommon responsibilities, how can we hear and relieve their complaints? How can we facilitate a maintained follow-up and accord an adapted treatment to them? Material and Methods Different working groups will try to identify - the profile of patients who present persistent complaints and their reasons to consult a great number of physicians - the type of evoked complaints and their context of appearance - the reasons of their persistence - the means to implement by the GP of relieving these patients. The results will be discussed and put together. After that, they will be confronted with the author’s theoretical considerations. Results We hope that after the workshop, the GP will be able to improve his reception of patients consulting for persistent and often multiple complaints and will better listen to them, according to them the recognition they need, offering a consequent follow-up to them, and, finally, arriving to lighten their burden. Conclusions The fact of being solicited by patients who consult with last claims for persistent complaints despite multiple consultations with numerous physicians must reveal a specific task of our job instead of sending them to other ones. These patients require recognition of their identity as will as creative flexibility in their therapeutic care by the GP. The aim of this workshop is to improve our competencies in this area.
USING MOVIE CLIPS FOR TEACHING EMPATHY AND PATIENT CENTERED CARE: IMPROVING QUALITY, EFFICIENCY AND REFLECTIVE PRACTICE IN FAMILY MEDICINE EDUCATION. A FACULTY DEVELOPMENT WORKSHOP.

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Aims Medical educators emphasize the importance of the arts to promote empathy and a better care for the human being. 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 narrative model framed in emotions and images that are also grounded in the everyday universe of the learner. Emotions play a specific role in learning attitudes and behavior. Life stories and narratives enhance emotions, and therefore set up the foundation for conveying concepts. 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, and thus enhance empathy and develop a person-centered care model. Description This interactive workshop is proposed to faculty who deal with ethics, professionalism, communication skills, and patient centered medicine. 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/

Conclusion 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 promote reflective practice and empathic attitudes for facilitating a patient centered approach.
ELECTRONIC HEALTH RECORDS OF THE FUTURE. CHALLENGES, SOLUTIONS AND ETHICAL DILEMMAS

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Aims and Background 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. This problems increase cost and complexity in healthcare systems. We analysed various different systems, summarised challenges and proposed potential solutions together with current ethical challenges. With this abstract, we 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. Material and Methods: Reviews of available EHR systems. Identified challenges discussed with software developers, user groups and healthcare professionals. Results and Conclusions: 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 “blockchain” 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.
QUALITY IMPROVEMENT IN THE MANAGEMENT OF LOW-RISK PREGNANCIES IN PRIMARY CARE

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Aims and background: We verified that the request of laboratory tests during clinical practice does not comply with the National Program for Low-Risk Pregnancy Surveillance (NPLRPS). This nonconformity results in the wastage of resources and inequality in access to health care. This study proposes a method to ensure that all laboratory tests follow the recommendations of the NPLRPS. Material & method: A quality improvement study was undertaken at three general clinics in Lisbon. This study was comprised of three stages. The first and the third stages were a retrospective review of past medical records. The second stage consisted in applying the proposed method with a presentation and the creation of a medical cheat sheet, which reminded practitioners of the laboratory tests recommended by the NPLRPS. Pregnant women with private and/or hospital follow up, or with insufficient medical records were excluded from the analysis. Results: In the first stage we evaluated 199 appointments (1608 laboratory requests), whereas in the third stage we evaluated 92 appointments (702 laboratory requests). In the first stage we verified that 12% of laboratory requests were incorrect. After the intervention proposed in this work we managed to reduce this statistic to 6%. This improvement was mainly due to reducing the number of laboratory test requests which should have been requested but were being neglected by the practitioners. Conclusions: After the intervention proposed in this work, the number of correct laboratory requests improved from 88% to 94%. Accordingly, we have managed to change the attitude of a group of general practitioners regarding the deficit or excess in the prescription of some complementary diagnostic tests, thus avoiding both underdiagnoses and overdiagnoses.
HOW CAN WE HELP YOUNG DOCTORS LOOKING FOR FAMILY MEDICINE SPECIALTY? - A MEETING REPORT

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Aim(s) and background: The medical specialty choice results from an individualized decision very often preceded by a period of anxiety on fresh graduates looking for information on the various specialties and formation places. Aiming at clarifying the doubts raised by young doctors interested in choosing the specialty of Family Medicine (FM) in 2016, we organized a meeting to present this specialty and to discriminate the functioning, work structure and interpersonal dynamics of a family health unit (FHU). Material & method: After being advertised, the activity took place on November 16th, 2015 at our FHU, with young doctors that previously registered by e-mail, FM interns training in the FHU and the current FHU coordinator. The session began with information on training in FM and on the particularities of the context of the region, district and FHU. The training counselor of each intern for 2016 was revealed. A visit was then made to show the physical and human resources of the FHU. The meeting ended with an informal period for clarification of remaining doubts. Results: A total of 17 young doctors with an average national medical examination score of 64% and an average course score of 15,365 (from 0 to 20) participated. Of the 13 placed in FM in our training nucleus, 6 participated in the activity. Conclusions: A young doctor should have adequate clarification as to the choice of specialty and formation places. A pioneering activity in our district helped a group of young doctors in making their decision in a more informed way, without commitment, and could serve as an example to other formative health units in the near future.
CRAVING FOR ICE&LAND - A CASE REPORT

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Aim(s) and background: Family physicians act in an early point in diseases’ natural history, recognizing incipient symptomatology. We aim at describing a relevant case report in clinical health care. Material & method: Case report study, based on patient interview and computerized clinical process. Informed consent obtained. Results: 25-year-old woman from a nuclear family, stage VI of the Duvall cycle. In 2013, at the family health unit (FHU), she initiated subcutaneous implant contraceptive owing to non-compliance with the combined homonal contraceptive in use. She remained asymptomatic until February 2015, when she came to the FHU due to an abnormal uterine bleeding (AUB) with 10 days’ evolution, that was controlled with mefenamic acid. Three months later, she returned with complaints of incessant desire to eat, manipulate and smell land, as well as to crack and eat ice, which came to fruition. The requested hemogram revealed microcytic and hypochromic anemia (hemoglobin (Hb) 9.5g/dl and ferritin 4.1ng/ml). She started oral iron and one month later, she was asymptomatic, without ruminative ideas, and analytical improvement (Hb 12.3g/dl; ferritin 6.5ng/ml). Given the absence of AUB, subcutaneous implant and iron supplementation were maintained. Conclusions: Pica refers to the desire to ingest substances such as ice (pagofagia) and iron deficiency is documented as one of the main causes for this behavior. This case highlights the desire to ingest ice as an atypical symptom of iron deficiency anemia. The regular follow-up of this patient allowed this assumption and led to an early elimination of ruminative ideas, by treating the anemia.
REASONS FOR PREFERING CLINIC VISITS TO SELF-CARE BY JAPANESE
COMMON COLD PATIENTS

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Aims: In the Japanese medical system, most medical fees are covered by national medical insurance and patients can visit any clinic. This system may lead to patients’ visits even for conditions which do not require physicians’ care. Many Japanese visit clinics for common cold treatment, which can cause congestion in these clinics and increases in medical expenses, although the common cold can be treated through self-care including self-medication. Therefore, to elucidate the reasons individuals with common colds do not use over-the-counter (OTC) medication, we conducted an investigation using a self-administered questionnaire to understand reasons for seeing physicians and not using OTC medication. Methods: The study was of patients who attended clinics with self-diagnosed common cold symptoms and research staff distributed self-report questionnaires. Results: Of the 471 patients administered the questionnaire, 442 responded. The analysis was focused on the 37 patients who responded that they had considered using OTC medication before coming to the clinic but decided against it and attended the clinic instead. The majority responded positively, saying that they felt reassured when seen by a physician (91.9%) and that their common cold was cured more rapidly (89.2%). Conclusions: It can be presumed that many patients with common colds visit medical institutions because they feel reassured and feel that their symptoms improve at a quicker rate. The findings of this study indicated that there is a need for accurate information and relief from anxiety for patients regarding the common cold. It is important to make changes to provide accurate medical information not only to patients but also healthy people.
RICKETTSIOSIS: NEW INCOMING SPECIES

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Aims: There are new incoming species of Rickettsia that we have to take into account when dealing with compatible clinic. Description: A 38-year-old patient who came to the emergency room referring odynophagia and arthromyalgia. Symptomatic treatment was prescribed and the patient was discharged. One week later reconsulted due to high fever, headache, intense asthenia, tonsillar affection, laterocervical adenopathies and maculopapular rash. It was oriented as acute tonsillitis and treatment with amoxicillin was prescribed with little improvement so in a few days he reconsults again. Blood analysis with serologies is requested: HVI, strept A, IgG EBV+, Coxella bumetti, Borrelia burgdorferi, Rickettsia conori+. The patient refers hunting history (wild pig) with skin and blood manipulation. It was oriented as rickettsiosis and doxycycline was prescribed with clinical improvement and symptoms disappearance. Conclusions: Rickettsiosis are gaining special importance as a result of new species described in recent years. Of this group, the most frequent in our environment is the infection by Rickettsia conori, which produces Mediterranean spotted fever. Tick-borne lymphadenopathy it’s an emerging disease caused by Rickettsia slovaca, transmitted by the tick bite of Dermacentor species which inhabits mammals with long hair. It manifests as a necrotic crust at the site of inoculation, usually on the scalp, fever and multiple cervical adenopathies. In our case, although the patient presented maculopapular rash and lymphadenopathies, we did not visualize the typical necrotic crust of both infections. The specific serology for R. slovaca could not be performed, but it would be a diagnosis to take into account given the clinic and the hunting history.
BACK PAIN AS A PRESENTATION OF PEPTIC ULCER

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¹ ICS, Spain

Aims: The consumption of non-steroidal anti-inflammatory medications (NSAIDs) is the 2nd most frequent cause of peptic ulcer, presenting a high risk of gastrointestinal complications, specially upper gastrointestinal bleeding and perforation. The administration of NSAIDs frequently produces lesions in the gastric or duodenal mucosa that are usually asymptomatic. 13% of patients with chronic treatment with NSAID/acetylsalicylic acid develop gastric ulcer and 11% duodenal ulcer. Description: A 43-year-old patient consults due to nocturnal back pain irradiated forward with a breathless sensation that awakens her at night of several months evolution. Physical examination was normal. Blood analysis, electrocardiogram and x-ray were normal aswell. After 4 months she reconsults due to epigastralgia that spreads to the dorsal area relating it to stress. Helicobacter pylori test and abdominal ultrasound were performed with normal results. Omeprazole was prescribed with slight improvement. A year later she suffers a syncope with spontaneous recovery and just after, melenic depositions so she’s referred to the emergency department. With the diagnosis of upper gastrointestinal bleeding, fibrogastroscopy was requested showing giant bulbar ulcer Forrest III. The patient reports that she has been taking dextropropoxyphene for chronic dorsal pain without medical control. Conclusions: In our case, we have 2 aspects to take into account. First, the patient had been taking NSAID without medical control for more than a year. Perhaps it should be considered that NSAIDs were not freely dispensed in pharmacies, needing medical prescription to buy them. And second, we should have re-examined the patient in search of medications or other symptoms that could have given us the key to the diagnosis.
A PERSISTENT ABDOMINAL PAIN IN A YOUNG WOMAN

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Aims: This case is about a common symptom caused by a pathology frequently subdiagnosed but that may generate significant morbidity. Description: A 24 year old healthy woman consulted her family physician because of generalized abdominal pain since one month ago. This pain started at the time she had her menses and was associated with flatulence. She already had been in emergency room (ER) for the same reason. The first time she was diagnosed an urinary tract infection that was treated according to the antibiogram. The second time she had an abdominal CT scan which revealed fluid in the pouch of Douglas and a gynecological ultrasound revealed a right ovarian cyst 41x35 mm. This time she was observed by a surgeon and was discharged. In the family physician consultation she also admitted she had dyspareunia and metrorrhagia. She had been having unprotected sex and her partner had been recently treated twice for dysuria with antibiotic. In the gynecological exam she presented a cervicitis with endocervical purulent discharge and a painful bimanual palpation of the uterus. Therefore it was made the diagnosis of clinical inflammatory pelvic disease and she was sent to the gynecology emergency service. She was then interned in the gynecology service where it was confirmed bilateral salpingitis and she was submitted to right salpingectomy. It was confirmed chlamydia trachomatis and neisseria gonorrhoeae infection and she and her partner had doxycycline and ceftriaxone. Conclusions: This case illustrates the importance of inflammatory pelvic disease diagnosis which treatment must be as soon as possible. A through clinical history and examination were crucial to correctly approach the persistent abdominal pain.
CEREBRAL ARTERIOVENOUS MALFORMATIONS AND HEADACHE - A CLINICAL CASE REPORT

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Aims and Background: Headache is a common disorder that has a significant impact on patients, their families and society, being among the most frequent complaints in General Practice (GP). Although the great majority of headaches is benign, they may also be secondary to serious diseases. This work is a clinical case report whose purpose is to alert the medical community for the importance of a quality follow-up in Primary Care, particularly in which respects to the management of common symptoms that can occur as a manifestation of underlying severe conditions. Methods: Written informed consent was obtained from the patient before becoming the subject of this case report. A bibliographic research has been conducted, using digital scientific search engines, such as Medscape, PubMed, UpToDate and LIVIVO. A structured review of the current international guidelines for headache management has been performed. Results: A 47-year-old patient, with known history of migraine, comes to GP consultation for an atypical bilateral migraine-like headache since the previous morning, accompanied by phonophobia and photophobia, which awoke her from her sleep, and did not respond to her usual analgesic treatment. A cerebral MRI was prescribed and showed an extended left precentral arteriovenous malformation. The patient was therefore referred to specialized medical care for further investigations and treatment. Conclusions: This case report illustrates the importance of the holistic follow-up of the patient in Primary Care and underlines essential aspects of the GP’s everyday practice, such as the recognition of warning signs in common disorders, adequate clinical reasoning, taking-into-account of rare diagnosis, continuous research of scientific information, and continuous medical education.
DEMENTIA: APPROACH AND FOLLOW-UP IN PRIMARY CARE

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Aims: The prevalence of dementia has been increasing in recent years in parallel with an ageing population. Today it is a common pathology in primary care level. The aim of this article is to review the family physician's role in diagnosing and following up on patients with dementia. Methods: Theoretical review based on researching clinical guidelines, systematic and original articles published in English and Portuguese in PubMed, Clinical Key, UpToDate, the Index of Portuguese Journals from January 2006 to September 2016 using the MeSH terms: "Dementia", "Primary Health Care", "Primary Care Nursing" and "Primary Care Physician". Results: When dementia is suspected, it is important to resort to family members and/or caregivers cooperation, to conduct a thorough medical history of the patient, focusing on behavioural and cognitive symptoms and changes in daily activities. Subsequently, an objective examination should be carried out and an array of cognitive, psycho-affective and functional assessment tests applied. Finally, an analytical and imaging evaluation should be performed. Equally important is the role of the family physician in the patients subsequent treatment/guidance and support to families and caregivers in care management. Conclusions: The family physician is in a prime position for early detection of dementia. Clinical diagnosis is essential and is not always easy at an early stage. The role of doctors and other professionals in primary health care should not be limited to the initial assessment, but should extend to following up on and guiding the sick and their respective families.
MOTIVATIONAL INTERVIEW FOR PRIMARY CARE

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Aims: Motivational interview (MI) has been regarded as an efficient way to communicate with patients struggling changing behaviors. We intend to systematize motivational interview techniques and to empower the participants to use them in their clinical practice. Description: This workshop will apply up to 20 people and will be divided in four stages: 1. Presentation of every participant. Everyone should also think and write down some behavior they would like to change. (15 min) 2. Five minute presentation about motivational interview concept as well as the motivational cycle. The participants will pair up and share between each other their own behavior changing desires. They will also determine their respective phase of motivation cycle. (10 min) 3. Systematization of the MI techniques. This will be based on the MI road map published by Schwartz in his article Motivational Interviewing (Patient-centered Counseling) to Address Childhood Obesity. Pediatric Annals. 2010; 39 (3): 154-158. This road map has eight steps and for each one there will be presented the MI techniques. After every two steps, participants will be asked to role-play with their pair as a patient and a doctor using the techniques exposed. The changing behavior will be the one the participant identified in the beginning. (60 min). 4. Delivery of flyers with the summary, bibliography and sites to get more information about MI techniques. (5 min) Conclusions: In this workshop the participants will use their own changing behavior desires as a tool to experience the MI techniques. On one hand it will be easier to empathize with patients having trouble changing behaviors. On the other hand they will practice and be subjected to these techniques, empowering them.
A COST MINIMISATION ANALYSIS OF AN ASYNCHRONOUS TELEDERMATOLOGY SERVICE IN THE CATALONIAN CENTRAL REGION

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Telemedicine was first introduced in Manresa (Barcelona) as a teledermatology pilot project in summer 2010. Due to the immediate impact of the project, teledermatology was expanded to all the county of Bages in 2011 and to the county of Berguedà in 2012. In the teledermatology service, primary care physicians take a photograph of the lesion and attach it to the electronic medical records of the patient along with a clinical explanation. The dermatologists in the hospital access the electronic medical records, review the images and propose a treatment or action plan. The primary care physicians review these instructions and make a telephone call to the patient to explain the results of the consultation. All of this can usually be done in less than 5 working days. Methods An economic analysis comparing the impact of the teledermatology with the conventional dermatology provision in the county of Bages was performed measuring the direct and indirect cost of both strategies and measuring the cost of the visits saved. A combination of one-way sensitivity analysis and the extreme scenario analysis was used to test the robustness of the results. The variable thought to have the biggest impact in the study was analysed generating the best and worst scenario. Results The estimated added costs of the teledermatology service during 2016 were €62,049EUR. For the same period, the estimated costs of the conventional dermatology services were €113,185EUR. This represented a saving of €51,136EUR a year. Removing society costs, the savings amount for €10,321EUR a year. Conclusions Using a teledermatology service instead of a face-to-face dermatology service could save €51,136EUR a year in the county of Bages. Most of the savings come from a society point of view.
INTERNATIONAL EXCHANGE IN PRIMARY CARE; UK PARTICIPANTS EXPERIENCES AND VIEWS

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Abstract aim/background The Royal College of General Practitioners (RCGP) Junior International Committee (JIC) is a vibrant and enthusiastic branch of the European young doctors organisation, the Vasco da Gamma Movement (VdGM), and represents UK GP trainees. The JIC organises international exchanges in primary care to foster mobility and engage and promote primary care as part of the Hippocrates exchange programme. The objective of this study was to explore the experiences of young doctors following international exchanges, using content analysis and explore their views of the value of exchanges. Materials/methods Sixteen UK participants completed a post-exchange report between April 2010 and April 2013 after visiting 10 other European countries. The reports included a standard set of open ended questions. The content of responses were analysed using a thematic approach. Results Participants were unanimously positive about their exchange in term of the learning opportunities, experiences and organisation. The themes that emerged included: Comparison of primary care practice; Infrastructure of host primary care; Motivation and experience of exchanges; and Learning and reflection. Qualitative analysis demonstrated participants with a greater cultural sensitivity and understanding - key translatable skills in our multicultural society. This satisfied the primary objectives of the exchange programme i.e. exchange and mobility and further participants gain knowledge and experience. Conclusions Reflective practice is a keystone within general practice teaching and training within the UK. Observation and comparison of general practice in the UK versus European countries provided insightful reflection and potential improvements and innovation within UK practice.
WHAT CAN YOU LEARN FROM EXCHANGES WITH YOUR INTERNATIONAL COLLEAGUES? ACTUALLY QUITE A LOT!

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Aim/background International exchanges are increasingly becoming a recognised mechanism to increase clinician knowledge and skills. As this recognition grows, so does the evidence base for this important educational activity. The objective of this study was to conduct a systematic review to identify who undertakes exchanges, what exchanges are undertaken and the value of these learning opportunities. Method Following PRISMA guidelines, databases (MEDLINE/Embase/PsycINFO/EBM reviews/CAB abstracts/PubMED) to March 2016 were searched to identify articles focused on exchanges undertaken in primary care/family medicine. A narrative synthesis was performed of the heterogeneous studies identified. Results Twenty-nine studies were included where exchange locations varied across the world. Participants including medical students, nurses, General Practitioners (GP), GP trainees and visiting scholars/professors with exchange durations of 3 days to 2 years. Analysis of the studies identified that the exchange experiences centred around four key areas: learning opportunities and new knowledge; comparative observation; knowledge gained and translational learning. Conclusion Exchange participants highlighted benefits both personally and professionally, equipping them with translatable skills to improve the care provided to their patients. International primary care exchanges provide a rich source of cross-country learning and allow exposure to global healthcare practice, finding similarities, common challenges and possible solutions.
PATIENTS WITH RARE DISEASES NEED EQUITY AND EFFICIENT MEDICAL APPROACH

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Aim and Background The interest for rare diseases is growing in most European countries, not only in the Governements, but also in the concerned population. Until recently they were unappreciated and feared in general practice. However, their place appears essential, because they are as frequent as diabetes or COPD. The importance of primary care for this category of patients is correspondingly evident. Material and Methods The workshop proposes the following items: - to find the reasons why GP's are concerned by rare diseases - to identify the obstacles to the looking after of the rare diseases by the GP - to propose models of solutions for the identified problems with the approach of rare diseases in general practice - to develop the competencies of GP's for rare diseases - to commit GP's to equity for patients with rare diseases and their families 2 kinds of working groups will be constituted about 2 major axes in relation ship with - the interest, the difficulties and their remedy concerning rare diseases in general practice - the development of Quality, Efficiency and Equity while occupying with rare diseases Results The results of the elaborations will be discussed interactively in plenary session. The workshop will end with a short intervention of the author, based on the experience from other international workshops, and confronted to the results of the working groups of the workshop Conclusions More and more Medical Faculties signal the importance of the role of GP's in rare diseases. The aim of this workshop is to sensitize the GP's for rare diseases, to develop quality and efficiency of care-taking and to promote equity for these patients and their families
SUFFERING FROM WORK

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Aim and Background The professional requirements and the resulting interhuman tensions submit our patients to disastrous restrictions of their health. We will try to elaborate a structured conceptual approach, in order to improve the identification and the care-taking of the concerned patients. Material and Methods The workshop will consist of different working groups. The treated topics will be: - the suffering at work by plaging or mobbing - the professional exhaustion by work overload - the burn-out of health professionals - the institutional and organisational violences as causes of professional suffering A short theoretical overview will illustrate the matter each group will have to try to develop. Results The results obtained by each group will be discussed on plenary session. After, we will try to put them together in order to establish a global concept permitting a structural approach to help the patients. The workshop will finish by the algorithm prepared by the author which will be compared with the model constituted during the workshop. Conclusions The presentations of the different situations of suffering caused by work are multiple and complex. The patients victim of multiple or repeated pressure suffer for a long time in silence before outing themselves. So it imports to dispose of a structured and coherent model to identify them better and to relieve them.
THE OVER-MEDICALIZATION AWARENESS BY ITALIAN DOCTORS

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Background Over-medicalization, overdiagnosis and overtreatment are widespread issues threatening patients’ wellbeing, not to mention the increasing public health costs. Quaternary Prevention is defined as “an action taken to indentify a patient or a population at risk of overmedicalization, to protect them from invasive medical interventions and provide them care procedures which are ethically accepted”. Aim To assess 1) Italian doctors’ knowledge of the terms over-medicalization, overdiagnosis, over-treatment and quaternary prevention. 2) their perception of overmedicalization in the main diseases scientific literature has brought to evidence. 3) their perception of overmedicalization related to their own professional activity. Methods A survey has been carried out in Italy, reporting data from 625 questionnaires of 21 items in 4 sections distributed during CME courses. Doctors of different disciplines have been asked to fill in the form without consulting any literature source nor electronic device. Results The terms overmedicalization and overdiagnosis are known by 75% of the respondents. Quaternary Prevention is known by 30% of them. 38% is aware that overmedicalization concerns all the fields of medicine. Only 27% of the physicians is informed that there is scientific evidence of overdiagnosis regarding breast and thyroid cancer. 36% has never suspected overmedicalization during their daily practice. 67% of family doctors experienced over-medicalization against 52% of the specialists. Conclusions Overall, there is low awareness concerning overmedicalization and quaternary prevention, with significant differences between family doctors, which show a higher knowledge of the problem, and specialists.
**HOW TO WRITE AND HOW TO PUBLISH: A PRACTICAL WORKSHOP (HOW TO WRITE STREAM A)**

**Felicity Goodyear-Smith¹, Karen Flegg², Mehmet Akman³**

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² WONCA, Australia  
³ Department of Family Medicine, Marmara University, Turkey

Aim and Background This workshop stream aims to teach scientific writing skills. Being able to publish your work is critical for researchers, but many lack these skills. Knowing how to prepare a logical, structured scientific publication enables your research to be disseminated. These skills also assist with writing research proposals, ethics applications and reports. Description This workshop stream, run on behalf of the WONCA Working Party on Research, will teach generic skills on how to write. There will be a short presentation followed by an interactive session. There will be a simultaneous workshop in an adjoining room on how to publish your research, and participants can choose which to attend according to your need and experience. 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. During the interactive session participants from both streams will work together in small groups identifying errors in a provided work and will have the later opportunity to practice rewriting this. The workshop will conclude with whole group report-back and discussion. Conclusions Participants in Stream A will get basic information and practical experience on scientific writing. 1.5 hour workshop. Needs to be simultaneous with Stream B How to publish and in an adjoining room. Parallel sessions eg Friday or Saturday, 10.20 to 11.50
HOW TO WRITE AND HOW TO PUBLISH – A PRACTICAL WORKSHOP. STREAM B
HOW TO PUBLISH

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Aim and Background This workshop stream aims to offer assist to primary care researchers in how to publish in peer reviewed journals. Being able to publish your work is critical for researchers, but many lack these skills. Knowing how to prepare a logical, structured scientific publication enables your research to be disseminated. Knowing which journal to target and how to prepare your manuscript for publication will assist you in achieving your goal. Description This workshop stream, run on behalf of the WONCA Working Party on Research, will teach you how to choose your journal and give you tips on how to prepare your manuscript for publication. This workshop will take place simultaneously with a workshop in an adjoining room on how to write (Stream A). Participants can chose whether they attend the talk on how to write or how to publish (depending on need and experience). Stream B will be a presentation on how to publish with discussion, followed by an interactive session where they join Stream A. During this interactive session participants work together in small groups identifying errors in a provided work and will have the later opportunity to practice rewriting this. Participants from Stream B, who have more writing experience, may serve as facilitators for the small groups. The workshop will conclude with whole group report-back and discussion. Results and Conclusions Participants will get information and practical experience on scientific writing and how to publish. Presentation of Abstract: Needs to be simultaneous with Stream A How to write and in an adjoining room. Parallel sessions eg Friday or Saturday, 10.20 to 11.50
WEGENER'S DISEASE WITH FLORID SYMPTOMS

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AIMS Learn more about the disease and its symptoms and make quick diagnosis differences with more detailed explorations. KEYWORDS: hemoptysis; hematemesis; Wegener’s disease DESCRIPTION - 36-year-old woman, without allergies, treated with seronegative oligoarthritis. Herpes zoster on the left side 6 months ago. He goes for a bloody vomit and cough with discrete hemoptysis accompanied by pain in the right hypochondrium and left side. - Physical exploration On examination, hyperventilation in the left base, abdomen with right hypochondrium defense, and general state involvement. Analytical smear with toxic granulation in neutrophils, 4% of stryps and some activated lymphocytes. Rx thorax with elevation of left hemidiaphragm. Abdominal ultrasound with splenomegaly and discrete left pleural effusion - Evolution The patient required multiple transfusion requirements, intravenous corticosteroid treatment, plasmapheresis, cyclophosphamide, rituximab as well as other less invasive treatments. The active participation of neurology, rheumatology, hematology, neurology, ICU and digestive was necessary for patient management. It has been made abdominal torso with infiltrates multiple pulmonary cavities and upper digestive endoscopy with vasculitic involvement of covers, body and bulb. He was admitted to internal medicine and, faced with hemodynamic instability, he required ICU management. After two months of admission, the patient evolved favorably and was scheduled for review in outpatient clinics. CONCLUSIONS The importance of detailed exploration can guide a diagnosis that initially seemed different. The performance of complementary tests should be oriented to a diagnostic orientation, the anamnesis being always a priority.
A VIEW BEYOND URINARY INFECTION-CLINICAL CASE REPORT.

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Aims - Can a Urinary Tract Infection occur with polyarthralgia? Description-FEC, male, 59 years, personal history of Hypertension, Diabetes II, Dyslipidemia, Gout, Acute Coronary Syndrome, Prostate Adenocarcinoma (Gleason 7) in 2016- treatment with radiotherapy (RT) and hormone therapy last session on 13/03/2017. On April 13, 2017, he used the consultation of the day with complaints of dysuria, polyuria and macroscopic hematuria with 1 week of evolution. Last RT session held 1 month ago. He did a combur test that revealed hematuria and proteinuria. It was indicated for water reinforcement and introduction of flavoxate 200mg twice daily. PSA, urine type II and uroculture were determined. On April 18 he returns to the doctor’s office for aggravation of complaints of macroscopic dysuria and hematuria and joint pain in the right shoulder. It brought urine output II-erythrocytia of 559 and leukocyturia of 734. It was prescribed medication for urinary tract infection (UTI) with ciprofloxacin 500mg, 12 / 12h and started colchicine 1mg. On April 26 he returned to the emergency department for immobility, edema and joint pain of the wrists, shoulders and knees bilaterally. Onset of conjunctivitis with effusion. Due to the recurrence of the complaints, it is decided to stay for investigation. At this time, the user no longer presents uro-genital complaints. Internment in Internal Medicine at the reference hospital from April 26 to May 10, 2017, to investigate the clinical picture of inflammatory joint pain at the shoulders, wrists and metacarpophalangeal joints at the 1st and 2nd fingers and knees. Conclusions- This case allowed us to have a more comprehensive view of UTI because it could be the first sign for joint pathology, in this case reactive arthritis.
HEADACHE IN PEDIATRIC AGE- PROTOCOL OF ACTION

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Aims- Standardization of the mode of action in pediatric headaches between pediatricians and general practitioners is an added value for the correct approach to it. Methods The general objective of this protocol is to standardize the way of acting before pediatric headache - differential diagnosis, complementary diagnostic tests, therapy and alarm signals. Thus, the classification in relation to the temporal evolution, parameters to be evaluated in the anamnesis and physical examination is approached. Emphasis is given to alarm signals and the need for complementary diagnostic means. In order to systematize the pharmacological and non-pharmacological approach Conclusions- Headache is a frequent symptom in the pediatric age, with a varied etiology. It is found in most situations associated with naso-sinusal, psychic or febrile syndromes, but it may also be the first sign of serious situations that occur with intracranial hypertension or mass effect. Headache is the main neurological reason for consultation in pediatrics. It is a symptom that causes great anxiety to the child and parents, and therefore a frequent reason for recurrence to the Emergency Department (SU) - about 1% of the trips to the ED. There are no signs and symptoms that allow, through a flow chart, to rigorously divide these complaints. However, there are changes that define signs of alarm and signs of benignity and it is with this sum that we must ponder the attitude to take.
PARKINSON'S DISEASE AT AN EARLY AGE- CASE REPORT

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Aims: Can parkinson's disease arise at an early age? Description: M.F.R.B, 35 years old, female. Personal history of epilepsy since the age of 15, chronic sinusitis. No smoking or alcoholic habits, no chronic medication. She recruited the General and Family Medicine (FGM) consultation on December 19, 2015, due to an insidious onset and progressive worsening of the muscle loss of the lower limbs and tremor of the upper limbs for about 5 years. The objective examination was without tremor or rigidity of the upper limbs and muscular strength maintained in the lower limbs. No change in neurological examination. An electromyogram was not performed. He recurs, again the consultation of MGF, on June 11, 2015, due to aggravation of said complaints, presenting gait ataxia. At brief neurological examination there were no alterations. She was treated with Levodopa + Carbidopa 100/25 and requested a Lumbar Spine X-ray, Electromyogram of the Lower Limbs (EMG MI) and T-Cranio-Encephalic ). On 14 August 2015, the results of the exams: Rx Lumbar Spine (06.25.2016): "posterior rachischisis"; EMG MI (06/25/2016): "primary movement disease"; TCE (07/15/2015): "sinusopathy." Due to these changes, patient was referred to the Neurology consultation. On November 19, 2015, he attended the Neurology consultation, having been asked for an analysis, sleep polygraphy and started therapy with Ropinirol. Conclusion: The diagnosis of Parkinson Disease (PD) is based on symptoms, medical history and results of complementary diagnostic tests. It is essential to raise a family awareness in order to perform condition's diagnosis early.
ORAL HEMORRHAGIC INJURIES IN A YOUNG PATIENT DURING BREASTFEEDING

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AIMS Detect hematologic diseases with a detailed exploration an a quick diagnostic. KEYWORDS: breastfeeding; petechiae; oral mucosa DESCRIPTION - The case of a patient 26 years old is described with vaginal delivery 19 months ago as a child healthy, in current lactation situation maternal No medical history or surgical No treatment - Refers sudden onset since a few hours of crusty injuries and bloody lips and since 2-3 days inflammation in jugal mucosa and hemorrhagic subfusions. No other active bleeding No fever or symptoms of previous infections. - The exploration highlights hemorrhagic subfusions with clots in Yucal mucosa and lips. Petechiae on face and extremities, ecchymosis of 2 cm in my right. Analytical with platelets of 1000 / microl., normal LDH. - Interconsultation is performed with Hematology, administering dexamethasone Intravenous 40mg and subsequent admission to the unit for evolutionary control and Intravenous corticosteroid treatment due to suspicion of ITP. During entry platelet figures of 9000 / microl. were reached, improving lesions of bleeding, was discharged with control of platelet numbers in consultations external, maintaining good evolution. Diagnosis: PURPLE THROMBOCTEITENICA IDIOPATHIC - severe thrombocytopenia with cutaneous bleeding Submucosal vs suspected ITP (purple idiopathic thrombo) CONCLUSION - The importance of detailed exploration can guide a I diagnose that at first it seemed different. - The completion of complementary tests should be aimed at a diagnostic orientation, the anamnesis being always a priority.
SEXUAL TRANSMISSION INFECTIONS

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AIMS 1. Update the syndromic practical approach of sexually transmitted infections (STI) in Primary Care (PC), for specialists in Family and Community Medicine (MFyC). 2. Know how to perform the differential diagnosis of different syndromes such as urethritis and genital ulcer in PC. 3. Know the most appropriate diagnostic methods for each situation. KEYWORDS: Sexual; infections; adenopathies. DESCRIPTION Male, 35 years old, correctly vaccinated with hepatitis A and B (HAV and HBV), without allergies to medications or medical-surgical history, who goes to the emergency department of AP referring to painful urethral pain when urinating, with purulent exudate, from 24 hours ago. It does not associate fever or other symptomatology. He maintained homosexual relations without a condom (both oral and anal insertive sex) 5 days before. Physical exploration: Non-painful bilateral inguinal adenopathies less than 1 cm are palpated. Differential diagnosis: The suspected diagnosis is urethritis, probably bacterial (due to purulent exudate and epidemiology, caused by Neisseria gonorrhoeae [NG], Chlamydia trachomatis [CT], Mycoplasma [MG], Ureaplasma [UU] or combination, among other etiologies). Much less likely is the viral, fungal or irritative etiology. Treatment and action: After taking samples, and in the same consultation, empirical treatment is administered (without waiting for the results) with ceftriaxone 500 mg intramuscularly (IM) and azithromycin 1 g orally (vo). Sexual abstinence is recommended for 14 days and the use of condoms in sexual intercourse is advised later. CONCLUSION: from AP the diagnostic and therapeutic management can be performed, and the follow-up of uncomplicated STIs can be performed.
INFECTIONS OF THE URINARY TRACT

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AIMS To present the latest updates in antibiotic therapy, applied to the most frequent urinary tract infections; emphasizing the antibiotic resistances arising both in Primary Care (PC) and in the hospital environment KEYWORDS: urinary infections; disuria. DESCRIPTION A 48-year-old woman with no known allergies, with the following personal history: diabetes mellitus (DM) type 2. He has dysuria, frequency, urgency and suprapubic pain. Afebrile Last infection 2 months ago, treated with fosfomycin 3 g single dose. Physical exploration: no findings of relevance Diagnosis The diagnosis of the patient is recurrent UTI, requires urine culture and treatment. As DM risk factors complication. Antibiogram: - Positive urine culture: growth of > 100,000 CFU / mL. - Escherichia coli carrier of extended-spectrum beta-lactamases (ESBL). - Amoxicillin-clavulanic acid: Gentamicin; Tobramycin; Trimetoprim / sulfamethoxazole; Fosfomycin: Nitrofurantoin: sensitive Treatment The patient receives effective treatment with effective trimetoprim / sulfamethoxazole in strains of ESBL carrier E. coli. Evolution After 5 years, go back to the consultation. She says she has had urine infections again, she has been treated in the emergency room. It is derived to urology. A urological ultrasound was performed without significant findings. Antibiogram: - Positive urine culture: growth of > 100,000 CFU / mL. - E. coli sensible to all Given the persistence of recurrent UTI, the patient is under control every 4 months in urology. CONCLUSION Multiple guidelines try to facilitate the management of community infections, however there are no unified criteria for common action for PC and hospital, so that the criteria for the selection of antimicrobials are the same regardless of the care setting.
WORKSHOP WRITING FOR PUBLICATION - MEET THE EDITOR FOR TIPS AND TRICKS!

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AIMS In this workshop, we discuss various topics relevant for preparing and revising manuscripts to be published in peer-reviewed medical journals. DESCRIPTION Peer-reviewed medical journals are essential media for the publication of articles relevant to Primary Health Care/General Practice/Family Medicine. They are the means to disseminate original research results and discuss available evidence. However, many colleagues find writing and submitting a scientific paper a challenge. TARGET GROUP: Our intended audience is interested in research or medical writing, may have some experience and wants to improve their writing and submission skills. More experienced authors are welcome to share their experience. METHODS & TOPICS: During this highly interactive session, we focus on the preparation and submission of research papers. We present the basic presentation and language of research articles, and we discuss common errors and how to prevent them. Other topics: the peer review process; an adequate Abstract; informative Titles; a convincing Cover Letter; choosing the right journal; open access journals; authorship and potential conflicts of interest; or any other question you may have! CONCLUSIONS After the workshop, participants have expanded their knowledge and have received practical advice on how to prepare a manuscript for publication in a peer-reviewed medical journal. Jelle Stoffers is the Editor-in-Chief of the European Journal of General Practice, the official scientific journal of Wonca Europe. This workshop was developed with Hans Thulesius, Swedish national editor of the Scandinavian Journal of Primary Health Care, using input from Helena Liira (Finland), and André Knotterus (the Netherlands). Also, have a look at www.egpm.org/page/courses.
IS THE E-HEALTH A POSSIBLE SOLUTION FOR THE QUALITY, EFFICIENCY AND EQUITY ISSUES IN THE FIELD OF GENERAL PRACTICE? (A PART OF A STUDY)

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Aims. To outline current status and future trends in development and use of E-health for medical students, doctors and patients and to assess the use of ICT in medicine for achieving better quality, efficiency and equity in General Practice/Methods. An anonymous questionnaire in Bulgarian and English, 101 single or multiple choice questions, spread among medical students and doctors, especially GPs in 6 countries and an EGPRN group. SPSS 16 was used for statistical processing of the data. Results. 885 questionnaires were fully filled and fit for statistical evaluation. Distribution by countries: Bulgaria-501, USA-97, Austria-79, Greece-49, Italy-49, Hungary -60, EGPRN-50. Results from questions, devoted to doctor patient communication and relationship (q78,83,84,87,88) esp q.79 for BG and 89% as compared to 100% for USA, q84 appr.87,36% for BG and other EU countries significantly differs from USA 100%; patient-oriented materials (q79-82) esp. q81 for BG 70% and 100% for USA; e-health services (q86) BG 91,58%, USA 100%; internet use (q27-41) on working place esp. q 30 BG with 54% has lower results; difficulties when using ICT for health purposes (q57) BG 41% minimal, 38% mild, 10% severe and not using compared to all other groups with higher results. Conclusions. Significant differences between the countries, between students and doctors in majority of the questions were found. E-health could be a possible solution for quality, efficiency and equity, but it depends not only on technology, but on national politics devoted to e-health, available services on doctor's knowledge, skills and understanding to work in information environment, on countries network coverage, on patient's age, education and skills to use computers and internet etc.
MEDICINE ADAPTED TO A CULTURAL CONTEXT: HUMANITARIAN MISSION IN SÃO TOMÉ AND PRÍNCIPE

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Aim: The participation in a Humanitarian Mission with a Non-Governmental Organization (NGO) in São Tomé and Príncipe was one of the forms found by this internal of General Practice/Family Medicine for her personal and professional development. She tried to apply the core competencies of this discipline in a population with different socio-cultural level and low health resources. This work intends to reflect this experience, which took place in October 2017. Description: This NGO has been operating on the island of Principe since 2011, carrying out missions of 9 days, 4 times a year. The main objective is to perform Family Planning, Obstetrics, General Pediatrics and Adult Health consultations. It also introduced cervical cancer screening and colposcopy, performed by mission physicians. Consultations were carried out in hospital and in community settings, adapting the knowledge and clinical skills to the available conditions. During these days, it was possible to carry out all these activities through great coordination and dedication. Conclusion: The Family Doctor has an essential role in these missions for the comprehensive training and knowledge in all these areas of practice. He is a specialist dedicated to the provision of comprehensive and continued health care, regardless of age, gender or disease, taking into account the family and adapting the action to the community and culture of the populations. Overall, this mission was a challenge. The adaptation to working conditions, the communication techniques, the work with different team of doctors... contributed to the enrichment of the medical, social and cultural experience of this internal, always looking for the most humanitarian side of Medicine.
CLOSTRIDIUM DIFFICILE COLITIS: ANTIBIOTICS VERSUS PROBIOTICS

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Clostridium difficile enterocolitis (CE) is the most common cause of nosocomial infectious diarrhoea. Antibiotic therapy and age over 65 years are the most important risk factors in development of CE. We compared the incidence of CE at the Department of long term ill in the years 2008 and 2014 by testing the stool specimens for Clostridium difficile (CD) antigen and toxin in every patient with diarrhoea. From 275 hospitalised patients in year 2008 in 28 (10.2%) was CD toxin positive. From 258 patients hospitalised in 2014 in 22 (8.5%) was CD toxin positive. The most frequent used ATB (ciprofloxacin, amoxicillin-clavulanic acid, colistin) were the same in patients with CE and patients without diarrhoea and they did not change over the years. The use of ciprofloxacin as the most used ATB in 2014 among patients without diarrhoea was even higher than in 2008. 45.3% patients without diarrhoea in 2008 used no ATB during the hospitalization on our and previous department, in 2014 only 27.4%. The use of ATB was higher in 2014 than in 2008 and yet the number of CE decreased slightly. 17.17% from all patients who used ATB in 2008 and 10.8% in 2014 developed CE. Only 48% patients with diarrhoea used probiotics during hospitalization on previous departments, but up to 95% on ours. CE developed most often after ATB therapy indicated on previous department (78% in 2008, 59% in 2014). Our findings show the need for further research: 1.on the individual susceptibility to CE, 2.antibiotic use policy - avoiding the use of ATB for unconfirmed etiologies, 3.efficiency of probiotics or faecal microbiota transplant in order to restore the gut flora. Further studies are needed to explore the burden in discharged patients, outpatients, and those in long-term care facilities.
PALLIATIVE CARE CONSULTATION IN PRIMARY CARE - GIVING LIFE TO DAYS

João Rodrigues Ribeiro

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Introduction: Palliative Care (PC) can be defined as care provided to patients in order to improve their quality of life and ensure physical, emotional and spiritual well-being. It should be extended to the entire family even after the moment of death. According to a study based on deaths number, 69-82% of Portuguese patients require PC, but resources are far below the needs. In Portugal didn’t exist a PC Consultation in Primary Care, an approach that could improve quality of life in our patients with palliative needs. Aims: To present the creation and implementation impact of a PC Consultation in a rural Primary Care Unit (PCU) Description: During the year of 2016, a referral protocol was created in a rural PCU with 12200 users, located at 50 km from Hospital Care. In this protocol, patients are referent by their physician or by patient/family request. Then, in the first evaluation, the PC specialized physician working in the same PCU decide how to better help the family: Palliative Medicine, Caregiver Support, Grief Consultation (relatives support after patient death), Total Pain (physical, psychic or spiritual approach) or Domiciliary Palliative Care. Conclusion: Quality of life improvement, evaluated by scales used for this purpose, was notorious, as well as the reduction of emergency services use for symptomatic control due to decompensation of underlying diseases. The Caregiver Support Consultation allowed greater motivation by caregivers and, consequently, an improvement in patient’s care. In Grief Consultation, relatives showed a feeling of comfort for being followed up by the doctor who took care of their deceased loved one. There are a lot to improve with this consultation creation. We also hope to reinforce the team soon with a psychologist for Grief Consultation.
SEXUALITY AND PALLIATIVE CARE - REKINDLING A RELATIONSHIP

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Introduction: Palliative Medicine is often mistakenly associated with terminally ill patients. Congestive hearth failure, chronic obstructive pulmonary disease, dementia and other diseases with complex symptoms control can be criteria to act as a Palliative Medicine. As a consequence of this wrong conception, health professionals many times forget to access this patients concerns about other subjects that can be important for their quality of life, like sex and sexuality, and the impact that this changes can have either in patients life as in his/her partner. In Primary Care, physician and patient should be confidant and all of this questions should be discussed. We propose to share a revision of how to help patients with palliative needs to better live their sexuality. Aims: To present some pharmacological and non-pharmacological measures to help patients with palliative needs living their sexuality Description: Revision of literature and discuss with experts in sexuality and palliative care Conclusions: There are few studies explaining how to help palliative care patients with their sex life. All of them refer to the underlying disease, but none put them all together in one article. We found that, in general, even health professionals report discomfort talking to patients about sexuality, which makes resolution very difficult. In literature, we find only how to help in particular situations, not refering to the patient as a whole. It's very important that health professionals acquire communication skills to be able to talk their patients about this problem, as well as scientific knowledge that can help them to act in these situations. We hope this work will share a little about measures that should be known by professionals in order to better help their patients
MENINGEAL TUMOR - A CASE REPORT

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Aim(s) & background: Family physicians have an early impact on the course of a disease by recognizing incipient symptomatology. We aim at describing a relevant case report in primary health care. Material & methods: case report study, based on patient interview and computerized clinical process. Results: 79-year-old woman from a nuclear family, stage VIII of Duvall’s Cycle. On August 23rd, at the Family Health Unit (FHU), on a diabetes control, her husband tell us that she is slightly forgotten, confused and lethargic on the last few days. Once the patient is under insulin therapy and considering the case of hipoglicemias, we decided to make some therapeutic adjustments, not forgetting this could be the beginning of dementia. On September 26th, her husband brings her again to the FHU. Two days before, she had an episode of sudden loss of muscle strength on her right leg, together with dizziness and loss of consciousness, with consequent memory loss for that episode. She remained with walking difficulties and dizziness. At our observation she kept the loss of muscle strength on the right leg, together with the feeling of numbness on both legs. The requested brain CT-scan revealed an extra-axial mass located on the right parasagittal parietal region, causing compression on the brain. The patient was immediately referred to the local hospital, with consequent hospitalization for surgical removal of a meningeal tumor. Conclusion: Meningeal tumor is a slow growing tumor with low potential to spread. Symptoms like seizures, dementia or weakness occur as a result of compression on nearby tissues. This case highlights the easy access to the FHU enabling regular follow-up of this type of acute situations with consequent early referral to hospital services for better outcome.
DIABETIC FOOT CARE AT THE FAMILY HEALTH UNIT

João Dias¹, Ana Filipa Sousa¹, Silvana Amorim¹, Adriana Sarmento¹, Patricia Cardoso¹, Daniela Mateus¹, Marisa Bizarro¹, Maria José Barradas¹

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Aim(s) & background: Diabetic foot is responsible for 70% of all non-traumatic amputations. Regular screening allows for early identification and treatment of suspicious lesions. The level 1 care of diabetic foot, at the Family Health Unit (FHU), is crucial. We aim to characterize the referral to the level 1 and level 2 care. Material & methods: Transversal observational study. Population: diabetic patients followed by diabetic foot care at FHU X. Sample: patients referenced to FHU X diabetic foot care from FHU X or Y; referrals to hospital care. From 01.01.2016 to 31.05.2017. Data source: VitaCare. Variables: age, gender, FHU of origin, reason for referral, waiting time for appointment, risk of ulceration, follow-up and number of amputations. Statistical analysis: Microsoft Excel. Results: 25 patients referred to the FHU X’s diabetic foot care; 56% female; mean age 78 years; 12% from FHU X and 88% from FHU Y. Main reason for referral was onychomycosis (36%). Average waiting time for observation was 17 days. 68% had low risk of ulceration and 24% had high risk. 76% kept follow-up in diabetic foot care, with scheduling according to ulceration risk, and 24% were discharged to their FHU. On 2016, 5 patients were referred to level 2 care, resulting in 2 minor amputations and 1 revascularization. On 2017, 3 patients, 1 revascularization and 1 major amputation. Conclusions: Mean age reflects the high prevalence of elderly, and a biopsychosocial approach is fundamental. Waiting time for observation seems adequate, since the consultation is biweekly. In 24% of cases, referral would not be necessary, so this is a parameter to improve. In 2017, only 1 major amputation has occurred, which may show that level 1 care contributes to the reduction of this complication.
A NON-INFERIOR STUDY COMPARING STANDARD WET WRAP GARMENT VERSUS A CUSTOMISED NANOTEXTILE GARMENT ON MODERATE AND SEVERE ATOPIC DERMATITIS

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Introduction: Atopic dermatitis (AD) is a common chronic skin disorder. The cornerstone of the management of AD is to maintain a good skin barrier function which includes good hydration. Wet wrap therapy (WWT), using a double layer of wrapping (moist inner layer and dry outer layer), is a widely used adjunctive modality to achieve this goal. The conventional wet wrap material is viscose, which presents drawbacks including discomfort, high cost and poor washing durability. Aim: In this research, we explore the possibility of using customized nanotextile (nanopolyester) in WWT, hoping to prove that this material is non-inferior to viscose in clinical effectiveness and patient acceptance. Methods: 50 patients aged between 0-18 years with moderate to severe AD were recruited and randomized to receive either the viscose (Tubifast) (N=25) or Nanotextile (N=25) for WWT. Patients’ disease severity score (IGA, SCORAD) and quality of life score (IDQOL/CDLQI) were measured on day 0, 7 and 14 of treatment. SCOARD measurement was performed by 2 blinded assessors using photos of patients. Patient survey was conducted to collect patients’ subjective feedback about garment use. Results: Patients in both groups showed significant improvement in disease severity and quality of life from baseline (time effect p<0.001), and such improvement was similar in two groups. However, Nanotextile garment was felt significantly more comfortable (2.73/10 vs 5.12/10, p=0.001), easier to wear (2.78/10 vs 5.24/10, p=0.003) and cooler (2.43/10 vs 3.96/10, p=0.033) from patients’ feedback. Conclusions: This study proves that nanomaterial is as effective as conventional viscose in WWT, while superior in patient acceptance. Nanotextile therefore shows good potential in AD management and enables better patient care.
CORRELATION BETWEEN OBESITY (O), NEPHROLITHIASIS (NL), ARTERIAL HYPERTENSION (AH): A MYTH TO DISPEL.

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Aim. Demonstration of: a) Correlation between O, AH, NL; b) Correlation between NL and high salt intake, fructose drinks, water intake. Methods. This study has recruited a sample of 1086 adolescents (age: 15.6±24.6) of both sexes (M:478, F:598). All the patients have been examined as follows: BP, HR, BMI, WC, urinalysis (fresh sample), kidney ultrasound. The sample has been split in case (NL) (157: M 43.9%, average age: 17.75±0.88) control (354: M 45.8%, average age: 17.77±0.84), administering a survey: sport; daily water intake; high sodium, oxalates, urates, fructose foods. Results: BMI: 22.8% >25 (Overweight/Obesity); WC: 10.2%, compatible with abdominal obesity; BP: 11.0%>140/90 [M: 3.98 (p< 0.0001; age: 1.028 (p=0.75); O: 1.859 (p< 0.05)], showing correlation with Obesity. Urinalysis: 11.4% albuminuria; 24.3% hematuria. Multivariate analysis is has not shown correlation between NL, AH, O, tap or mineral water, sport, food (high-sodium, fructose, oxalates, urates). Correlation between NL and daily water intake<1 lt. Correlation between Obesity (7.4%) (case-control) and sugary snacks (OR: 1.19; IC:028-4.99), but not with sugary and carbonated drinks (OR: 3.16; IC: 055-18.27). Conclusions. In adolescents NL is related to pathological alterations but not to glucose, lipid and protein metabolism. On the contrary, metabolism disorders are the main determinant of NL in adult population with increased cardiovascular risk. Primary prevention is therefore important: in Primary Care the adolescents should be encouraged to avoid the risk factors for the development of these diseases with a healthy lifestyle.
COMBINED HORMONAL CONTRACEPTION AND OBESITY - QUALITY STUDY AT A FAMILY HEALTH UNIT

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INTRODUCTION The team of this Family Health Unit (FHU) realized that women with severe obesity (BMI>=35k/m2) and morbid obesity (BMI>=40k/m2) were medicated with combined hormonal contraception (CHC) despite being a grade 3 and 4 contraindication, according to national contraception agreements, because of the increased risk of venous thromboembolism. AIMS To evaluate the contraceptive prescription with severe and morbid obesity. Present the results, correct the deviations and check the evolution. METHODS Dimension: Technical-scientific quality. Cross-section study. Unit of study: Women supervised in the Family Planning Program (FP) in a FHU with BMI>=35kg/m2, age between [18-49] years and using CHC. 1st Evaluation: 01/2013-05/2016; Informative and educational intervention: 06/2016. 2nd Assessment: 01/2014-10/2017. Exclusion Criteria: menopause, last FP consultation for >3 years. Standard: improvement by at least 10%. Software: MIM@UF, SClinico, Microsoft Office Excel. RESULTS 1st Evaluation: included 42 women and 48% used CHC. 38.1% and 9.5% belonged to grade 3 and 4, respectively. 2nd Assessment after intervention: 54 women included, 37% used CHC. 33.3% and 3.7% in grade 3 and 4, respectively. It was observed a reduction of percentage of CHC’s prescription in severe and morbid obese women of 11%. CONCLUSIONS It has been observed a progress of 11% in the prescription of CHC in obese women. However, the team is motivated to improvement more and more. The intervention will be reinforced and the identified women will be contacted to implement changes in prescription. The family physician plays a key role in their follow-up by helping to select safe and effective contraception, especially in those with associated comorbidities. Limitations: quality of records.
RESEARCH ON POPULATION OF OVER 8000 DIABETIC PATIENTS IN GENERAL PRACTICE IN BULGARIA: IS PREVENTION OF CHRONIC COMPLICATIONS EFFICIENT ENOUGH? PRELIMINARY RESULTS OF ONGOING PHD STUDY

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Background: Diabetes is huge health and social problem worldwide. Its chronic complications lead to impaired quality of life, disability, hospitalization and consume huge financial resources. Preventing and early diagnosis of diabetic complications are in the hands of general practitioners as first line care for diabetic patients. Aim: To find a screening instrument, suitable for primary setting for early detection of diabetic neuropathy (DNP) and prevention of its progression to diabetic foot. Method: After careful study and selection we decided to use Michigan Neuropathy Screening Instrument (MNSI). It is diagnostic tool for DNP, sensitive and specific enough, easy to use and does not require special education. It has two parts - anamnesis and clinical check of feet and is able to detect patients without any complains. Additionally, it has predictive potential for further progression of DNP to diabetic foot. Diabetic patients were offered a screening by their GP and were not selected by any criteria. Results: 485 GPs, endocrinologists and neurologists and 8638 diabetic patients participated. Two parts of MNSI were performed. As preliminary results we found high prevalence of DNP: over 60% from anamnesis and over 80% from clinical check. Conclusion: As diabetic patients were not preliminary selected, high prevalence of DNP could result from late diagnosis of diabetes itself - when complications are already present. Secondary prevention of progression to diabetic foot can be achieved if anamnesis and clinical check are combined, as the DNP is more frequent when patients are checked instead of only asked in anamnesis.
ENHANCING QUALITY OF LIFE THROUGH SMOKING CESSION: BULGARIAN GENERAL PRACTICE PILOT STUDY (PART OF A SMOKE FREE BRAIN STUDY)

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Background. Smoking is the largest avoidable cause of preventable morbidity worldwide. Smoking cessation and prevention has a substantial quality of life, social and economic impact on the population of smokers and on health systems especially in countries with a high prevalence as Bulgaria. Aims. To evaluate different methods for smoking cessation in General practice setting for enhancing quality of life. Methods. A protocol especially designed for the study was used. Set of questionnaires was selected and used by General practitioners (Fagerström Test for Nicotine Dependence, Motivation questionnaire, The contemplation ladder: Minnesota Nicotine Withdrawal Scale, Epworth sleepiness Scale, Pittsburgh Sleep Quality Index, Beck Depression Inventory, State-Trait Anxiety Inventory, General Health Test, Rosenberg Self-Esteem Scale, EQ-5D). Clinical tests (spirometry and exhaled CO) were also performed. Results. Totally 60 patients accordingly to inclusion and exclusion criteria were enrolled in 3 groups (20 young unemployed, 20 asthma and 20 COPD patients) were followed accordingly to the protocol. All subjects completed the questionnaires, the required general practice visits and no subjects withdrew from the study. Significant differences between and within the subjects groups as well as their interactions were determined. A different mixed model ANOVA was calculated for each psychometric assessment including the quality of life. Regression analysis was used to determine the effect of motivation. Conclusions. Variety of psychometric and clinical tests aiming at smoking cessation could be used by general practitioners, especially in high risk target groups in Bulgaria. The presented results could contribute also to enhance quality of life.
ENT PROBLEMS IN PRIMARY CARE - AN E-LEARNING PROGRAM IN PORTUGAL

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Aims and background: In Primary Care, 7 to 23% of all consultations are related to ear, nose and throat (ENT) problems. The implementation of structured training of General Practitioners (GPs) is fundamental to improve their capacity for diagnosis, treatment and management of these cases. With this report, the authors intend to present an e-learning program, designed to train GPs on ENT problems. Description: Under the guidance of a Professor of Otorhinolaryngology at the Faculty of Medicine of the University of Lisbon and the support of the E-lab of the same University, a group of GP trainees helped to develop an e-learning project on ENT problems at Primary Care. GP trainees collected data about the percentage of ENT problems at their Primary Care Practices. A 30-hour e-learning course was developed, with four sections: 1. Epidemiology of ENT problems; 2. Otology; 3. Rhinology; 4. Pharyngology, laryngology and cervical pathology. At the end of each theme, there is an evaluation of knowledge with a multiple-choice test. After completing each module, participants are invited to join an interactive videoconference in which clinical cases are discussed and doubts are clarified by the Professor. Conclusions: Regarding epidemiology, the authors concluded that the proportion of ENT problems in Primary Care is 7.05% (n=22625) and referral to secondary care occurs in only 2.3% (n=523) of the consultations related to ENT problems. This innovative e-learning course enables better communication and collaboration between Primary Care and ENT. It allows GPs and GP trainees the freedom to learn at their own pace and to retain more information through the visualization of videos, images and e-books. Improving the accessibility, we can save time and costs.
PROPHYLAXIS OF BACTERIAL ENDOCARDITIS IN PEDIATRIC AGE

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Aim and Background: Review current indications for the prophylaxis of bacterial endocarditis in the pediatric age. Endocarditis is an infection that may include endocardium and other cardiac structures. It is a pathology with high morbidity and mortality despite advances in diagnosis and treatment. Clinically it presents with nonspecific and heterogeneous symptoms that appear of indolent form, making difficult the diagnosis. In the last two decades congenital heart disease has become the main condition associated with bacterial endocarditis in developed countries. However, 8 to 10% of the cases occur in children without structural heart disease or risk factors. Material and methods: Classic article/review. Review international guidelines of Pediatrics and Cardiology: American Academy of Pediatrics, American Heart Association, Canadian Pediatric Society, and European Society of Cardiology. Results: The risk associated with antibiotic prophylaxis in children exceeds its benefits and is recommended only in patients at high risk (prosthetic valves or prosthetic material, cardiac transplanted patients with valvular pathology, previous bacterial endocarditis), before dental procedures involving manipulation of the gingival tissue or oral mucosa and respiratory procedures that involve incision or biopsy of the oral mucosa. In gastrointestinal, genitourinary or cutaneous procedures prophylaxis is only recommended if there is active infection. Conclusions: The international guidelines show a decrease in situations requiring antibiotic prophylaxis. This prevents a minimum number of cases associated with dental, gastrointestinal or genitourinary procedures, and it is more important to promote oral health and regular stomatologic vigilance.
ARE WE OVERDIAGNOSING GESTATIONAL DIABETES IN PORTUGAL WITH NO ADDED BENEFIT? - A RESEARCH PROTOCOL

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Aim(s) and background: In Portugal, the 1998's norm for the screening of Gestational Diabetes (GD) recommended, for pregnant women with risk factors, a fasting plasma glucose (FPG), followed by an O'Sullivan's test if FPG < 140 mg/dL. Positive screening implied an oral glucose tolerance test (OGTT). A negative OGTT indicated its repetition at 24-28 weeks, and if negative again, it would be performed at 32. Pregnant women without risk factors were screened only at 24-28 weeks. In 2011, national guidelines began to recommend FPG to all pregnant women at the 1st visit and OGTT at 24-28 weeks if FPG <92 mg/dl, the chosen cut-off. Although allowing an earlier diagnosis, this threshold choice seems to increase the prevalence of GD. We aim at investigating what are the maternal-fetal outcome associated with pregnancies, considered as “simple” by the previous norm, but which, according to the current one, would be classified as GD. Material & method: Case-control study of unifetal pregnant women from 2008 to 2010 in 15 family health units. The sample is divided into three groups: study group with FPG 92-139mg/dl at the first visit and other two comparison groups, one with FPG inferior to 92mg/dl and other superior to 139mg/dl. A questionnaire will be applied opportunistically or after telephone consultation appointment, with written consent. Statistical analysis will be implemented. Awaits the authorization of the Ethics Committee. Results and Conclusions: We hypothesize that the prevalence of maternal-fetal complications in this sample, without the diagnosis of GD, according to the norm at that time, is similar to that described in the literature regarding general gestations in Portugal and pregnant women who, as of 2011, were diagnosed with DG in the first trimester.
PREDICTION OF LONG-TERM SURVIVAL AFTER INTRACEREBRAL HAEMORRHAGE: DESIGN AND VALIDATION OF A MODEL FOR PRIMARY CARE

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Aim: To predict the long-term survival of patients with intracerebral hemorrhage (ICH) with criteria of evaluation accessible from primary care. Background: different scales predict mortality, but most make a prediction of survival in the short term and are mainly coming from hospital activities that are not available in the area of primary care. Most of the commonly used scales have been designed to make a prediction of survival and functional recovery in the short term. The indicators used are those of the acute phase and, therefore, are mainly coming from hospital activities that are not available in the area of primary care. These indicators have a wide variety of methodologies whose initial objective was not their use in the ICH. Material and Methods: Multicentric and retrospective study of a cohort with an episode of ICH. Information collected from the government-run healthcare provider responsible for all inpatient care in Catalonia (Spain). Predictions of ICH mortality risk were based on Cox proportional-hazard regression models. We estimated the survival probability of each risk group according to the Kaplan-Meier method and compared these curves using the Log-Rank test. We use ROC curves and the AUC to assess the ability of the ICHCat index to stratify patients and predict prognosis. Results: 262 participants (58% men), aged 75.13±12.62 years. The mean follow-up time was 1.42 years. The overall mortality was 62.2%. The prognostic factors were: age >=80 years [HR 2.10 (CI95% 1.48-2.99, p <0.001)], cognitive impairment [HR 2.04 (CI95% 1.24-3.36, p <0.005)], disability at hospital discharge [HR 3.84 (CI95% 2.51-5.88, p <0.001)], HAS-BLED score [HR 1.23 (CI95% 1.05-1.44, p <0.008)] and non-treatment with statins [HR 1.47 (CI95% 1.03-2.10, p< 0.032)]. Cases were stratified into three risk groups to 5 years. For each of the levels of risk, the value AUC was low risk, 0.97 (95%CI 0.92-1), intermediate risk, 0.83 (95%CI 0.75-0.92) and high risk, 0.85 (95%CI 0.76-0.93). According to the classification of risk groups, the average probability of survival to 5 years is 80.8% (95% CI 0.67-0.96) in the low-risk group; 33.6% (95% CI 0.24-0.45) in the medium risk group; and 12.8% (95% CI 6.9-23.6) in the high-risk group. The comparative analysis of the survival of the three risk groups shows Log-Rank p <0.0001. Conclusions: The ICHCat index at hospital discharge is a strong predictor of long-term mortality in primary care after an episode of ICH. Trial registration: ClinicalTrials.gov ID: NCT03247049.
STEPWISE HIGH RISK INDIVIDUALS SCREENING FOR ATRIAL FIBRILLATION USING SEQUENTIAL CLINICAL-ELECTRO-BIOLOGICAL REGISTER: THE AFRICAT STUDY (ATRIAL FIBRILLATION RESEARCH IN CATALONIA).

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Aim: to develop a sequential screening program for AF in high-risk individuals, based integrating clinical and biological characteristics and electrocardiographic information. Background: Prevalence of atrial fibrillation (AF) in population >60 years will practically double between now and 2060. Unfortunately, AF may remain undiscovered and is often undiagnosed and systematic screening programs have failed to show a clear benefit. The undiagnosed AF represents an additional subset of the 25-40% of strokes of unknown cause. Material&Method: It is an observational and controlled non-blinded cohort study in a 5,100 high-risk population (aged 65-75 with hypertension and diabetes by integrating clinical, electrocardiographic and biological information, testing of different pulse devices (MyDiagnostik, AliveCor and WatchBP) for AF screening, discovery of blood biomarkers for AF (by aptamer technology and RNA expression), and validation of biological candidates. AF diagnosis will be based on detection in four-week Holter-EKG monitoring. Results: The study is currently going ahead. According to the known prevalence of AF (9.6%), and the prevalence of undiagnosed AF (2.6%), we would estimate the increasing of AF prevalence will be 2.8%. We will select in our monitoring program for 4 weeks (about 250 patients). Out of them, it remains uncertain to know how many will be detected AF, but at least we expect few cases (from 0 to 40 patients -40 comes from expecting 55 misdiagnosed patients in the first detection test and an AUC of 80% for our biomarkers test). Conclusions: The AFRICAT study represents an ambitious project evaluating the usefulness of a multimodal and sequential screening program of AF in primary care. ClinicalTrials.gov Identifier: NCT03186484
ASSESSMENT OF FAMILY FUNCTIONING AMONG PATIENTS ≥65 YEARS WITH CHRONIC DISEASE

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Aim: We aimed to evaluate family functioning of ≥65 years old patients with chronic disease. Methods: The study was carried out between March-September 2017, among the people over 65 years (n=350) registered at 5 Educational Type Family Health Centers which are affiliated to Atatürk University Medical Faculty Family Medicine Department. 200 persons were included in the study. A 17-questions data collection form was used to obtain descriptive information about the sociodemographic and clinical characteristics of these people. Family APGAR scale consisting of five questions was applied to measure family functioning. The data were transferred to the SPSS.20. Significance was set at p<0.05.

Results: The mean age was 72.8±6.6 years. The mean family APGAR scale score of the participants was 7.5±2.5. According to the family APGAR scale, %56 (n=112) of the participants were functional and %44 (n=88) were dysfunctional. Family functioning decreased by increasing of the age, men according to women; to be married according to single or widow; employees according to unemployed; living with the wife or children according to living single or in a nursing home, who have been hospitalized in the past year, and whose companion is a relative according to nursing home personnel; it is found to be more functional (p<0.05). It has also been observed that family functioning is increasing with the increase of education level and income level (p<0.05). It was determined that the presence of chronic illness, hospitalization in the last one year and the presence of comorbidity had no effect on family functioning (p>0.05).

Conclusion: Gender, age, occupation, education level have been shown to affect family functioning of elderly patients with chronic diseases. These people need more attention in the primary care. It is necessary not only to evaluate diseases but also to evaluate them with family functions. It would be beneficial to evaluate elderly individuals in a more comprehensive and biopsychosocial perspective in terms of the variables affecting family functioning by family physicians.
CORRELATION BETWEEN CARE COORDINATOR PERFORMANCE AND
LEADERSHIP FACTORS AMONG PRIMARY CARE PHYSICIAN IN JAKARTA,
INDONESIA

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Background and Aim Care Coordinator is one of the functions of a primary care physician. The ability of a doctor as care coordinator can not be separated from leadership skills, and there is still no such assessment in Indonesia. This study aims to determine correlation between care coordinator performance and leadership factors among primary care physician in Jakarta, Indonesia. Method Study was conducted in 84 doctors at primary care facilities in Jakarta. Pearson's correlation was performed to see the correlation between care coordinator with clinical leadership, transformational leadership, commitment, job satisfaction, and organizational culture, as well as sociodemographic factors of the doctors and their professional practice factors. Multiple regression was conducted to determine the most important factors that influence care coordinator performance. Result There were no correlation between care coordinator scores and organizational culture as well as commitment. There were positive and significant correlation between clinical leadership, transformational leadership, job satisfaction, physician's age, length of graduation, duration of work at the health center, family doctor's training, and employment status with care coordinator scores. The most important factors for the care coordinator performance were clinical leadership and transformational leadership (R square 0.47). Conclusion Although doctors interact with patients in daily basis without occupying structural positions as leaders, they must also have clinical leadership and transformational leadership skills to support their performance as care coordinator in managing patient's health problems.
‘MANTLE CELL LYMPHOMA’ VENOUS THROMBOSIS AS AN INITIAL SYMPTOM OF LEUKEMIA

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AIMS: A 44 year old man with no drug allergies or toxic habits. Hypercholesterolemia treated with Atorvastatin. While training he noticed a "stiff sensation" in his left calf, suggestive of fibrillar rupture. It was treated with rest, localised cold and physiotherapy. After 10 days he suffered chest pain of mechanical characteristics that improved with physiotherapy. In the face of poor clinical evolution, he was referred to hospital to rule out vascular injury. DESCRIPTION: Normal blood test results, except high Dimer D (1250). Eco-Doppler lower left extremity: femoral and popliteal deep venous thrombosis. Chest x-ray: oval image compatible with heart attack in left lower lobe. CT scan of the abdomen: adenopathies in the left supra clavicular hollow, axillary, hilifares, mesenteric, retroperitoneal and bilateral inguinal. Smm accessory spleen. The rest is normal FNAB / BAG inguinal adenopathy: non-hodking lymphoma of mantle cells stage IV A MIPI 0 Normal colonoscopy and gastroscopy. Bone marrow biopsy: initial paratrabecular low-grade focal infiltration compatible with mantle lymphoma. Chemotherapy consisted of 3 courses of R-CHOP and 3 of DHAP, then autologous stem cell transplantation with BEAM. Further CT scans show improvement of outcome. CONCLUSIONS: Mantle cell lymphoma (MCL) is a rare lymphatic tumour (7% of all lymphomas). It usually appears in patients above 60 years old. Less than 5% of patients present no symptoms for a clinical diagnosis. It occurred by abnormal proliferation of B-lymphocytes located in the follicular mantle. Also extra-lymphatic (bone marrow, spleen or intestine). Treatment is individualized. This patient, less than 60 years old, was diagnosed MCL by chance, in the evolution of another pathology.
BURDEN OF CAREGIVERS OF PATIENTS SUPPORTED BY DOMICILIARY CONTINUED CARE UNITS OF BEJA (PORTUGAL)

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Aim: Caregiver burden may result from providing care for patients with chronic illness. Several factors associated with caregiver burden have been identified. Also several interventions have been applied to reduce their burden and distress. However, this problem is far from being fully addressed. The aim of this study was to identify levels of caregivers burden and the factors associated with the burden of caregivers of patients supported by Domiciliary Continued Care Units (DCCU) of Beja, South Portugal. Material and Methods: This study was conducted with caregivers of patients supported by DCCU. These units provide nursing and medical interventions and support caregivers in providing care. Data was collected in August 2017. The participants were the caregivers who completed a sociodemographic questionnaire, Hospital Anxiety and Depression Scale and the Zarit Burden Interview. Bivariate analyses were performed and values of p<0.05 were considered significant. Results: The 30 caregivers included in the study were 59.5 ± 1.8 years old, mostly female (80%), married (86.7%), with low education (<9th grade, 73.3%), median/low income (86.7%) and patients’ spouse (43.3%) or daughter/son (43.3%); 36.6% showed anxiety and 20% depression; 80% presented some level of burden related to care give. The factors associated with caregivers’ burden were being over 60 years of age and being the spouse of the patient. Conclusions: Despite the DCCU support, the studied population presents high levels of burden. The associated factors with caregiver burden are similar to other population. Family doctors must pay special attention to these informal caregivers, as they are at high risk for mental distress, anxiety, depression and burden.
HEALTHIER FAMILY DOCTORS, HEALTHIER PATIENTS

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Aim The aim of our workshop is to begin a new conversation about our individual and collective fortitude and common humanity at a time of immense change and challenge for family medicine. Background Family medicine is a fantastic career and yet there is a voluminous medical literature on the immense challenges facing the 21st century doctor - stress, burnout, mental illness, suicide, self-medication, substance abuse, bullying, harassment, discrimination, and medical litigation - all of which may result from and contribute to a negative medical culture and interfere with the quality of our patient care. As family doctors, we carry an enormous sense of obligation and commitment to our patients. The culture of the medical profession is such that the signs of burnout are often worn as badges of honour. It's time to change the mindset that being a worn out medical practitioner is the sign of a dedicated doctor. While our medical organisations advise us to seek professional support and balance between our work and life, our medical culture is rarely conducive to doing so. Workshop content This workshop will have 2 themes: - Every doctor, mentally and physically healthier - Every doctor working together to create a healthier medical culture Topics will include: discovering and rediscovering great joy and beauty in medicine; dealing with unique stressors in medicine; taking back control of our time while maintaining our duty of patient care; responding constructively to inevitable criticism, conflict and complaints; strengthening our personal resilience; caring for our own physical and mental health as priorities; dealing with crises and trauma; and building healthy clinical teams.
THE LEVEL OF ADVANCED GLYCATION END-PRODUCTS OF HEALTHY SUBJECTS IN A GENERAL PRACTICE OFFICE IN REPUBLIC OF MACEDONIA

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Aim: To measure the level of Advanced Glycation End-Products (AGEs) in healthy subjects that came in a general practitioner in Skopje, R. Macedonia for a regular check-up and find factors that influence their accumulation. Methods: 93 subjects were enrolled in this study. The Skin Autofluorescence (AF) was used as a measure of the accumulated AGEs in the skin of the healthy subjects. General demographic data, Body Mass Index (BMI) and smoking habits were recorded. Results: The mean age of the healthy subjects was 51.5, 52 % were males, 31 were smokers, 20 were ex-smoker and 40 never smoked. The mean BMI was 27.8 kg/m². The mean Skin AF was 2.1 AU. In the univariate analysis Skin AF significantly correlated with the age of the subjects and smoking vintage (R=0.437; p=0.001 and R=0.447 p=0.001). In the multivariate analysis of the entire population the sole predictor of Skin AF was age. In the multivariate analysis of substrata, the sole predictor of Skin AF for male subjects was age, whereas for female was age and smoking vintage. For current smokers and subjects that never smoked also age was the sole predictor of Skin AF whereas for ex-smokers besides age, BMI was also a predictor of Skin AF. Conclusions: It appears that age is the major factor in AGEs accumulation in all subsections of the population. However in female, smoking and in ex-smokers BMI are also factors that influence the AGEs accumulation.
PRICING OF PRIMARY HEALTH CARE IN REPUBLIC OF MACEDONIA

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Aim: To compare the cost of running a one GP office in Republic of Macedonia during 20 year period. Methods: The total costs and expenditures and public health insurances fund (PHIF) payout for one GP practice in 1996 and 2016 in the capitol of Republic of Macedonia-Skopje were calculated. A rough comparison between the cost of running of one GP office and PHIF payout in 1996 and in 2016 was done. Results: The PHIF pay-out for 15 minutes (one examination) of Medical Doctor Labor in 1996 was 2.50 euros or around 1800 euros per month. In 1996 there was additional income from: reimbursements for consumables, partitio fees, house calls, ECG, blood sugar measurements, inhalations etc. In 2016 the real cost of running one GP office with one medical team (GP and nurse) are 2765 euros per month. The average capitation paid by the PHIF for one office with one medical team is 1848 euros per month. Currently, the public insurance fund pays only 66.8 % of the real costs of one GP office with one medical team in primary health care (PHC). The Capitation has been introduced in PHC in 2001 with a price of 0.75 euros per point. The value of capitation point was increased by 10 % for the first time and only time in 2009, and another 10% in 2016. Conclusion: The payout of the PHIF in 1996 and 2016 has only marginally increase while the cost of running one GP practice has increase significantly. The capitation pay-out should be increased by 100%. Currently the GPs in PHC cannot pay a gross salary of 660 euros and receive net salary of 445 euros. What might be the cause of the average age of a GP in PHC of 55 year of age and the reason why the young MDs are losing interest in family medicine.
CARDIOVASCULAR COMORBIDITY AND THE DEGREE OF CONTROL OF BLOOD PRESSURE IN HYPERTENSIVE ADULTS.

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AIMS. To describe the cardiovascular characteristics of hypertensive patients aged 65 or younger; to determine the degree of control of blood pressure and to analyze its associated factors. METHODS. Observational cross-sectional study carried out in twenty-one Primary Care consultations of three health areas. 323 subjects aged 65 or younger, by consecutive sampling, with hypertension were evaluated. Variables: sociodemographic, health problems (CIAP-2), drug consumption, physical activity (short IPAQ), cardiovascular risk factors (CVR), cardiovascular risk (Score-Framingham-Regicor), blood pressure (BP) and its control (PA<140/90 mmHg). RESULTS. Mean age 57.4 years (SD: 6.8). 57.9% had dyslipidemia, 25.7% diabetes, 52.2% obesity and 16.7% smoked. 28.8% showed a high or very high cardiovascular risk (Score greater than 5%). The median number of sitting minutes/day was 180 (IR:120-240). 42.4% (95% CI: 36.9%-48.0%) did not show adequate BP control. The mean CVR was significantly higher in subjects with poor BP control, both with SCORE function (2.5 vs 1.9, p=0.017) and Framingham (19.6 vs 14.9, p=0.011) or Regicor (5.5 vs 4.1, p<0.001). Using logistic regression, variables associated with inadequate BP control were: younger age (OR: 1.1, p=0.002), single/widowed/divorced (OR: 2.0, p=0.018), higher SCORE score (OR:1.3, p=0.001) and present metabolic syndrome (OR: 2.7, p=0.001). CONCLUSIONS. More than half of hypertensive patients aged 65 or younger presented hypercholesterolemia and one in four of them had diabetes. One third of the patients showed a high or very high cardiovascular risk (SCORE). It was found that in 4 out of 10 hypertensive patients there was poor blood pressure control and the variables related to it were age, marital status, SCORE CVR score and presence of metabolic syndrome.
HEADACHE AND ALARM SYMPTOMS IN A 52 YEAR-OLD MAN. WHAT TO DO IN PRIMARY CARE?

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AIMS. To describe the alarm symptoms of a headache. METHODS. A 52 year-old man smoker of 5 cigarettes/day, without known drug allergies, or medical history of interest. He refers to continuous intense headache for 15 days. It's described as invalidating and predominantly left, being in the last 2 days holocranial, associating nausea. Also, the headache worsens with decubitus and Valsalva maneuvers, prevents sleep and wakes him at night. It doesn't calm with conventional analgesics. No fever. Neurological examination: conscious and oriented, isochoric and normoreactive pupils, conserved extrinsic ocular mobility, centered facial, rest of cranial nerves without alterations. No weakness or sensitive alteration at any level. No cerebellar alterations. March without alterations. RESULTS. A cranial computed tomography (CT) scan showed a hyperdensity was observed in topography of the rectus venous sinus and left transverse sinus with suspicion of being related to indirect signs of venous thrombosis. It was complete the study by venous CT angiography, identifying two compatible images with filling defects within the left internal cerebral vein. Finally, the patient was diagnosed with dural venous sinus thrombosis. CONCLUSIONS. Headache is a frequent reason for consultation in Primary Care. Although they are mostly primary headaches, it's crucial to detect secondary headaches to other processes that may involve important life risk. The warning symptoms are: age<40 years, sudden onset, progressive intractable, interferes with night rest, worsening of the habitual pattern of previous headache, presence of fever or neurological focal, data of intracranial hypertension, recent onset and personal history of neoplasia, is triggered or worsened by decubitus or with effort.
THE SKIN WHERE I LIVE IN

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Background & Aims: Sometimes skin could be a mirror of systemic diseases and cutaneous lesions are manifestations of endocrine disorders. One of the endocrine diseases that involves skin are Addison disease: a clinical syndrome characterized by salt-wasting and skin hyperpigmentation, associated with a destruction of the adrenal gland. Is adrenocortical insufficiency due to the destruction or dysfunction of the entire adrenal cortex. It affects glucocorticoid and mineralocorticoid function. A correct and fast identification of the endocrinopathy is very important for treatment and prognosis. Description: a 76 years old female patient went to her new family doctor, complaining of hyperpigmentation of skin (face, arms, hands and feet) and oral mucous with 7 years of evolution, resistant of all kind of topic and pharmacological treatments that she had tried. She also complaints about chronic fatigue, weakness, non-specific abdominal pain and dizziness and depression. Analytically presented normal Complete blood cell count and Thyroid-stimulating hormone levels, complement, iron, liver function, ceruloplasmine, and inflammatory markers. She presented with low cortisol (6.10 ug/dL) and high adrenocorticotropic hormone (3496pg/mL) leves. A normal abdominal computed tomography and colonic melanosis. She was referred to Endocrinology Unit, where was confirmed the diagnosis and treated with 10mg of hydrocortisone per os. In few weeks she had a significantly improvement. Conclusions: Despite a rare disease, family doctor, is the main door of health system to the most of people, and, in that way, its crucial a correct and quick identification and diagnosis for treatment and better prognosis.
A MULTI-CLUSTER RCT: TESTING THE EFFECTIVENESS OF THE APPLICATION OF A MEDICATION ADHERENCE TOOL ON MEDICATION ADHERENCE IN PATIENTS STARTING CARDIOVASCULAR OR ORAL BLOOD GLUCOSE LOWERING DRUGS.

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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 the cognitive, emotional, and practical domain. Aims 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 A cluster randomized controlled trial with patients clustered in pharmacies. Eligible patients are listed with GPs from one care group visiting collaborating pharmacies. In the Netherlands patients usually visit one pharmacy. Pharmacies are randomly allocated to intervention or control. Patients, invited in the pharmacy, receive a questionnaire. For patients with an increased risk for non-adherence in intervention pharmacies, a patient profile is generated showing barriers for adherence. Based on that 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 assessed by dispensing data at 8 months follow-up. Results We included 447 patients with high non-adherence risk out of 839 participating patients in 15 pharmacies. Interim analyses showed no improvement in medication adherence. We will present per protocol and secondary analyses to understand this outcome. Conclusions In an interim analysis our medication adherence tool proved not to be effective. We will present these results of further analyses to understand the results.
STANDARD AND VIDEO DERMATOSCOPY IN GENERAL PRACTICE: 'THE DOCTOR'S BEST FRIEND'

**Sody Naimer**

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Aims Family practice, especially in rural areas can greatly benefit from a tool that can expose miniature aspects of the anatomy too small to examine by the naked eye. The objective of this workshop is to familiarize medical professionals providing medical care in the community, with the many diverse benefits of demoscopy for a broad array of clinical conditions. Description With this technique, faster, more accurate diagnoses are conferred. For example: facilitation of eye and skin and foreign body identification and removal; diagnosis of the source breast feeding pain; locating retained sutures and their removal, accurate skin lesion treatment, preoperative skin lesion assessment and ectoparasite identification. Documentation and data sharing are possible through coupling the device with the ubiquitous smartphone. Following exhibition of experience via photographic still and video sequences, participants will perform live practice after tips are given on and how these feats are performed. Following one single session participants are expected to become proficient enough to immediately begin incorporating dermoscopy into their own clinical practice. A far less expensive technology is termed "video demoscopy" These instruments will be demonstrated during the training session. Conclusions The dissemination of this technique is recommended for the busy physician that would gladly incorporate this technique whenever superior visualization is assumed beneficial. Although most of the current available knowledge on this topic is based on single observations and small case studies rather than controlled trials, an increasing interest in this field is mounting and we expect the field to gain greater popularity in the future.
IMPACT EVALUATION OF THE UNDERGRADUATE, INTERNSHIP AND RESIDENCY STUDENT PRESENCE IN THE HEALTH PROFESSIONAL WORK PROCESS IN A TEACHING UNIT IN VILA VELHA MUNICIPALITY

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Aims: to evaluate, in the health professional perspective, the impact of undergraduate, internship and residency student presence in Barra do Jucu teaching Unit. Methods: case study with qualitative approach, through a semi-structured interview guide and a sociodemographic characterization, with 35 professionals from the teaching unit. The results were analyzed by Bardin content analysis. The study was submitted and approved by the Vila Velha University Ethics Committee on Human Research. Results: four thematic categories were perceived: 1) share knowledge, experiences and livingness; 2) learning and teaching dynamic limitations and improvements needed; 3) student performance in the health unit service; 4) health unit service contribution to the student. In the professionals’ opinion, the student presence represents a beneficial relationship, emphasizing the service demand sharing, the continuous knowledge actualization and the promotion of a humanized assistance. It was reported infra-structured difficulties, reinforcing the need of unit expansion. It was pointed out the importance of improvement in professionals and preceptors communication. It was stressed out students' performance as productive, effective and important to the unit and assisted community, influencing positively in the doctor-patient bond, in the decreasing of polypharmacy and in the health education, facilitating teamwork. It was affirmed that the student inserted in the unit acquire experience in public health system functioning and in Primary Care, enabling the understanding of the population sickness process with a social context view. Conclusions: the student presence in Barra do Jucu teaching unit is perceived by the health professionals as a positive impact in their work process.
HEALTH STATUS ADEQUACY AND SELF-EVALUATION IN ELDERLY LATVIAN CAR DRIVERS

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Aims. To evaluate self-criticism towards car driving and on-road health hazards in senior population. Methods. A cross sectional study was constructed to visualise situation in Latvian senior car drivers. 157 elderly drivers were pooled and 107 of them were included in the research. The questionnaire consisted of 4 parts: general survey, clock drawing test, Short Form Survey (SF-36) and Drivers 65 Plus (AAA Foundation for Traffic Safety). Respondents were interviewed at senior interest groups and hospitals. Statistical analysis was provided via IBM SPSS v.22.0 (T tests, linear regression, ROC curves and Youden index). Results. From 107 seniors, 34% were women and 66% were men car drivers. 2% drivers had expired license and medical certificate, 5% did not have technically verified vehicle. Mostly, seniors stay away from driving at night-time (26%), in bad weather conditions (27%). Only 32% consider to stop driving in the future. 48% of seniors have worsened vision. Women had better results in almost all SF-36 parameters, with statistical significance in physical health (p=0.006). Out of 6 points in clock drawing test, 15% of respondents had 3 points with no significant difference between genders. According to Drivers 65 Plus: 34% of seniors drive safely, but 7% - risky. Most frequently seniors neglect new rules (45%), are emotional (32%) and have noticed slower reaction (42%). 82% are interested in their health and 63% are up to date with medication and possible side effects from them. Postural balance and mental health worsening indicates decreased road performance (Y index = 0.300; sensitivity = 100%, specificity 30%; \(p = 0.000\)). Conclusions. Most seniors are hazardous road participants, and mental health might be the most significant cause of it.
“ABCDE” OF NON-VITAMIN K ANTAGONISTS ORAL ANTICOAGULANTS IN ATRIAL FIBRILLATION

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Aims Atrial fibrillation (AF) is the most common cardiac arrhythmia worldwide and its prevalence tends to rise steeply. It is responsible for around one quarter of all ischemic strokes, representing a serious public health issue. The emergence of non-vitamin K antagonists oral anticoagulants (NOACs) is causing a paradigm change in its treatment. Family doctors play an important role in reducing this problem's impact over health systems and populations. This workshop aims to contribute to a proper training in this matter, enabling to prompt arrhythmia diagnosis and treatment. Description This workshop consists of a quiz, about an atrial fibrillation case report. Participants, organized in groups, will be asked to answer some questions based in European guidelines to AF management and practical guide on NOACs use in non-valvular AF. Once compiled the answers, there will be a theoretical review of each topic addressed. At first, the focus will be diagnostic and general therapeutic management of AF. Then, the NOACs, its pharmacological properties, how to start and follow these therapeutics and how to proceed in several circumstances such as elective procedures, switch with vitamin K antagonists, dosage errors, renal function impairment and drug interactions. Conclusions It is intended that consolidation of knowledge happens in an attractive and interactive way, by stimulating curiosity and competitive spirit. Participants will face difficulties in questions of the daily practice and solve them. The potential answers to the questions will be named A, B, C, D and E, making the analogy of “ABCDE” mnemonic, used in critical care. In fact, a prompt approach of AF allows saving lives in a preventive way, so typical of family medicine.
CLINICAL ASSESSMENT AND INTERDISCIPLINARY COLLABORATION IN PRIMARY CARE. USE OF A MASSIVE, OPEN, ONLINE COURSE (MOOC) TO TRAIN STUDENTS AND HEALTH PERSONNEL

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Aims Patients in primary care have increasingly more complex conditions. There is urgent need for capacity building and competence development for healthcare practitioners to meet this challenge. Strengthening interdisciplinary team collaboration and clinical skills can contribute to better decision making and patient safety. eLearning is a low cost, easy accessible tool to acquire new knowledge. We have developed a massive, open, online course (MOOC) to introduce and promote clinical skills in systematic health assessment and strengthen clinical decision making in primary care. Methods The MOOC is developed for healthcare practitioners (e.g. physicians, nurse practitioners and nurses) in primary care and students preparing for clinical training. The participants will gain experience, knowledge and skills in a) systematic observation of vital signs; b) triage with relevant observations and assessments to determine severity and urgency; c) physical examination and comprehensive physical assessment of older patients; and d) in depth focus on heart and lungs examination. Each module includes instruction videos and video scenarios from primary care settings. The MOOC is tested in a pilot autumn 2017. Results We will present results from the pilot regarding usefulness, ease of use and suggestions for improvements, including how the MOOC can be used in workplace and education settings. Conclusions The MOOC provides a completely new platform for learning and competency development for different healthcare practitioners in primary care, as well as providing support for clinical training for students in healthcare education. The pilot will provide necessary, systematic assessment of the MOOCs’ actual contributions in this area.
THE USE OF LINGUISTIC METAPHORS IN GENERAL PRACTICE. AWARENESS AND PERCEIVED USEFULNESS IN A PRIMARY CARE GROUP

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Aim and background. In the field of General Practice (GP), metaphors have been studied as communication strategies that have an impact on the quality of care, especially if expressed by patients, and less by physicians. There are no studies on the reflection of physicians on their deliberate use of metaphors. The actual debate is divided: are metaphors useful or dangerous tools? Our research question was to understand the representation of the use of metaphors by physicians, nurses and administrative assistants of a Primary Care Group (PCG). Methods. We chose the methodology of the Interpretative Phenomenological Analysis (IPA), and followed the case study strategy, purposefully selecting a PCG in Northern Italy. Ten physicians, 3 administrative assistants, and 2 nurses (10 females, 5 males) were interviewed. Semi-structured interviews were focused on the use of metaphors from participants and patients, and on the use of metaphors in their professional education. Results. According to participants, the representations of metaphors were different if the expressions came from the physicians or the patients. The recognition of metaphors also varied for each participant. Advantages and threats were indicated on the clinical use of these expressions. Moreover, metaphors were used unconsciously to explain some concepts, such as patient education, the effects of clinical language on patients, and the professional identity. Conclusions. Metaphor was represented as an epistemological, relational, and ontological phenomenon. Because of the qualitative impact of these expressions in GP, we believe that it could be useful for students/health-professionals to learn to recognize and to use metaphors consciously, by creating curricula specifically designed for this aim.
EVALUATION OF NEUROPATHIC PAIN IN TYPE 2 DIABETES PATIENTS: A RESEARCH PROTOCOL

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Aim(s) and background: Neuropathic pain, defined as “pain from injury or disease of the somatosensory system” is a public health problem, with an estimated prevalence of 8% in the European population. Patients with Type 2 Diabetes Mellitus (DM) are particularly at risk for the development of neuropathic pain and its prevalence in these patients may reach 62%. The aim of this investigation is to determine the prevalence of neuropathic pain in diabetic patients of a Family Medicine Unit (FMU), and secondarily, to propose the introduction of their routine evaluation in the same way as implemented annual screening of retinopathy and diabetic nephropathy. Methods: Evaluation of neuropathic pain in patients with type 2 DM, with at least 5 years of evolution, during a FMU’s diabetes consultation in the first half of 2018, through the application of the questionnaire The Douleur neuropathique 4 questions (DNA), completed partially by the patient and followed by a medical evaluation. A total sum of the ten items equal to or superior to 4 suggests neuropathic pain. This Protocol will be submitted to the Ethics Committee and patients will only be admitted after written informed consent. Results and conclusions: Diabetic neuropathy represents one of the most prevalent late complications of type 2 diabetes mellitus. An early detection and correct approach can represent effective health gains, both economic and life quality improvement, through a better clinical orientation and preventive measures application. The results of this study are expected to include the annual assessment of neuropathic pain on consultation.
TURKISH FAMILY PHYSICIANS' COMPETENCE IN MANAGEMENT OF SEXUALLY TRANSMITTED DISEASES: A NATIONWIDE CROSS-SECTIONAL STUDY

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Background & Aim: Family physicians' (FPs) management skills about sexually transmitted diseases (STDs) are important due to simple prevention and treatment methods that are applicable in primary care and high prevalence of STDs. Several studies worldwide report that FPs are inadequate in management of STDs. Since Turkish FPs' status is unknown, we aimed to determine their competence in management of STDs. Material & Method: In this cross-sectional study, an online survey was e-mailed to all FPs in randomly selected provinces that represent statistical territories of Turkey. The survey consisted of questions about personal data, self-assessment regarding management of STDs (restrictive factors, behaviors and feeling adequate about STDs) and 3 case samples. FPs' diagnosis, treatment/management and competence scores were calculated using case sample questions and compared with median values. x², Student's t and ANOVA tests were applied using IBM SPSS ver22.0. Results: 658 FPs participated in the study 77.2% (n=508) of them stated wanting to receive education about STDs. Their mean diagnosis score was higher than the median value, yet their mean treatment/management score and mean total competence score was lower than the median value. These scores had no significant relationship with age, sex, academic degree, number of years in profession and number of years working as a FP. FPs who received postgraduate education about STDs and who believed that STDs should be managed in primary care had significantly higher treatment/management, behavior and adequacy scores and lower restriction scores. Conclusions: Turkish FPs' STD management skills seem to be inadequate. Their competency for management of STDs might be improved through continuing medical education programs.
USE OF ULTRASOUND IN PRIMARY CARE AS A DIAGNOSTIC APPROACH IN A PATIENT WITH ABDOMINAL MASS.

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Aims: An 87-year-old male patient consulted for abdominal pain located on the right flank and tendency to constipation. The previous week, he went to the emergency service where laxatives were prescribed, with relative improvement. No constitutional syndrome, no lack of appetite, no nausea or vomiting were associated. Personal history: high blood pressure, type 2 diabetes mellitus, atrial flutter. Endoscopic study was rejected by the patient one year before. Description: Affected by pain. Palpation with distended abdomen, intense pain and sensation of right flank mass. The X-ray done in emergencies one week before was reported as accumulation of feces in colic frame and presence of distal gas, without signs of obstruction. We decided to perform an ultrasound in primary care, where a heterogeneous mass of approximately 7.8x5cm was found, dependent on the ascending colon. The patient was sent to hospital emergencies, where a abdominal scanner showed a thickening of the wall of the cecum, compatible with a neoplastic lesion that infiltrates mesenteric fat, with associated lymphadenopathies. He is diagnosed with stage IV cecum neoplasia (without histological confirmation). Laboratory tests: blood count, biochemistry and urine without relevant findings. Conclusions: Ultrasound is successfully applied in many pathological processes of the digestive tract. Generally it is the first diagnostic method in cases of palpable abdominal mass, being able to differentiate if the mass is originated in one organ or gastrointestinal tract. The ultrasound does not allow the diagnosis of early stages of gastrointestinal tumors, nor does it allow a definitive exclusion in the advanced stage, therefore, it should not replace the barium or endoscopic study.
FEMALE SEXUALITY: THE ROLE OF CLITORIS IN SEXUAL EDUCATION

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Aim (s) and background: Sexual health is vital to overall well-being. The anatomy and physiology of the clitoris was only recently described and is still poorly developed in sex education. This review aims to deepen the knowledge about the role of the clitoris in female sexuality. Material & method: Search of scientific publications in Pubmed, Cochrane Library and National Guideline Clearinghouse, since 2010, in English and Portuguese, using the MeSH terms Orgasm and Clitoris and limiting the search to female humans. Results: A total of 52 citations were obtained and 22 were selected after analysis. The clitoris is widely accepted as the most important structure for female sexual pleasure and orgasm is always possible if there is proper stimulation; excitement and orgasm were inversely correlated with clitoral size; women with anorgasmia had a smaller glans and clitoral components more distant from the vaginal lumen; women may experience multiple orgasms; the sexual response of the clitoris is not affected by aging but smoking favors a decrease in tissue perfusion, impairing sexual performance; orgasm is most often reported after self-manipulation of the clitoris, manipulation by partner, oral sex and less frequently during vaginal penetration. Conclusions: Vaginal orgasm is associated with vaginal sex education by focusing attention on vaginal sensations, leading to overvaluation of intercourse duration and penis size. It is essential to emphasize the role of the clitoris and to educate about this important and fundamental organ of female sexuality. Knowing the clitoris anatomy allows a better understanding of what gives women pleasure and avoids the idea of pathological pictures in the absence of vaginal orgasm.
DIAGNOSTIC APPROACH OF HEPATIC HYDATIC CYST: WE CAN USE THE ULTRASOUND IN PRIMARY CARE.

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Aims: Male, 39 years old, no drinking habits. Mental retardation due to neonatal anoxia. No treatment at present. He consulted for abdominal pain in right hypochondrium for several months, continuously, not modified with meals or movements, no nausea or vomiting, no alteration of bowel habit. Description: Abdomen depressible with pain in palpation of right hypochondrium, no masses or visceromegalies. The only alteration in the blood test was little hypertransaminasemia. The ultrasound done in primary care showed a liver of heterogeneous bright echogenicity with evidence of space-occupying lesion of 11x10 cm in right hepatic lobe that impresses of simple cyst. Due to this finding, an abdominal scanner was requested. It showed a focal right hepatic lesion located in segments VII-VIII that corresponds to a cystic lesion, unicameral, without septa in its interior. It presented a peripheral calcification in the cranial pole of the lesion that corresponds to ultrasound criteria of simple cyst. The results of the scanner were similar to those of the ultrasound. Analytical is extended with serology of hepatitis A, B and C, HIV and serology of hydatidosis, all negative except Echinococcus granulosus. Treatment was prescribed with Albendazole 400mg, for 3 months, with clinical and analytical improvement. Conclusions: Hydatidosis is a disease due to the development in the human organism of cystic tumors that correspond to the larval stage of Echinococcus granulosus. The liver is the most affected organ. Traditionally, hydatidosis was considered a disease whose only treatment was surgery, providing healing in percentages close to 80% of patients, although in recent years pharmacological treatments have begun, with mebendazole and albendazole, and radiological interventionists.
PAIN IN THE RIGHT HYPOCHONDRIUM: THE SURPRISES OF ULTRASOUND IN PRIMARY CARE

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Aims: A 71-year-old patient consulted in a primary care center for diarrhea of more than 4 weeks of evolution without pathological products. No nausea or vomiting. Occasionally pain in right hypochondrium. No loss of appetite or loss of weight. Personal history: Well controlled hypertension with valsartan. He does not smoke, he does not drink alcohol. No previous surgical interventions. Description: Abdomen depressible, with palpable mass of hard consistency and considerable size in right hypochondrium, painful to deep palpation. Ultrasound is performed in primary care with the finding of heterogeneous nodular lesion of 12x8 cm, dependent on liver parenchyma, with vascularization inside. The patient was sent to hospital emergencies. It was done a blood test with normal results, showing normal hepatic parameters and negative serology for hepatitis. All tumoral markers were normal, even the AFP. But abdominal scanner suggested dependent adenoma of right hepatic lobe. It was decided to refer to Surgery for right hepatectomy. The result of the pathological anatomy is of well-differentiated hepatocarcinoma. Resection edges free of neoplasia. Liver without signs of cirrhosis, with mild macrovesicular steatosis. Conclusions: Hepatocarcinoma is the most frequent primary hepatic neoplasm. It appears on cirrhotic liver in more than 90% of cases. When sitting on a non-cirrhotic liver, pain in the right hypochondrium is usually the most frequent symptom. Ultrasound is the test used in the initial evaluation, and it is available to do in primary care. Although, as in the case of our patient, it is difficult to make the differential diagnosis between well-differentiated hepatocarcinoma and hepatic adenoma, only managed by histological study.
THE MYSTERIES OF ARTHRITIS

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Aims: A 38-year-old woman with a history of autoimmune hypothyroidism and asthma. Fibromyalgia in follow-up by the pain unit without pain improvement. Chronic fatigue syndrome and psoriasis. Current treatment with duloxetine, pregabalin, diazepam, mirtazapine, levothyroxine, omeprazole and montelukast sodium. Since two weeks before, she began with joint pains, with swelling, erythema and polyarticular, symmetrical temperature increase in hands, elbows, knees and feet, with morning stiffness of less than 30 minutes, not fever but an increase in her usual asthenia. Description: Treatment was started with naproxen and analytical with a rheumatologic profile and x-ray of the hands and knees were requested. The results of the blood test were normal even with uric acid, C-reactive protein and rheumatoid factor negative. The x-ray of hands and knees showed no pathological alterations. Due to the persistence of the symptoms despite the treatment, and with the normal analytical study, it was decided to rule out celiac disease due to the autoimmune processes associated with the patient's clinical history, having a positive result. We had great clinical improvement of the arthritis and her other problems just removing the gluten of her diet. Conclusions: Celiac disease is a systemic autoimmune disease that has frequent clinical manifestations in rheumatological diseases, such as chronic musculoskeletal pain, asthenia and mental fatigue. It is associated with other autoimmune diseases, such as Sjögren’s disease. It is an emerging disease that is being seen that can be associated with fibromyalgia, spondyloarthropathies and autoimmune diseases, and we should always rule it out when we have other autoimmune pathologies.
YELLOW AND ANGRY: AUTOIMMUNE HEPATITIS, A CASE REPORT

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Aims We try to emphasize the importance of considering in differential diagnoses an entity that has a relatively low prevalence such as autoimmune hepatitis (0.02% of the population, occurring more frequently in young adult women), since a correct diagnosis has a great influence on the prognosis. Description We present the case of a 31-year-old woman with no relevant medical history, with complaints of asthenia, anorexia, depressive mood and weight loss for two months, beginning coincidentally with her father’s death and six months after a twin pregnancy with gestational diabetes. She was first treated with antidepressants by her psychiatrist without improvement. She presented to our health facility due to worsening of her general condition and the appearance of vomiting, diarrhea and jaundice. An analytical study was requested, which showed macrocytic anemia, abnormal hepatic profile (mixed pattern of cholestasis and cytolysis), HBV, HCV and HIV serologies were negative and CMV serology positive (IgM and IgG), and the ultrasound showed homogeneous hepatosplenomegaly. Due to its progressive worsening, she was admitted to the hospital, where the study was completed (ANA, ASMA, ANCA and AAA positives, upper and lower digestive endoscopy with signs of proctocolitis, liver biopsy with chronic hepatitis lesions), so the diagnosis of autoimmune hepatitis was made. Treatment with azathioprine and prednisolone was initiated with clinical improvement in the following months. Conclusions Autoimmune hepatitis is a chronic disease of progressive nature, with a little-known etiology, usually with a fatal outcome if not treated. Early diagnosis and treatment increase the patients' survival and improves their quality of life.
DOCTORS AS PATIENTS: A QUALITATIVE STUDY EXPLORING THE DISTRESS AND MENTAL HEALTH DIFFICULTIES EXPERIENCED BY A SAMPLE OF ENGLISH GPs AND THE BARRIERS AND FACILITATORS TO GETTING EFFECTIVE SUPPORT.

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Aims: A great deal has been written about the increasing work pressures affecting UK general practitioners (GPs), together with significant financial constraints and difficulties recruiting new GPs to replace those leaving or retiring. Something less explored is the emotional and mental health difficulties experienced by many. The aim of this study was to obtain verbatim accounts from practicing GPs about symptoms they had experienced of anxiety, depression, stress and burnout, as well as the barriers and facilitators to getting effective help for these, with the longer-term aim of improving access to support. Methods: This was a qualitative study, involving in-depth interviews with 47 English GPs from different areas. They were asked to classify themselves as: i) currently living with mental distress (defined as anxiety, depression, stress or burn-out), ii) returning to work following treatment for such problems, iii) off sick or retired early due to mental health issues, or iv) considering themselves mentally healthy, but with opinions about how colleagues might seek help. Results: We obtained a great deal of very rich and sometimes troubling data, which could be classified into three main themes: (1) Sources of significant stress and/or distress for GPs; (2) GPs experience of living and working with distress/mental illness; (3) Barriers and facilitators to help-seeking. Many of those interviewed were living and working with significant levels of mental distress. Many had experienced difficulty getting effective help, mainly because of a reluctance to disclose these problems and/or concerns about the confidentiality of local services. Conclusions: I will suggest some potential interventions, including at an individual GP, general practice and more systemic level.
PAIN MANAGEMENT: OPIOID ROTATION

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Aims: A 70-year-old patient who complains of back pain even after increasing treatment with tapentadol, causing side effects. Descriptions Personal History: No allergies, hypertension, dyslipidemia, colic-ureter, a herniated disc. Medical history: a man of 67 years, who went to the emergency room for low back pain. Denies loss of strength or control of the sphincters, semiology infectious disease, decreased urine output, or pain at any other level. Physical Examination: palpation and percussion of painful spinous processes, contractures bilateral paravertebral, lasegue positive. Rx control no change with respect to previous signs of alarm. Patient with last revision in traumatology, which denied surgery and is derived to Unit of pain. After onset of analgesia and increasing doses of tapentadol, for your map above, is presented in consultation with criticism of the increase of analgesia without improve pain control and producing adverse effects such as nausea and constipation. In the face of poor control of pain and intolerable side effects, there is a rotation of opioids (ROP), explaining to the patient how to operate and what are the advantages and disadvantages. Is removed tapentadol, and starts treatment with oxycodone/naloxone, taking into account the tables of equianalgesic doses. Be evaluating every 4 days for two weeks by adjusting dose up to better control of pain and decrease side effects, which can be obtained at week 4 of the rotation Conclusions The ROP is shown as a useful and effective tool in the management of opioid toxicity, as well as in the management of pain is difficult to control. The variability of the conversion tables should not be an impediment in their use, always and when circumstances require.
FOUR PHYSICAL THERAPY MODALITIES IMPROVE DERMAL BLOOD FLOW IN TYPE 2 DIABETIC PATIENTS WITH PERIPHERAL DISEASE IN LERICHE-FONTAINE STAGE II.

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Background: Type 2 diabetes is one of the main causes of peripheral vascular disease. Peripheral arterial disease is an important marker of cardiovascular risk. Objective: The objective of this study was to determine the effects of a program of 4 physical therapy modalities on feet dermal blood circulation in patients with type 2 diabetes with peripheral arterial disease. Method: A randomized controlled trial was undertaken. Sixty-eight patients with type 2 diabetes with Leriche-Fontaine stage II peripheral arterial disease were randomly assigned to an exercise or placebo group. For 25 weeks, the exercise group underwent treatment comprising 4 exercises at proximal, medium, distal segments of the lower limbs with a combination of finger foot positions simultaneously; and the placebo group received sham treatment with disconnected ultrasound equipment. Peripheral arterial disease was determined by evaluating the ankle/brachial index, dermal Doppler flow velocity, blood parameters, cardiovascular risk score, and heart rate during four exercise modalities. Results: After 25 weeks of treatment, significant differences between groups were found in the following: Dermal Doppler flow velocity (cm/s) in the right foot (p < 0.040) and left foot (p < 0.039), right (p < 0.021) and left (p < 0.019) ankle/brachial index; and fibrinogen (p < 0.048), hemoglobin (p < 0.043), cholesterol (p < 0.032), high-density lipoprotein cholesterol (p < 0.039), and HbA1c (p < 0.046) values. There was no significant difference in low-density lipoprotein cholesterol values (p < 0.098) between the groups. Conclusion: A program of four physical therapy modalities on lower limb with finger movements improves ankle/brachial index, dermal Doppler flow velocity, and blood parameters in patients with type 2 diabetes.
THE BURDEN OF THE TREATMENT WITH THERAPEUTIC EXERCISE IN CHRONIC RHEUMATIC PATIENTS WITH KNEE AND HIP DISABILITIES ARE INFLUENCED BY SOCIO-DEMOGRAPHIC, AND MEDICAL FACTORS RELATED TO EXERCISE.

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Background: Rheumatic diseases represent one of the most important burdens of disease. It represents an important load for people, health care systems, and disability. It also has a major impact on loss of productivity and decreased quality of life. Objective: To assess the burden level of treatment with therapeutic exercise in chronic rheumatic patients with hip and knee pathologies. Methods: A transversal study was conducted with 227 rheumatic patients, 17.3% men and 82.7% women, with an average age of 49.91 (23.44) years, who were diagnosed with a chronic illness affecting their knee or hip joints and who performed therapeutic exercise. They completed the Exercise Therapy Burden Questionnaire along with their socio-demographic and health characteristics and with those related to exercise mode. A component factor analysis was performed and the internal consistency was assessed with Cronbach's Alpha. Results Significant results were obtained in the comparison by gender, age, level of education, professional status, profession, medical diagnosis, time of disease diagnosis, comorbidity, and type of exercise performed by the patient. The factor analysis of principal components was of two dimensions, component 1) physical exercise burdens for the patient and component 2) psychosocial burdens of the exercise for the patient. The Cronbach's Alpha Index resulted in being of 0.829 [0.792-0.861] for the total ETBQ, 0.71 [0.62-0.77] for component 1, and 0.825 [0.788-0.858] for component 2. Conclusion The burden through the treatment with therapeutic exercise in patients with hip and knee chronic rheumatic disease, can be increased or decreased according to the socio-demographic and health characteristics, and those related to the type of exercise performed by the patient.
ADAPTATION OF THE EXERCISE THERAPY BURDEN QUESTIONNAIRE ASSOCIATED TO EXERCISE THERAPY FOR THE TREATMENT OF CHRONIC DISEASE.

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Background Chronic diseases are defined as those diseases lasting more than twelve weeks, causing some type of disability. The treatment of a chronic disease must be followed for life in most cases, so in addition to carrying a routine medication treatment, medical consultations, is added to exercise regularly. Objective Adapt the Spanish version of the Exercise Therapy Burden Questionnaire (ETBQ) for the assessment of the barriers associated with physical therapy for the treatment of chronic diseases. Methods The questionnaire was translated using the back-translation method. A sample of 177 patients was recruited to carry out the validation process of the questionnaire in Spanish. The validity of the instrument was evaluated through the process of validation of the divergence and factorial analysis. The reliability of the questionnaire was tested with the Cronbach’s Alpha coefficient. Results The factorial analysis determined three dimensions: 1) Physical limitations for carrying out physical exercise. 2) General limitations for carrying out physical exercise. 3) Limitations produced by the patient predisposition to practice exercise. The reliability of the test-retest was measured through the Bland Altman graph, and the intraclass correlation coefficient (ICC). Cronbach’s alpha was 0.8715 for the total ETBQ. The CCI of the test-retest was 0.745, and the Bland Altman chart showed no systematic trend. Conclusion A adapted version translated into Spanish of the ETBQ questionnaire has been obtained. This questionnaire has shown to have very good metric properties for research and clinical areas.
WORKPLACE VIOLENCE AGAINST NURSES IN A TERTIARY CARE HOSPITAL IN BAHRAIN (2016)

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Introduction: One of the most contemporary forms of violence is that which occurs in the workplace. It is one of the most complex occupational hazards facing nurses working in today’s healthcare environment. Aim: To raise the public’s attention in regard to the magnitude of the problem of violence against nurses and to recommend, where deemed possible, relevant policies to protect them. Methods: The prevalence of violence against female nurses and the difference of exposure to violence between Bahraini and non-Bahraini ethnicities were both measured. It was hypothesized that female nurses are exposed to violence at work with non-Bahrainis being more exposed to violence. A cross-sectional study was done in which 400 questionnaires were distributed within Salmaniya Medical Complex with 345 returned (86% response rate). Results: The study showed that 61.4% of the nurses had experienced violence in their workplace. In terms of violence perpetuation, it was showcased that the main perpetrators were patients (61.1%), hospital visitors (54.4%) and medical doctors (23.4%). In regards to the difference between Bahraini and non-Bahraini female nurses, verbal abuse was more significant (p-value=0.00) in non-Bahrainis whereas sexual abuse (p-value=0.01) was more significant in Bahrainis. Conclusion: The study has identified the existence and seriousness of workplace violence towards female nurses in Salmaniya Medical Complex. It is recommended that serious policies are implemented to protect medical personnel.
EVIDENCE AND APPLICABILITY OF SULODEXIDE: THEME REVIEW

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Aim(s) and background: Sulodexide is a highly purified mixture of glycosaminoglycans composed of a fast-moving heparin fraction (80%) and dermatan sulfate (20%), with a low molecular weight, a high oral bioavailability, and antithrombotic and profibrinolytic activity. The pharmacological effects of sulodexide differ substantially from other glycosaminoglycans and are mainly characterized by a prolonged half-life and reduced effect on global coagulation and bleeding parameters. This review aims to analyze the evidence associated with the use of sulodexide as a glycocalyx restorer and protector. Material & method: A literature research was carried out in the appropriate databases of randomized, controlled clinical trials, systematic reviews and guidelines, published in the last decade, both in English and Portuguese. Results: In this review, we will discuss the different vasculoprotective effects exerted by the endothelial glycocalyx. Sulodexide has been used clinically for the prophylaxis and treatment of vascular diseases with increased risk of thrombosis, including intermittent claudication, peripheral arterial occlusive disease and post-myocardial infarction. Also investigated in the treatment of diabetic kidney disease and diabetic neuropathy and retinopathy, senile macular degeneration and retinal vein occlusion, in restoration of endothelial glycocalyx in sepsis, etc. Conclusions: Cumulating evidence suggests that an intact glycocalyx protects the wall, whereas disruption of the glycocalyx upon atherogenic stimuli increases vascular vulnerability for micro and macro atherogenesis. Sulodexide reduces the inflammatory reaction and senescence of endothelial cells. New anti-inflammatory properties have also extended its use in other diseases.
WONCA WORKING PARTY ON WOMEN AND FAMILY MEDICINE (WWPWFM) AND WONCA SPECIAL INTEREST GROUP IN FAMILY VIOLENCE (SIGFV) WORKSHOP AND VASCO DE GAMA –PRACTICAL SKILLS WORKSHOP ON TRAINING GPS IN RESPONDING TO FAMILY VIOLENCE.

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AIMS: With growing recognition of the role that GPs play in identifying and responding to family violence and intimate partner abuse, this workshop is a practical training session to equip GPs with knowledge skills and confidence to ask and respond appropriately to disclosure. DESCRIPTIONS: The workshop is based on GPs needs identified through previous WWPWFM and SIGFV family violence workshops at Wonca meetings, the WHO Clinical Handbook and the RACGP Abuse and violence - Working with our patients in general practice clinical guidelines. This is a foundation identification and response to family violence skills building workshop Workshop format 90 mins at least, could be 2 hours The workshop will focus on 3 areas of skills train and development, It will consist of a brief overview, discussion of skills and strategies, and then the opportunity for participants to practice new skills in a safe and supported environment. This will include case studies and role playing opportunities. The areas covered are 1 Identification and initial response and validation- how to identify, ask about and respond to initial disclosure of intimate partner abuse 2 How to assess risk and assist women to reflect on their own safety and their children’s safety. 3 Ongoing management and counseling strategies. Whilst recognizing that optimum management involves a multidisciplinary approach, there are effective counseling strategies that GPs can use to assist survivors of abuse. The workshop will conclude with a plenary discussion and tips on GP self care when working with survivors of abuse. CONCLUSION: This interactive, experiential training workshop will provide firm foundations for participants in identifying and responding to family violence.
ENHANCING RESEARCH CAPACITY IN FAMILY MEDICINE RESIDENCY PROGRAMMES: PERSPECTIVES FROM EGPRN, EURACT, EURIPA, EQUIP AND VASCO DA GAMA

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Background and Aim Extending research capacity in GP/FM, followed by the development of evidence based practice, alleviates a lack of research output within the discipline of GP/FM. The most promising way to this would be a more proactive approach toward research in Family Medicine residencies. Since Family Physicians consider research to be a reserved field for academic departments, young rural doctors as well as other solo practicing doctors face the most difficult obstacles in this field. Involving all trainees in a research project during their training may help to alter this perception and develop understanding, as a solid base to develop research in GP/FM. A survey of 28 European countries identified that only approximately 50% of training programmes currently contain a mandatory research module. Aims To describe the different approaches taken to this topic To provide specific examples of projects done by trainees To explore a possible approach to training for research To explore the challenges of introducing research into the syllabus. Method This WS will consist of the following teaching methods: presentations from EGPRN, EURACT, EURIPA, EQuIP and Vasco da Gama on the above topics and plenary discussion. These presentations will include examples of projects completed and some qualitative data, gathered by young doctors’ experiences of participating in research during residency programmes. Results The expected results from this WS include the collection of strengths, weaknesses, opportunities and threats during the implementation of research in specialty training curricula. Best practice- will be identified. Conclusion This WS will bring together expertise from five of WONCA Europe networks with different points of view to explore this important topic.
ACHIEVING CHANGE IN PRESCRIBING BEHAVIOUR, MEDICINE USE AND HEALTH OUTCOMES IN AN ELDERLY POPULATION - SUCCESSES AND LESSONS FROM 10 YEARS OF THE VETERANS MATES PROGRAM.

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Aim: To demonstrate how routinely collected administrative claims data can be used to bridge the evidence-practice gap in primary care to improve the use of medicines and health outcomes. Background: For over 10 years the Australian Government Department of Veterans Affairs (DVA) has provided Veterans’ MATES (Veterans’ Medicines Advice and Therapeutics Education Services). The targeted program, the materials of which are underpinned by theoretical frameworks, successfully translates research into practice. Method: The program utilises DVA health claims data to provide patient-specific feedback to General Practitioners. Supportive educational material developed by a clinical reference group, peer reviewed and overseen by a national editorial committee is also provided. Educational material is provided to veterans and other health professionals involved in the patient’s care. Interventions are delivered four times a year. Stakeholder engagement underpins all activity. Evaluation includes surveys and observational studies. Results: Over 295 000 veterans and 33 000 GPs have participated. On average 82% of responding GPs and 78% of responding veterans found the materials helpful. The insomnia program resulted in 116 000 fewer patient-months of treatment with hypnotics. The osteoporosis program resulted in 25 000 additional patient months of treatment. Engaging veterans leads to more success; we found a relative increase in renal function tests (1.27, CI:1.08-1.50, p=0.003) among veterans who became aware of the issue as a result of the program. Conclusion: Key factors contributing to the success include the program’s grounding in behavioural theory, strong stakeholder engagement and the promotion of a consumer-health professional partnership approach.
ELECTIVE CAESAREAN SECTION IS ASSOCIATED WITH EARLY CHILDHOOD OVERWEIGHT/OBESITY AT 12 MONTHS OF AGE

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Aims: Global caesarean section (CS) rates have more than doubled over the past two decades, with increasing contribution from elective CSs performed on maternal request. CS has been linked to childhood overweight and obesity, but limited studies have examined emergency and elective CSs separately. This study examined if emergency or elective CS was associated with infant weight status at age 12 months. Methods: 728 infants from the GUSTO (Growing Up in Singapore Towards healthy Outcomes) mother-offspring cohort in Singapore were studied. Delivery mode was obtained from clinical records. Infants’ anthropometry were measured at age 12 months; body mass index-for-age z-scores were calculated based on the 2006 WHO Child Growth Standards. Overweight and obese infants were defined according to a z-score>1. Associations were analyzed with multivariable logistic regression models. Results: 30.5% of infants were born via CS, of which 33.3% were elective. Overweight/obesity prevalence at age 12 months was 14.5%. Elective CS was significantly associated with overweight/obesity at age 12 months after adjusting for ethnicity, maternal age, education, BMI, parity, antenatal smoking, gestational diabetes, hypertensive disorders, birth weight for gestational age, and child’s sex (OR 2.01; 95% CI 1.06-3.81). This association persisted even after further adjustment for infant feeding during 1st 6 months, a potential mediator between delivery mode and childhood overweight/obesity (OR 1.99; 95% CI 1.05-3.79). Conclusions: Our study suggests that choice of delivery mode may influence childhood overweight/obesity. Healthcare providers are encouraged to discuss potential future implications of elective caesarean delivery on child metabolic outcomes with patients of childbearing intentions.
MODIFIABLE CARDIOVASCULAR RISK FACTORS: ARE THERE ANY VARIATIONS IN PATIENTS WITH DIFFERENT GRADE OF ATHEROSCLEROSIS?

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Aims The assessment of control of modifiable risk factors among patients with peripheral artery disease (PAD) referred from primary health care (PHC) to the hospital angiology ward. Methods Design: Observational, cross sectional study. Setting: admission department in angiology ward. Population: Patients referred to the hospital angiology ward. Measurements: The results of control of dyslipidemia, hypertension (HT), diabetes mellitus (DM) and prevalence of cigarette smoking were assessed among PAD patients with coronary artery disease (CAD) diagnosis (CAD group) and without CAD (nonCAD group) in an admission day to hospital. Results The study population included 154 patients (CAD group - 66 and nonCAD group - 88 subjects) with median age 66 (IQR 60-74) years, 69.5% men. The study groups presented similar grades of PAD classification by Rutherford as well as frequency of previous peripheral revascularization. CAD group was older: 70.5 (IQR 64-77) vs 64.5 (IQR 59-72) yrs., p=0.002. Prevalence of DM, congestive heart failure (CHF) and history of cerebrovascular events were significantly higher in CAD group (respectively: 43.5 vs 26.1, p=0.021; 31.8 vs 34.1, p<0.001; 26.7 vs 9.1%, p=0.005). More patients in CAD group were treated with statins (87.9 vs 71.6%, p=0.014), however there was no statistically significant differences in frequency of using aspirin (81.8 vs 70.4%, p=0.105). Patients in CAD group had statistically significantly lower systolic blood pressure (120 (IQR 110-130) vs 130 (IQR 120-140), p=0.043) and less of them were active smokers (22.7% vs 39.8%, p=0.043). There was no statistically significant difference in both groups in: percentage of individuals who reached target values of LDL cholesterol (LDL-C) and blood pressure (42.4 vs 29.6, p=0.097; 78.8 vs 80.7, p=0.772). There were no differences in median concentration of fasting glucose, LDL-C, HDL-cholesterol and triglycerides. Conclusions Patients in CAD group in comparison to those in nonCAD group presented more comorbidities (DM, CHF and prior cerebrovascular events) and were more often treated with hypolipidemic drugs. Minority of individuals in both groups have reached target values of LDL-C.
SEQUENTIAL THERAPY VS. STANDARD TRIPLE THERAPY IN HELICOBACTER PYLORI ERADICATION – WHAT’S THE EVIDENCE?

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Aims: To review the evidence for the effectiveness of triple therapy (TT) and sequential therapy (TS) in the eradication of Helicobacter pylori infection (H. pylori). Methods: Clinical practice guidelines (CPG), systematic reviews (SR), meta-analyses (MA) and randomized controlled trials (RCT) were searched in the main scientific databases, using the MeSH terms “Helicobacter pylori” and “Disease eradication”. Articles published between January 2012 and December 2016 in Portuguese, Spanish and English languages were selected. The Strength of Recommendation Taxonomy (SORT) was used for the assignment of levels of evidence and the strength of recommendations. Results: A total of 12 articles were selected out of 112 articles found. These included 1 CPG, 7 MA, 2 SR and 4 RCT. The CPG recommend TT as the preferred treatment. The 7 MA and 2 RS showed the superiority of ST in the eradication of Helicobacter pylori (ranging from 81 to 95.6%) compared to the TT (for 7–10 days, consistently <80%). The 2 EAC had overlapping findings with the MA and RS. Conclusions: TS has superior efficacy compared to TT and should be considered as the first line of therapy for eradication of H. pylori infection (SOR A). When compared to TT for 14 days, conventional TS appears to have a similar rate of eradication. When given for more 14 days, TS is better than TT (SOR B). In areas of high resistance to clarithromycin, metronidazole or both, as in Portugal, TS is better than TT (SOR A).
THE IMPORTANT ROLE OF GENERAL PRACTITIONER IN OPPORTUNITY SCREENING OF ATRIAL FIBRILLATION

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Objective: Atrial fibrillation (AF) is the most frequent arrhythmia in clinical practice. Aim: GP plays an important role in screening of AF. We focused on patients with AF risk factors: arterial hypertension, heart failure, overweight/obesity, age > 65 years, and chronic obstructive pulmonary disease (COPD). Methods: Recruited were all patients with at least one of these risk factors and patients with "warning signs of AF" as palpitations, fatigue, dizziness, chest pain or any changes in cognitive functions. We checked the pulse, blood pressure and body weight. When we found irregular pulse we performed ECG. We assessed the stroke risk according to CHA2DS2VASc and HASBLED scores by patients with AF. Results: The total number of registered patients at our GP office was 2450 (96.4%). Recruited were all patients with the risk factors of AF during a 7 month period. AF was detected on ECG in 13 patients. Total number of patients with AF at our practice is 89, meaning the prevalence of 3.6%. The average age of AF patients with AF was 73.5 years. The most common risk factor is arterial hypertension (100%). The second common risk factor is obesity 50% found in 45 patients (50%) and the third one is overweight - in 33 patients (37.1%). Conclusion: Atrial fibrillation is affecting 1-2% of adult population. In our study the prevalence of AF was 3.6%. Our study indicated how important the opportunity screening of AF is. In the short period of 7 months AF was detected in 13 patients. GP can significantly contribute to a diagnosis and to the prevention of AF just simply and easy: by checking the pulse, controlling the blood pressure, controlling weight and initiating anticoagulation therapy without any delay.
PERFORMANCE AND QUALITY OF CARE IN PRIMARY MEDICINE: THE ROLE OF PHYSICIAN-RELATED FACTORS

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Aims: To assess the important physician-related factors, and particularly specialty, that may affect the provision of primary care in Israel, in terms of quality of care and utilization of consultation-services. Methods: For the current cross-sectional study, data were collected on all primary care physicians in two districts of the largest health organization in Israel, with at least 500 individuals during the study observation period between (6/2012 -5/2013). The following data were collected: self and patient characteristics, specialty (general practitioners, specialists in Family Medicine, and specialists in other medical professions), as well as 29 performance indices. Results: A total of 330 primary care physicians were eligible for the present analysis. A significantly (P<0.001) higher hospital consultation per 1000 capita rate was recorded among family medicine (FM) specialists (0.58) compared to general practitioners (0.48). In a multivariable model the following factors associated significantly (P<0.05) with referrals to consultations in hospitals: physician specialty, and large number of patients (n= 1500 to 2400). Increasing proportion of patients who are social-security beneficiaries associated with lower rate of referrals to consultations. Number of patients was the single significant (P<0.05) predictor of referrals to consultations in community care. In a multivariable analysis, only few areas (controlled blood pressure in high risk patients, achieving target LDL in low-risk patients and use of beta-blockers for post-MI patients) have shown significant differences between specialties. Conclusions: The results of this study indicate that physician's specialty moderately affects hospital consultations and few quality indices in treating chronic patients. Nonetheless, the results indicate that system-related and patient-related factors have a stronger effect of physician performance.
ANTI-RESORPTIVE TREATMENTS. HOW ARE WE USING THEM?

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Aims: The evaluation of the dispensing of anti-resorptive drugs in a region in Spain over one year. Methods: The analysis of the dispensing of anti-resorptive drugs over 2016 in Cantabria (581,769 inhabitants), evaluating the final repercussions on spending. The pharmaceutical consumption was calculated using the spending, the total number of prescriptions, the daily dosage defined for each 1000 inhabitants/month (MDM), and this allowed us to compare consumption between different areas. Results: Treatments for osteoporosis equalled, in 2016, 3.28% of total spending (the 36th medical group with the highest spending). Evaluating spending vs active ingredient: Teriparatide (40.37% vs 3.44%), Denosumab (22.56% vs 3.4%), Alendronate + Vit D (7.92% vs 10.45%), Risedronate (6.11% vs 10.23%), Alendronate (3.49% vs 9.63%), Ibandronate (2.77% vs 7.03%), Bazedoxifene (1.8% vs 1.8%), Raloxifene (1.36 vs 2.28%), Strontium Ranelate (0.94% vs 0.03%), Synthetic Salmon Calcitonin (0.017% vs 0.02%), Etidronate (0.0004% vs 0.001%). The dosage /1000 inhabitants /month (DM) for Denosumab is 147.3; for Risedronate, 69.9; for Alendronate; 64.36; for Ibandronate. 51.8; for Teriparatide. 22.58; for Raloxifene, 15.03; for Bazedoxifene, 11.91; for Alendronate associated with Cholecalciferol, 1.78; for Strontium Ranelate, 0.23; for Calcitonin, 0.05; and for Etidronate, 0.01. Conclusions: Treatments for osteoporosis are the 36th highest spending medical group. Teriparatide (2,282,694.78 euros) and Denosumab (1,275,937.04 euros) have the highest spending, occupying the 11th and 30th positions on the chart for total spending on pharmaceuticals. By prescription, the highest are Alendronate + Vit D and Risedronate.
ANALYSIS OF THE USE OF NEW ORAL ANTICOAGULANTS IN A REGION IN SPAIN

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Aims: The use of the new oral anticoagulants (NOACs) is becoming more and more widespread, using more and more pharmaceutical resources. This study analyses the dispensing of NOACs in a region in Spain over one year. Methods: An analysis of all the dispensing of NOACs carried out over 2016 in Cantabria (581769 inhabitants), evaluating the final repercussion on spending. Rivaroxaban, Apixaban, Dabigatran, and Edoxaban were analysed. The pharmaceutical consumption was calculated using the spending, the total number of prescriptions, the daily dosage defined for each 1000 inhabitants/month (DIM), and this allowed us to compare consumption between different areas. Results: NOACs equal 3.27% of total spending, at 5,624,912.87 euros and 95.72% of the spending on this medical group. In order by cost, Apixaban was the highest (44.72% and 19.93% of total prescriptions) in 9th position on the spending chart, followed by Rivaroxaban (29.06% and 12.44% of prescriptions) in 17th position, Dabigatran (21.834% and 9.07% of prescriptions) in 30th position, and Edoxaban (0.3% and 0.13%) in 542nd position. Acenocumarol equalled 4.1% of the spending and 55.99% of prescriptions (161st position) and Warfarin equalled 0.16% and 2.42% of prescriptions (539th position). The dosage/1000 inhabitants/month (DIM) for Apixaban is 3.16, for Rivaroxaban it is 2.43, for Dabigatran it is 1.69, and for Edoxaban it is 0.02. Conclusions: NOACs are medicines that are being prescribed more and more. They already comprise 3% of total spending on pharmaceuticals, and almost 95% within this medical group. Apixaban (2,628,203.01 euros), Rivaroxaban (1,707,703.12 euros) and Dabigatran (1,271,039.44 euros) are the ones that are used the most, occupying 9th, 17th and 30th positions in total pharmaceutical spending.
GEOGRAPHICAL INFORMATION SYSTEM USAGE TO BUILD VILA VELHA HEALTH
UNITIES COVERAGE AREAS MAPS

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Aims: to standardize the health unities maps data collection and configurations, enabling a computerization based in the
Geographical Information System to build Intelligent Maps, which can be divided or grouped to organize health projects
and interventions to the Public Health Unities assisted community. Methods: It was created an epidemiological form in
partnership with the Family Health Unity Team, standard in the Epi Info Platform to collect data. It was uniformed the
Intelligent Maps building using georeferencing software (ArcGIS). The analyzed data collected was from 2016 to 2017,
with the Epi Info epidemiological form and building the Intelligent Map with ArcGIS. The study was submitted and
approved by the Vila Velha University Ethics Committee on Human Research. Results: a total of 11,886 forms were
fulfilled by Vila Velha University Medical students, representing nine Family Health Unities coverage areas and 104
thousand inhabitants in Vila Velha, Brazil. 2,477 were elderly, 2,911 hypertensive and 786 diabetics. With the data
collected, 12 intelligent maps were built, containing the most common health conditions in the Public Health System
assisted community, in Brazil. Conclusions: The Vila Velha Family Health Unities coverage area data collection
standardization and the Intelligent Maps configurations were accomplished. It was determined the computerization
process possibility to territorialized the coverage areas with the intelligent map building in the Family Health Unities, but it
was also detected the lacking of technological resources found in the majority of the unities, which can be a great
obstacle to achieve the implementation of the standard intelligent map building proposed to Vila Velha municipality, in
Brazil.
MENARCHE, FIRST COITUS AND FIRST PREGNANCY AVERAGE AGE EVALUATION IN A COHORT OF 393 ADOLESCENTS, IN BRAZIL.

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Aims: to evaluate the menarche, first coitus and first pregnancy average age in a cohort of 393 adolescents, in Brazil.

Methods: retrospective evaluation of 393 patients records, of girls between 9 and 16 years old, followed by five consecutive years. The outcome variable was pregnancy and the main expositions were menarche and first coitus age in years. Results: the menarche average age was 11.9 years, without statistical difference between the subgroups: adolescents with first coitus without pregnancy (G1), with first coitus and pregnancy (G2) and without coitus (G3). Almost 33% of the girls reported first coitus (131/399), being the average age of menarche and first coitus 12 and 15.6 years, respectively. The menarche and first coitus average age in G2 were slightly superior compared to G1, with statistical significance only for first coitus (p<0.05). From 132 girls (33.1%) who referred contraception methods use, 29 (22%) denied first coitus, and 28 (21.4%) did not use any contraception methods. The oral contraceptive was the most widely used method (56.8%). The sexual partner average was 1.88, being a little greater in G2 (p<0.05). From 42 (10.1%) who got pregnant, the menarche average age was 11.9 to 1.1 years, the first coitus was 15.1 ± 1.5 years, and almost 2 sexual partners. The pregnancy average was 1, with complications during pregnancy in 18 (42.9%). The comparison with other studies demonstrated lowest percentage of pregnancy, similar menarche average age, first coitus slightly superior, but still a high index of unprotected sex. Conclusions: Despite the lower adolescent pregnancy prevalence found in this study, there is the exposition to risk behaviors with possible health damage and increase on adolescents' morbimortality.
TOBACCO COMBAT NATIONAL DAY: EDUCATIONAL ACTIONS ABOUT SMOKING CESSATION BENEFITS

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Aims: to clarify the community assisted about the body and social benefits achieved with smoking cessation, informing about the National Tobacco Control Program (NTCP) offered by the Ibes Family Health Unit (FHU) in Vila Velha, Brazil. Methods: Vila Velha University medical students in partnership with the health unit teams, carried out educational actions for Ibes FHU community in commemoration of the Tobacco Combat National Day (08/29). The actions were carried out on August 28, 29 and 30, 2017. On the first day a humanized waiting room was accomplished delivering educational pamphlets, blood pressure (BP) was checked and nutritional assessment by calculating body mass index (BMI) was performed. On the second day, a pamphlet was distributed, addressing the community in the squares, bus stops, taxi points and commerce. On the last day, a humanized waiting room was promoted, with distribution of leaflets, BP measurement, BMI and capillary glycaemia measurement (CGM). In all activities, residents were informed about the NTCP carried out by the health unit, encouraging them to participate. Results: There was great support from the population, who participated actively in the proposed activities, addressing their doubts and creating dialogue. Many people did not know about the cessation program offered by the unit, and showed interest in quitting smoking. A total of 41 patients were examined, 19 were hypertensive. 13 were eutrophic, 16 overweight, 12 obese. 28 measured CGM, 5 were higher than 120mg/dl. Conclusions: The result was positive, because there was community and professionals unity recognition of the importance of the subject, culminating in a greater demand to the program. It is suggested that activities like this be performed more routinely.
SUICIDE PREVENTION CONVERSATION CIRCLE WITH IBES’S HEALTH UNITY TEAM ON VILA VELHA, BRAZIL.

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Aims: to promote conversation circles with Ibex’s health unity team about suicide prevention, supervised by the mental health staff. Methods: the Ibex Family Health Unit (FHU) psychologist provided a theoretical material to the medical students who prepared a presentation for the Conversation Circle which was attended by the community, students, Ibex Mental Health team psychologists and two Family Health Strategy teams per day of activity, totalling the unit 6 teams. Conversation Circles were held on September 25, 26 and 27, 2017. Results: Family Health Strategy Agents, staff and nurses that participated in the Conversation Circle showed interest in the topic debated exposing their doubts and sharing reports of real cases experienced by them. The importance of these activities to guide in the daily process of work in cases of possible community suicides was recognized by the Ibex FHU’s coordinator and team. It was an enriching activity for the students approaching an important but not widely discussed subject as well as being able to share their own experiences and thoughts. Psychologists felt recognized for their participation and were valued by the students and the others subjects presented. Conclusions: After the conversation it was created a concept about suicide, its causes and risk factors emphasizing the importance of dialogue, attention to the first signs and avoiding offensive comments and judgements to the person in risk of committing suicide and his family. Activities like this are essentials to disseminate knowledge of this very delicate and present subject, strengthening the bond between FHU professionals, students and the community.
WOMEN HEALTH EDUCATIONAL ACTIONS: A WAY TO ENCOURAGE DAILY SELF-CARE AND EARLY DIAGNOSIS.

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Aims: to promote educational actions on women's health to improve daily self-care and early diagnosis, in lbes Family Health Unit, Brazil. Methods: Activities were carried out on October 02, 03 and 4, 2017. On the first day a humanized waiting room was held on uterine cervix cancer and the importance of prevention, with informative leaflets distribution, arterial blood pressure and body mass index (BMI) assessments; on the second day a lecture on uterine cervix cancer, syphilis and the importance of prevention was carried out. On the third day, educational information spots were set up and breast self-examination was demonstrated. On the second and third day, the arterial blood pressure, HGT, and BMI scans were performed. Results: The community participation was notorious. 74 women were evaluated. In 19 women aged 20 to 40 years, 3 were hypertensive, 14 normotensive and 2 borderline; In 31 aged 41 to 60 years, 11 were hypertensive, 15 normotensive, 4 borderline and 1 non-gauged; 24 women were older than 60 years, 10 were hypertensive, 12 normotensive, 1 borderline and 1 non-gauged. In 74 women, 11 presented HGT 120 mg/dl and were oriented to seek professional help, and 2 presented 312 and 426 mg/dl and were referred to the unit's doctor. Regarding BMI, in the age group of 20 to 40 years, 4 were overweight, 6 obese, 3 pregnant, 4 were not tested and the rest were eutrophic; from 41 to 60 years old, 9 were eutrophic, 10 overweight, 5 obese, and 7 were not tested; over 60 years, 6 were eutrophic, 6 overweight, 6 obese and 6 didn't perform the test. Conclusions: It is noticeable the lack of information by the community in relation to women health, which makes clear the need for campaigns in the field, in order to encourage daily self-care and early diagnosis.
NUTRITIONAL EVALUATION OF GUILHERME SANTOS MUNICIPAL FUNDAMENTAL SCHOOL CHILDREN FROM 5 TO 12 YEARS OLD IN VILA VELHA, BRAZIL.

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Aims: To evaluate the nutritional status of school children aged 5 to 12 years of the Guilherme Santos Municipal Fundamental School, through the definition of the anthropometric profile. Inform the parents of the nutritional profile of their children through feedback and propose an intervention action for children with deviations. Methods: from May to June 2017, on weekly visits to the school, all the children present were weighed and measured for nutritional assessment. The anthropometric data was analyzed and classified by age and gender. For the nutritional evaluation, the Body Mass Index (BMI) by age classification parameter for each gender was used, according to the Health Ministry Score-z table. Individual notes were delivered as feedback to the children parents. The study was submitted and approved by the Vila Velha University Ethics Committee on Human Research. Results: a total of 334 students in 14 classes, aged 5 to 12 years were evaluated. Among the 171 girls, none was underweight, 4 were thin, 115 eutrophic, 32 presented overweight risk, 16 were overweight and 4 obese. Of the 163 boys evaluated, 1 had a pronounced thinness, 6 were thin, 101 eutrophic, 26 presented overweight risk, 27 were overweight and 2 obese. Conclusions: The results found reflect a worldwide nutritional assessment characteristic, in which there is a trend towards overweight and obesity in children, which can be noticed when the parameters of overweight risk, overweight and obesity are added together. For the school staff and family members, as well as for the children themselves, nutritional assessment was essential to guide early interventions to avoid future complications, as the BMI warns of a trend that can still be modified.
SCIENTIFIC INITIATION IN MEDICAL COURSE: VILA VELHA UNIVERSITY STUDENTS’ EXPERIENCE AND PERSPECTIVE

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Aims: to analyze the medical students experience in scientific initiation projects, characterizing their production profile and evaluating the aggregated value to their academic life. Methods: the data was collected using a form application through an interview with Vila Velha University medical students, who participated in the scientific initiation program from August 2016 to July 2017, during the final paper presentation. Results: 23 medical students were interviewed. The majority sought to do scientific initiation because of the possibility of extra points in the medical residency selection processes. 52 % started their projects after third year. From the 23 projects, 10 used qualitative methodology, 9 were quantitative, and 3 were quasi-quantitative, and 65% had no laboratory experience. Only one student did not finish his project in one year, and 18 evaluated the received orientation as excellent or good, and 3 as regular. From the total evaluated, 60 % did not accomplished publication, 30 % are expecting the journal evaluation on the article submitted and 2 students published book chapters. 22 students considered their initiation period usefulness as good or excellent, in which only 4 would not take scientific initiation again. All the students recommended the scientific initiation as an extracurricular academic activity. Conclusions: the majority of the students recognized the scientific initiation as a way to gain points in the medical residency selection processes, but did not accomplished publication. The scientific initiation can favor academic pro activity and initiate the future doctor in the research process, essential to keep them updated during their professional career.
PARTICIPATORY FLASH ESTIMATIVE IN IBES FAMILY HEALTH UNITY IN VILA VELHA, BRAZIL.

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Aims: to identify health needs from the population perspective, in partnership with the health professionals, engaging the community in the definition of their own problems and search for solutions. Methods: the Participatory Flash Estimative (PFE) was performed in three stages, from March to June, 2017. The first stage consisted in the work process definition with the health team, scheduling key informants household visit. Followed by the data collection through the form application. The collected data was organized in worksheets, and presented in graphical and descriptive manners, discussed with the health team and community. The study was submitted and approved by the Vila Velha University Ethics Committee on Human Research. Results: the majority of the subjects interviewed were retired, with fundamental and high school level, and the only form of community interaction was through religious groups; in the opinion of the subjects, the diseases mostly occurred because of people’s careless, the climate and the nutrition habits; in relation to the health services, the majority used the Family Health Unity, as acknowledged the services offered; diabetes, hypertension and dengue were the most prevalent diseases in their opinion. The lack of leisure activities in the community was recognized by the subjects, which contributes to population inactivity and stress. Conclusions: PFE contributed to identify the community deficiencies and to orientate future actions by the unity team. It is understood that PFE is a picture of the reality that identifies the problems but it does not determine their causes, becoming necessary to perform a more detailed and continuous epidemiological evaluation, since the territory is dynamic, suffering daily modifications.
THE HEALTH WORK TEACHING PROGRAM (PET-HEALTH): AN EXPERIENCE IN A PUBLIC EMERGENCY HOSPITAL IN VILA VELHA, BRAZIL.

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Aims: to describe the experience of medical school undergraduate students in a public hospital and to reflect about the Health Work Teaching Program (PET-Health) role as a teaching tool. Methods: Vila Velha University medical students started their activities by recognizing the infrastructure of the hospital, followed by a participation on the professionals' routine, in administrative services, phycology, social service, nursing and medicine. At the same time, the tutors and preceptors organized conversation circles on hospital daily themes, such as health assistance related infection (HARI). At last, a research and intervention project was held on HARI training. Results: a better understanding on public hospital functioning, its flow and the importance of health services and university integration was accomplished. In the multidisciplinary conversation circles, many improvements in daily routines were discussed, such as the implantation of the HARI training to the professionals, companions, academics and volunteers, in order to prevent the HARI, after a situational diagnosis performed by the hospital staff, which revealed high incidence of this infections, as much as its complications. Conclusions: the students inclusion in PET-Health Programs in public hospitals highlighted the importance of health service and university integration, which results in a mutual exchange of learning between professionals and students, better understanding on a hospital routine functioning by the students and implantation of possible interventions, such as the project on HARI. It is evident the importance of service and teaching integration, objecting to offer better health conditions to the assisted population.
REFERENCE AND COUNTER-REFERENCE PROCESS IN IBES FAMILY HEALTH
UNITY, IN VILA VELHA, BRAZIL.

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Aims: to analyse the reference and counter-reference system in Ibes Family Health Unity in Vila Velha, Brazil. Methods: to comprehend the reference and counter-reference process three administrative professionals and six health teams’
doctors were interviewed. To verify the forwarding amount per medical specialty; the elapsed time from the referral to the
appointment booking; the absenteeism rate in the medical specialty appointments; the unity spreadsheet was analyzed.
The study was submitted and approved by the Vila Velha University Ethics Committee on Human Research. Results: the
doctors declared that the specialties more frequently forwarded were ophthalmology, endocrinology, cardiology and
gynecology. The major difficulties faced involved a long waiting time, a counter-reference rare or inexistent, lack of some
specialties to forward in the public system, besides the unnecessary forward by some doctors. It was analyzed the
forwarding from 2010 to 2017, being orthopedic the specialty with more forwarding (15%), followed by cardiology
(12,54%) and ophthalmology (12,49%). The specialty that presents longest elapsed time from the referral to the
appointment booking was gynecologist (560 days), followed by the orthopedic (374 days) and cardiology (367 days). The
reasons of absenteeism were: patient deceased, relocated, already done the treatment; no longer need the appointment;
did not answer the phone; others. Conclusions: The reference and counter-reference in Ibes Health Unity is far from
ideal, presenting many difficulties that are common in the public health system in Brazil. It is essential that doctors only
forward patients when is essential for their treatment, taking over the responsibility for the assisted community care.
ELDERLY EDUCATION ACTIVITY: PROMOTING AND ENCOURAGING SELF-CARE

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Aims: To promote educational actions with the elderly to encourage self-care, socialization and awareness on various issues. Methods: Vila Velha University medical students, in partnership with Ibes Family Health Unit (FHU) teams, performed educational actions for the elderly, in commemoration of the elderly health national and international day, celebrated on October 1st. The first activity was carried out in a church in the FHU area on 10/10/17 with an interactive lecture on fall prevention, blood pressure (BP), capillary glycemia (HGT), weight, height, body mass index (BMI) and nutritional status evaluation. The following week (10/25/17) a bingo was held for the elderly invited by the Community Health Agents, at the Ibes Health Unit, with BP, HGT, BMI and nutritional assessment. Bingo was held with cards containing answers to questions on various relevant health topics to the elderly, in which a question was drawn, the subject was discussed and the answer was read and who had the correct answer would mark the card. The winners won gifts. Results: there was active participation of the elderly, asking and interacting. A total of 43 elderly patients were evaluated, ranging from 60 to 86 years old, 15 eutrophic, 20 overweight, 08 obese, and 25 normotensive, 05 borderline and 13 hypertensive. In addition, 13 elderly patients presented HGT greater than 120mg/dl. All were guided and those who presented some alteration were referred to the health teams for follow-up. Conclusions: It is necessary to invest in educational actions and family health team follow-up for the elderly, as their numbers increase every decade, making it essential to receive qualified attention for chronic degenerative morbidities control, promoting better quality of life for healthful longevity.
HUMANIZED WAITING ROOM: TRANSFORMING IDLE TIME IN LEARNING

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Aims: To promote health educational actions in a humanized waiting room format for the Barra do Jucu Family Health Unit (FHU) assisted community in Vila Velha, Brazil. Methods: From observing the population lack of adhesion to the educational activities, the humanized waiting room was proposed. Using the idle time in which the patient waits for the scheduled appointment, four humanized waiting rooms were performed. The themes were adapted to the doctors’ agendas and were organized with theoretical-practical presentations, dynamics of myths and truths, demonstrations, pamphlets and conversation circles. On 08/16/17, with elderly, fall prevention and osteoporosis were discussed through a lecture and simple exercises. On 08/30/17, with the diversified agenda of physicians, the theme quality of life was approached, through a dynamic of myths and truths. On 10/18/17, the theme was breast cancer prevention, with demonstration of self-examination. On 11/08/17, the theme was prostate cancer prevention. Participants were invited to measure blood pressure, capillary glycaemia and nutritional assessment by calculating body mass index (BMI). Results: All activities were recognized by the FHU team and coordination as positive. There was active participation of the users, who even returned to the activities even after they had been consulted. Two patients had elevated blood pressure, and one diabetic had elevated capillary glycaemia. Conclusion: Humanized waiting rooms fulfilled their role of guiding patients on various issues, encouraging participation in other activities proposed by the FHU, minimizing the anxiety of those awaiting the consultation, as well as improving the patients’ relationship with the health team and students, who promoted the actions in partnership.
ADOLESCENCE PREGNANCY: NO SKIPPING STEPS, EVERYTHING HAS A TIME.

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Aims: to promote educational actions for adolescents about puberty body changes, contraceptive methods, pedophilia and teenage pregnancy consequences. Methods: Vila Velha University medical students, in partnership with Ibes Family Health Unit team, carried out educational actions for public school’s teenagers in commemoration of the National Day of Adolescent Health (09/22) and World’s adolescence pregnancy prevention day (09/26). The proposal was presented to the school principals, defining the conversations days. Female and male genitalia didactic models and educational kits with various contraceptive methods were used. The lectures were dynamically organized and papers were distributed to adolescents ask questions anonymously. Results: Five lectures were conducted with 225 adolescents between 10 and 16 years old. In 08/23/2017 and 09/06/2017, lectures were given at UMEF Guilherme Santos School with 60 5th year students, addressing teenage pregnancy and its consequences; pedophilia and contraceptive methods. On September 18, 19 and 20, 2017, lectures were held at EEEFM Florentino Ávidos School with 6 classes of high school 1st, 2nd and 3rd years, totaling 165 students, addressing the same topics. The involvement of the adolescents was notorious, raising several doubts, demystifying myths and emphasizing the scientific evidences. Both schools management and faculty, the health unity team and coordinator feedback was positive, requesting for more actions. Conclusions: It is necessary to invest in educational actions and family health team follow-ups for these adolescents, since the lack of information related to sexuality, uses of contraceptive methods, pedophilia and knowledge on teenage pregnancy statistics are a concern.
VIOLENCE AGAINST PREGNANT WOMEN: CASES REPORT CHARACTERIZATION IN ESPÍRITO SANTO STATE, BRAZIL, FROM 2011 TO 2016

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Aims: to conduct a cases report characterization on violence against women in Espírito Santos State, Brazil, from 2011 to 2016, correlating demographic data with violence nature (physical, psychological, sexual, others) and the consequences (sexual transmitted disease acquisition, sequelae, suicide, abortion, others). Methods: analytical descriptive study, through data Consulting in the Notification Information System, of notified pregnant women violence, independent of violence modality (physical, psychological, sexual, others) from January 2011 to December 2016. The results were analyzed by qui-square test and coefficient V of Cramer. The study was submitted and approved by the Vila Velha University Ethics Committee on Human Research. Results: in the total of 686 pregnant women, the majority were 20 to 34 years old (48%), 53% suffered abortion and physical violence, 67% of the women who tried to commit suicide suffered sexual violence. The pregnant women who suffered violence, the majority suffered physical violence and 33% were in the third trimester of pregnancy. The psychological violence had greater prevalence in the first (36%) and second (36%) trimesters of pregnancy. In 2015, it was the highest incidence of physical violence (35%), in 2014, it was psychological violence (32%) and in 2016, sexual violence (61%), being 72% the total number of notified cases in the analyzed period. Conclusions: The high number of violence against pregnant women in Espírito Santo State, Brazil, is alarming. It is necessary to focus on interventions in the Public Health System to approach this matter and offer follow-up to these pregnant women, in order to avoid worst consequences and improve their future life.
THE ATTITUDE AND WILLINGNESS TO PARTICIPATE IN THE PAY FOR PERFORMANCE PLAN AMONG FAMILY PHYSICIANS

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Background and Aims There are lots of National Health Insurance Administration (NHIA) Pay for Performance (P4P) plans to improve quality of health care in Taiwan. We aimed to understand the knowledge, attitude and willingness to join the P4P plan among the family physicians in Taiwan. Materials and methods We conduct the survey among Taiwan Association of Family Medicine board certified family physicians. Structured questionnaire was developed with high content validity and reliability. The contents of questionnaire included basic demographics, knowledge, attitude of incentives and barriers to join, and willingness to join the P4P plan. Results A total of 382 members replied the questionnaire. Their mean age was 50.4 years old. 57.1% responders have joined at least one P4P plan. Better concept about the P4P plan, and more positive attitude to P4P plan have 2.3 times (95% C.I.: 1.4~3.6) and 3.1 times (95% C.I.: 1.6~6.0) to participate in P4P plan, respectively. The main reasons for family physicians to join the P4P plan were acknowledging the concept of P4P (70.7%) and saving health care expenditures (57.3%). On the contrary, the causes of unwillingness to attend the P4P plan were increased load of administration (79.6%) and less understanding about the P4P contents (57.6%). Enough project budget (89.5%), good cooperation (84.8%) and transparent profit sharing plan (83.3%) across the different level of medical care systems, as well as P4P plan education (78.0%) were all important to persuade family physicians to participate in the P4P plan. Conclusions To improve quality care and enhance the willingness of family physicians to participate the P4P plan, reasonable payment design, good inter-facilities cooperation, as well as P4P plan education should not be overemphasized.
AN UNUSUAL CASE OF INTRACTABLE HICCUPS

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Background: Hiccups are caused by the synchronous contraction of the diaphragm and intercostal muscles followed by the closure of the glottis, resulting in its characteristic sound. Intractable hiccups (IH) are defined as hiccups lasting over 1 month. These are uncommon but may be attributed to various medical and surgical conditions. Aim: We aim to present an interesting case of IH which was a diagnostic dilemma. We also aim to describe the management of IH and various treatment modalities for primary care physicians. Description: A 77-year-old Chinese man with a recent ischemic stroke presented with generalized abdominal pain for 1 day. He also complained of distressing hiccups which had started post-stroke. These hiccups were attributed to his recent stroke, though medical therapy with metoclopramide and haloperidol had failed. Clinically, his abdomen was soft and non-tender. An abdominal X-ray showed faecal loading. However, his abdominal pain persisted despite bowel clearance. Two days later, he developed severe epigastric pain. Computed tomography of his abdomen demonstrated gall bladder distension with mural thickening and surrounding inflammatory changes, consistent with acute cholecystitis. Post-cholecystectomy, his hiccups resolved and he was discharged well. Conclusions: IH can be an undifferentiated presentation with a range of causes. This patient's recent stroke was a confounding factor. Resolution of his hiccups post-cholecystectomy suggested that acute cholecystitis causing diaphragmatic irritation was the underlying reason for his symptoms. Family physicians should consider alternative causes of hiccups if they persist despite trials of medical therapy, as these patients may require prompt hospital referrals for further work up and treatment.
MYTHS, FACTS AND REFLECTIVE LISTENING

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The aims of the work shop are multiple, and concern the issues of the quality of our advices to patients, and the respect and consideration of their own intrinsic motivations. The beginning question is: Are we more influenced by myths about disease and its cure, or do we strive towards a more and more facts based General Practice.? The second question is: How do we get our information about facts and myths. ? The third question: Which role should we give research and especially research in primary care? The fourth question is: What about the important issue of patients intimate views about their illness, their beliefs and their motivations.? The fiths question is: How to be flexible about myths and facts, and how to be careful about patients beliefs? In conclusion, we will discuss these issues in separate working groups, and see how empathy, compassion and reflective listening can help GP’s to take into account, artfully and competently, these issues about myths and facts which are part of our “advice giving” competence, and include space to considerate the important issue of exploring the patients's own intrinsic motivations, beliefs, values and forces.
HYPOVITAMINOSIS D PREVALENCE IN THE PORTUGUESE PRIMARY HEALTH CARE

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Introduction: Vitamin D deficiency is increasingly recognized around the world. However, there are few studies on the Portuguese reality specially on the primary health care field. This work aims to assess the level of vitamin D in a population of primary health care unit, about age, sex and time of harvest. Methods: This observational and prospective study, with evaluation of serum 25(OH)D levels between May and October 2016. Studied variables: sex, age and month of harvest. The vitamin D status was rated as "deficiency" level (<= 20 ng/mL), "insufficiency" level (21 to 29 ng/mL) and "sufficiency" level (>= 30 ng/mL). Results: We perform 329 assays; 52.28% were women; average age was 59.61±5.35 years. 39.82% had "deficiency", 41.64% "insufficiency" and 18.54% "sufficiency". We didn’t find a correlation between age and level of vitamin D (p>0.05), but we found a significant difference between genders (p<0.001), and the deficiency is more pronounced in women. The level of vitamin D varied over the months, with higher concentrations in the summer (especially in September), followed by July and August, and by late May, June and October (p<0.001). Despite this seasonal variation, the sufficiency of vitamin D has always been a minority, being 30.36% in September and 14.29% in October. Conclusion: The hypovitaminosis D is a highly prevalent condition in this population, transversal to all age groups and not compensated by the seasonal variation of sun exposure. Given its clinical implications, it deserves our full attention and ability to act to improve the care provided to the population.
INTERNATIONAL HEALTH IN PRIMARY CARE; A DECADE OF PREVENTION AND
SELF-MANAGEMENT

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AIMS The objective of this work is to demonstrate the viability and efficiency of a Traveller Care Unit, included in Primary
care, at a complementary time, adjusted to the demand and in self-management. DESCRIPTION The unit started its
activity in 2006, in response to an increase in the demand of international travels, generally for the tropical and
subtropical zones. The care provided in the Unit contemplates the pre-trip phase, offering the traveller the necessary
vaccinations, prophylaxis and advice during the entire process. The team consists of doctors and nurses from Primary
Care, all of them trained in tropical medicine and with a dedication to complementary time, given the current socio-
edemic situation. A team of professionals, who pay attention in their respective centers, allows adapting the days of
consultation to the demand of travellers, and at the same time it is totally effective and efficient in its exercise since it
manages in a fast and skilful way the number of professionals necessary for the daily activity. The results of the review of
the history of annual visits from 2007 to 2017, compared to the days of visit, reveals two totally comparable graphs, the
decrease in demand in the worst years of the economic crisis, correlates perfectly with the decrease in the number of
days offered consultation and therefore of payroll expenses of the unit. CONCLUSION The success of the Unit is self-
management in terms of human resources, a complementary activity with a dynamic and flexible team but at the same
time coordinated, it allows responding to the population's demand, while managing the economic resource that so
important this last decade.
INHALER DEVICES: A WHOLE NEW WORLD IN FAMILY MEDICINE

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Aims: The delivery of pharmaceutical aerosols is the first line of treatment in respiratory diseases such as asthma and COPD. Many patients have difficulty fulfilling a correct inhalation technique which may lead to poor disease control. There is a large variety of inhaler devices and a correct inhalation technique is essential to guarantee efficiency in treatment. Healthcare providers should ensure that their patients can use these devices correctly. Therefore, we understand that during the follow-up of patients undergoing aerosols treatment, we must be apt to systematically assess the inhalation technique. By the end of this workshop, participants should be able to: 1) know active substances available in aerosols and their most common therapeutic indications in respiratory diseases. 2) Recognize different type of inhaler devices and describe how to maintain and use them 3) Teach the proper inhalation technique for each device and correct most common misuse errors. Description: Interactive workshop by oral, video and slide presentation of the different devices and techniques, following a live demonstration of each device. Participants will interact with the devices and will be asked to divide into 5 element workgroups to apply the knowledge acquired and clarify any doubts related to the devices or techniques. Participants are expected to identify and handle the different devices and identify the most common misuse mistakes and are also expected to develop strategies to improve patients' therapeutic compliance. We will end the workshop with a small review and take home messages. Conclusions: Regardless of the time restraints in each consult, the GP must assess and correct the inhalation technique in order to improve disease control for the benefit of each patient.
ON THE ETHICS OF THE ORDINARY: HOW GENERAL PRACTICE / FAMILY MEDICINE NEEDS ITS ‘OWN’ ETHICS

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Aim To present preparatory work on the development of a set of ethical frameworks and structures that describe the work of the GP / Family Physician as part of a primary care system Methods Traditional medical ethics has focussed on a ‘principlist’ analysis of mainly secondary care issues- by example, transplant surgery or persistent vegetative states. Bioethics scholarship and pedagogical approaches are relatively remote from the ‘ordinary’ work of the GP/FM doctor. This work is based on continuing patient relationships, first access and care of patients in their nested communities Results The presenters have worked in GP/FM, ethics education and scholarship for many years; and have led conferences, teaching events and publications on developing an Ethics of the Ordinary. We present a thematic description of the emergent themes which are philosophical and clinical. Conclusions There is an evolving body of work that distils the ethics of the work of the GP/FM doctor. This draws on traditional philosophical concepts, but is particular to the generalist. There is much scope for further development.
WHO NEEDS COLLABORATIVE CARE? A QUALITATIVE STUDY EXPLORING ATTITUDES TOWARDS AND EXPERIENCES WITH MENTAL HEALTHCARE AMONG DANISH GPS AND CARE MANAGERS

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Aims: Collaborative care treatment may improve the quality of mental healthcare through enhanced and structured collaboration between general practice and specialized psychiatry. Yet, implementation is challenging. This study explores general practitioner (GP) and care manager (CM) experiences with the current treatment practices and their views on collaborative care treatment, and it identifies enablers and barriers for successful implementation of a Danish Collaborative Care Model (DCCM) for patients with mild/moderate anxiety and depression. Material: We conducted 80 hours of observations of clinical treatment practices and semi-structured interviews with 9 GPs studying eight GPs who were not involved in the DCCMs, exploring their perspectives on current treatment practices and the role of collaborative care, and the implementation of the DCCM in one general practice. Thematic trends were identified across the two studies. Results: DCCM enablers included a need for new treatment options for patients with mild/moderate anxiety and depression. The DCCM was considered to be a free fast track to high-quality treatment. Barriers included: poor adaptation of the model to the working conditions and needs in daily general practice, time consumption, unsustainable logistical set-up, unclear role of CMs, and the fact that GPs considered access to treatment and not collaboration with specialized psychiatry to be essential for this group of patients. Conclusion: The study calls for increased attention to implementation processes and better adaptation of DCCMs to the clinical reality of general practice. Future interventions should address the treatment needs of specific patient populations and should involve relevant stakeholders in the design and implementation processes.
USE OF A NEW APPLICATION TO INFORM BLOOD TEST RESULTS

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Introduction: A new digital tool that report the alerts of blood test in a ER of a tertiary hospital is used by various physicians that they can see by alert symbol. Objective: Evaluate the management and use of a digital application for the reception of altered results in laboratory analytical tests. Methods Survey carried out on all physicians of the same hospital, about an application that shows, by means of alert symbols, the altered results of previously requested analytical tests. Inquiring about the knowledge of the application, how they interpreted the symbols and what they did with the patient when being informed. Results 23 doctors are surveyed, ALL know the application, 34.8% use it daily, 21.7% some days and 26.1% never use it. 52.6% open the messages with alert symbol, 47.4% open all. 63.2% cite or call the patient with relevant results, 31.6% wait for them to come on their own and 8.7% do nothing. 78.9% Useful value of the app, 21.1% is not useful. 84.2% believe they need additional time in the consultation to use it completely, 17.4% do not think it necessary. Of the majority 4.3% consider 5-10 minutes, 47.8% 10-15 minutes, 36.4% 15-20 minutes and 13% more than 20 minutes. Conclusions - The digital applications in the consultation are necessary and useful. - Portal alerts accelerate the detection of altered tests. - Additional time in the consultation is necessary to use it. - More studies are needed to establish the specific time of a query.
HUMANIZED INTERVENTION IN A HOMELESS SHELTER IN LISBOA - PRACTICE REPORT

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Aims Homeless shelters are increasing in number across major cities to address some basic needs of the homeless population such as food, hygiene and a safe place to rest. VOXLisboa is a non-profit organization whose members include volunteer health professionals and people from other professional backgrounds. VOXLisboa aims to promote health in all its dimensions among the homeless population of Lisbon. This work reports a one-year intervention in one such shelter. Descriptions To accomplish the health promotion, monthly medical visits and fortnightly legal counselling was provided in the shelter by volunteers (family medicine doctors, lawyers, nurses, medical students). These visits had also the presence of other volunteers from a wide range of other professional areas and with a long experience in accompanying homeless people. Conclusions The humanized approach advocated by VOXLisboa is more than pure medical intervention, it’s listening to what the other has to say, providing one of the most fundamental human necessities, being understood.
OPIOCIDE USE FOR MUSCULOSKELETAL PAIN MANAGEMENT IN ELDERLY PATIENTS

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Objetives: Currently, musculoskeletal pain in the elderly patient requires a systematic analgesia that includes the use of opioids. Therefore, these widely used drugs should not be a challenge for the current doctor. However, the presence of side effects limits its use. The objectives have been determined: -Analyze the type of opioid most used in a population - Describe the most frequent side effects -To know the most frequent location of pain in a population Methods: A descriptive, retrospective, observational study was designed with patients over 62 years of age who attended an emergency service, taking as a reference the previous use of opioids for osteoarticular pain management, with the following variants: Age, opioid type, administration form, effects most frequent side effects and location of pain. Patients with cancer history were not included. Results A total of 97 patients were analyzed, with ages ranging from 62-83, of which they used: Tramadol + Paracetamol (oral) 45.3%, Tapentadol (oral) (12.3%), Oxycodone, + Naloxone (oral) 14.43%, Buprenorphine (Patches) 20.6%, Fentanyl (patches) 7.2%. All commented episodes of constipation in greater or lesser intensity, dizziness 76%, (all that used patches), nausea 45%, headache 33%, discomfort abdominals 13%, vomiting 3%. The most frequent location was lumbar (Sacroiliac) 44%, and other Knee 21%, Hip 17%, Poly-articular 16%, Cervical 2%. Conclusions:-Tramadol + Paracetamol was the most used opioid in its oral presentation -All had constipation, and dizziness is the most frequent isolated side effect. -The location of the most frequent pain was lumbar.
PERSISTENT FEVER IN ELDERLY PATIENT: NOT THINK ONLY IN INFECTIOUS DISEASE

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INTRODUCTION It’s very common to see elderly people at the emergency departments (ED) of any hospital. One of the most frequent symptoms is fever. It’s a diagnostic challenge, and the cause is mainly infectious, but we should never forget other causes. REPORT OF CASE Woman of 80 years old who lives in a nursing home. She was sent to the ED of Mollet’s Hospital by fever of 38,5 degrees celsius. Few days before start haloperidol 5 mg per day by agitation. Vital signs were BP 160/68 mmHg T 38,7 celsius degrees, 123 beats/min. The physical exam shows confusion, sweating and generalized stiffness. Chest X-ray was normal, blood sample showed increase of creatininase (810 UI/L) and leucocytosis (13500/mm³). Urine sample was normal and lumbar puncture was negative. Arterial gasometry: pH 7,34 PaCO2 mmHg PAO2 58 mmHg. She was prescribed oxigen, antipyretics and empirical antibiotic (Ceftriaxone) without improvement of fever during the first 12 hours, reason why it was decided administration of dantrolene IV by suspecting of malignant neuroleptic syndrome (MNS). After 36 hours of dantrolene IV the patient improved all the parameters physics and analytics and was discharged to the service of Internal Medicine. DISCUSSION Malignant neuroleptic syndrome is a serious medical condition. It’s common in patients who use neuroleptics. The most usual drug is haloperidol. Patient had fever, stiffness, swating, leucocytosis, tachycardia and respiratory insufficiency (Criteria of MNS). The dantrolene and bromocriptine are the therapeutical options to treat this medical problema. We decide to use dantrolene. CONCLUSION The malignant neuroleptic syndrome is a medical condition that never we should forget in patients who present fever and in which infectious processes have been ruled out.
CLINICAL CASE: ULTRASOUND OF THE CAVERNOUS BODYES IN A GENITAL TRAUMATISM.

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OBJECTIVE: To demonstrate the use of ultrasound as a tool in an emergency department after genital trauma. DESCRIPTION: A 30-year-old man came to our emergency department, who commented on a picture of intense pain and a “click” sensation in the penis while having sexual relations, with subsequent distal hematoma and the loss of the erection. Exploration: Very affected by pain, difficult exploration, Great Hematoma was evidenced in the distal third of the penis - foreskin, with associated edema that caused an increase in the overall size of the penis. There is no paraphimosis. The rest of the Physical Exam was normal After suspecting traumatism of the cavernous bodies and vascular, it was decided to perform ultrasound in the Penis Emergency, using the linear probe, where soft tissue hematoma is evidenced in relation to the trauma and partial compromise of the corpora cavernosa, preserving the vascularization. Clinical Diagnosis: Preputial Hematoma secondary to probable superficial vein rupture. Differential diagnoses: Vascular Traumatism of the Penis, Fracture of the Corpora Cavernosa, Paraphimosis. CONCLUSIONS - Genital trauma is a consultation present in emergencies, the description, anamnesis and evaluation of the case can bring us closer to a better clinical judgment and management. -The ultrasound used in the Emergency Room has ruled out the vascular compromise resulting from the trauma, since in a similar case in our practice, the timely start of maneuvers to reduce possible vascular damage can be crucial.
EFFECTS OF PREGNANCY IN RHEUMATOLOGIC DISEASES AND SAFETY OF ANTIRHEUMATIC DRUGS BEFORE AND DURING PREGNANCY AND LACTATION

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Aims Family physicians encounter a significant number of rheumatologic problems in the course of practice. Family medicine physicians need to continually update their clinical knowledge, given the new advances in rheumatologic diagnoses and treatments. Rheumatic diseases often affect women during their childbearing years. The aim of this work is to provide useful and evidence based medicine information to family physicians so they can know and manage the effects of pregnancy in patients with rheumatologic diseases and which drugs are safe during pregnancy and lactation.

Methods We research for all types of studies with full text free access, published in the last five years in PubMed, DARE and other specific sites of international societies, with the terms MeSH "rheumatic diseases" and "pregnancy" and "lactation". To rate the quality of studies (level of evidence) we used the Strength Recommendation Taxonomy Scale (SORT) from the American Academy of Family Physicians. We found 8 articles that were analyzed.

Results Preconception counseling is crucial in women with RA. Maintaining low disease activity prior to conception and throughout pregnancy and breastfeeding will result in better outcomes for mother and baby. Conclusions Women should not consider getting pregnant until their rheumatic disease is under control. Doctors and patients must be ready to manage possible complications. The effects of pregnancy on rheumatic diseases vary by condition. Each woman’s rheumatic disease should be well under control for a period of at least 3 months before attempting pregnancy. All women with rheumatic disease should undergo counseling about their specific risks if they are thinking about having a baby.
RIGHT HEART THROMBUS: AN UNCOMMON CAUSE OF PULMONARY EMBOLISM

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BACKGROUND Pulmonary embolism (PE) is a common form of venous thrombosis. Obesity, smoking, hypertension and combined oral contraceptives (COC) are known risk factors. Right heart thrombi, though being a rare cause, needs to be disposed. CASE PRESENTATION 37-year-old obese female, smoker and under combined COC presented to healthcare centre with chest pain, productive cough and fever. Chest radiography showed left lower lobe opacification and increased cardiothoracic index. Amoxicillin 500mg 3id was started for a supposed pneumonia. However, transthoracic echocardiogram was also performed, revealing an intracardiac mass with 26mm. Suspecting of thrombus or atrial myxoma, she was admitted to the Cardiology inpatient department. Angiogram confirmed the presence of a 30mm intracardiac mass in the right atrium, extending to the inferior vena cava. She was discharged with a scheduled consultation for the Cardiac Surgery Department for surgical resection of the myxoma. The patient returned two days later to the emergency service with dyspnea and acute chest pain. Laboratory evaluation showed leukocytosis with neutrophilia and raised troponin I and C-Reactive Protein. Angiogram confirmed extended bilateral PE caused by a right atrial thrombus. During hospitalisation, started anticoagulation with subcutaneous enoxaparin, leading to thrombus dissolution; pro-thrombotic study was negative. After clinical improvement, she was discharged under apixaban 5mg bid and interrupted the COC. She later also succeeded to quit smoking. DISCUSSION The identification of the thromboembolic source is essential to the resolution of the problem, such as the control of the modifying risk factors. The successful treatment of PE depends on the early diagnosis and medical treatment with anticoagulants.
BROKEN HEART SYNDROME: A CASE REPORT

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BACKGROUND Takotsubo cardiomyopathy (TTC), also called stress cardiomyopathy or broken heart syndrome, is characterized by transient regional systolic dysfunction of the left ventricle, mimicking acute myocardial infarction (AMI) but in the absence of obstructive coronary artery disease, that typically occurs after a period of great emotional stress. The aetiology is still not fully understood but possible mechanisms include catecholamine excess or coronary artery spasm. CASE PRESENTATION A 65 years old female, with an history of arterial hypertension, presented to the local health centre with an acute retrosternal pain, irradiating to the left arm, that started after a family quarrel. Examination revealed raised blood pressure. Morphine and acetylsalicylic acid were administered and the patient was transferred to the nearest emergency department. Further evaluation showed ST elevation on electrocardiogram and increased serum troponin-I/creatinine kinase. Suspecting an AMI, the patient was admitted to the Intensive Coronary Care Unit. Coronary angiography revealed a regional wall motion abnormality in the apical to mid segments of the left ventricle, as well as an apical ballooning, without signs of coronary disease. The echocardiography confirmed the motion abnormality, allowing the diagnosis of TTC. Needing only conservative treatment, the patient was discharged 4 days later, with a complete recovery of both symptoms and cardiac hypocinesia. DISCUSSION In clinical practice, it is crucial to correctly differentiate TTC from AMI, as treatment approaches differ greatly. The former has a good prognosis but one must not forget to identify the triggering factor and monitor closely the patient.

0184
EVIDENCE FOR THE EFFICACY OF “NATURAL” OR “ALTERNATIVE” HAIR LOSS SHAMPOOS IN ANDROGENETIC ALOPECIA: A REVIEW.

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Introduction: Androgenetic alopecia (AGA) is the most common form of hair loss. Its frequency increases with age and affects both sexes. Hair loss impacts on social interactions and psycho-emotional well-being. AGA is a common problem in primary health care and patients often request over-the-counter treatment. Current recommendations are limited and moderately effective and include the use of topical minoxidil and oral finasteride. The aim of this review is to assess efficacy of alternative hair loss shampoos (HLS) for AGA. Methods: After compiling a list of commercial HLS and listing its active substances (AS), we did a systematic research for their evidence. We excluded shampoos containing minoxidil, dutasteride or finasteride. We completed the research using Cochrane Central Register of Controlled Trials, Medline and EMBASE using the MeSH terms: "androgenetic alopecia" AND "AS name", to assess the efficacy of each AS. We selected all study designs in English and Portuguese. Results: We listed 28 commercial HLS, with a total of 69 AS. We excluded 17 AS due to no scientific nomenclature correspondence or overlapping designations. We found no studies regarding 27 AS, 22 AS showed promising results in animal or laboratory research and only 5 substances showed positive results in human trials. Zinc and Iron were proven to be effective but only as oral supplementation and melatonin, caffeine and laminaria japonica had positive results in topical use. Conclusions: Although natural remedies seem promising in treating androgenetic alopecia, more research is necessary. Additionally, better models for drug testing have to be developed in human trials. There is not enough scientific evidence to recommend treatment with alternative AS.
SPOUSAL CONCORDANCE ON LIFESTYLE AND CHRONIC DISEASES

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Background: There have been several studies on the concordance of chronic diseases in couples sharing lifestyle, but few studies in Korea. We evaluated the concordance among the spouses about lifestyle and chronic diseases among couples in Korea. Methods: Total 1040 participants (520 couples) were recruited from 22 hospitals. All participants were over 40 years old who visited family physicians. The participants responded structured questionnaires such as smoking, drinking, physical activity, irregular diet, and skipping breakfast. We estimated the spouse concordance of lifestyle factors and chronic disease using McNemar test and logistic regression analysis. Results: The concordance rate was especially high in low physical activity, irregular diet, skipping breakfast regarding to sharing unhealthy behavior of couples. (P<0.05) The odds of having a spouse risk factor when a husband had a cardiovascular risk factor were obesity (OR 1.73; 95% CI 1.14-2.63), hypertension (OR 1.88; 95% CI 1.23-2.86), hyperlipidemia (OR 2.41; 95% CI 1.60-3.64), and the opposite case was similar. The probability of being in a depressive mood when the spouse is depressed was significantly high to 5.5 times in men (OR 5.54; 95% CI 2.19-13.96) and 4.5 times in women (OR 4.52; 95% CI 1.77-11.53). Conclusion: There was a high level of concordance on lifestyle among couples, which could naturally lead to an increase in the prevalence of chronic diseases in the couple. In addition, it was confirmed that if a spouse has depression, the probability of feeling depressed in the other is very high. Key words: Spouse, couple, chronic disease, risk factor, concordance, lifestyle
SECUNDARY AMENORRHOEA: A LIFE CHANGING EVENT FOR A YOUNG WOMAN AND A CHALLENGE FOR THE FAMILY DOCTOR

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Aims and Background: Amenorrhea is defined as the lack of menses in a non-pregnant female for at least 3 cycles of her previous interval, or for 6 months in a patient who was previously menstruating. A comprehensive assessment is warranted, as amenorrhea is often the presenting sign of an underlying reproductive disorder. Case description: A married 31-year-old caucasian female, presented for a routine pre-conceptional consultation with her family doctor in June 2015. The patient had a history of hypothyroidism and was taking a daily dose of 0.025mg of levothyroxine as well as the pill (Ethinylestradiol + Gestoden 0,02 mg/0,075 mg). Routine exams were normal, with thyroid stimulating hormone (TSH) levels of 4.1mU/L. Six months after stopping the pill the patient returned due to lack of menses. Referred fatigue and depression, and had a normal physical exam. Blood tests revealed elevated TSH, prolactin and FSH (follicle-stimulating hormone). After adjusting levothyroxine dosage, the patient was referred to an infertility consult where she was diagnosed with primary ovarian insufficiency, thus requiring medically assisted procreation, which the patient refused. The patient continues follow-up with her family doctor, belonging to a nuclear family stagnated in phase I of the family cycle where adjustment reactions led to anxiety disturbance. Conclusion: In the current case report we present the investigation of secondary amenorrhea which led to the diagnosis of primary ovarian failure (POF) and describe its impact on the family dynamics in a young female. This description provides an insight of the challenges to determine the cause of secondary amenorrhea as well as the management of infertility in primary care and its impact on the patient and her family.
HOW THE "LOW VALUE CARE" CONCEPT BECAME A WEAPON IN THE WAR AGAINST UNIVERSAL HEALTH CARE IN AUSTRALIA

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Background: How to reduce spending on health has been the recent focus of Australian policy makers. Different policy makers have attempted to frame issues in health in different ways, with varying degrees of success. One comparatively successful attempt framed the problems in health as an issue of "low value care" and this was to have significant consequences for Family physicians in Australia. Aims: This paper aims to demonstrate how the low value care concept was used by policy makers to argue for a lack of efficiency within the Australian Health System, thereby justifying a freeze on health spending. It further aims to highlight the potential unintended consequences for Family physicians of embracing such concepts. Method: A discourse analysis of media releases from the Department of Health was undertaken between 2013-2016. The analysis considered how arguments for health policy were framed by the different policy makers. Findings: Initially policy makers attempted to justify cuts in health spending by claiming that patients were overusing the Medicare system. When this proved unpopular the issue was then reframed as a lack of efficiency, using the concept of low value care as proof that the system was inefficient. This served as justification for the ongoing freeze of Medicare rebates, which predominantly affected family physicians. Conclusion: Family physicians should consider the unintended consequences for the profession of promoting concepts such as low value care. The Australian experience has shown how such concepts can become a political weapon used against doctors and against health.
VISCERAL TO SUBCUTANEOUS FAT RATIO AS A PREDICTOR OF THE MULTIPLE METABOLIC RISK FACTORS FOR NORMAL WAIST-CIRCUMFERENCE SUBJECTS IN KOREA

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Aims: Visceral obesity has been recognized as an indicator to predict metabolic risk factors. However, few studies have evaluated the metabolic risks for subjects with normal waist circumference. We aimed to examine if the visceral to subcutaneous fat ratio (VSR) had diagnostic value to identify multiple metabolic risk factors for subjects with normal waist circumference, compared with visceral fat area (VFA) and subcutaneous fat area (SFA). Methods: As a cross-sectional study, we compared mean VFA, SFA, and VSR according to each metabolic risk factor. Abdominal visceral and subcutaneous fat amounts were obtained using a single slice CT scan. SFA and VFA were defined by delineating these areas with a graphic pen. With data obtained, VSR was calculated. We used a receiver operating characteristic (ROC) curve analysis for VFA, SFA, and VSR to assess their accuracy for picking out two or more non-adipose factors for metabolic syndrome. Results: For each metabolic risk factor, mean VSRs were significantly different between groups (risk absent group vs risk present group) in men and women except for men with low high-density lipoprotein (HDL). However, mean VFAs and SFAs showed no significant differences between groups. VSR showed superior diagnostic values in predicting at least two non-adipose metabolic risk factors for men and similar diagnostic value for women. Areas under ROC curves for VSR and VFA were 0.705 and 0.649 in men (P =0.028) and 0.798 and 0.785 in women (P=0.321). Conclusions: For men with a normal waist circumference, VSR appeared to effectively predict the presence of multiple metabolic risk factors. Thus, VSR may serve as an indicator in identifying men who have a normal waist circumference and multiple metabolic risk factors.
WE DON'T NEED MORE EDUCATION

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Background: Family Medicine is often hailed as the answer to a lack of efficiency within health systems due to the perceived gatekeeping role of family physicians. Any inefficiencies within family medicine are often attributed to a failure to practice evidence-based medicine, resulting in a proliferation of educational programs to address the so-called "low value care". Aims: This paper presents findings from research among Australian family physicians and aims to demonstrate that family physicians have a good understanding of inefficiencies in investigation and treatment of patients. However, family physicians find addressing these issues difficult because of system factors which reward short consultations, leading to increased referral and investigation rates. It further aims to demonstrate that policy initiatives aimed at educating family physicians are likely to fail if system factors are not addressed. Method: A qualitative study of Australian family physicians’ attitudes towards wasteful practices within the Australian health system was undertaken. Family physicians were interviewed, and these interviews were subsequently transcribed, and a thematic analysis was undertaken. Findings: Family physicians are very aware of the problem of low value care however system issues such as time, payment methods and patient literacy levels have a significant impact on the way they order investigations and prescribe medications. Conclusion: Further education of already informed family physicians is unlikely to have an impact on inefficient investigation and prescribing habits. Policy which addresses systematic problems within health systems is likely to be more effective in improving efficiency.
PATIENTS WITH GOUT IN PRIMARY CARE IN A DEVELOPED ASIAN COMMUNITY: LIMITATIONS IN THE QUALITY OF CARE WITHOUT LOCAL CLINICAL PRACTICE GUIDELINES

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Introduction: Clinical practice guidelines (CPG) are implemented to guide physicians in evidence-based management of gout. However in communities such as Singapore, where there is paucity of CPG, the quality of care of patients with gout remains undetermined. Aim: This paper examined the quality of care of patients with gout, based on their literacy and practice in trigger avoidance, achievement of target serum uric acid (SUA), appropriate treatment and adherence to urate lowering therapy (ULT) with Allopurinol and their quality of life (QOL). The secondary aim was to identify the factors associated with Allopurinol prescription. Methods: Assisted questionnaire survey was conducted on adult multi-ethnic Asian patients with record-based gout in two public polyclinics in eastern Singapore. Data on their demography, gout history, laboratory investigation, QOL (EQ5D and Visual Analogue Scale) and adherence to ULT with allopurinol (Medication Adherence Report Scale or MARS-5) were collected or retrieved from the electronic medical records, audited and analyzed to assess the outcomes. Results: The 272 patients comprised males (87%), Chinese (69%), median age 59 years, of which 5.1% consumed >7units of alcohol/week. Between 73.5 to 89.7% of them were aware of common triggers (red meat, bean products and alcohol). Amongst the 206 (75.7%) with SUA, their mean SUA was 7.3mg/dl and 24.8% attained treatment goal of <6mg/dl. 73.5% and 11.4% had acute gout attacks in preceding year and on day of survey respectively. 50.4% of them were treated with Allopurinol but its adherence was 46.7% (MARS-5 score=25). The mean EQ5D index was 0.83 (0.2) and EQ5D VAS was 73.3 (15.0). Male gender and attainment of SUA<6mg/dl were associated with Allopurinol prescription. Conclusion: Patients were generally aware of common gout triggers but only a quarter achieved targeted SUA level. Half were treated with Allopurinol, which were associated with male gender and attainment of recommended SUA level.
LEADERSHIP: CLOSING THE ACADEMIC CAREER GENDER GAP THROUGH COMPETENCY ASSESSMENT

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Aims: (1) Define issues related to gender discrepancies in academic medicine leadership (2) Identify gaps in personal leadership competencies (3) Develop an action plan to enhance personal leadership skills (4) Utilize tool to replicate process at your own institution

Methods: Interactive discussion provides a framework of the current literature and participant exercises identify gaps in personal leadership competencies. Results: Although the number of women in academic medicine has continued to increase, women remain underrepresented at the highest organizational levels and women leave academics at higher rates than men. Recruitment and advancement within academic medicine is a challenge. The literature suggests that women may experience a number of gender-related individual challenges that impact their promotion and path to leadership, including gender differences in approaches to career and life goals. The underrepresentation of women in leadership positions worldwide in industry and medicine continues even though the proportion of women in the workplace has increased. Conclusions: To lessen gender discrepancy in academic medicine, processes can be implemented to identify leadership competency gaps for women with subsequent action plan creation.

Competing Interests: none for the author
CHILD EXPOSURE TO INTIMATE PARTNER ABUSE: HOW CAN FAMILY DOCTORS HELP?

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Aims: To equip Family Doctors with a set of tools that should help them identify and manage intimate partner abuse (IPV) after childbirth. We intend to introduce the audience to some specific features of this type of abuse through activities such as role-play. We would offer insights into screening and communication skills via discussion in groups. Description: IPV towards women, a public health problem, is also suffered by children, and is now recognized as a form of child abuse. Recent research indicates that in 30 to 60 percent of families where IPV takes place, child maltreatment also occurs. Even if children are not maltreated, they may experience harmful consequences. It is well documented that exposure to IPV during childhood can have adverse effects on the current health of children as well as long term consequences on their physical and mental health as adults. Early recognition and intervention may prevent further damage. Family Doctors should approach this subject comprehensively, understanding how children are affected by maltreatment and family violence. Identifying and assessing risk and protective factors, including the social determinants of health, is a key procedure to achieve positive outcomes from interventions in these cases. Conclusions: Family Doctors, in frequent contact with children and knowledge of families’ interactions, are well placed to identify and help those who are being abused or at risk. Through a dynamic and interactive workshop we aspire to provide the participants with the necessary tools in order to deal with this issue confidently. By the end of the workshop, participants should have raised awareness of the consequences for children from witnessing parental IPV as well as basic tools to identify and manage these patients.
BURNOUT: ADDRESSING AND PREVENTING A GLOBAL PHENOMENON THAT CAN LEAD TO POOR QUALITY OF CARE DELIVERY, INCREASED MEDICAL ERRORS, DECREASED EFFICIENCY AND POOR RETENTION OF PHYSICIANS IN ORGANIZATIONS

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Aims: (1) Determine physician stressors (2) Complete burnout survey (3) Discuss resiliency resources (4) Strategize burnout prevention Method: Interactive discussion provides a framework of current literature. Participant exercises identify issues related to stress. Resource review will contribute to prevention plans. Results/Background: Studies estimating burnout in physicians yield high numbers varying between countries, specialties, and organization type. Evaluating burnout using three dimensions (emotional exhaustion, depersonalization, and personal accomplishment) revealed that 80% of physicians in rural British Columbia suffer from moderate to severe emotional exhaustion. The European General Practice Research Network Burnout Study Group revealed 12% of participants had symptoms of burnout in all three dimensions with 43% for emotional exhaustion. Studies in the UK, Yemen, Qatar and Saudi Arabia demonstrate burnout features in one-third of physicians. In the US, 46% show at least one symptom and the highest rates by specialty include family medicine at 63%. Physicians who experience burnout are more than twice as likely to leave an organization - at a high cost of about $250,000 (US) per provider. Demographics of young age, female gender, negative marital status, long hours and poor job satisfaction increase risk for burnout. In Europe some studies show higher rates in male physicians. Conclusions: Burnout is a global phenomenon that can result in poor judgment, disengagement, and lack of safe patient care. Prevention is more beneficial than treatment since once burnout occurs, there is limited evidence to support modalities such as relaxation, cognitive behavioral therapy, or creating a positive work environment. Competing Interests: none for the author
BEGINNING COGNITIVE DECLINE : HOW CAN WE DO BEST AS GP IN A FIRST ASSESSMENT ? (REVIEW ON ACTUAL GUIDELINES IN FAMILY MEDICINE)

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Aim: The cognitive decline is a frequent reason for visit to the GP, as we see numerous elderly patients in our consultations. As it is an incremental process, family doctors are best placed for early detection. The aim of the topic is to find out what are the most suitable rapid tests for a beginning decline in cognition. Description: The most frequent situations would be people with either a beginning dementia or other neurological diseases, such as chronic alcohol consumption or Parkinson. We made a review of standard recommendations in some relevant medical societies for GPs. In our own country, we analyzed the usefulness of the recommended tests. Most guidelines suggest short tests to assess rapidly a beginning decline (6 item; Mini-cog; MMSE; clock drawing, Demtepect, MOCA, GPCOG, etc). We will analyze the most frequent tests and report on pros and cons of these assessment tools. Important facts are the reliability and validity of the tests. A decisional diagram will allow the GP to identify from the most general to the more specific ones, depending on the symptoms seen in our consultation. Conclusions: We think that it is the duty of the GP to explore in first the cognitive deficit as we are in front line to see the evolution, but also to identify possible treatable illnesses or review the medications, because we accompany our patients over their total life course. The algorithm shown will enable GPs to detect in a rapid manner a mental deterioration.
PREVALENCE OF ALZHEIMER’S DISEASE IN A PRIMARY HEALTH CARE CENTER

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OBJECTIVE To determine the prevalence of Alzheimer’s disease (AD) in a population with diabetes mellitus (DM) in a primary care center, and to determine the relationship of this pathology with evolution or control of diabetes mellitus.

METHODOLOGY Descriptive study between October 2015 to October 2017 in the primary care center “Les Fontetes”, Barcelona. We used the electronic clinical reports. Were selected all patients with diagnosis of diabetes mellitus. Of these patients, diagnosis of Alzheimer’s disease were obtained of the same electronic clinical report. These diagnoses were made by Barcelona Alzheimer Treatment & Research Center and the neurologists of the Referent Hospital. We classified the patients with Alzheimer’s disease according with the metabolic control of the DM, according the Spanish Guide of Control of DM

RESULTS Were selected 210 patients with DM. Prevalence of DM was 14,07% (Total: 1492 patients). The number of patients with Alzheimer’s disease in this group was 40. The prevalence of Alzheimer Disease in total of patients was 2,68% whereas in patients with DM was 19,04%. Were women 25 (62,5%). The average of age was 84 ±15 years old and the average of the duration of DM was 15 ±8 years. The mains treatments in this group were: 17 metformin, 5 diet, 8 insulin, 6 metiglinides and 3 with glyptines. For time of DM, there were 21 patients with >15 years of DM (52,5%) Respect to the metabolic control of DM, 33 (82,5%) were well controlled whereas 7 (17,5%) were bad controlled. AD in these groups wasn’t significant.

CONCLUSIONS 1. In our study, the prevalence of Alzheimer’s disease in patients with Diabetes mellitus was 14,07%. 2. Presence of Alzheimer’s Disease don’t have relationship with the metabolic control and evolution of DM
THE IMPACT OF OBESITY ON FITNESS INDEX VALUES

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Aim and background Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health. In 2016, more than 1.9 billion adults, 18 years and older, were overweight. Of these over 650 million were obese. Overweight and obesity are linked to more deaths worldwide than underweight. The aim of these study was to determined the relationship between body mass index (BMI) and Fitness index values estimated by Ukho Kaleva Kokonen (UKK) test. Material and methods Forty five male subjects, of different ages and physical condition, randomly selected from the general population of the city of Kragujevac, were included in this study. The participants were included in three groups of fifteen male subjects each. BMI was determined first, and then the UKK test on treadmill was performed in order to get a Fitness index values of respondents. For continuous variables collected, the mean values and standard deviation were determined. Results After a correlation analysis value obtained by UKK Fitness index and BMI the negative correlation coefficient (r = - 0.606; p < 0.001) for the third group (fifteen males aged 33-40 years with mean BMI of (32.1±0.47) was found, which also found an inverse dependence of these two values (with an increase of BMI values, the values of fitness index decreased). In the third group, the first fitness category dominated (Fitness index < 70, which is significantly below the average value). Conclusion The results obtained in this study have shown that obesity affects the cardiorespiratory function. With an increase of BMI values, Fitness index values decreased.
IMPACT OF ACUTE OTITIS MEDIA CLINICAL PRACTICE GUIDELINES ON ANTIBIOTIC AND ANALGESIC PRESCRIPTIONS: A SYSTEMATIC REVIEW

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Aims Clinical practice guidelines focusing on judicious use of antibiotics for childhood acute otitis media (AOM) have been introduced in many countries around the world. Our aim was to systematically review the effects of these guidelines on the prescription of antibiotics and analgesics for children with AOM. Methods Systematic searches of PubMed, Embase and Cochrane Library from inception to 6 June 2017. Studies specifically aimed at evaluating the effects of introduction of national AOM practice guidelines on (type of) antibiotic and/or analgesic prescriptions were included, irrespective of design, setting or language. Results Of 411 unique records retrieved, seven studies conducted in six different countries compared data before and after guideline introduction. All studies had an observational design, using longitudinal data of children aged under 15 years from either routine care, insurance databases, or electronic surveys. Risk of bias of all studies was judged serious to critical. Of the five studies reporting on antibiotic prescription rates, three showed a decline of 5-12% up to the three years after guideline introduction and two found no or negligible effect. In one US study, the initial 9% decline decreased to 5% after four to six years. The recommended first choice antibiotic was prescribed more frequently (9-58% increase) after guideline introduction in four out of five studies reporting on this outcome. Analgesic prescription rates for AOM were reported in one US study and increased from 14% to 24% after guideline introduction. Conclusion Based upon what is published, the effects of introduction of national clinical practice guidelines on antibiotic and analgesic prescribing for children with AOM seem modest at the most.
GENERAL PRACTITIONERS’ VIEWS ON AND EXPERIENCES WITH A PRIMARY CARE-BASED MULTIFACETED INTERVENTION TO OPTIMIZE PAIN MANAGEMENT IN CHILDREN WITH ACUTE OTITIS MEDIA

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Aims To explore how a multifaceted, educational intervention aimed at optimizing pain management in childhood acute otitis media (AOM) shapes general practitioners’ (GP) perceptions and management of AOM. Methods Process evaluation alongside a cluster randomized controlled trial (PIM-POM study, Netherlands Trial Register, identifier NTR4920) by interviewing 12 GPs of practices allocated to the intervention group, using semi-structured, audio-recorded interviews. The intervention comprises a blended GP educational programme (internet-based and face-to-face training) aimed at discussing pain management proactively with parents using an interactive parent information leaflet, and prescribing both paracetamol and ibuprofen according to current guidelines. Interviews were transcribed verbatim and analyzed thematically according to the principles of open and axial coding by a multidisciplinary team. Results GPs indicated that the intervention led to a shift in focus from treating the infection with antibiotics to treating symptoms with analgesics, through increased knowledge of analgesia and awareness of the painfulness of the condition. The intervention provided GPs tools, such as knowledge, communication skills, interactive parent information leaflet to diminish their feelings of helplessness and empower them to manage childhood AOM more adequately. The intervention further addressed an apparent lack of knowledge on ibuprofen use in children. Conclusion A primary-care based multifaceted, educational intervention aimed at optimizing pain management in childhood AOM led to a shift in physicians’ perceptions, from treating the infection to treating symptoms, and offered GPs a tool to optimize management of this condition.
FEMINISM IN MEDICINE

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Introduction: The aim of this study is to analyze whether the concept of feminization in medicine is a health and social concern. Methods: have been carried out in a bibliographic search in Medline, Pubmed, Scopus, IME, IBECS, ISOC and LILACS. Results: In the last years there has been an increase of women in medicine. Women work part time and concentrate in specialties such as Pediatrics, Primary care, Psychiatry and Gynecology. There are wage differences between men and women. In medical-patient communication women are described with words associated with empathy, and trust. Their associated stereotypes are of family, indecisive, weak, gentle and emotional. These professionals are sometimes subject to more demands in their performances. They are less represented in leadership positions and in academic institutions. With family life conditions these professionals have less employment rate. Family life is perceived as a delay in the development and professional success. Conclusion: The increase in women has created a fear that with them medicine as we know it will change. This fear is expressed according to some authors by the perception of lower mental and physical capacity, family responsibilities and differences in work patterns and by the idea that equality can be seen as an assault on the dignity and masculinity of male doctors. The increase in the presence of females generates plurality and medical diversity. Solutions to the unequal situation are posed as the realization of a political and social effort, with changes in cultural patterns through laws and policies of promotion. Education and awareness of inequalities should play a central role.
CONTROL OF DIABETES IN A RURAL POPULATION

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Objectives: Studying different variables and controlling type 2 diabetics patients in a Rural Health Center. Methodology: A cross-sectional observational study with a simple random sample of type 2 diabetics > 14 years in a rural clinic during first six months of 2017. We studied all of these variables by sex: determination of HbA1c, HbA1c <8%, retinography scan, normal retinography and diabetic foot examination. Results: The size of the sample was 923 individuals, which 10.29% (95 of 923) are type 2 diabetics. Of the sample obtained from all diabetics in the study, 76.47% (40) of men had one determination of HbA1c compared to 88.64% (38) of women. We obtained as well that 79% (31) of men had HbA1c <8 compared to 90% (34) of women. Also, 12% (6) of males had a retinography scan done, which 83% (5) of them were normal; and 11% (5) of women had it done, which 100% (5) of them were normal. Regarding of the diabetic foot examination, 12% (6) of men and 18% (8) of women had it done. Conclusions: According of the data obtained we can verify that the analytical control is suitable, as well as the degree of control, both being better in women. On the other hand, other simpler tests, such as diabetic foot examination, are not being carried out in accordance with the objectives that are proposed, although it is also somewhat higher in women. Regarding the retinography scan, the objectives that are intended are not reached; in this case, both men and women are similar, and this may be related to have to drive to perform the scan and, in this case, women of this area are not so independent. Therefore we must promote the diabetic foot examination, as well as to remind the doctor so that he/she requests the retinography scan. Key words: diabetes, complementary tests, control.
A NEW COMPARATIVE RANDOMIZED CONTROLLED TRIAL AMONG HIGH-INTENSITY LASER THERAPY (HILT) VERSUS LOW POWER LASER THERAPY (LLLT) ASSOCIATED WITH STEROID JOINT INJECTIONS IN THE TREATMENT OF FROZEN SHOULDER OR ADHESIVE CAPSULITIS IN PRIMARY CARE.

MIHAI IACOB

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Aims: The frozen shoulder is an often condition characterized by stiffness and pain in the shoulder joint, those cause problems both, patients by long periods of inactivity with suffering, and physicians regarding to management of this pathology. This study aims to present the results of LLLT, with 685/830 nm wavelength, 1800 mW power, compared with the results after treatment with HILT in infrared emission 1064 nm wavelength, 12 W power. Research questions: Which type of therapy is more effective in the frozen shoulder? Methods: Inclusion criteria were patients with frozen shoulder in different stages. We conducted a prospective single blinded trial (RCT) over five years, on 750 patients, using two laser devices (semiconductor source). The steroid used in Joint Injections (SJI) was Dexamethasone. Cases studied were divided into three groups; First as Control Group includes patients with classic medication, second included patients treated with LLLT, and third group included patients treated with HILT, both associated with SJI. Elements evaluate each patient were: pain on a visual analogue scale (VAS), a motion-functional scale (MFS) of the shoulder disability, and the Shoulder Pain and Disability Index (SPADI). Results: Our healing rate was only 40% in the first, 77% in second and 88% in third group with significant pain reduction. All these data were entered electronic database designed by us. Analysis of risk and data obtained on patients by VAS, SPADI, and MFS scales, before and after treatment, within each group was compared by Student t-test, and among all three groups after the final evaluation of patients by ANOVA, p<0.001. The results of 2x2 Contingency-Tabel were: Relative Risk (RR):0,46(Benefit), Odds Ratio (OR)=0,30-between LLLT versus Control Group and RR between HILT versus Control was 0,20, 95%CI=0,13-0,29, Odds Ratio=0,11, p<0,0001. Conclusions: The combination of HILT and SJI significantly improved the outcome with 48% compared to conventional therapy and may be considered the most effective treatment. HILT combined with joint steroid injection proves to be more effective than LLLT in the frozen shoulder management.
THE HEAD (CRANIAL /BRAIN) ULTRASONOGRAPHY AS AN EXPERIMENTAL SCREENING AT THE NEWBORNs AND BABIES WITH HIGH-RISK OF HYPOXIC-ISCHEMIC BRAIN INJURY AND ASSOCIATION WITH SUBSEQUENT NEUROPSYCHIATRIC DISORDERS OF THESE PATIENTS FOLLOW-UP AT THE FAMILY DOCTOR’S LEVEL.

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Aims: Cranial Ultrasonography is an investigation who needs an experienced examiner and allowed differential diagnosis among the normal images of the brain and a lot of complications that can include: the periventricular leukomalacia(PVL), intraventricular hemorrhage(IVH) and different types of brain malformations(hydrocephalus). Most cases of brain lesions develop in the first week after birth and can be detected by Ultrasound/MRI only after several weeks for delivery when infants are already in evidence at the family doctor. These pathology increase a baby's risk for developing disabilities that may range from mild learning or gross motor delays to cerebral palsy along with other subsequent neuropsychiatric disorders. Research Question: What tools are available to diagnose brain lesions to the newborns with high risk? Method: Cranial Ultrasound Screening was performed on 500 high-risk newborn babies (preterm and full-term neonates) with at least two Ultrasound examinations, the first of three weeks and the second at 14 weeks. Positive patients detected on screening were examined also in Elastography, then were monitored by a neuropsychiatry specialist and finally follow-up by us, for a 5-year period, to identify subsequent neuropsychiatric disorders. We had designed a computerized ultrasound software and a diagnostic algorithm using international classifications (Volpe and Papile) of intra-peri-ventricular hemorrhage or LMP to the newborns. Result and Discussion We analyzed the results of this Cranial Doppler Ultrasound Screening, at the newborns and babies with high-risk of hypoxic-ischemic injury, which we obtained a high prevalence of 41,6%, sensitivity 92,79%, specificity 91,44%, and accuracy of 92%, p<0,01. Then we analyzed the descriptive case statistics, and we performed the comparative statistical analysis AUROC and ANOVA of the echographic techniques used. Conclusion: We detected positive on this screening many asymptomatic infants with the ischemic-hypoxic-hemorrhage encephalopathy and we monitored all the neuro-motor-psychiatric disorders subsequently developed to these patients, over a 5-year period, that we had classified according to the initial pathology and affected brain area.
CARING FOR PATIENTS WITH POST-INTENSIVE CARE SYNDROME: EXPERIENCE AND PERSPECTIVE OF GPs. A QUALITATIVE STUDY

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Aims and background: Survivors of critical illness frequently suffer from long-term complications resulting in a need for ongoing support including specific monitoring and therapy in primary care. The role of the General Practitioner (GP) in the aftercare of these patients is still not specified. The current GP-perspective of patients after critical illness has not been examined yet. The aim of this study is to describe experiences of GPs caring for patients after critical illness in order to contribute to applicable future aftercare structures in primary care. Methods: The SMOOTH (Sepsis survivors monitoring and coordination in outpatient health care)-trial evaluated a complex, structured aftercare intervention for sepsis survivors based in primary care. Within this two-armed clinical RCT, we conducted semi-structured expert interviews with GPs in the intervention group. The interviews were audiorecorded, transcribed verbatim and analyzed using thematic analysis. Results: GPs showed a profound knowledge of their patients integrating medical history, psychosocial background and illness behavior. A lack of information concerning diagnosis, therapies and the condition of their patients during the hospital stay was reported. A number of GPs expressed emotional involvement with the life-threatening illness of their patients. GPs appraised their patient's condition after discharge individually, considering previous health status, subjective impairments and psychosocial functioning. A structured report of specific post intensive care complications was rare. Conclusions: GPs seem to have a holistic and individual approach to post-sepsis patients. Knowledge about specific monitoring and therapy options may improve their ongoing long-term support.
EUROPEAN FORUM FOR PRIMARY CARE (EFPC) WORKSHOP ON IMPROVING EQUITY IN PRIMARY CARE

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Aim: The aim of this WS is to explore a common understanding about the role of primary care team in decreasing inequities in health and elaborating the links between primary care dimensions, and inequities in primary care services. Description: Despite overall improvements in population health, deprivation-related health inequity remains a serious challenge worldwide. Primary care is particularly well placed to support health equity with its population coverage, continuity, comprehensiveness and coordination of care. These are known as process dimensions of primary care. What is more, “patient-focus” and “problem recognition” achievements in primary care-oriented health systems are promising concepts for reducing overall inequities among the populations. There is also increasing interest in approaches which enable primary care professionals to better connect with community resources held by informal networks and voluntary organisations. To link the given dimensions with defined inequities in preventive services as well as treatment of acute and chronic conditions in the context of country specific cultural and socio-economic conditions might yield a useful framework for planning actions to reduce health inequities. Conclusions: In this workshop, firstly participants will work in groups and define country specific inequities in preventive and therapeutic primary care services. Secondly participants will link defined inequities with related primary care process dimensions. Finally possible solutions to reduce defined inequities by strengthening these dimensions and the contribution of primary care teams will be discussed. The EFPC facilitators will also share their insights from practice and research. Footnote: All authors are Advisory Board members of EFPC.
AN AUDIT ON POLYPHARMACY AMONG ELDERLY PATIENTS WITH CHRONIC DISEASES IN A PRIMARY HEALTHCARE CLINIC IN SINGAPORE.

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Aims and background Polypharmacy has been associated with adverse medical outcomes in the elderly. This audit aims to study the prevalence of polypharmacy among elderly patients with chronic diseases in a primary healthcare clinic in Singapore, as well as associated characteristics. Material and method Patients aged 65 years and above with any of the following chronic medical conditions of Type II diabetes mellitus, hypertension, hyperlipidemia, chronic kidney disease, ischemic heart disease, stroke, transient ischemic attack and asthma, seen within a three month period were identified. 200 patients were randomly sampled. The prevalence of polypharmacy (defined as five medications and above), demographic characteristics and association with multi-morbidity (defined as two or more chronic conditions) were studied. Statistical analysis was done using Stata SE (v13.1). P-value < 0.05 was considered statistically significant. Results 48% of patients had polypharmacy. 44.5% were male and 55.5% were female. Majority were Chinese (82.5%). The mean age was 72.4 years. Polypharmacy was significantly associated with age and multi-morbidity (both p<0.001). The most common categories of medications were anti-hypertensives (24%), supplements (12.5%), diabetic medications (11.9%), lipid-lowering medications (11.5%) and pain/pyrexia relievers (7.1%). Conclusions Polypharmacy among elderly patients with chronic diseases in primary healthcare is common. It is significantly associated with age and multi-morbidity. It is important for family physicians to identify polypharmacy and manage appropriately, to reduce adverse outcomes and improve quality of care in the elderly.
THE SPANISH VERSION OF THE OXFORD CASE COMPLEXITY ASSESSMENT MEASURE (OCCAM), A NEW SCALE TO MEASURE COMPLEXITY IN PATIENTS AFFECTED BY STROKE.

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Introduction/Aims: Stroke is considered the most common cause of complex disability in our society. There are only few scales evaluating complexity. The aim of our study is to evaluate the correlation of the Spanish version of the Oxford Case Complexity Assessment Measure (OCCAM), which includes biopsychosocial aspects, with other scales which measure disability and quality of life, in patients affected by stroke: National Institutes Health Stroke Scale (NIHSS), Barthel Index (BI), Modified Rankin Scale (MRS) Method: A prospective study was conducted, 74 patients admitted to hospital diagnosed with stroke and subsidiary to rehabilitation programs. In order to validate the OCCAM scale, the Spearman correlations with the NIHSS, BI and MRS was used. Results: A total of 74 patients were analysed, 62% men against 38% women, mean age 74 years. Previous history of: high blood pressure (60%), Diabetes Mellitus (36%), Dyslipidemia (39%), previous stroke (12%), arrhythmia (33%). The Spearman correlation coefficients (p) with OCCAM were: NIHSS (p = 0,697), BI (p = 0,905), MRS (p = 0,829). Conclusion: The OCCAM scale has a strong correlation with other measures of disability, and is a quick and easy way to evaluate complexity in patients affected by stroke. It is based in a biopsychosocial model taking into considerations all factors that influence patients, so resources can be used more efficiently and predict prognosis /outcomes.
CRITERIA STAR-STOP IN OLDER PATIENTS THAT CONSUME ANXIOLYTIKS, ANTIDEPRESSANTS OR ANTIPIPSYCHOTICS

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Introduction Many times the prescriptions of anxiolytics and antidepressants do not have the correct indications and sometimes the treatment is prolonged for longer than needed. Methods It is a retrospective cross-sectional descriptive study. We used quota sampling. It was done during the years 2016 and 2017. The patients were in 5 different quotas of the health centre in “El Rincón de la Victoria” in Malaga (Spain) our objective is to determine the correct use of these medications and do a comparison by age sex and quota. Results Our sample size is of 685 patients of whom are 39.71% men and 60.29% women. The average age of the men was 80.7443 and in the women 82.0242. The 85.55% had been valued by nursing, the 27.45% were disabled, the 10.51% lived in residence, the 23.36% had been prescribed antidepressants, 36.5% anxiolytics and 1.31% antipsychotics. Following the criteria Star-Stop the 3.12% that had antidepressants, the 22.22% antipsychotics and the 100% anxiolytics did not have indicators. The people who consumed antidepressants were older (x=83.6312) than those who did not consume them (x=81.1657) with a (p>0.001). There were more women who had been prescribed antidepressants and anxiolytics than men (>0.001). B quota was prescribed more anxiolytics (p>0.001) probably because they belonged to the greatest number of disabled people and people that lived in residence. Conclusion A problem exists in our health centre over the prescriptions of anxiolytics (benzodiazepines) the 100% of anxiolytics were not prescribed correctly.
ABDOMINAL PAIN AS THE REASON FOR CONSULTATION

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Aims: Abdominal pain is a frequent cause of consultation in the Emergency Department. Most of the times it is a banal and process is catalogued of nonspecific but sometimes may represent the beginning of a more serious pathology. Methods: We included patients diagnosed with nonspecific abdominal pain discharged during 15 consecutive days and were followed for seven days to evaluate if they returned to see, need for income and diagnosis. We analysed age, previous surgery, accompanying symptoms, pain locato, blood analysis and imaging studies requested. We analyzed the patient who returned to query or income. Results: We included 99 patients (2.8% of the reasons for consultation). The mean age was 40.26±19.20, 36.4% were men and 63.6% women, 34.3% had a chronic pathology and 33.3% previous surgery. The most frequent localization was upper abdomen (46.9%), the most frequent companion symptom was vomiting (23.9%). Radiological studies requested first visit: x-ray of the abdomen 14.1%, 10.1% ultrasound, abdominal CT 0%, at the second visit: 33.3% abdominal x-ray, ultrasound, 58.8% and 16.7% TAC. Returned to see the 18.2% (18 patients) and of these 61.1% entered the (11 patients). 9 patients were diagnosed with nonspecific abdominal pain, acute cholecystitis 3 and 1 case of aortic complicated aneurysm, intestinal obstruction, acute porphyria, choledocholithiasis, myofascial pain and pelvic inflammatory disease. We found statistical significance between age (p 0.05), and the chronic pathology (p 0.03) with the received. Conclusions: The majority of patients diagnosed with nonspecific abdominal pain do not return, and when they do, half return to be diagnosed with nonspecific abdominal pain but a 8% are diagnosed of potentially serious pathology.
SPOUSAL QUALITY OF LIFE MATTERS TO YOUR HEALTH: RELATIONSHIP BETWEEN PARTNER’S QUALITY OF LIFE AND CHRONIC ILLNESSES IN PRIMARY CARE

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Aims: A marital partner, who is the most close and intimate from oneself, can influence health status of his or her partner in both biological and psychosocial ways. In this study, we aimed to explore the relationship between spousal QoL and chronic illnesses of patients in primary care. Methods: This study was based on the Family Cohort Study in Primary Care (FACTS), which recruited 520 couples. Participants answered questionnaires regarding lifestyle factors, and accompanying illnesses diagnosed by their family physicians were recorded. QoL was evaluated by the 36-Item Short Form Health Survey (SF-36) version 2. The score of each domain of SF-36 was divided into quartiles, higher quartiles representing better QoL. Multivariate logistic regression models were used to analyze the relationship between spousal QoL and chronic illnesses. Results: The most common chronic illnesses in primary care were hypertension, dyslipidemia, and diabetes mellitus in husbands and hypertension, dyslipidemia, and depressive mood in wives. In comparison to the 4th quartile of physical functioning domain of spousal QoL, the OR of hypertension was higher in the 3rd quartile (OR 2.68, 95% CI 1.45-4.95), 2nd quartile (2.18, 1.17-4.08), and 1st quartile (3.57, 1.88-6.79). The OR of diabetes was higher in 3rd and 1st quartile of physical functioning domain and 2nd quartile of role emotional domain. The OR of depressive mood was higher in 1st quartile of bodily pain, vitality, and social functioning domain, and 2nd and 1st quartiles of mental health domain. Conclusions: Both physical and mental components of partner’s QoL were associated with chronic illnesses of couples. It may be necessary to consider spouse's physical and mental QoL when counseling with patients in primary care.
EVALUATING URINARY INCONTINENCE IN FEMALES AFTER TAKING PART IN A PELVIC FLOOR REHABILITATION PROGRAM AT A THIRD-LEVEL UNIVERSITY HOSPITAL.

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Urinary incontinence (UI) is defined by the International Continence Society (ICS) as the complaint of involuntary urine losses. The quality of life of the women who suffer UI lowers. The first-line treatment consists in conservative treatment which is included in Rehabilitation Units. Objective and subjective parameters exist to evaluate the results of women treated for UI. This study aimed to evaluate the objective results by achieved continence and the subjective ones by the improvement expressed by a sample of patients with UI who had been treated in a Pelvic Floor Rehabilitation Unit at the end of treatment and after a 1-year follow-up. Material and Methods: This observational prospective cohort-type study evaluated female patients aged 18-85 years over a 4-year period. A rehabilitation treatment protocol was designed following the guidelines backed by scientific evidence. Prevalence and improvement of continence were evaluated at the end of rehabilitation treatment and the 1-year follow-up. Results: This study included 241 women whose mean age was 50 years. The mean duration of symptoms was 7 years. The most frequent diagnosis in our sample was MUI (49%), followed by SUI (26.9%). The mean number of rehabilitation treatment sessions carried out in the Unit was 14.2 (SD=7.8). Independently of UI type, initially 96.1% of the women in our sample were incontinent, 44% were considered continent at the end of the rehabilitation treatment (p<0.001) and 42.7% were considered continent after the 1-year follow-up (p<0.001). Of all the patients, 92.3% reported improvement after ending the rehabilitation treatment, as did 75.2% after the 1-year follow-up. Discussion and Conclusion: Comparing the results after a rehabilitation treatment given to patients with pelvic floor dysfunction is very difficult because there is confusion between objective and subjective results. Moreover, post-treatment success is not exactly defined on most occasions. Our study concludes that rehabilitation treatment modifies the evolution of UI patients as it improves continence figures, and it particularly influences the subjective status, which improves. Therefore, it positively influences the quality of life of women who suffer this problem.
ECONOMIC EVALUATION OF ANTI-PNEUMOCOCCAL VACCINATION WITH 13-VALENT PNEUMOCOCCAL CONJUGATE VACCINE IN CASTILLA-LA MANCHA AUTONOMOUS COMMUNITY

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Objective: To analyze the economic impact of vaccination of the 65 year-old cohort with 13-valent anti-pneumococcal conjugate vaccine (PCV13) in Castilla-La Mancha Autonomous Community. Methods: A dynamic transmission model based on differential equations was adapted to analyze the burden of pneumococcal disease (PD) in the 65+ year-old population over 5 years, with 59% being vaccinated annually. A PCV13 efficacy of 52.5% (CAPITA study) was applied, coverage of vaccine serotypes of 60.1% (CAPA study) and incidence of PD in the Community of 258.5 / 100,000 cases/year (MBDS 2011-2015). The perspective used was that of SESCAM (Spanish acronym for Castilla-La Mancha Health Service); costs of PD requiring hospitalization according to Autonomous Community MBDS (pneumonia requiring hospitalization EUR4,875; invasive pneumonia EUR4,792; meningitis EUR11,934; primary bacteremia EUR4,792) and cost of outpatient pneumonia EUR358. Results: Vaccination with PCV13 would reduce the incidence of PD by 75%, up to 324.7 cases / 100,000 accumulated over 5 years. As a consequence, 1,219 cases of PD are expected to be prevented; 715 cases of pneumonia requiring hospitalization, 437 cases of pneumonia treated on outpatient basis and 67 cases of invasive disease. The expected cost of vaccination over 5 years of 2.3 million euros would be fully offset by avoiding expenditure of 3.9 million euros for medical costs of illness, with a cumulative net saving of 1.4 million euros (discount rate of 3%). The sensitivity analysis with different scenarios was robust. Conclusion: Vaccination with PCV13 in 65-year-old adults is efficient for SESCAM, reducing the burden of disease and preventing a substantial number of related deaths.
INTERACTION, INFORMATION, INVOLVEMENT; KEYS TO SUCCESSFUL PATIENT ENCOUNTER USING EVIDENCE-BASED MEDICINE GUIDELINES (EBMG)

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Aims A patient arriving for medical consultation has probably searched the internet already and found an ample amount of information - both relevant and irrelevant or downright erroneous. The doctor's essential task is to discuss with the patient the meaning of all this information. Still, all the traditional qualities of good doctor-patient interaction also apply. The workshop aims to increase understanding of the key elements of a successful patient encounter in the era of modern information technology. Description The workshop consists of an introduction, a roleplay demonstrating both more and less successful doctor-patient encounters while using the internet, group discussions, and a round-up discussion. The internet tools may form an integral part of the interaction during a consultation, or they may become too dominant, thus preventing communication. A doctor concentrating solely on the computer shows ignorance and arrogance. The doctor may also react negatively to the patient's active search for information. Integrative use of internet resources may greatly enrich the interaction and improve the patient's skills in self-empowered health maintenance. Guidance in critical use of the sources and in identification of questionable ones is an important task. EBMG will be demonstrated as a point-of-care collection of clinical guidelines to be used in the presence of and together with the patient. Group discussions will collect the views of the participants on the topic. Conclusions The way the doctor acts and reacts during a consultation has a great impact on the patient's experience of the situation. Internet-based sources can be used in the patient's presence, but the doctor-patient interface must not be replaced by the doctor-computer interface.
RELATIONSHIP BETWEEN RELIGION AND DRINKING PATTERNS IN PRIMARY CARE

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Aims: Religion often influences health behaviors. We investigated health behaviors of patients of primary care according to their religion and analyzed the relationship between religion and drinking patterns. Methods: We analyzed data from the Family Cohort Study in Primary Care (FACTS). Among the 1,040 participants in the cohort, 969 participants, who provided their religion and answered to the Korean version of the Alcohol Use Disorders Identification Test (AUDIT) III questionnaire, were analyzed. Problematic drinking was defined as AUDIT score >= 8, and heavy drinking and binge drinking were determined according to the National Institute on Alcohol Abuse and Alcoholism definitions. We presented health behaviors of the participants according to their religion and analyzed the relationship between religion and drinking patterns by multivariate logistic regression models. Results: Compared with the participants without religion, those who had religion were more likely to be a woman, had higher educational level, engaged in more vigorous physical activity, and were more likely to be a non-drinker or a moderate drinker. Drinking patterns varied according to the religion in the multivariate analyses. In comparison to Christians, the OR of problematic drinking increased in Catholics (OR 2.64, 95% CI 1.44-4.84), Buddhist (OR 1.84, 95% CI 1.11-3.05), and those without religion (OR 2.44, 95% CI 1.35-4.40). Similar patterns were observed for heavy drinking and binge drinking. Conclusions: Health behaviors, especially drinking patterns, of patients in primary care can vary according to religion. Checking religion can be helpful for counseling lifestyles of patients in primary care.
ABDOMINAL ULTRASOUND IN PRIMARY CARE

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Evaluate a project for the implementation of abdominal ultrasound in primary care performed by family doctors. We think that ultrasound is the future for primary care, that is why we propose this study. Methods Analysis of ultrasound performed by family doctors trained in abdominal ultrasound, for 12 months in an urban health center (2,800 users) and the reasons, diagnoses, results and incidents. We collected results in Table Excel and analyze results with spss program. Results Total of 52 patients were cited in 15 sessions (one weekly session between February 2015 and February 2016). Most frequent reasons: abdominal pain 27%, analytical alteration (hypertransaminemia or elevation of creatinine) 20%, renal colic 12%, right hypochondrium pain 8%, hematuria 6%. Evaluation: 22% normal, 75% altered 2% doubtful. 14.6% did not show up. Main diagnoses: meteorism 29%, hepatic steatosis 18%, noramality 12% and renal cysts 7% and biliary lithiasis 5% miscellaneous rest. Waiting list: between 15-30 days. Conclusions Ultrasound is a safe diagnostic test with high demand. The correct correlation symptom-test improves the assertiveness of it, allows to rule out organicity in most cases of abdominal pain. The meteorism stands out as a cause of abdominal pain, and visualizing it seems to improve the understanding of the problem and help the patient's diagnostic acceptance. It is necessary to improve the number of not presented, even if they do not affect the waiting list so far. We believe that we should promote ultrasound projects as a diagnostic support tool in our medical consultation.
DEVELOPMENT OF THE JAPANESE VERSION OF GENERAL PRACTICE ASSESSMENT QUESTIONNAIRE AND COMPARISON WITH THE JAPANESE VERSION OF PRIMARY CARE ASSESSMENT TOOL

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Aims: The General Practice Assessment Questionnaire (GPAQ) is developed in the United Kingdom to evaluate the quality of primary care. The aim of this study is to develop the Japanese version of GPAQ and to compare with an existing questionnaire, Japanese version of primary care assessment tool (JPCAT). Methods: Cross-sectional study. The original GPAQ was translated into Japanese from translate experts whose native language is Japanese, and then quality review was performed by the research team. After expert panel examined questionnaire by using modified Delphi method, it was also checked by a group interview with ten non-medical people. Then, the pilot test was done by 30 patients in two local clinics. The reliability and validity of the translated version was then examined in five community health clinics which are specialized family medicine training. JPCAT is also distributed along with the Japanese version of GPAQ to compare the difference between them. Results: We distributed 252 people for Japanese version of GPAQ and 215 people for JPCAT. The results showed that the Japanese version of GPAQ achieved good levels of reliability and validity, with the range of Cronbach's alpha coefficients being 0.71-0.92 in each aspect of GPAQ: Access, Doctor's Communication skills, and Patient Enablement (understanding of selfcare after the consultation). Compared with JPCAT, the Japanese version of GPAQ is a useful tool to evaluate Doctor's Communication skills. Conclusions: The Japanese version of GPAQ can be a useful tool to evaluate the quality of primary care. Especially, its advantage is to investigate the Doctor's Communication skills.
MANAGEMENT OF ACNE VULGARIS

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Aims The aim of the workshop is to present and simplify the management of Acne Vulgaris in order to optimize its approach in Primary Care Service. Description Acne vulgaris (AV) is a chronic inflammatory disease of the pilosebaceous units normally affecting face, back and/or chest. It is characterized by the formation of comedones, erythematosus papules and pustules. It is a very common disease affecting approximately 85% of adolescents with ages between 12 to 24 years old. AV is responsible for negative psychosocial and physical repercussions as it is associated with poor self-confidence, social isolation, depression and suicidal ideation. Nowadays a large variety of treatment is available and the options are determined by the severity and extent of AV. The workshop will start with a brief review of AV concerning epidemiology, physiopathology, characterization and treatment. It will be highlighted the importance of individualized treatment, therapy adherence, psychosocial impact, the importance of monitoring the disease progress, myths and other themes we find relevant in the comprehension of AV in Primary Care. The workshop will finish with the presentation of several clinical cases to promote interaction and discussion with the audience. A summary guide for the physician will be provided. Conclusions Primary Care Physicians represent the first contact of patients with the Health System therefore should be familiar with the differential diagnoses, therapeutic approaches but also the need for referral to secondary health care specialists when necessary. An early and effective AV treatment can minimize and/or prevent complications such as psychosocial consequences and permanent physical scarring.
HOSPITAL INFECTION CONTROL TRAINING BY THE MEDICAL STUDENTS IN PARTNERSHIP WITH THE HOSPITAL INFECTION CONTROL COMMITTEE IN A PUBLIC HOSPITAL, IN BRAZIL.

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Aims: to reduce the hospital infection index, through a training in hospital infection control to all the segments who attend the hospital. Methods: Vila Velha University medical students were trained by the Hospital Infection Control Committee (HICC) doctor to prepare them to perform the hospital infection control training to all the segments who attend the hospital. The training was conducted to nursing, nursing technician, medical, physiotherapy students, who attend the hospital for their internships; to the hospital health professionals; to volunteers and companions to the patients. The lectures were adequate to each specific group, from June to November 2017, in which the data was collected through a form created and applied by the medical students conducting the training. Results: 343 participants from June 6th to November 24th, 2017. From this total, 181 participants fulfilled the form applied, totaling 52%. The majority were between 15 and 25 years old (53.6%) and were female (93.9%). From the participants who answered the form, 57.4% associated their behavior with low risk to cross transmission causing hospital infection. All the participants declared to correctly disposal their materials. Only three people answered not to take any kind of precaution to avoid hospital infection. 97.8% intend to change habits and conducts in order to reduce hospital infection, after taking the training. Conclusions: the data collected analyses qualified and quantified important information to the HICC, such as use of personal protective equipment, materials disposal and crossing contamination and infections precautions, which can be used as facilitating tools to planning interventions to improve hospital infection control, prioritizing the most needed aspects.
IMPROVEMENT OF CARDIAC INSUFFICIENCY IN PRIMARY CARE

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Objectives: We have studied if the possibility of requesting the NT-proBNP the our primary care improves the Cardiac insufficiency (CI) diagnosis so that we avoid unnecessary derivations to cardiologist (C). Material and Methods: The size of the sample was 296 patients with clinical suspicion of CI which were going to be derived to C by the family doctor to confirm the CI diagnosis by ECHO and according to European Society of Cardiology criteria. The control group included 200 patients who were derived. 96 patients were included in the experimental group, which we tested the determination of NT-proBNP. We derived patients with values of NT-proBNP > 125pg/ml in < 75 years and > 450 pg/ml in > 75 years; patients with values of NT-proBNP < 125pg/ml in < 75 years and < 450pg/ml in > 75 years were considered as they had low probability of suffering CI and other diagnoses of their dyspnea were studied in them. Results: Of the 200 patients in the control group, 62 (31\%) were patients with CI and 138 (69\%) were non-CI patients. Of the 96 patients in the experimental group, 36 of them (37.5\%) were derived after determining the NT-proBNP (therefore, we avoid 62.5\% of possible primary care derivations). Of the 36 patients were derived, the diagnosis of CI was confirmed in 17 of them (47.2\%) and the derivation was considered appropriate. Discussion: The CI diagnostic percentages and appropriate derivations are better in the experimental group than in the control group. The avoidable percentages of derivations with the value of BNP in primary care were reduced to almost 60\%. We would have derived these patients to C if we had not tested this determination of the NT-proBNP. Despite this, the diagnosis of CI by the C only was confirmed in 40\% of the patients were derived.
PATIENTS WITHOUT PRIOR APPOINTMENT. A SOLUTION TO FINISH OUR SCHEDULE ON TIME AND WITHOUT STRESS.

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Background: Pressure for resource demand in Primary Care has been a big issue since long time already and if we add the patients without prior appointment (PWPA) to this pressure, sometimes the assistance quality can be affected. A big number of this PWPA consult by low complexity problems that can be managed successfully by nurses, as numerous studies has shown. Aim: To select those consultation problems with a low complexity and to create nursing protocols that guide and support the nurses to deal with this PWPA with low complexity problems. Methods: We've selected those consultation problems according to the probability of complications as well as to what nursing formation allows to manage: dysuria, sore throat, cough, ear pain, gastroenteritis, insect bites, ankle sprain and tooth pain. We created a protocol for each topic to guide the nurses in case of doubt, pointing out the criteria of derivation to the doctor. Results: Pictures of the protocols. Conclusions: Numerous studies about this topic have been published, demonstrating that nurses can deal as well as a doctor in more than 85% with this PWPA and with good levels of satisfaction from patients. Despite the positive studies results, this type of organisation has not been applied generally. Reasons for this could be that doctors do not want the nurses to do their job for reasons of authority, or that nurses do not want to take responsibility with the patients because they feel legally unprotected, or maybe is just a matter of nobody proposed this solution. Following this research, we believe the aim of our profession is help people with health problems in the best and fastest way we can, and that the implication of nursering is necessary to reach this objective. We hope to be able to apply these protocols in a future
INCIDENCE OF PAIN IN PRIMARY CARE CONSULTATIONS.

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Introduction We try to calculate the incidence of pain in the consultations of primary care from our health centre in “El Rincon de la Victoria”, Malaga (Spain) and study the characteristics at the same time. Methods It is a retrospective cross-sectional descriptive study. 2 days of the year 2017 were chosen and a single sample of all the patients who went to the health centre on those days was carried out. The statistical program used was the 2 commander. Results The sample is made up of 191 patients of whom 114 for a consultation related to pain, 67.54\% women and 32.46\% men. The type of pain more frequent was musculoskeletal (65.79\%) following was pain related with the respiratory system (9.65\%), digestive system (8.77\%) otorhinolaryngologic (4.30\%), genitourinary (2.63\%) ophthalmological (0.88\%) oncological (0.88\%) and rheumatological (0.88\%). Within the group musculoskeletal significant differences were detected ($p>0.05$) in the average age of women (59.81) and of men (49.81) Conclusions Analgesics were the most used medications (32.94\%) followed by NSAIDs (29.41\%), the mixture of opioids plus analgesics (10.59\%), opioids (7.06\%), analgesics plus NSAIDs (4.71\%), NSAIDs plus anxiolytics and opioids plus NSAIDs (both 3.53\%), antidepressents (2.35\%), antiepileptics, analgesics plus anxiolytics and antiepileptics plus analgesics (1.18\% in all 3 cases).
DIABETES AND RELATIONSHIP WITH CARDIOVASCULAR RISK FACTORS

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Objectives: Studying degree of control of different variables in type 2 diabetics patients of a Rural Health Center. Methodology: Studying type 2 diabetics of four medical quotas of patients in a Basic Health Area (2016). Variables: Age, weight, height, BMI, abdominal perimeter (APer), cervical perimeter (CP), glycermia (GI), HbA1c, glomerular filtration rate (FGR), total cholesterol (COL), HDL cholesterol (HDL), LDL cholesterol (LDL), triglycerides (TG), systolic blood pressure (SBP), diastolic blood pressure (DBP), and Obesity, qualitative study of BMI, control of HbA1c, COL and TG; being studied according to sex and blood pressure (BP) control. BP is controlled if it is <140/90, and HbA1c does according to ADA 2016 guides. Results: The sample is: 371 individuals; 227 were males and 144 females with a mean (micro) of age of 62.6 and 63 years respectively, no statistically significant differences (p > 0.05). Regarding to BP control, 223 patients had BP controlled and 135 patients had it not. After studying the micro of different variables by sex, we detected statistically significant differences in: COL (p < 0.01), HDL (p < 0.001) in favor of females, and GI (p < 0.01), CP (p < 0.001), weight (p < 0.001) and DBP (p < 0.003) in males (table 1). According to BP control, there was statistically significant differences between non-BP control and high rates of BMI, APen, CP and weight, with p values of p < 0.0004, p < 0.01, p < 0.01 and p < 0.0004 respectively, and between BP control and no obesity and type II overweight. Conclusions: Somatic parameters are so important to control of the BP (the mean of BP in our patients is well controlled). Therefore, it is necessary to implement weight-control measures to prevent obesity. Also, BP control has been associated with type II overweight.
TEN YEARS OF METHADONE USE IN THE DETOXIFICATION OF DRUG ADDICTS.

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Introduction. At the end of the 70’s and during 80’s, a peak of heroin consumption in Spain occurred, which was the beginning of the development of anti-drug programs and the implementation of the Methadone Treatment Program. In its beginnings, this therapy had very restrictive inclusion criteria, and it was not until the decade of the 90 when its use and accessibility was extended. Objectives. The long trajectory in Spain of this treatment and its maintenance today suggest that methadone is a good drug for heroin detoxification therapy. The aim of this study is to demonstrate that methadone is an effective treatment, with high levels of success at present. Methods and analysis. All former and current users that have been on Methadone Maintenance Treatment (MMT) at the Addictions Treatment Centre in Palma-Palmilla (Málaga) during the period between January 2006 and February 2017 were included, which means a total sample of 516 subjects. Medical histories were read in order to perform a retrospective study and to test the current clinical and social status of the patients. Results. After the statistical analysis of the different variables, it can be observed that most of the individuals are men; cannabis is the most frequent drug of initiation; the average age at the beginning of consumption is 18 years; and the most remarkable is only a 11.6% of therapeutic discharges, and 54.6% who continue currently being treated with methadone. Conclusions. Treatment with methadone did not show the expected results in number of therapeutic withdrawals, but it does meet the objectives of the harm reduction program. It has also been shown that an earlier age of onset of drug use is associated with a worse prognosis in both clinical and social settings.
FAMILY PRACTICE PATIENTS’ PERCEPTIONS OF TEAM-BASED CARE

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Aims & Background: In Alberta, Canada, family practice teams are organized through Primary Care Networks (PCNs) which are comprised of family physicians working together with other health professionals to provide care to a population of patients. The purpose of this study was to examine patients perceptions of team-based care in family practice. Methods: This was a cross-sectional, waiting room survey conducted at five academic teaching clinics affiliated with PCNs in Edmonton, Alberta, Canada. Patients >= 18 years of age who visited the clinics during a one-week period were invited to take part in the study. The survey included questions on access to team-based care, perceived benefits, and patient roles on the team. Results: 44.3% (565/1274) of patients completed the survey; 61.6% female; mean age 52 years. 41.8% of patients reported receiving care from a team of PCN health professionals, primarily for chronic disease management and/or pharmacy consultation services. Patients perceived that team-based care had improved their: knowledge of their medical condition (60.1%); access to care (46.0%); self-care (43.8%); health independence (40.1%); psychological well-being (38.6%); and overall health (43.5%). Patients also felt that team-based care had decreased their visits to emergency (31.1%) and hospitalizations (27.3%). Patients felt that they were an active member of the team and made decisions about their care together with health professionals (41.1%). Conclusion: Patients value team-based care for the benefits they feel they gain in having a team of health professionals involved in their care. These factors are important in enhancing patients’ quality of life. The findings support the continued development of interprofessional teamwork in family practice.
QUALITY AND EFFICIENCY OF SEXUAL HEALTH EDUCATION IN FAMILY MEDICINE: HAS IT BEEN ENOUGH FOR YOU?

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AIMS: Due to many studies reporting that family physicians (FPs) have inadequate knowledge regarding sexual health (SH), the quality and efficiency of SH education in medical schools has been a controversial issue for years worldwide. Many factors such as cultural elements, social dynamics and national health care policies may effect faculty’s perspective on SH education. This may also result in different levels of SH care practices in the same country. It has recently been found that Turkish FPs’ knowledge level of SH and management skills regarding SH varies, and is quite low. Thus the need for an efficient SH education of FPs arises. The question is how to do it appropriately while taking specific factors (i.e. culture, educational deficiencies, FPs’ educational needs) into account. Our aim is to share experiences about FPs’ SH education needs, brainstorming about education methods and setting goals with colleagues from other countries. DESCRIPTION: A 90-minute workshop will be conducted. * Presenting workshop’s aim and program (5 minutes) * Meeting and greeting (10 minutes) ** Questions about group members ** Questions about their SH education in their country’s medical schools * Group work: (40 minutes) ** What are the educational needs and inadequacies of FPs regarding SH in your country? ** What are the reasons for these inadequacies? ** What factors should be considered while responding to these needs? ** How can SH education programmes be improved? * Presenting group works and discussion (30 minutes) * Take-home messages (5 minutes) CONCLUSIONS: Take-home messages about FPs’ educational needs regarding SH and possible solutions will be determined.
ANTIBIOTIC THERAPY IN RESPIRATORY INFECTIONS

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Aims: Respiratory tract infections (RTI) are extremely prevalent in primary care. Most infections are due to viruses and only require symptomatic treatment. Bacterial respiratory infections are mostly caused by Streptococcus pyogenes in tonsillitis and Streptococcus pneumonia, Haemophilus influenzae and Moraxella catarrhalis in community acquired pneumonia and acute sinusitis. In Portugal, these microorganisms are sensitive to amoxicillin with little known resistance, so this antibiotic (ATB) is considered first line of treatment. This study aims to evaluate the ATB prescription in respiratory infections in a family healthcare unit (FHU). Methods: A retrospective, descriptive observational study was carried out. We extracted data from SClínico database on respiratory tract infections diagnosis (ICPC2 classification) and ATB prescription during the year 2015 in a FHU. We used Microsoft Excel for statistical analysis. Results: A total of 2209 diagnosis of infections were registered, 48% were RTI. The incidence rate of RTI was 11%. According to ICPC2 classification, 34% were acute upper respiratory infection(R74); 15% influenza(R80), 12% acute tonsillitis(R76), 11% sinusitis(R75) and 6% were considered pneumonia(R81). ATB were prescribed in 49% of RTI. Amoxicillin and clavulanic acid was the most prescribed ATB (36%), amoxicillin was used in 12%. Azithromycin filled out in 29%. Conclusions: RTI represent the most common infections. ATB were prescribed in about half of cases. Most prescriptions complied with national guidelines, although there seems to be an excessive use of amoxicillin and clavulanic acid as well as macrolides. The inappropriate use of ATB leads to emerging resistant microorganisms, and increased cost of treatment and adverse effects.
INFLUENZA VACCINATION IN HEALTH PERSONNEL. ARE WE FOLLOWING THE PROTOCOLS?

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OBJECTIVE Assess the percentage of health professionals in a health center who have been vaccinated against the influenza in 2016. METHODS Qualitative study nested in a clinical trial. Professionals of a Primary Care Center of the rural town. Procedures: anonymous survey to all professionals working in the health center. Criteria of homogeneity: vaccination against influenza in the last five years and in the last year; criteria of heterogeneity: sex, age, side effects or reaction after vaccination. Content analysis: coding, triangulation of categories and obtaining/verification of results. RESULTS Intervention group: 65 (41.6 years; 48 women, 17 men) Doctors, 9 were vaccinated compared to 8 who were not vaccinated. Of 19 nurses 11 if they were vaccinated. The nursing assistants were all vaccinated. The health technicians were vaccinated 3 out of 5 who were not vaccinated. Among the most frequent personal history, hypertension and diabetes mellitus. Only two respondents had Pulmonary obstructive chronic disease. Smokers were 24.62% and non-smokers 75.38%. The percentage of health professionals vaccinated against influenza in the last five years was 68%, of which 53.4% were women and 46.6% were men. Side effects of vaccination had 22.7% of the most frequent cases of fever, inflammation, and pain in the puncture site and catarrhal syndrome. The percentage of professionals vaccinated this year was 59.1% while 40.9% were not vaccinated. 2 people decided not to participate because of the right to privacy. CONCLUSION The percentage of vaccinated health professionals is low if we value the importance of influenza vaccination in this risk group. However, the trend is to increase in recent years. We must put more emphasis on the part of the Ministry of Health in the duty to vaccinate in this risk group.
UPDATING ANTI-PNEUMOCOCCAL VACCINATION COVERAGE FOR 13-VALENT AND 23-VALENT VACCINES AMONG ADULTS WITH DISTINCT UNDERLYING RISK CONDITIONS IN CATALONIA, 2016.

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AIM: To analyse current anti-pneumococcal vaccination coverages among middle-aged and older adults in Catalonia.

METHODS: Cross-sectional population-based study including 1,963,977 individuals aged 50 years or older assigned to 274 Primary Care Centres of the Catalan Health Institute at 01/01/2016. The institutional Information System for the Development of Research in Primary Care (SIDIAP database) was used as data source to identify comorbidities/underlying risk conditions among study subjects and to classify study subjects by their vaccination status for both 23-valent pneumococcal polysaccharide vaccine (PPV23) and 13-valent pneumococcal conjugate vaccine (PCV13).

RESULTS: Overall, 795,814 (40.5%) persons had received PPV23 at any time (307,552 within the previous 5 years) and 9,181 (0.5%) received PCV13. PPV23 coverages increased largely with increasing age: 11.9% in 50-64 yrs vs 66.1% in 65-79 yrs vs 80.6% in >80 yrs; p<0.001). PCV13 coverages also increased with age, although they were very low in all age groups (0.3%, 0.6% and 0.7%, respectively; p<0.001). Vaccination coverages did not substantially differ by gender (PPV23: 39.3% in men vs 41.6% in women, p<0.001; PCV13: 0.6% in men vs 0.4% in women, p<0.001). PPV23 uptake reached 60.7% among immunocompromised persons, 50.0% among immunocompetents persons with any other risk conditions and 30.3% among immunocompetent persons without underlying conditions (p<0.001). By risk strata, PCV13 were 2.4%, 0.5% and 0.2%, respectively (p<0.001).

CONCLUSION: Antipneumococcal vaccination coverages in Catalanian adults are not optimal, being very low for the PCV13. Vaccination uptakes must be improved, especially for high-risk people.
HOW MANY SPLEENS CAN WE GET?

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Patient of 14 years in annual follow-up by patched hepatic steatosis. In analytical control and abdominal ultrasound is passed Analytical: normal blood count. Normal clotting.creatinine 0.78, total bilirubin 0.49, GPT 11, GGT 13, amylase 66, LDH 154, cholesterol 114, HDL 80, LDL 24 triglycerides 49. Negative Celiac profile. HAV, HBV and HCV negative. Alpha 1 antitrypsin and normal ceruloplasmin Ultrasound abdomen: Normal-sized liver and homogeneous hepatic ecography, suggestive of steatosis without displaying space-occupying lesions. Vascular pattern without morphological alterations. Gallbladder without images suggestive of lithiasis. There is no dilatation of the biliary tract. No abnormalities are observed in the pancreas, upper retroperitoneum and large vessels. Spleen in size and normal echogenicity. 3 LOE isocógenas homogeneous in splenic hilum, 31, 27 and 26 mm in diameter suggested of accessory spleens are appreciated. Both kidneys show a normal size and morphology. Adrenal areas, urinary bladder and uterus without pathological findings. In the doubt of the Spleens accessories recommend performing CT scan of abdomen with contrast in which we see 5 images occupying space rounded between 2 and 3 cm each, suggesting accessory spleens. Differential Diagnosis: splenic lobes, peritoneal metastases, pancreatic neoplasms, enlargement of lymph nodes, splenic lobes, polysplenia, wandering spleen. Conclusions The spleen is the largest lymphatic organ. Although it does not have the liver metabolism or the crucial functions of the pancreas and kidneys should be taken into account the pathologies because like that of this case it has an incidence between 10-40% of the population. In 88% of cases they are usually unique but this patient has up to 5 accessory spleens.
BURN OUT SYNDROME: INFLUENCE OF THE LABOR AND ECONOMIC CRISIS ON PRIMARY CARE PROFESSIONALS.

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Objectives. evaluate the presence of occupational burnout syndrome in primary care workers, comparing them with a study conducted five years ago. Methods: A descriptive study in which questionnaires were distributed (Maslach Burn Out Inventory) among primary care professionals. The variables analyzed were: age, sex, type of contract, years of work, level of burnout, depersonalization and personal fulfillment. Results: In 2012, a total of 51 professionals, 22 men and 29 women. The age range between 30-59 years, 21 have temporary contracts, 19 interim and 11 owners. The range of years worked was from 3 to 27 years. 28 of the professionals had a high level of Burnout, 17 a medium level and 6 a low level. Concerning depersonalization 18 had a high level, 17 medium level and 16 low level. In personal fulfillment 20 had a sense of accomplishment, 14 intermediate and 17 low personal fulfillment. The eventual 90% had a medium-low level of Burnout while the interns had a 90% high level. In 2017 a total of 60 professionals, 25 men and 35 women. The age range was between 32-60 years, 30 have temporary contracts, 20 interns and 10 owners. The range of years worked was from 2 to 27 years. 37 of the professionals had a high level of Burnout, 18 a medium and 5 a low level. Regarding depersonalization 25 had a high level, 20 medium and 15 low level. In personal fulfillment 32 they had a sense of achievement, 18 intermediate and 10 low personal fulfillment. The eventual 80% had a high level of Burnout while the interns had a 90% high level Burnout. Conclusions: The professionals analyzed in 2017 still had a high-medium level of Burnout and depersonalization, although in terms of personal fulfillment, most had a sense of achievement in their care work. The highest percentage of high Burnout this time was in the events.
WHERE AND HOW TO FIND QUALITY INFORMATION WHEN CARING FOR LESBIAN, GAY, BISEXUAL AND TRANS (LGBT) PATIENTS

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Aim: To demonstrate and discuss where and how doctors can find quality information about LGBT health issues. The information needs to be relevant, on demand, and easily accessible during daily work routines. Description: All doctors should ideally have knowledge of LGBT specific challenges and medical conditions. The doctor should know what social conditions LGBT people live in, how discrimination affects individuals, prevalence of sexually transmitted infections, what sex change treatments are possible, and so on. Instead of learning and remembering, doctors make increasing use of internet resources to gain immediate knowledge and stay updated. Another aspect of health care for LGBT patients is communication and attitude; the doctor may feel uncomfortable in the consultation with a patient of a non-heterosexual orientation or a non-conforming gender identity. The doctor's challenges are several: To communicate openness so that the LGBT patient may feel safe enough to disclose his orientation or gender identity; to sense how the patient feels about this himself, and react adequately to this; and to convey respect for the patient in a good way. Finally, health care is organized differently in different countries. Some cities may have special clinics dedicated to the health care for LGBT people, other regions may presuppose that LGBT patients and health issues are taken care of in the ordinary primary health care system. Conclusion In this workshop, we will present relevant web-based guidelines and information sites, and discuss whether they may be used in the workshop participants’ own clinics. A particular strength of this workshop is the collaboration of doctors from the different countries of Turkey and Norway.
GP TRAINING SCHEMES IN EUROPE: READY TO QUALIFY AS A SPECIALIST? A EURACT WORKSHOP

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Aims When GPs are well trained and well positioned they can provide cost-effective, high quality and well accessible health care. FP has developed to an evidence based specialty. However, GPs are not yet regarded as specialists in all European countries. What competencies should a qualified GP have to be regarded as a specialist? And: which minimum conditions can be formulated for embedding family medicine as a specialization within a country? Description Euract specialty training committee members will present the provisional results of their project into the minimum requirements for specialty training schemes. The presenters will formulate statements based on their findings. The attendees of the workshop will be asked to line up in the room on a position that represents their opinion and elucidate their position. These appetizers will be followed by discussions in subgroups in 3 rounds. 1: Minimum competencies to be required during specialty training 2: Settings where training should take place (general practice, hospital ward..) 3: Conditions for embedding family medicine as a specialization This will take place in the form of a World cafe. This means that there are tables with discussion leaders and a big cloth on the table where attendees can write on. In round 1 they will discuss the minimum competencies and write down the essentials on the cloth. Then all groups turn to the next table, hear the essentials from the discussion leader from round 1, and progress with a discussion on the minimum setting for GP training, etc. The workshop ends with a wrap-up. Conclusion This is a new step in the Europe-wide thinking progress on promoting family medicine as a specialty by linking this to minimum training requirements. Preferably this should result in a paper.
ASSESSING THE ROLE OF HIV-SELF MANAGEMENT AMONG PEOPLE USING ANTIRETROVIRAL THERAPY IN TANZANIA

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Aims: This paper explores the complex inter-relationship between HIV treatment providers and people living with HIV (PLWH) in Tanzania. Methods: Both surveys and in-depth interviews were conducted in 6 treatment centers in Dar es Salaam, Tanzania. Participants were recruited from 3 types of ART delivery sites. 15 physicians and 5 staff nurses were also interviewed. 30 participants were sampled. Results: About more than half of the respondents reported that the services received were at the level they had expected. They argued that better management of staff time and greater sensitivity to how they were perceived would have gone a long way to help them better manage their treatment options better. Several decried the lack of privacy at these clinics and some questioned whether care will be better handled through home visits as it guaranteed more privacy than the existing system. Physicians and staff nurses reported the burden they faced in dealing with PLWH. Conclusion: Research provides a window into challenges facing ART delivery centers in Tanzania.
THE SIGNIFICANCE OF IRON DEFICIENCY ANEMIA ON TREATMENT OUTCOME IN HEART FAILURE

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Introduction: Anemia is a very important cause of re-hospitalization and mortality in heart failure. The presence of anemia in patients is associated with higher NYHA class, lower capacity of physical activity, increased hospitalization and poor quality of life. The aim: To analyze treatment outcomes of patients with chronic heart failure compared to the presence of iron anemia. Materials and methods: The survey covers respondents aged 18 years, of both sexes, who were diagnosed heart failure, which are treated in KC Banjaluka. The survey was conducted from 30.03. - 30.12.2015. The subjects were divided into two groups. One group consisted of 100 patients with heart failure, without anemia as comorbidity. The second group consisted of 100 patients with associated iron deficiency anemia, according to the characteristics of the primary diagnosis to be matched with the first group of subjects. We assessed outcomes using the following parameters: the laboratory analyzes, the analysis of the number and length of hospitalization, physical examination of the heart and lungs, evaluation of the presence of peripheral edema, electrocardiography, 24 h by measuring blood pressure, heart echocardiography (ultrasound). Research results: Women had anemia in higher percent 63%. 65% of patients with anemia had higher blood pressure, 72% of those with anemia had left ventricular hypertrophy, number of hospitalizations and duration of disease were significantly higher in patients with anemia. Conclusion: Blood pressure is the higher percentage was higher in patients with comorbidity anemia. ECG recording showed a greater number of changes in patients with comorbidity. In this group of patients the greater the number of hospitalizations and length of diseases. Keywords: Heart failure, anemia, outcomes
THE GP AS "FERRYMAN" IN END OF LIFE CARE OR INTERACTIVE EXPERIENCES SHARED BY GP IN PALLIATIVE CARE. 
E4: EMOTIONS, EXPRESSIONS, EMPATHY AND EARNINGS (FROM PATIENTS).

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Aim: We are accompanying as GPs our patients in their palliative surroundings up to the final days. Not only oncological patients, but far more patients with terminal cardiological, pneumological and neurological diseases want to be cared for end of life by their GP. We want to share several real and complex pathological situations of patients, who asked us as physicians for specific care. Description: As these demands to the GP, are all related to neurological, oncological, cardiovascular and renal diseases; including demands for less medications, for continuous infusions, deactivation of implantable defibrillator, sedation and even euthanasia; we need an ethical reflexion in order to give a consensual answer to our patients. 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. We will discuss with the audience in interactivity our tool, that we use in ethical supervisions in order to find a consensus, not only for the physicians, but also for the other professionals, including nurses, physiotherapists and psychologists. As emotions can be expressed by all members of such an ethical discussion group, we think this a useful approach. Conclusions: The medical care in these palliative situations is always a Giving and Receiving for both sides (family physicians and patients) and the lessons we learn from some specific situations will have an impact on our GP perspective in end of life care. We expect through this workshop a somehow dignified crossing of the river Styx.
SELF REPORTED INVOLVEMENT IN EMERGENCY MEDICINE AMONG GPS IN NORWAY

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Aims: Health authorities and other stakeholders have raised concerns about general practitioner’s (GPs) participation in emergency medicine, but few have studied opinions and perceptions among the GPs themselves. The objective of our study was to examine the GPs’ perception of their role in emergency medicine and participation in emergency services.

Methods: Norwegian GPs (n=1002) participated in a cross-sectional online survey. Our main outcome measures were proportion of GPs perceiving that they have a large role in emergency medicine, regularly being on call, and the proportion of ambulance callouts with GP participation. Multivariable logistic regression analysis was used to explore possible associations between GP characteristics (gender, age, patient list size, and specialist status), casualty clinic characteristics (type, location, staffing, colocation with ambulance, a dedicated vehicle for the GP and multidisciplinary team training) and the outcome measures.

Results: Forty six percent of the GPs indicated that they play a large role in emergency medicine, 63 percent of the GPs were regularly on call, and 28 percent responded that they usually took part in ambulance call outs. Multivariable logistic regression analyses indicated that these outcomes were strongly associated with participation in multidisciplinary team training. Furthermore, the main outcomes were associated with traits commonly seen at smaller casualty clinics such as those with an absence of nursing personnel and extra physicians, and based on the distance to the hospital.

Conclusions: Our findings suggest that GPs play an important role in emergency medicine. Multidisciplinary team training may be important for their continued involvement in prehospital emergencies.
AN EXAMPLE FOR HEALTHY LIFESTYLE EDUCATION: EXERCISE PRESCRIPTION

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Aims Regular physical exercise is one of the most important components of healthy life and an essential element for preventing chronic diseases. Physician-based counselling in primary care for physical activity is very important in promoting the active lifestyle and regular physical exercise. Despite the fact that the benefits of regular physical exercise is well known by physicians, most do not include physical activity counselling in their every day practice. Lack of time, lack of reimbursement for preventive counselling, lack of training and not believing in success in behavioural change are the most common barriers for the physicians. The purpose of this study is to investigate the effectiveness of exercise prescription education which is implemented as a volunteer family medicine internship in medical faculty. Methods A total of 91 participants; 27 from intervention group and 64 from control group were recruited. Different training techniques have been used together for a total of 8 sessions and 22 hours of training during a four week period. The primary outcomes that were measured are knowledge, confidence and intention to prescribe exercise. A self-report questionnaire is designed specifically for this program. Results The post training test scores (mean=63.32) of the intervention group were significantly higher than the pre-test scores (mean=39.26) (p=0.021). All of the students in the intervention group stated that they were good at writing exercise prescription and 39.1% of the students in the control group said that they did not think enough. Conclusions With a structured program of skills training, physician candidates have been shown to have the knowledge and confidence to initiate a change in their healthy lifestyle in their patients.
RISK FACTORS FOR PNEUMOCOCCAL DISEASE AMONG MIDDLE-AGED AND OLDER ADULTS IN CATALONIA.

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AIM: To investigate prevalence of distinct risk factors for pneumococcal disease among middle-age and older adults in Catalonia. METHODS: Cross-sectional population-based study including all individuals \( \geq 50 \) years-old registered in the Catalan Health Institute at 01/01/2017 (\( N = 2,057,656 \)). The institutional Information System for the Development of Research in Primary Care (SIDIAP database) was used as data source to identify underlying risk conditions related with an increasing risk for pneumococcal disease among the study subjects. Prevalence for immunocompromising and other risk conditions were estimated by sex and age strata. RESULTS: Overall, a 17.1\% of study population had diabetes mellitus (9.8\% in 50-64 yrs vs 23.4\% in 65-74 yrs vs 26.7\% in >80 yrs, \( p < 0.001 \)), 16.7\% were smokers (25.4\% in 50-64 yrs vs 10.1\% in 65-79 yrs vs 3.3\% in >80 yrs, \( p < 0.001 \)), 6.4\% had chronic bronchitis/emphysema (10.0\% in men vs 3.4\% in women, \( p < 0.001 \)); 3.2\% in 50-64 yrs vs 8.7\% in 65-79 yrs vs 11.7\% in >80 yrs, \( p < 0.001 \)), 5.7\% coronary artery disease (8.5\% in men vs 3.3\% in women, \( p < 0.001 \)); 2.5\% in 50-64 yrs vs 7.8\% in 65-79 yrs vs 12.1\% in >80 yrs, \( p < 0.001 \)), 4.6\% asthma (3.0\% in men vs 6.0 in women, \( p < 0.001 \)); 4.0\% in 50-64 yrs vs 5.2\% in 65-79 yrs vs 5.7\% in >80 yrs, \( p < 0.001 \)) and 3.1\% had chronic heart failure (3.0\% in men vs 3.2\% in women, \( p < 0.05 \)); 0.6\% in 50-64 yrs vs 3.1\% in 65-79 yrs vs 11.3\% in >80 yrs, \( p < 0.001 \)). Considering immunocompromising conditions, 0.4\% of study subjects had cirrhosis, 0.3\% haematological cancer, 0.2\% HIV infection and 0.1\% other immunodeficiencies. CONCLUSION: In Catalonia, approximately a fifty percent of the population over 50 years has any risk condition for pneumococcal disease.
ERECTILE DYSFUNCTION AND SOCIALLY SIGNIFICANT DISEASES - HOW THE TRAINING HELPS?

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Aims: The aim of the study is to identify the effect of ED (Erectile dysfunction) -related training on primary care doctors’ self-assessment and sensitivity on the relation of ED to some socially important diseases/conditions in the primary care settings in Bulgaria. Background: ED is a condition, preceding or accompanying a number of socially important diseases, such as CVD (cardiovascular disease), diabetes, depression and others. ED is a predictor for CVD. ED is important for early diagnosis and prevention, but different barriers stop primary care doctors to implement that knowledge in practice. Could the training improve the situation? This is the first survey of its kind in the context of primary care in Bulgaria. Material and Methods: A cross-sectional study was conducted in 2015 among randomly selected GPs. They underwent training on diagnosing and treating ED patients and the relation of ED to some socially important diseases/conditions. We designed a questionnaire including 11 questions to evaluate the effect of the training. Pre- and post-training test was performed. Of the 41 participants 63.4% were female. The mean age of the participants was 49.6 +/- 12.1 years. Statistical analysis - descriptive statistics, nonparametric test - Wilcoxon Signed Ranks Test, SPSS 17.0. Results: 16 diseases/conditions were tested. We found statistically significant increase in doctors’ willingness to ask patients for presence of ED for most of the tested diseases/conditions, including CVD, diabetes, metabolic syndrome (p<0.0001); pelvic operation (p=0.018); young men with depression (p=0.003). For young men with arterial hypertension (p=0.51) and patients with COPD (p=0.73) there was no difference. The doctors self-assessment of their ability to diagnose and treat patients with ED increased (p<0.001). Conclusions: The results of the survey, which is part of a PhD thesis, point out that ED is a rarely actively searched problem. Training on this topic encourages doctors to ask actively their patients for concomitant presence of ED in cases with socially important and life threatening diseases and improve their confidence in diagnosing and treating ED.
INTRODUCING PRIMARY CARE TO MEDICAL STUDENTS IN A MEDICAL TENT AT A DISADVANTAGED VILLAGE

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Aims Primary care is defined as a key process in the health system by WHO and the five basic features which are first-contact, accessible, continuous, comprehensive and coordinated care are essential too. We aimed to discover some features of a disadvantaged village in a medical tent where medical students and village people came together during a whole weekend. Methods This is a preliminary study of a bi-directional interaction project which is aimed to introduce medical students to primary care at an early stage in a disadvantaged rural place while giving care to people. A survey for sociodemographic properties and WHOQOL-8.Tr (EUROHIS; Europe Health Impact Scale) was completed by participants either during their visit to the medical tent or during the student visits at their home. Results In terms of gender, the consumption of cigarettes and alcohol was significantly higher among men. The ratio of cigarette and alcohol consumption in women in the village was lower than the ratio of Turkish women in general. However, males had higher scores in the quality of life scale. There is a reverse relationship between age and having more children and quality of life scores. The relatively small amount of computer and internet use in the village ensures that the most important source of information on health issues is still health care providers and this result is seen as one of the reasons to increase the effect of this project. Conclusions With this project, in addition to providing students with early interaction with primary care, a bridge was established between the public and the university and the health services offered in the village. It was instrumental in determining the needs of the public and deliver the health information.
EVALUATION OF PATIENTS IN TREATMENT WITH ACENOCUMAROL WITH RESULT OF INR GREATER THAN 7 AND TREATED WITH VITAMIN K

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AIMS To identify the population treated with acenocoumarol that presents INR values >7 and receive treatment with vitamin K. Evaluate their control and follow-up as well as their adverse effects. METHODS A descriptive study including patients who receive treatment with acenocoumarol and who present at some point from the beginning of treatment a number of INR >7, receiving treatment with 2 mg of vitamin K. The clinical history of these patients is reviewed and the diagnosis, efficacy and safety control (cardio-embolic events, hemorrhages), therapeutic range 6 months before and 6 months after the event is collected. Estimated time to reach the therapeutic range (RT) and the cause of decompensation. RESULTS Of the total population assigned, 572 patients receive treatment with acenocoumarol and 46 have inclusion criteria; final sample of 43 (3 excluded by external control), 55.8% women and 44.2% men. Estimated average time to reach TR of 12.13 days. They assume TR 56.26% 6 months before and 54.26% 6 months after administration of Vitamin K, in the control of efficacy and safety, 4.65% present epistaxis. Causes of decompensation: acute process 34.8%, treatment start 16.27%, change chronic medication 11.62%, failure 6.97%, dietary changes 4.65%. CONCLUSIONS Patients treated with vitamin K take 12.13 days to reach TR, increasing the possibility of suffering cardio-embolic and hemorrhagic events. It is necessary to perform a good control and management of these patients in the first 15 days, reviewing the protocol of action, modifying the control interval and the dose administered. Periodically assess risk scales in atrial fibrillation; as well as raise awareness among professionals about prescribed drugs and reinforce health education to reduce decompensation.
TRANSFORMING PRIMARY CARE FOR LGBT PATIENTS

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Aims and background: General Practitioners are quite likely to encounter lesbian, gay, bisexual, and transgender (LGBT) patients in their practice, therefore they must be able to provide informed and personalized care. Compared to their heterosexual peers, members of the LGBT community are at increased risk for a number of health threats. While some of these result from differences in sexual behavior, others are associated with social and structural inequities, such as the stigma and discrimination that LGBT populations experience. The perspectives and needs of LGBT people should be routinely considered in order to eliminate health disparities. Our main aim is to provide an opportunity for GPs to improve the quality of care for LGBT population in their practice. Description: The authors will start with a short presentation about terms and definitions, myths and barriers to care for LGBT patients, LGBT-specific health concerns and then present an approach for addressing the needs of LGBT patients. The authors will also present some cases for discussion. Then we will begin a discussion on the experiences of participants in their countries. Conclusions: This workshop will highlight and discuss differences in LGBT people’s health and health care quality. After participating in this Workshop, GPs and GP trainees should be able to recognize the specific health needs of LGBT population and to create an inclusive and welcoming environment for LGBT patients.
EVALUATION OF EFFECTIVE TESTS IN POLYTRAUMATIZED PATIENT

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AIMS To know the prevalence in polytraumatized patients of injury of thoracoabdominopulvic structures registered by computed tomography (CT scan) in said region. Assess the effectiveness of the use of this diagnostic test. In which age group is more common thoracoabdominal lesions METHODS Retrospective and transversal study. Scope of study: Emergency department of the hospital. Target population: patients in which the polytrauma code is active and registered between 2014 to 2016. Number of subjects included: A total of 872 patients. Variables: diagnostic test of thoracoabdominal pelvic CT scan, age of the patients, alteration or not of the test and affected area. RESULTS Number of cases registered with thoracoabdominal-pelvic CT scan performed between 2014 and 2016 were 40 of a total of 872 patients, of average age of 42 years, of whom 11 were normal, with thoracic involvement 21 cases, abdominal 11 cases and pelvic 6 cases. The most frequent is the costal fracture in 16 cases, pneumothorax in 14 cases, vertebral fracture in 7 cases, pelvic fracture in 4 cases, splenic injury in 4 cases, sternal fracture in 2 cases and clavicular fracture in 2 cases. CONCLUSIONS A thoracic-abdomino-pelvic CT scan was performed on % of the total number of polytraumatized cases treated in the hospital emergency department, of which 27.5% were normal. The mean age was 42 years, with greater thoracic involvement. It could be said that an appropriate use is made of the performance of chest and abdominal CT scan in the hospital emergency room.
EVALUATION OF HYDRATION STATUS OF PATIENTS WITH RECOGNIZED CHRONIC KIDNEY DISEASE USING BIOELECTRICAL IMPEDANCE TECHNIQUE IN PRIMARY HEALTH CARE CONDITIONS

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Aims Bioelectrical impedance analysis is a method for determining body composition which has become popular nowadays. The technique seems to have many practical applications, especially in the assessment of hydration status in many groups of patients including chronic kidney disease patients. Nevertheless, it has not often been performed in conditions of primary health care until now. The aim of our study was to evaluate the hydration status of patients with recognized chronic kidney disease (in all five stages of the disease), treated in primary health care conditions and to compare it to the hydration status of healthy individuals. Methods The study was conducted in a group of 202 non-dialyzed chronic kidney disease patients treated in primary health care conditions and a group of 100 healthy individuals (in total 159 female, 143 male with the age ranging from 18 to 91 years). The hydration status was determined using bioelectrical impedance technique (Xitron 4000B analyzer, Xitron Technologies San Diego, CA, USA). Results The analysis of measurements demonstrated that in chronic kidney disease patients overhydration was present from the very first stage of the disease. Average overhydration amounted to 1.5 l in stage 1, 2.0 l in stage 2, 2.4 l in stage 3, 3.7 l in stage 4 and 3.2 l in stage 5. Overhydration levels were significantly (P < 0.05) higher in three (3-5) chronic kidney disease stages in comparison to healthy individuals. Conclusions Our study revealed that chronic kidney disease patients are overhydrated from the very beginning of the disease, what is a new finding and may have future clinical applications. Moreover, we find bioelectrical impedance technique a very useful method for hydration status assessment in primary health care conditions.
CHARACTERIZATION OF URGENT APPOINTMENTS OF A PORTUGUESE FAMILY HEALTH UNIT – WHO, WHEN AND WHY?

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Aim: To characterize the Urgent Appointments (UA) of a Portuguese primary care unit, regarding users’ socio-demography, consulting purposes and affluence pattern, and relate these with their family physician UA accessibility. Methods: Cross-sectional, analytical study. Population: UA of Lagoa Family Health Unit. A questionnaire designed by the authors was applied to a convenience sample of all unit’s UA during a random week per month, from the 1st of July 2015 to the 31st of May 2016. Descriptive and analytical statistics were used (chi-squared test and Spearman correlation). Results: Data from 1171 UA was collected (participation rate of 63%). Most users were female (62%), 40-44 years old (9.5%, p <0.001) and exempt of consultation payment fees (57.9%, p <0.001). The highest affluence occurred in July and August 2015, and in March 2016 (p <0.001); on Monday (23%); and at 9/11 a.m. and 2/3 p.m. (p <0.001). There was a statistically significant association between the absence of the family physician and the use of the unit’s UA by their patients (p <0.001). There was no relation between the family physician’s list dimension and their patients affluence to the unit’s UA (performed by other doctors) (r = 0.043, p = 0.907). Consulting purposes were considered adequate in 88% of UA. Conclusions: Despite limitations regarding register and observational bias, this study has a strong design (large sample, random periods of data collection, pilot test) and internal and external validity. The main conclusions point that there is a need to adapt the response of the unit’s UA during peak periods, and increase the response of each family physician’s UA to their own patients. The majority of consultation purposes were considered adequate in relation to the disease onset, but inadequate according to the moment or the professional best required to provide its resolution, restricting continuity of care.
ELEVATION OF CREATIN KINASE AFTER AN ACCIDENT: ONLY Rhabdomyolysis?

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INTRODUCTION: McArdle’s disease is one of the most common genetic miopathies though, because of its low frequency, is considered as a rare disease. The prevalence in Spain is estimated at 1/167,000. It is due to an autosomal recessive disorder in the myophosphorylase gene located on chromosome 11. CASE REPORT: 40-year-old patient without pathologic background of interest who suffers a motorcycle accident with displaced right fibula fracture. During his admission to the hospital for surgery, an analytical test is performed that is normal except for an important elevation of CK 14,950. After being discharged and due to the persistence of CK elevation (being asymptomatic) it was decided to complete a study in traumatology outpatient clinic. Electromyogram is performed in the lower extremities that is normal. Muscle biopsy: fatty infiltrates. Genetic study: alteration of the myophosphorylase gene of chromosome 11.

CONCLUSIONS: In McArdle’s disease there is a great variability in its forms of presentation, from asymptomatic cases to a variant with a very poor prognosis that may debut in childhood. The definitive diagnosis is based on a muscle biopsy, although it is recommended to complete the diagnosis with a genetic study. The treatment is based on the control of physical activity and a diet rich in carbohydrate (65%) and a low-fat diet (20%).
FACTORS ASSOCIATED WITH ORGANIC AND FUNCTIONAL DYSPEPSIA IN GENERAL PRACTICE: A SURVEY

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Background and aim. Dyspepsia is defined as pain or discomfort in the upper abdomen. It is a common symptom observed in the setting of general practice. Therefore, we aimed to investigate the prevalence of this condition and the factors that could discriminate between functional and organic dyspepsia by means of a survey within practitioner context. Methods. Patients data from database of general practitioners were retrieved. From each patient, demographic data and information about previous endoscopy, Helicobacter pylori status, abdominal ultrasonography, smoke, drug assumption and symptoms attributable to dyspepsia were collected. Dyspepsia was defined according to Rome III criteria and divided in functional and organic according to Gracie et al (Neuurogastroenterol Motil, 2015). At univariate analysis, we used t-test for continuous variables and chi-squared test for dichotomic ones. Factors with statistical significance at univariate analysis were considered in multivariate analysis (binomial logistic regression) aiming to establish factors associated to functional dyspepsia diagnosis, and odd ratios (OR) and 95% confidence intervals (95% CI) were calculated. Results. The overall prevalence of dyspepsia was 74.8% (4475 out of 5985 patients) among the subjects referring to practitioner database. However, only 208 subjects encountered the criteria to participate to the study (i.e. esophagogastroduodenoscopy performance). Sixty-one (29.3%) had organic dyspepsia and 147 (70.7%) functional dyspepsia. At univariate analysis, patients with functional dyspepsia showed a lower prevalence of Helicobacter pylori infection (6.7% versus 31.7%, p<0.001) and gallstones (2.3% versus 19.6%, p<0.001) and claimed of a self-diagnosis of gastroesophageal reflux disease (GERD) more frequently than organic dyspepsia (45.6% versus 14.7%, p<0.001). On the other hand, general practitioners diagnosed GERD in organic dyspepsia more frequently than in functional (21.3% versus 4.8%, p<0.001). At multivariate analysis, GERD self-diagnosis was positively associated to functional dyspepsia (OR=3.70, 95% CI 1.06-12.50, p=0.04), while Helicobacter pylori (OR=0.11, 95% CI 0.02-0.48, p=0.004), gallstones (OR=0.08, 95% CI 0.01-0.45, p=0.005) and GERD diagnosed by the general practitioner (OR=0.06, 95% CI 0.01-0.34, p=0.001) inversely correlated to functional dyspepsia. Conclusions. Patients with functional dyspepsia tend to impute their symptoms to GERD, while physicians often diagnose GERD in organic dyspepsia. These elements, as well as Helicobacter pylori and gallstones, could help the general practitioner in discriminating between functional and organic dyspepsia.
REFERRAL TO SECONDARY HEALTH CARE IN MATOSINHOS’ LOCAL HEALTH UNIT - A LOCAL COMPARATIVE STUDY, THIRTEEN YEARS LATER

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Aims: To determine referral rate to the reference hospital (RH) by all Matosinhos’ Health Family Units in 2016; To evaluate the quality of referral letters and secondary health care response times. To determine if there is a relation between the age of family physicians, quality of referral letters and time of consultation. Methods Cross-sectional, analytical study. Simple random sample, representative of the study population, consisting of referral letters sent during the year 2016 to RH (n=649). Analysis used descriptive and analytical statistics (Spearman correlation). Results The reference rate was 7.7%. The mean age of the referenced population was 48.7 years; 55.6% were female. The most requested specialties were Ophthalmology (19.8%), Orthopedics (14.3%) and General Surgery (10.5%). About 54% of the referrals had a diagnostic purpose. They were considered of reasonable quality (66.3%) and of very good quality (31.1%). Six percent of the referrals were refused, the main reason being “no clinical criteria”. The main reason for failure to complete scheduled appointments was “missed appointments/withdrawal” (52.3%). Letters’ quality influenced the time of the consultation (p=0.009). Conclusions Study with internal and external validity. There was an overall improvement of letters’ quality and changes in the most referred specialties, comparing to previous local data, suggesting that, with a better supply of care, there is a greater demand. The computerization of the referral process allowed a greater transparency, being now able the monitoring of the times of screening, scheduling, and date of hospital appointments. It opens possibilities for improvements in the field, enabling the adjustment of the response of Hospital Care to the real needs in primary care.
ANTIPNEUMOCOCCAL VACCINATION: STRATEGY OF PRIMARY PREVENTION FOR THE COLLECTIVE WELLBEING

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Aim. To evaluate %immunization coverage of PCV13 vaccination in adult/elderly pts with diabetes and COPD. Moreover, PCV13 administration, adherence and seasonally adjusted administration were promoted. Materials and methods. The 1st-year study period was 6 months (11/16-4/17). 40GPs and 44.928 pts (40-80 yrs, adult/elderly/diabetic/COPDpts) were involved. The recorded data were: number of pts/vs total at time 0: diabetes, COPDpts, diabetes+COPD, diabetes vaccinated at 0-60-120days/n°diabetes, COPD pts vaccinated at 0-60-120days/n°COPD pts, diabetes+COPD vaccinated at 0-60-120days/n°diabetes+COPD, diabetes+COPD pts with comorbidty vaccinated during the seasonally adjusted period/number of people with diabetes+COPD. For data recording, development of Audits and assessment of immunization coverage, NetMedica tools have been used. Results in 6 months, 923 pts were vaccinated (13.14% of the total, average for GP=34.18; initial datum was 11.08%). Diabetics are 7.50% of pts. The pts vaccinated at the beginning, at the end and the new ones were respectively 32.78%, 40.59 and 263. Diabetics with COPD are the 0.70% of pts. Their data were respectively 53.48%, 63.29% and 30. The %increase on the total of vaccine coverage was 6.95 (pts >65 yrs), 7.74 (diabetics), 9.29 (COPD), 9.81 (diabetic+COPD <65 yrs) and 14.48 (diabetic+COPD > 65 yrs). 14 pts were vaccinated according to a seasonally adjusted basis. Conclusions. In all classes of pts, an increase in PCV13 immunization coverage was observed. Therefore, administration of antipneumococcal vaccination, associated or not to influenza vaccine, will certainly determine clinical, economic and social benefits allowing to optimize resources and improve health care, especially in prevention.
EFFECTIVENESS OF NON-INVASIVE MECHANICAL VENTILATION IN ACUTE CORONARY SYNDROME

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Aims: The noninvasive ventilation (NIV) has been used successfully in acute respiratory failure (ARF) due to heart failure. However, its effectiveness in patients with acute coronary syndrome is unknown. Objectives: To analyze the effectiveness of NIV in patients with ARF due to acute heart failure due to acute coronary syndrome (AHF-ACS) or other causes (AHF-NACS). To analyze the risk factors related to failure of NIV. Methods: Retrospective study, for 1 year, in patients admitted in emergency department with ARF due to heart failure requiring treatment with NIV. The criteria for initiation of NIV were respiratory rate > 30 or accessory muscles respiratory activity. Success of NIV was defined as avoiding intubation. SPSS was used. Results: During the study period, 358 patients were admitted with AHF who required NIV, 42.4% with ACS. BiPAP mode was used in 90.8% and the rest CPAP. Do not intubate order in 23.7%. Age at AHF-ACS group was 75 ± 9 and AHF-NACS 74 ± 10 (p = 0.235). Respiratory parameters in patients and AHF AHF-ACS-NACS show: respiratory rate 37 ± 5 and 36 ± 5 (p = 0.187). Arterial hypotension at the time of initiation of NIV was 27.3% in AHF-ACS and 14.5% in AHF-NACS (p < 0.001). NIV success was obtained in 70.6% and 84.9% (p < 0.001) and mortality in 75.5% and 88.2%, respectively (p < 0.001). By multivariate analysis, predictors for NIV failure were: ACS (OR: 3.05; 95% CI: 1.91-4.88; p < 0.001), COPD (OR: 0.385 95% CI: 0.19-0.78; p: 0.008), respiratory rate 1 hour-NIV (OR: 1.09; 95% CI: 1.04-1.14; p < 0.001), NIV-related complication (OR: 4.98; 95% CI: 3.04-8.16; p < 0.001). Conclusions: Patients with ACS as a cause of AHF have a greater number of failures of NIV, leading to a worse prognosis and causing increased mortality.
TRAINING OF COMMUNICATION SKILLS IN PATIENTS IN END OF LIFE CARE

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Aim: Communication skills with patients and family are getting more and more important in primary care. Hybrid simulation (combined high-fidelity simulators and standardized patients) training was put more and more emphases for communication skills in end-of-life care. This randomized controlled study explored learning effectiveness of simulation exposure and debriefing. Methods: All first-year medicine residents were invited to attend the hybrid simulation training in end-of-life care and randomized into two groups. There were two scenarios simulating end-of-life cases emergency room for each trainee. For each scenario, trainees were exposed to a 20-minute simulator-based simulation of end-of-life cases, followed by encountering a 10-minute communication with patients. For experimental group, they received audiovisual assisted debriefing about communication skills for end-of-life care. For controlled group, they received only discussion about the performance during manikin simulation. Standardized communication skills assessment form was applied to each trainee during second encounter by family who were played by trained actors. Results: There were totally 53 residents completing the courses and included for study. Among them, 27 were experimental group, and 26 were controlled group. "Global rating" of communication skills were higher in experimental group (4.09 vs. 3.70, p < 0.05). Trainees of experimental group also got higher scores in aspect of appropriate listening skills with minimal interruption to family (4.09 vs 3.78, p < 0.05). Conclusions: Hybrid simulation followed by debriefing is more effective than hybrid simulation alone in communication skills training for end-of-life care.
IMPROVING REPORTS OF ERRORS IN THE HEALTH SYSTEM

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Aims: A significant number of dangerous incidents occur at the emergency department (ED). These incidents or (near) errors are suitable to identify weaknesses in care systems. Therefore, it is important that all incidents are reported and analyzed. At the ED at Jerez Hospital, in 2014 less than 62 incidents were reported and throughput and analysis were long. Also little improvement measures were formulated and feedback to the team was minimal. To increase the number of reporting, improvement measures were formulated as regard to culture and structure. Methods: A multidisciplinary committee was formed to implement an incident reporting system and encourage its identification. This committee met once a month and promoted improvement measures. The "incident form" was implemented to improve the analysis of errors and increase the improvement measures in the monthly workflow. Results: From 2014 to 2016 is the number of reports has increased from < 62 a year up to > 300 a year. Throughput of semi-serious incidents has decreased from 10 weeks to 4. Team feedback indicates more insight of errors reported and improvement measures formulated. The development of the "incident form" has resulted in an accelerated increase in the number of dangerous incidents. Discussion: To increase error reports at the ED, improvement measures were successfully implemented to change an inefficient, barrier creating reporting system. These changes aren’t only due to structure adjustments; it requires also a change of culture. These improvements resulted in an increased number of errors reporting, especially less serious incidents.
NONINVASIVE MECHANICAL VENTILATION IN PATIENTS WITH NO RESUSCITATION ORDERS

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Aims: Noninvasive ventilation (NIV) has been increasingly used in patients with a do not intubate order (DNI). In the emergency setting its used is still unknown. Objective: To evaluate the impact of the use of NIV in the outcome and health-related quality of life (HRQOL) in those patients. Methods: Retrospective cohort study of all patients who receive NIV for acute or acute-on-chronic respiratory failure with DNI order admitted to the emergency room. Patients were divided in two groups: those who had a DNI order in the context of withhold therapy decision and those in whom all treatment. For HRQOL evaluation SF-12 was used. This evaluation was made only in the first group of patients. Long-term outcome was evaluated at 90 days after hospital discharge by a telephone interview. Results: 243 were included and 70 had a “do-not-intubate order”, of those 41% received NIV for symptom relief. The median age was 82 years in the first group and 79 years in the second (p = 0.298). Active cancer (7% vs 35%, p = 0.004) and neuromuscular diseases (0% vs 17%, p = 0.010) were more prevalent in the group undergoing symptom relief treatment. NIV was stopped in 20% of patients in the first group and in 59% in the second group, due to lack of clinical benefit (p < 0.001). The hospital mortality rate was 37% in the first group and 86% in the symptom relief group (p < 0.001). Among the group of patients discharged from hospital, 24% of the first group and all patients from the second group were dead. Conclusions: A DNI order was present in 29% of patients who received NIV in the emergency room. Long-term outcome translated to a 49% survival rate in the group of patients with a DNI order in whom NIV was used as a treatment with no decrease in HRQOL compared to baseline.
STATUS OF GLYCEMIC CONTROL IN DIABETIC PATIENTS ACCORDING TO AGE IN KOREAN POPULATION

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Aims Glycemic control is essential for management of diabetes and prevention of DM complications. We evaluated status of glycemic control and management of lifestyle factors according to age group in diabetic patients. Methods We analyzed 1,507 subjects (767 men and 740 women) using data from the Korea National Health and Nutrition Examination Survey (KNHANES) VI (2013-2015). Acceptable range of glycemic control refers to the status when HbA1c < 7.0 %. Lifestyle factors, cardiometabolic parameters, and status of glycemic control were obtained in age groups of 35-49, 50-59, 60-69, and >70 in men and women, respectively. The association between glycemic control rates and age group were evaluated by multivariate logistic regression analyses after adjusting for body mass index (BMI), physical activity, alcohol consumption, smoking status, educational level, and household income. Results The rates for HbA1c > 7.0 % in men were 59.5%, 47.4%, 49.1%, and 38.0% while those in women were 63.7%, 49.1%, 56.1%, and 40.2% in age groups of 35-49, 50-59, 60-69, and >70 yr, respectively (p < 0.05). In comparison to men in age > 70 yr, the odds ratio (OR) and 95% confidence interval (CI) for HbA1c > 7.0 % significantly increased in men with age 35 to 49 (2.50; 1.36-4.59). The OR for HbA1c > 7.0 % significantly increased in women with age 60 to 69 (1.54; 1.02-2.34) and in women with age 35 to 49 (2.37; 1.24-4.53). Conclusions Glycemic control rates were poorer in people with age of 35 to 49 in comparison to older age groups of men and women in Korean population. Education of glycemic control should be reinforced in these groups of patients for prevention of diabetic complications.
DEVELOPING AN EFFICIENT SARCOPENIA SCREENING PROGRAM FOR OLDER PERSONS WITH TYPE-2 DIABETES MELLITUS IN PRIMARY CARE: A PILOT IMPLEMENTATION STUDY

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Aims: Sarcopenia is the age-related loss of muscle mass and muscle function, which threatens the health and independence of older patients. Hyperglycemia relating to Type-2 Diabetes Mellitus (T2DM) is postulated to aggravate sarcopenia. The study aims to determine the efficiency of a screening program to identify sarcopenia amongst older persons with T2DM in a Singapore community and to assess the relationship between their glycemic control and sarcopenia. Methods: The main study targets to recruit 388 community-dwelling, ambulatory (without walking aid), multi-ethnic Asian older persons aged ≥60 years. An interviewer-administered questionnaire collects data on their socio-demography, clinical and functional status, physical activity level and frailty scale. They are then assessed for sarcopenia using the Asian Working Group for Sarcopenia (AWGS) criteria: (1) low handgrip strength using a dynamometer (<26 kg [men]; <18 kg [women]), and/or (2) low 6-metre gait speed (≤0.8 m/s) together with (3) low muscle mass via bio-electrical impedance analysis (<7.0 kg/m²[men]; 5.7 kg/m²[women]). Results: Complete data of the first 100 subjects are presented in the pilot study. They include males (53%), Chinese (63%), Malay (20%), Indians (10%), others (7%), 87% married, 90% living in public housing and their mean age = 69.2 years. They have concurrent hypertension (90%), dyslipidemia (97%), ischemic heart disease (23%) and chronic kidney disease (18%). Their mean BMI=25.5 (SD=4.3), overall mean muscle mass=6.2(SD=1.2)kg/m²; proportion with low muscle mass (both gender)=69%; mean gait speed=1.0 (0.2)m/s; proportion of low gait speed=11%; overall mean grip strength (left)=22.8kg; (right)=24.5kg. 45% of them have sarcopenia (AWGS criteria). Mean HbA1c for those with sarcopenia was 7.1%(SD=1.0%) and those without was 7.3%(SD=1.0%). No statistically significant relationship was noted between glycemic control (HbA1c) and sarcopenia (p=0.368). Conclusion: Almost half (45%) of this pilot study population have sarcopenia, demonstrating feasibility and efficiency of such a screening program. Glycemic control is not significantly associated with sarcopenia.
FACTORs RELATED WITH THE MORTALITY OF COPD PATIENTS. TEN-YEAR FOLLOW-UP STUDY

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AIMS Chronic Obstructive Pulmonary Disease (COPD) has an important impact on patient’s mortality, as a cause itself or for its relation with neoplasia and its effect on the cardiovascular system. The aim of this study is to evaluate factors concerning mortality in patients with COPD. METHODS In our 10 years follow-up study, data of 424 patients from a Primary Care Centre in Terrassa (Barcelona) were collected. We performed multivariable logistic analysis to examine the association of various factors with mortality RESULTS The study has resulted in 36% of mortality after 10 years. Higher mortality cause was neoplasia, 61 patients (39.9%) - 41 of them for lung cancer-, followed by a respiratory disorder in direct relation with COPD, 35 (22.9%), cardiovascular disease, 25 (16.3%), other pathologies, 25 (16.3%) and unknown cause, 7 (4.6%). In relation with smoking habits, patients who died from cancer were significantly more active smokers than ones who died for other causes (p<0.05). Concerning patient’s phenotype (GesEPOC) patients with repeated exacerbations, having emphysema or not, were more likely to die for COPD (44%); whereas, cancer is the main mortality cause among non-exacerbator patients (72%). Among overlap asthma-COPD patients, there was no difference in terms of mortality cause. Regarding smoking index, the mean of pack-year is higher (62,23+/−25,3) for cancer mortality than for COPD and cardiovascular disease, 55,49+/−26,63 and 55,88+/−27,3 respectively , but no significantly differences were found. The average age among those who died from cancer (75,74+/−8,3) was lower than the age of other causes mortality (78,42+/−9,7). CONCLUSIONS Neoplasia is the main cause of death for COPD patients, especially among those who are non-exacerbators. This group of patients are also younger and more active smokers. While patients who have repeated exacerbations die more frequently from COPD.

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COMPARISON OF COMPREHENSIVENESS AND COORDINATION DIMENSIONS OF PRIMARY CARE IN TWO UPPER MIDDLE INCOME COUNTRIES: MALAYSIAN AND TURKISH RESULTS OF QUALICOPC STUDY

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Aim Turkey (TR) and Malaysia (MY) are two upper-middle income countries, which have impressive progression in terms of Universal Health Coverage. This presentation will be based on comparative QUALICOPC data for comprehensiveness and coordination dimensions of primary care. Methods Data was collected in 2012 in TR and in 2015 in MY, with cross-sectional surveys for Primary Care Doctors (PCDs) (n; TR:299 vs MY:460) and their patients (n; TR:2673 vs MY:4438). For comprehensiveness; involvement of PCDs in preventive care, treatment of chronic conditions and minor surgical procedures are compared between two countries. For coordination; referrals, face to face meetings with other professionals and primary care work force variation is compared. Results Involvement in chronic diseases seems to be similar, except PCDs in MY seemed to be more involved in diabetes and myocardial infarction while PCDs in TR are more involved in depression and peptic ulcer. Regarding preventive care, PCDs in both countries are highly involved in diet and smoking counseling, maternal and child health care. However Turkish PCDs are more involved in cholesterol check-up and less involved in blood pressure measurement. Coordination between primary and secondary care seems to be poor in both countries. Malaysian GPs have remarkably more face to face contact with other professionals like physiotherapists, whereas Turkish counterparts meet more with other specialist doctors. Conclusion Strengthening primary care globally requires answers for the question how outcomes of health services research can be applied in policy making. Our results of two countries of similar economic/cultural conditions and recent health reforms present a framework for bridging the gap between research and policy making.
END-OF-LIFE CARE IN AUSTRIA - A POSTAL SURVEY OF GENERAL PRACTITIONERS, HEMATO-ONCOLOGISTS AND INTERNISTS

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Background/Aim: It is particularly incumbent on General Practitioners (GPs) to deal with end-of-life (EoL) decisions. Empirical data on this subject is lacking in Austria. The aim of this study was to gain insight into EoL decisions made by physicians and their views on the laws related to them in Austria. Methods: The EURELD (European end-of-life decisions)-survey questionnaire, translated and adapted by Schildmann et al., was used for this cross-sectional postal investigation. Questions on relevant legal issues and palliative training were added. In 2016, a representative sample of General Practitioners (GPs), Internists and specialists in Hematology and Oncology in Austria were interviewed by post. Results: 548 questionnaires (response rate: 10.4\%) were evaluated. 88.3\% of participants had treated a patient, who had died in the previous 12 months. 60.0\% of respondents had withheld and 49.1\% discontinued a treatment such as oral medication. In 88.3\% of cases, the therapy to relieve pain and/or symptoms had been intensified. In 5 cases, death was the result of a drug prescribed, provided or administered by the respondents or a nurse. 38.5\% of respondents supported the current prohibition of physician-assisted suicide (PAS), 23.9\% disagreed with it and 33.2\% were undecided. 49.6\% did not feel sufficiently protected by law when treating patients at the EoL. 51.3\% of respondents would never carry out PAS, while 30.3\% would under certain circumstances. Compared to Hemato-Oncologists, fewer GPs felt they had been adequately trained to treat patients at the EoL (91.8\% vs. 73.3\%, p<0.01). Conclusions: A broad discussion on establishing a legal framework that enables EoL care to be conducted in the best interests of patients is necessary. In Austria, further discussion is necessary on whether future GPs should receive more training in EoL care.
DEVELOPMENT AND VALIDATION OF DEMENTIA RISK PREDICTION MODELS IN THE GENERAL POPULATION: THE ROTTERDAM DEMENTIA RISK SCORES

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Aims: Identification of high-risk individuals is essential for the development and implementation of preventive strategies against dementia, but reliable tools for risk stratification in the population are lacking. In this study, we developed prediction models to calculate the 10-year risk of developing dementia. Methods: We included 2710 non-demented individuals aged 60 years and older in the population-based Rotterdam Study. At baseline, participants were evaluated for demographic, clinical, and neuropsychological measures, and underwent genetic profiling and brain MRI. Using these data in competing risk models, we derived a basic and extended model to predict the 10-year risk of dementia. We assessed model performance using C-statistics and calibration plots, and externally validated the models. Results: During a median follow-up of 6.6 years (IQR: 4.8-8.9 years), 131 participants developed dementia. We developed a basic model for use in primary care using age, previous stroke, memory complaints and assistance needed with finance or medication (C-statistic: 0.79, 95% CI: 0.76;0.82). Subsequently, an extended model incorporating the basic model and additionally cognitive, genetic and imaging parameters yielded a C-statistic of 0.82 (95% CI: 0.79;0.86). These models were well validated in an external cohort. Conclusions: In an ageing population, 10-year risk of dementia can be accurately predicted by combining information on age, history of stroke and subjective neuropsychological measures in a primary care setting. This predicted risk can be further refined using data on cognitive performance, genotyping, and imaging parameters. These models can be used to identify individuals at high risk for dementia in the general population and are able to inform future trials.
LEARNING TOGETHER: AN INTEGRATED INTERDISCIPLINARY TRAINING MODEL IN PRIMARY CARE.

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Aim: To provide training that fosters cross-boundary professional relationships, improves patient quality outcomes and addresses current gaps within GP/FM education. Paediatric and psychiatry training programmes are centered largely on hospital based practice, yet long term chronic disease management happens largely within GP/FM. The Learning Together model is an inter-disciplinary integrated training option based in primary care which brings together General practice registrars (GPSTs), specialist paediatric or psychiatry registrars (STRs) and GP supervisors through experiential learning. Method: Interested GPSTs and STRs took part in the training model. Learning pairs (one GPST and one STR) were matched locally. Patient selection was based around the medical specialty of the visiting STR. The pairs carried out 6 joint clinics within the general practice setting. Each clinic was followed by a debrief session with educational supervisors to solidify learning for all involved. Trainees reported on cases seen via a logbook and all involved were invited to take part in telephone interviews after the clinics had completed. Results: Thematic analysis of qualitative data from the child health model has revealed themes amongst trainees: learning new clinical skills, a sense of collaboration and satisfaction of team working. The Psychiatric model has also shown rich learning experiences around team working and role appreciation. An analysis in the child health model showed better guidance adherence around constipation, asthma, fever, and eczema, before and after the joint clinics. Conclusion: The Learning Together training model is viable primary care training for GPSTs, paediatric and psychiatry STRs, and has demonstrated improved patient outcomes in child health.
EXPLORATION PROTOCOL DEVELOPMENT IN PATIENTS WITH LYMPHOEDEMA AFTER BREAST CANCER SURGERY, AN ANALYTICAL PROSPECTIVE STUDY

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Introduction/Aims: 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 lymphoedema, 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. 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.
10 WEEKS IN FAMILY MEDICINE: INTEGRATING THEORY, PRACTICE, REFLECTION AND SELF-KNOWLEDGE THROUGH THE FOUR QUADRANTS OF KNOWLEDGE

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Background: The human being is fragmented to better study it. Concerned with this, authors implemented in their family medicine course, method of 4 quadrant of medical knowledge. Quadrant 3, where they situate the knowledge of diseases, diagnostic and therapeutic methods. They assign to 4 the practical application of the knowledge acquired in the 3. The 2 is the corresponding to the knowledge of the patient and their context. And number 1 that refers to the doctor’s own knowledge, what they call a reflective practice. Aim: present the results obtained in the quadrants, used in the course of 10 weeks in family medicine, focused on efficiency and integration of theory and practice. Method, design: The course integrates: technique, community, patient and doctor. In addition, some techniques such as: do not write during the consultation and look at the patient are used. A qualitative study was used, with 200 medical students. Results: In quadrant of the technique (3), the most prevalent themes were hypertension, depression, anxiety, arthralgia, dyslipidemia, low back pain. In the community quadrant (4): difficulties with scheduling exams and specialists. In the patient’s quadrant(2): importance of understanding and approaching their values and experiences. In the doctor’s (1): importance of self-knowledge, medical art and resources such as cinema, music. Discussion: Ethical dilemmas that arise in daily practice and the professionalism required to care for the patient are challenges that require a broad view of medical care. The doctor needs to know himself to integrate the knowledge. Conclusion: Integrating quadrants 1, 2, 3 and 4 in practice and theory with self-knowledge is useful and feasible to having a professional connected to his or her own world and the patient’s.
URGENT CARE REQUESTS OF PEOPLE WITH INTELLECTUAL DISABILITIES: OUT-OF-HOURS, OUT-OF-TOUCH, AND OUT-OF-SIGHT

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Aims People with intellectual disabilities (ID) experience health disparities and difficulties in access to (primary) care. Intended for more urgent care requests, out-of-hours care is a fragile situation with high patient throughput, wide diversity of presented conditions and a limited access to patient history. Out-of-hours organizational arrangements for people with ID depend on their living arrangements in residential setting, at group homes, with relatives, or independently. In delivering care to all people with ID, general practitioners experience challenges in communicating with these patients and their caregivers, and dealing with their different presentation of complaints. The aim of this workshop is to exchange views and best practices on urgent care requests of people with ID in out-of-hours care. Descriptions Presented interactively and discussed by participants in groups, the workshop will be guided by three cases: one from recent research on Dutch out-of-hours organizational arrangements and health needs of people with ID, and two from daily practice: one on challenges regarding quality care and feeling out-of-touch with this population, and one on challenges regarding the safety and patients left out-of-sight. This will result in increased knowledge and awareness of healthcare needs of people with ID in urgent care and practical ideas of what healthcare professionals can do to meet these needs. Conclusions Exchanging views from international perspectives and different healthcare systems will help to get a better understanding of the quality and safety of out-of-hours care for people with ID and support how to deal in daily practice. This workshop will raise awareness on all vulnerable groups in this primary care setting.
REPEATED FALLS IN AN ELDERLY PATIENT - A CASE REPORT

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Aims To highlight the importance of therapeutic education, adequate glycaemic targets, and medication review on the management of type 2 diabetes. Description The author presents the case of an autonomous 89 years-old male with a history of type 2 diabetes, osteoporosis, venous insufficiency, and primary insomnia. He was treated with 12 drugs, among which five oral antidiabetic drugs (including glimepiride). The patient presented to his family doctor’s office on July 2016 for repeated falls, all accidental. Since the last fall, the patient had experienced a frontal headache. His wife mentioned psychomotor slowing and diminished right lower limb strength over the last months, which had recently worsened. The patient was conscious and hemodynamically stable. He had marked disequilibrium and decreased muscular strength in the lower right limb. The patient was immediately sent to the local Neurosurgery Department, where an intracranial haemorrhage was detected and surgically drained. The patient mentioned three incorrectly managed hypoglycaemia episodes in the last month. He shared that his attending ophthalmologist had set strict glycaemic goals. Glimepiride and another oral antidiabetic drug were discontinued. The patient was educated on how to prevent and manage hypoglycaemia. After several surgical interventions, the patient made a full recovery. Conclusion The individualization of glycaemic goals and therapeutic education are mandatory in the management of type 2 diabetes. The author presents the case of an elderly patient who was instructed to follow strict glycaemic goals. His medication had not been recently reviewed. This led to three documented hypoglycaemia episodes and possibly many more, which may have been the cause of potentially fatal falls.
MEATAL STENOSIS, A LATE COMPLICATION OF CIRCUMCISION - THE ROLE OF THE FAMILY DOCTOR

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Background and Aims: Male circumcision is a simple and common surgical procedure performed around the world for religious, cultural, social or medical reasons. Although it is considered a simple surgery, it presents risks and complications; the most relevant late complication is the stenosis of the urethral meatus (2.8-11%). The aim of this work is to discuss and update therapeutic and not-therapeutic circumcision criteria, in the best interests of the child and the patient. Description: Circumcised at 8 years of age, Caucasian, heterosexual, married, with no relevant clinical history, presented pain upon initiation of micturition, urinary urgency, a urinary flow that sprays (usually upward), with 2 weeks of evolution, referring to episodes of similar, but less gravity, in the last 6 years. In the physical examination, the urethral meatus was punctiform, an upwardly deflected narrow stream during urination signifying meatal stenosis. Blood tests, urine culture and vesical ultrasound were normal. The patient was referred to urology initiating a continuous urethral dilation program at home. Discussion: Only a small number of circumcisions are associated with the diagnosis of phimosis. Good hygiene is sufficient and enforced retraction of the foreskin is not recommended if conservative treatment is available. Therapeutic and non-therapeutic circumcision should be considered, discussed and negotiated. Doctors must act in the best interests of the child.
DESIGN OF THE PECAN-STUDY: DIAGNOSING PULMONARY EMBOLISM IN THE CONTEXT OF COMMON ALTERNATIVE DIAGNOSES IN PRIMARY CARE.

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AIMS Clinical decision rules and D-dimer testing are available for general practitioners (GPs) to distinguish pulmonary embolism (PE) from alternative cardiopulmonary diagnoses in patients with shortness of breath. However, D-dimer is often falsely elevated, leading to unneeded, costly and potential harmful referrals for CT pulmonary angiography (CTPA). Recently a novel diagnostic approach was developed: the YEARS-strategy. This strategy includes the scoring of 3 clinical items (haemoptysis, clinical signs of deep vein thrombosis, and PE most likely diagnosis) with a variable D-dimer threshold. In secondary care, this algorithm leads to a reduction of 14% of CTPAs with a similar safety. Our primary objective is to prospectively validate the YEARS strategy in primary care. Secondary objectives are to quantify the added diagnostic value of C-reactive protein (CRP) in order to enhance distinguishing PE from a pneumonia, and to develop one clinical model for estimating the diagnostic probability of both PE and pneumonia. METHODS This prospective diagnostic cohort study will include 750 patients with subacute new onset or worsening of existing shortness of breath with or without chest symptoms, in whom the GP first wants to exclude PE. Participants will be managed according to the YEARS-strategy using a point-of care D-dimer assay. Furthermore, additional blood will be drawn for CRP. There will be a clinical follow-up of 3 months in all patients to establish the final diagnosis. RESULTS This study will start in spring 2018. CONCLUSIONS We will determine the safety and efficiency of the YEARS-strategy in primary care. Furthermore, we will quantify the added diagnostic information of CRP.
CLINICAL AND EPIDEMIOLOGICAL CHARACTERISTICS OF PATIENTS WITH PRIMARY IMMUNODEFICIENCY IN THE REPUBLIC OF KAZAKHSTAN

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Introduction: According to the European Society for Primary Immunodeficiencies, the incidence of PID: 1/25000-1/100000 population, while the selective IgA deficiency: 1/500-1/700 population. Objective: to study the epidemiological, clinical and immunological manifestations of a number of basic forms of PIDs. Materials and methods: The study included 70 patients diagnosed with PIDs at the age of 1 to 55 years, all patients registered in the republican registry with primary immunodeficiencies. Results: When analyzing the structure of the distribution of patients according to the type of primary immunodeficiency, it was revealed that 65.62% of patients had antibody formation defects, 10.94% had immunodeficiency associated with other significant defects. Analyzing the features of the age composition and the distribution by groups of PIDs patients examined, the following data were obtained: antibody formation defects were most frequently encountered in the age from 1 to 10 years - in 23 patients, 11-20 years in 7 (11.29%), from 21 to 55 years - in 12 patients (19.35%). Analysis of clinical manifestations showed that the leading was the infectious syndrome, represented mainly by infectious diseases of the respiratory tract (from 7.1% to 100%). The leading immunological criterion in patients with antibody formation defects was a decrease in immunoglobulins, and in patients with SCID, the content of lymphocyte subpopulation. Conclusions: Analysis of epidemiological data has shown that there is a problem of PIDs hypodagnosis; defects of antibody formation occupy a leading position. Analysis of clinical data showed that the clinical manifestations of the infectious syndrome in the vast majority of cases were diseases of the bronchopulmonary system.
WHAT ARE THE DISTINCTIVE CULTURAL ELEMENTS INHERENT IN CANADIAN FAMILY PRACTICE?

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Aims & Background: Awareness of cultural norms in family practice is important for enhancing the quality of care provided by culturally-diverse health professionals to culturally-diverse patients in Canada. The purpose of this study was to identify the prevailing cultural elements inherent in Canadian family practice. Methods: Focus groups were conducted with 7 family physicians and 12 health professionals working in family practice. Participants were asked to identify the distinctive cultural elements operating within the Canadian family practice context. Qualitative data were audiotaped, transcribed, and analyzed descriptively. Results: Cultural elements were identified at four levels: (1) Canadian Society - Canada embraces/values multiculturalism; equality of persons/gender/race/religion; tolerance for differences; time consciousness is valued. (2) Health System - equality of access in a publicly funded health system; focus on primary care; medical technology prevails. (3) Health Professional Level - professional ethics emphasize honesty/confidentiality; maintain professional boundaries between health providers and patients; family practice is patient-centered; relationship between patients and health providers is collaborative, not hierarchical; professionals are expected to be open to feedback. (4) Patient Level - patients have a voice and a choice; have high expectations and sense of entitlement; are knowledgeable consumers of health care; expect to be understood and listened to. Conclusions: Distinctive Canadian cultural elements operate at the level of society, health system, health professional, and the patient. Orientation to cultural elements should be included in the training of all health professionals aiming to practice in Canada.
IMPACT OF A CHRONIC PAIN PROGRAM IN PRIMARY CARE – ANALGESIA PRESCRIPTION TRENDS IN A 16 000 PATIENT PRIMARY CARE COHORT

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AIMS Chronic pain affects 20-30% of the western population. It is an important source of disability and has a major economic impact. Current chronic pain management by Hospital Units is not sufficient, which makes it important to evaluate the impact of a chronic pain consult in a primary care setting. The main aim of this study was to evaluate analgesics prescription patterns in a Primary Health Care Unit (PHCU) before and after the implementation of a pain consult in this setting. METHODS Prescription patterns throughout 2013 and 2016 were assessed, and included the entire population of patients enrolled in this PHCU. We evaluated the absolute number of analgesics boxes prescribed by all physicians of this PHCU, throughout one year before and 3 years after the implementation of a pain consult in this PHCU. The analgesics were grouped on four groups: nonsteroidal anti-inflammatory (NSAIDs) and selective COX-2 inhibitors (COXIBs), acetaminophen, weak opioids and strong opioids. RESULTS The analysis of the prescription pattern showed that the most prescribed group of analgesics was NSAIDs and COXIBs (41% in 2013 and 37% in 2016). The percentage of acetaminophen prescribed remained constant. An important increase in the prescription of strong opioids was observed between 2013 and 2016 (1% in 2013 and 8% in 2016). The prescription of weak opioids decreased from 27% to 24%. CONCLUSIONS The analgesics prescription pattern has changed after the initiation of the pain consult and it seems that it is moving toward the recommended pattern for the most suitable management of chronic pain. These results show that primary care units may represent a more cost-effective mechanism for pain management, offering the comprehensive care for this problem.
TEAMWORK IN PRIMARY HEALTH CARE FROM THE VIEW POINT OF FAMILY PHYSICIANS AND COMMUNITY NURSES: INTERNAL AND EXTERNAL FEATURES

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Aim and background: Research demonstrated that teamwork in primary health care (PHC) is in its developing stages in Lithuania. The aim of the study was to identify features that may have an impact on teamwork in PHC from the viewpoint of Lithuanian family physicians (FP) and community nurses (CN). Methods: the anonymous survey was conducted in 33 randomly selected primary health care centers in Lithuania, Kaunas region. A total of 334 CNs and FPs participated in the study. Results: Attitudes towards internal and external contributors on teamwork in PHC were assessed. External factors were identified as organizational processes; team structure and competencies. Smaller part of respondents favored the statements related to external factors (29,3% agreed with the statement that there is sufficient time for procedure implementation and 42,9% agreed with the statement that institution is meeting the needs of employees). Internal factors were identified as team synergy and communication; perception of roles and responsibilities. More than half of the respondents (66,4%) agreed with the statement on effective team members collaboration, respondents also agreed that team is motivated (61,8%) and shares common goals (78,5%). CNs statistically significantly agreed less with statements on external factors than FPs (salaries depending on work intensity (20,8% CNs vs 31,5% FPs); differentiation of functions (66,7% CNs vs 77,2% FPs)). Conclusion: Research showed that internal teamwork environment was favored more than external one. Aiming to improve teamwork in PHC primary efforts should be put for the harmonization of organizational environment. Furthermore, more focus should be put on emphasizing organizational CNs role in PHC.
LET'S MOVE, LET'S SEEM YOUNGER!

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Intro/Aim: With the increase of average life expectancy, we’re faced with an increasing number of elderly users in Primary Health Care, being more and more important to promote healthy aging, which has several beneficial effects. It’s important that physicians know how to prescribe physical exercise, taking into account the empowerment of elderly people. Description: On the basis of practical recommendations "Physical activity guidelines for older adults" of NHS Choices (United Kingdom), where we found precise indications about the types of recommended exercises, we invited an elderly person to carry out the various proposed exercises; then we made a pamphlet with recommendations on the practice of physical exercise for adults > 65 years, including those photos (with permission), to demonstrate the ease of execution of exercises. This pamphlet also includes a list of physical activities organized by the Municipal Councils of our communities. Conclusion: With this pamphlet is expected a greater awareness of the benefits of the daily practice of physical exercise, motivating and empowering the elderly users to do it. Also for health professionals, we expect that a physical support would enable recommendations with greater objectivity and assertiveness, which will have a good effect on the effectiveness of the recommendations. In the future we wish to organize a "day of physical exercise" with the elderly, performing together the exercises suggested, and clarifying doubts/fears about the practice of physical activity and thus strengthen the doctor-patient relationship. Subsequently, it will be important to obtain an assessment of the acceptance of this pamphlet on the part of the elderly population, as well as assessing the long-term impact on their life quality.
HOW STUDENTS LEARN INTERPROFESSIONAL COLLABORATION AT THE WORKPLACE; A NETWORK ANALYSIS OF THEIR WORKING ENVIRONMENT

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Introduction Interprofessional collaboration (IPC) is an essential competence for medical students to develop in order to prepare them for their future practice. Students have the opportunity to learn from interactions in the professional networks of their supervisors during their clerkships. To understand how IPC takes shape in the learning environment of a student, the aim of this study was to investigate the characteristics of the interprofessional network of generalists and specialists, who act as supervisors. Methods Semi-structured interviews were held with ten general practitioners (GP) and ten ear, nose, and throat (ENT) specialists. An egocentric social network approach was used to collect data on the contacts of the supervisors networks. Type of collaboration, intra-professional or interprofessional, was encoded for all contacts. Analysis of variance were used to analyse the data. Results The mean network size of GPs consisted of 22 disciplines, whereas specialists had a mean number of 20 disciplines (p=0.92). While ENT specialists showed no significant difference between types of collaboration (p=0.05), general practitioners had significantly more interprofessional contacts (p<0.001). Two-way ANOVA showed a significant interaction effect between profession and type of collaboration (p<0.01). Conclusion The network sizes of GPs and ENT specialists are similar. However, the number of interprofessional contacts in comparison to intra-professional contacts differs. During an clerkship in general practice, more opportunities for IPC are present in comparison to an clerkship in hospital. This insight into the opportunities for students to learn IPC suggests an important role for the general practice as interprofessional learning environment.
TREATMENT OF PEDIATRIC OBSTITATION IN PRIMARY HEALTH CARE

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Introduction: In this work we intend to make a theoretical revision about constipation on pediatric age, once it's really common and since we are family doctors, we need to be more prepared to deal with this problem. Description: Constipation mainly affects school-age male children. The majority of episodes of constipation (95%) are functional, however, before starting treatment it is necessary to exclude organic cause (anatomical, inflammatory, endocrinological, metabolic, neurological, and iatrogenic). The treatment of constipation goes through general measures that include a high fiber diet, water reinforcement, decrease in the intake of astringent foods, intestinal training and family education in the sense of not to blame the child. As pharmacological measures it is essential to perform oral or rectal fecal depletion if fecal retention occurs. As maintenance therapy, there are several options available, such as osmotic laxatives, emollients and stimulants. All of these treatments should be performed for a minimum of 3-6 months. It is important to start an early treatment for better results. Weaning from therapy should be slow and progressive in order to avoid possible relapses. Conclusion: With this revision, now we feel much more comfortable in managing children with this pathology, and we hope this revision could be useful also for other health professionals.
DEVELOPMENT OF DISABILITY IN MULTIPLE SCLEROSIS IN THE CZECH REPUBLIC

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Aim: The aim of the thesis is to analyze the development of disability and assessment criteria in MS. Methods: The assessment criteria for the assessment of disability are regulated by the Annex to Decree No. 359/2009 Coll., on Invalidity Assessment. Review: assessment is not focused on diagnosis, but on functional impairment and its impact on the quality of life of individuals. Results: In 2012, disability was assessed for 12,086 people with diseases of the nervous system (G00-G99), of which 2,955 were MS patients (G35). The number of unrecognized invalids for all nerve diseases accounted for 10% of all assessments in 2012 and 8% for non-recognized MS. In 2016, disability was assessed for all nerve diseases in 10,090 persons, with MS for 2,559 persons. The number of unrecognized invalids for all neurological diseases was 12% in 2016 and 12% of the assessed persons also did not recognize invalidity. The number of all nerve disease assessments dropped by 19% between 2012 and 2016 and 17% in MS. Conclusion: MS prevalence is rising, it is estimated that there are about 17,000 persons in the Czech Republic. However, the number of new disability assessments for MS is steadily decreasing since 2012. The reason for this can be the assessment criteria prepared in 2008 and in practice since 2010. The EDSS scale to determine MS’s progress benchmark as a benchmark basis reflects the health status and rate of decline in work capacity, but MS accompanies a number of early symptoms such as fatigue, cognitive impairment and a decrease in efficiency. The patient's quality of life is thus affected before his mobility is affected. Even in a patient with a low EDSS, there is a significant decrease in quality of life with a potential impact on the decrease in working capacity.
CARDIO-RESPIRATORY STOP AT MALE

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26-year-old male with no personal history or toxic, which after intense physical exertion suffers from fading episodes witnessed by a doctor who initiates SVB. At the arrival of the EE presents GCS of 3/15, absence of Pulse, FV. Initiating SVA maneuvers with electric defibrillation at 200 Joules and the patient’s rhythm changes to FAVR 154 lat/min. Constant post stop: TA 134/73 mmHg, Sat O2 99% glucose 289 mg/dl, FR 16 rpm ECG. Atrial fibrillation. It is decided to administer 8 IU fast insulin. In the hospital presented TA 121/62 mmHg, Fc 115 LPM. ECG: Atrial fibrillation with controlled ventricular response. Analytical and toxic in normal. Transthoracic echocardiography: VI not dilated or hypertrophic, LVEF 50%, without alterations of segmental contractility. Normal right ventricular function. No valvulopathias or pericardial effusion. Ergometry at high load was clinical and electrical negative. Cardiac MRI and Normal CT angio. The patient refers to having presented three episodes of presyncope, without loss of consciousness of those who recovered within a few minutes. During his stay in the plant the patient remains stable and asymptomatic and implanted a conventional DAI with defibrillation electrode placed in the interventricular septum with discharge to the Bisoprolol 2.5 mg 1 tablets a day. Conclusion: Sudden death in young people under 35 years in an uncommon phenomenon with an incidence of 0.3-1.2/1,000 inhabitants/year occurring in most cases in healthy subjects and often devotees of sports practices. It is an entity whose social impact is high and that requires the rapid and protocol performance of all health professionals valuing risk markers such as syncope, the condition of the left ventricle, the family history of sudden death and symptomatic ventricular arrhythmias.
PATIENT TRIAGE AND RESPONSE TIMES IN PRIMARY CARE EMERGENCY DEPARTMENT 2010-2017

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Aim and background In Finland evaluating urgency of the emergency patients in the primary care has been assessed since the first piloting studies published 2003. The ABCDE-triage system was chosen and started in Jämsä 2007, because it was widely used in Finland, especially in primary health care. In the ABCDE-triage group A patients are in immediate life-threatening danger and need urgent specialized care. Group B patients are considered needing specialized care within 30 minutes. Group C patients are more typical primary care patients that need physician’s attention within one hour from the arrival. Group D patients are not in immediate danger, but need treatment within 2 hours from the arrival. Group E patients are non-urgent and could be advised to visit normal daytime appointments. Material and methods The patients were triaged by the nurses in the emergency department and the procedure is trained regularly. The median waiting time in different patient groups was observed to find out, if it correlates with the assessed urgency of the patients. The times of arrival and starting the treatment were collected from patient records. Results The response times have shortened. In the C and D groups the response time has decreased clearly 2010-2017. No change happened in group A and B in which the number of patients is very small, less than 1% of all the patients. Less urgent patients were directed to other services, which decreased the amount of D and E patients after 2011. Conclusions Assessing the urgency of the emergency department patients helped shortening the waiting times of urgent patients thus supporting the purpose of the emergency department, finding the patients that need most urgent help.
ATTITUDES, BEHAVIOURS AND EXPECTATIONS OF THE ADULTS, WHO HAVE CHRONIC DISEASE, ABOUT THE REGULAR REVIEWS OF THEIR ILLNESS, IN ISTANBUL, TURKEY

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Aims: Regular reviews of chronic diseases in primary care by the guidelines would make health outcomes better and lower healthcare costs. Aim of this study was to explore attitudes, behaviours and expectations of adults with chronic disease about regular reviews, if they attend reviews in primary care or elsewhere and where they would prefer to have reviews. Methods: The target population was the adults 45 years and older, who have DM, HTN, CHDs, COPD, Asthma, in Istanbul. The sample size of 402 was reached in the 10 most populated districts. Family doctors in selected centers were asked to create a list of patients having the chronic diseases and randomly invite numbers of patients depending on the population of the district. Questionnaires were filled in by doctors face to face with patients. Results: Of 407 participants, 63% were female, 37% were male. Average age was 60.9±8.9 73% had HTN, 47% Type2DM, 8% DM+insulin,%18 CHDs, %6 COPD,%8 Asthma. First diagnosis in primary care; 13%HTN, 21%Type2DM, 3%Asthma, 1%COPD. 35% of HTN patients, 28%Type2DM, 19%DM+insulin, 37%CHDs, 33%COPD, 40%Asthma were not having annual regular reviews anywhere. Only higher education levels significantly effects the rate of having reviews (p<0.001-0.03) Of the patients having regular reviews, only 30% of HTN, 35%Type2DM, 19%COPD, 17% Asthma patients were reviewed by family doctors. More than 65% were having reviews in secondary care. 74% of patients use primary care for repeat prescriptions frequently. 38% of the patients thought family doctors would be better for regular reviews, whereas 62% would prefer secondary care instutions. Conclusion: Significant percentage of patients with chronic diseases are not under regular reviews. Those having periodic reviews mostly prefer secondary care.
ASYMPTOMATIC JAUNDICE – AN UNUSUAL PRESENTATION OF HEART FAILURE

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Aims: Jaundice is an uncommon presentation of cardiac disease. Cardiac hepatopathy (CH) is used to describe any liver damage caused by cardiac disorders in the absence of other causes. CH is caused by passive venous congestion of the liver that occurs in the setting of cardiac conditions such as chronic heart failure (HF), tricuspid regurgitation, or right-sided HF. Family and general practitioners (GP) represent the first health care system reference to their patients. They should be prepared to deal with less common clinical presentations in order to detect signs and symptoms leading to early diagnosis and adequate treatment or referral. Description: A 56-year-old woman presented to her first GP appointment, asymptomatic but with blood analysis results with 6 months old with hyperbilirubinemia and thrombocytopenia. She had a positive personal history of cardiac surgery for correction of an ASD after being pregnant at 28-years-old. On physical examination, she had yellow skinned sclerotics and a holosystolic murmur. A week after, she came back with a normal liver ultrasound and new blood analysis that confirmed the results. She was referred to the emergency department and for a cardiologist appointment. Stable in NYHA II, three months ago, after a flutter 1st episode she suspended the previous medication and started propafenone and rivaroxaban. Six months after, she had a ventricular assist device implantation and she is waiting for a cardiac transplantation. Conclusions: GP play an important role in early detection of decompensated HF, treatment and referral before it progresses to end-stage disease. This case report intends to emphasize the importance of suspecting the diagnosis, although with an unusual presentation, in order to reduce symptoms and prevent harm.
SHOULDER IN PRIMARY CARE

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Aims: The shoulder is the most mobile structure in the body and therefore presents a high risk of instability that can lead to disabling injuries. Shoulder pain is a reason for frequent consultation in primary care, in the majority of cases of periarticular etiology, whose precise and timely diagnosis can be obtained based only on clinical and physical examination. The objectives of this workshop are to review the anatomy of the shoulder and the fundamental aspects of the anamnesis, to exemplify and practice in an oriented manner the different maneuvers of the complete physical examination and to systematize the differential diagnosis of shoulder pain and its appropriate treatment. Description: The workshop will be divided into 3 stages. First, a brief introduction focusing on the anatomy of the shoulder and on the general aspects of the anamnesis (10'). Secondly, a complete physical examination will be exemplified, allowing the participants to practice maneuvers in pairs guided by the trainers (40'). Finally, clinical cases will be presented to establish the diagnosis by clinical and physical examination and adequate guidance (40'). Conclusions: It is expected that, after this workshop, the participants are able to conduct a targeted interrogation that allows a complete characterization of the complaints. It is also hoped that they learn, train and begin to master the different maneuvers of physical examination, which allow to distinguish between the more frequent diagnoses of shoulder pain. This knowledge allows the family physician a better orientation of patients. The mastery of clinical tools allows a more cost-effective practice, avoiding imaging tests. This workshop empowers the physician to establish rigorous diagnoses and a more timely orientation.
DEVELOPMENT BY ASSESSMENT OF DUE TO DISABLED DISORDERS AND DISORDERS BEHAVIOR IN PERSONS AGED IN AGE OF 65 YEARS

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Aim The aim of this paper is to analyze the assessment criteria for assessing the degree of dependence for the purpose of the care allowance from 2012 for persons over 65 years with the mental illness. Methods Starting in January 2012, the ability of the person under consideration to manage basic life needs for the purposes of determining the degree of dependency is assessed by individual activities. The assessment criteria (activities) were supplemented and adjusted in 2016, which required an amendment of Annex No. 1 to Decree No. 505/2006 Coll. Results In 2012, a total of 30,814 persons were assessed for mental illness, of which 15,290 were over 65 years of age. In 2016, the degree of dependence was estimated for 26,517 people, of whom over 65 were 12,779, which is 1% less than in 2012. The greatest share of mental illnesses among older people is dementia (about x5) in 2016, 11,198 persons over 65 years of dementia were assessed, which is 2% less than in 2012 (13,236 persons) Conclusion The prevalence and the incidence of mental disorders in the Czech population has been rising over the past ten years, which is probably due to better diagnostics, public education, and lowering of stigmatization of psychiatry. Similarly, the number of seniors suffering from dementia is increasing. However, the results of the assessment of the degree of dependence for the period 2012-2016 show that there is a steady decrease in the number of assessments of the degree of dependence on mental illness, both as a whole and for persons over 65 years of age. This may be due to criteria that do not sufficiently take into account mental illness or to the fact that the current assessment medical criteria do not take into account the fragility syndrome in the elderly.
DECISION MAKING IN PRIMARY CARE EMERGENCIES: WHEN WOULD GENERAL PRACTITIONERS ATTEND TO CALL OUTS?

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Aims: In Norway general practitioners (GPs) on call are obliged to take part in call outs to pre-hospital emergencies whenever necessary. Whether it is necessary or not is left to the GP’s discretion. We aimed to study potential drivers of this decision. Methods: In an online survey 1002 GPs were randomised to hypothetical call out alerts and asked whether they would attend. The scenario presented a 60 year old male with acute dyspnoea. We let three attributes vary across different versions of the scenario: Whether or not there were other patients waiting, whether the emergency incident was nearby or distant, and whether the setting was a car accident or acute illness. This yielded 2x2x2=8 versions of the scenario. Each GP saw one version only. Results: The GPs were less likely to attend when the emergency was far away, when there were other patients waiting and when the incident was an acute illness rather than a car accident. Across the 8 scenarios the proportion of GPs that would attend to the call out varied from 59% (non-traumatic dyspnoea, other patients in the waiting room, incident 45 minutes away) to 87% (car accident, no patients in the waiting room, incident 15 min away, chi-square 61, df 7, p<0.001). Multivariable logistic regression analysis indicated that risk seeking GPs and GPs participating in multidisciplinary team training were more likely to attend. Conclusion: Our data suggest that when considering emergency alerts, not only the patient’s condition but also the distance to the incident and a crowded waiting room would get weight in the GPs’ decisions. Furthermore, team training and risk attitude might influence this decision. If this is true in real life, educational and organisational measures might increase GP participation in call outs to pre-hospital emergencies.
THE PREDICTIVE FACTORS OF HIGHER VALUES ON A POINT SCALE BASED ON THE OSWESTRY QUESTIONNAIRE IN A GROUP OF PEOPLE WITH CHRONIC NSLBP.

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AIM AND BACKGROUND Chronic non-specific low back pain (nsLBP) leads to long-term or recurring disability. The risk factors of nsLBP and disability differ from each other. The aim of the work was to assess the predictive factors of higher values on a point scale based on the Oswestry questionnaire in a group of people with chronic nsLBP. MATERIAL & METHOD As many as 102 persons aged 30-60 were qualified for the study, complaining of chronic nsLBP. A questionnaire partly based on the Nordic Musculoskeletal Questionnaire and a questionnaire on pain in the lumbosacral region, validated as per the IEA’s (International Epidemiological Association) guidelines, were used. Furthermore, in order to assess the disability caused by nsLBP, the Oswestry questionnaire was employed. Lastly, the analysis relied on the linear regression model, univariate and multivariate. The level of statistical significance was set at \( p < 0.05 \).

RESULTS The higher the number of points scored on the Oswestry questionnaire, the higher the degree of impaired ability. In the univariate linear regression model, the average score obtained on the Oswestry questionnaire increased the coexistence, inter alia, of the following: depression and/or anxiety disorders - by 4.02 points, insufficient amount of sleep (< 7 hours per 24 hours) - by 3.71 points (\( p < 0.05 \), \( p < 0.05 \) respectively). In the multivariate linear regression model, each subsequent kilogram of body weight increased the average score achieved on the Oswestry questionnaire by 0.29 points (\( p < 0.001 \)).

CONCLUSIONS The holistic approach of a family doctor is necessary in the prevention of disability caused by chronic nsLBP, taking into account not only the need to treat pain, but also the patient's lifestyle and concurrent diseases.
EX-SMOKERS- HEALTHY OR SICK POPULATION

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Aim: Smoking is a bad habit that, if continuously conducted, proves to be a risk factor for many diseases. The aim is to examine health risks among ex-smokers. Method: Having an insight into the documentation of patients we carried out statistic about the frequency of the most common diseases in which the risk factor is smoking. This statistic is based on four categories of ex-smokers and each one of them is divided into two more groups according to the number of cigarettes and the years of smoking experience. Results: 186 ex-smokers are divided into the categories: non-smokers up to 3 years; from 4 to 7 years, from 8 to 10 years and over 10 years. The categories are further divided into the groups: smokers who smoke up to 20 and more than 20 cigarettes per day, smoking experience up to 20 and more than 20 years. We processed upper respiratory tract infections (57.5%) belongs to the group of up to 3 years, smokers who smoke more than 20 cigarettes per day and those with smoking experience more than 20 years, lower respiratory tract infections (34.4%) have frequent infections, the largest number of non-smokers up to 3 years, COPD (5.9%) mostly in the group of non-smokers between 4 and 7 years, cardiovascular diseases like cerebral and myocardial infarction (6.4% mostly belong to the group of non-smokers between 4 and 7 years, lung cancer (4.3%), other cancer type (breast cancer, laryngeal cancer, colon cancer and skin cancer (3.7%)) and peripheral artery disease (1.1%). Conclusion: Ex-smokers up to 11 years of non-smoking experience are still at a risk of frequent inflammation of the upper and lower respiratory tracts. After 8 years of non-smoking experience, the number of patients with cardiovascular diseases, cancers and COPD is decreasing rapidly.
THE EXPERIENCE OF HAVING A SYNDROME WITH NO NAME - FAMILY DOCTORS ARMAMENTARIUM

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Aims: The family doctor (FD) is a comprehensive medical care provider. He provides support in all phases of the patient’s life. Within our armamentarium, we currently employ telemedicine. Description: JC, 1 year-old-girl, Caucasian. No relevant family history. During the pre-natal period, at 15W + 3D, the first ultrasound shown a bilateral equinovalgus foot. This initiated further work up in prenatal orthopedics and high-risk obstetrics appointments. Maternal serologies were reactive for Ac-HIV on the 1st and 2nd trimesters, but non-reactive on the confirmatory and subsequent tests. Born with 36 weeks, normal vaginal delivery. On the physical examination, the expected equinovalgus foot, but also polymorphic syndrome with craniofacial and limb dysmorphisms which motivated a circuit of hospital visits for auxiliary exams and more than 22 appointments on different medical specialties in less than 7 months. Throughout her 1st year, JC demonstrated a cognitive development according to her age, but worsening osteoarticular malformations, which affected her development of gross motor skills. Since her parents chose to maintain contact with the FD, he manages to coordinate his appointments and the hospital ones. As asynchronous appointments, e-mails were sent to reduce unnecessary trips and to comfort and minimize anxieties through the experience of having a “syndrome with no name”. Conclusions: In situations of uncertain diagnosis, telemedicine is an essential tool for doctors to guarantee the quality and efficiency in the access to health care system. This reduces physical distances, gives comfort makes the patient-doctor relationship stronger. With telemedicine, the FD can provide the needed emotional support and comprehensive medical care.
BURNOUT SYNDROME IN GENERAL PRACTITIONERS IN THE OSIJEK AREA, EASTERN CROATIA

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Background and aim: Burnout syndrome is considered a negative result of chronic occupational stress and indicator of health system dysfunction. We assessed the spread of this syndrome among general practitioners (GPs), employed in the Health Center Osijek and the surrounding area, where, in the last decades, devastating economical and demographic changes have taken place. Methods: The survey encompassed 60 GPs (7M, 53F), age range of 26-63 years (median 50). They were assessed by using the Freudenberger Burnout Scale and the Self-perceived Stress Scale and were enquired on personality traits. Differences in distribution of respondents were analysed by using the chi-square and Fisher’s exact tests. The correlations were calculated by using the Spearman’s correlation coefficient. Results: showed that 29 (48%) respondents were identified as burnout candidates and 7 (12%) were affected by burnout. The average exposure to stress belonged to 13 respondents (22%) and high levels of stress to 28 (46%) respondents. The correlations between higher levels of self-perceived stress and burnout syndrome (Rho =0.733, p<0.001) and between older age and increased self-perceived stress (Rho =0.331, p =0.01) have been demonstrated. Personality traits, indicating better flexibility and adaptability, showed to be linked to lower levels of self-perceived stress (lower vs higher levels: 69.2% vs 31.9%, p=0.02). Conclusion: The results indicated the high presence of burnout syndrome in GPs in the Osijek area. Most respondents belonged to a higher level of self-perceived stress. High level of self-perceived stress is associated with burnout. Older age is associated with higher levels of self-perceived stress. Certain personality traits can be the protective factors.
AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE AND ANEURYSMAL DISEASE

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Aim: Autosomal dominant polycystic kidney disease (ADPKD) is an inherited disease characterized by progressive cystic dilatation of the renal tubules, which besides the risk of chronic renal failure can lead to extrarenal complications, in this case that is the formation of cerebral aneurysms, even to their rupture and flight outcome. The most important extrarenal manifestations of the disease are cysts on the liver and spleen, diverticulum, inguinal and abdominal hernia, valvular abnormalities, aneurysms and ruptures of the same. Case report: A patient, 52 years old is diagnosed with ADPKD since she was 23 years old. She has regular ultrasound, nephrological and cardiac controls. In her medical history she cites that her father died all of a sudden when he was 69 years old, the cause of his death is unknown. This year, in May, in the early morning, all of a sudden she got a severe headache, followed by nausea and vomiting, which ended with a loss of consciousness. Upon arrival of an ambulance, the doctor concluded that she was unconscious, the right pupil was dilated, bradycardic, hypertensive. Upon the arrival at the regional health center, after CT diagnostics, they determined intracranial haemorrhage. After two days a flight outcome happened. Results: It is apparent the correlation between ADPKD and aneurysmal disease(4-10%), especially positive medical history of aneurysm or rupture. Conclusion: Taking into consideration that about 70% of aneurysm ruptures before the age of 50, it is necessary the early identification of patients with ADPKD and extrarenal manifestations. That involves routine MR diagnostics at the sonographic finding of cysts and medical history of aneurysm or rupture.
THE MODIFYING EFFECT OF HYPERTENSION DURATION AND AGE OF ONSET IN MENOPAUSAL WOMEN, ON OTHER CEREBROVASCULAR RISK FACTORS

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Background and aim: Evidence indicate close associations of hypertension with overweight (obesity) and abdominal obesity, in menopausal women, old 50 years and more. We assessed differences in several CV risk factors, in hypertensive menopausal women, according to hypertension duration, to learn more on CV risk factors accumulation. Methods: The sample, consisted of 208 women, aged 50-55 years, diagnosed with hypertension, was collected in six GP practices, located in the same Health Centre, in a small-size town of eastern Croatia. Differences were assessed, by using the chi-square and Kruskal-Wallis ANOVA tests, in CV risk factors: BMI, waist circumference, fasting glucose, triglycerides, total, LDL- and HDL-cholesterol, glomerular filtration rate (GFR) and the diagnosis of diabetes (taken as ranges of different diabetes duration), according to differences in hypertension duration (<5, 5-10 and >10 years). Results: Differences were found in the parameters: fasting glucose, GFR, waist circumference and BMI, according to <5 vs >10 years of hypertension duration (29% vs 48%, 6% vs 18%, 77% vs 95% and 48% vs 95%, respectively). Longer hypertension duration showed to inversely affect LDL- and HDL-cholesterol (the proportion of cases with increased LDL-cholesterol and decreased HDL-values were 48% vs 29% and 55% vs 45%, respectively). The results indicated the association between the newly diagnosed diabetes and the recent onset of hypertension (the frequency of cases with <5 vs 5-10 or >10 years of duration were 12% vs 0% vs 0%, respectively, according to <5 vs >10 years of hypertension duration). Conclusions: Hypertension duration and age of onset, especially in women in the age of menopause, can modify other CV risk factors.
CHARACTERIZATION OF THE CASES OF DEVELOPMENTAL DYSPLASIA OF THE HIP IN TWO FAMILY HEALTH UNITS

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Aims and background: The Developmental Dysplasia of the Hip (DDH) is defined as a dysplasia or malformation of the acetabulum. Most newborns present immaturity and instability of the hip joint which self resolves in the first weeks of life. Even though not all dysplasia evolves into dislocation (1-5/1000), they are responsible for more than half of female hip replacement arthroplasties, and may evolve into hip arthrosis if the diagnosis is late. Therefore, it is important to be vigilant of this disease's symptoms for early diagnosis and treatment. This work allows the description of the hospital consults referral cases by development dysplasia suspicion. Material and methods: A retrospective and descriptive analysis was done to the clinical cases of children from 2 family health care centres, checking which were referred to Paediatric/Orthopaedic consult due to DDH suspect, between 2014 and 2015. Results: Between 2014 and 2015, 71 children were born, out of which 13 were referred by DDH suspicion. The average age at time of clinical suspicion was of 5.3 months. Found risk factors, by increasing order, were: female sex (n=10), first-borns (n=9), pelvic presentation (n=3), family history of DDH (n=2) and macrosomia (n=1). Objective exam findings: asymmetrical folds (n=11), abduction limitation (n=3), positive Ortolani (n=6). Only 3 cases were confirmed, on 3 female children with 2 months, 4 months and 2 years old. Conclusions: The DDH is a disease that causes high mobility deficits if not diagnosed and treated on an early stage. Therefore, it is important for the family doctor to be aware of the disease's symptoms.
HYPERTENSION MONITORING PROGRAM IN A FAMILY HEALTH UNIT

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Aims and background Hypertension and related diseases are the leading cause of death worldwide. The objective of this study was to evaluate and improve the quality of records of hypertensive patients' consultations. Methods Dimension studied: technical-scientific adequacy. Unit of study: clinical records of hypertensive patients. Sample: patients attending the hypertension surveillance program. Evaluation criteria: blood pressure, body mass index and abdominal perimeter must be registered every six months in the clinical process and microalbuminuria, lipidogram, creatinine, electrocardiogram and cardiovascular risk annually. Based on the collected data, a global quality standard was calculated for each assessment year. Source and treatment of data: clinical process, Excel 2010 and SPSS 21. Type of evaluation: internal and retrospective. Period of study: from 2012 to 2016. Corrective measures: creation of an action protocol for the hypertension program, disclosure of the bi-annual results, peer discussion. Results A total of 160 hypertensive patients were selected for evaluation each year. In 2016, average age was 70 years, including 49% women. A global quality standard of 72.8% was calculated in 2012, 81.9% in 2014 and 89.0% in 2016. In 2016, the required criteria were fulfilled in 99% of blood pressure, 98% of body mass index, 83% of abdominal perimeter, 76% of microalbuminuria, 96% of total cholesterol, 94% of LDL cholesterol, 93% of triglycerides, 94% of creatinine, 59% of ECG, 92.5% cardiovascular risk records. Conclusions There was a progressive improvement in the quality of clinical records of hypertensive patients', which we anticipate to correspond to a better medical follow-up. The quality program will continue to be implemented in the forthcoming years.
INTEGRATED CARE PLANS FOR PATIENT ENGAGEMENT AND CARE COORDINATION

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Aims Discuss the content and implementation of a continuously updated integrated care plan. Description According to the WONCA Policy Statement on eHealth, family physicians need tools that support the care of people with multiple morbidities, facilitate care coordination and promote evidence-based practice, while preventing fragmentation of care, overdiagnosis and overtreatment. The continuing increase in the number and types of medical interventions and the disintegration of medical practice into narrow subspecialties calls for care coordination. Shared decision-making means that the patient's values and preferences guide goal-setting and selection of treatments. The facilitators present the purpose of an integrated care plan and its components. The plan consists of free text fields and a structured part. The free text part contains the patient's needs, goals and targets, and methods to pursue the goals and monitor if they are reached. The structured part is computer-readable, and describes the interventions, their order and timing. Standards are available for recording a care plan. New tools for shared decision-making and for estimating net benefit from interventions to meet the patient's goals are described. Small groups will discuss the content of the care plan, communication with the patient in maintaining the plan, the role of the parties (patient and professionals), and facilitators and barriers of using the new tools. Group work will be summarized and conclusions drawn. Conclusions The concept of an integrated care plan is becoming ripe for implementation due to the development of methods for shared decision-making, and standards and technology for maintaining a structured care plan. The primary care team should take the role of care coordinator.
ATOPIC DERMATITIS AND COMORBIDITY

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Background and aims: Atopic dermatitis is often the first indicator of allergic diseases, especially allergic rhinitis and/or asthma. The aims of the study were to investigate the presence of atopic dermatitis, the simultaneous occurrence of allergic rhinitis and asthma, and the susceptibility to infections, gastrointestinal and psychiatric disorders, also examine the link between atopic dermatitis and comorbidity and the most common systemic and topical administered drugs. Material and Methods: In Specialist practice family medicine M.Sc Sanja Bekić, Osijek, Croatia, retrospective study was conducted in the period from January 1, 2016 to January 1, 2017 on the percentage of patients with atopic dermatitis and comorbid diseases. The data source was the E-chart. The correlation coefficient Fi (Phi) and the McNemar’s X2 quadratic test were used to test the statistical significance. Results: 195 (10.53%) of patients had atopic dermatitis. 132 (67.7%) of patients had infections, 59 (30.3%) gastrointestinal disturbances, and 68 (34.3%) mental disorders. Allergic rhinitis was present in 80 (41%) of patients, while asthma was present in 34 (17.4%) patients. Out of 195 patients, 21 (10.77%) had allergic rhinitis and asthma, and 13 (6.67%) patients also had an associated infection. Psychiatric disorders combined with asthma and allergic rhinitis were observed in 5 (2.56%) patients. Atopic dermatitis alongside all the listed comorbidities was observed in 2 (1.03%) patients. The most commonly used drug was loratadine (60.5%), while mometasone was the most commonly administered topical drug (32%). Conclusion: There is a correlation between atopic dermatitis and comorbid diseases due to a unique allergic backbone in pathogenesis.
ASK 3 QUESTIONS: IMPLEMENTATION OF SHARED DECISION MAKING IN GENERAL PRACTICE

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Aims and background In several countries campaigns have been initiated to improve health communication between patients and health professionals. Examples are Ask. Share. Know in Australia and Ask 3 Questions in the UK, encouraging the patient to ask standard questions during each visit. In The Netherlands, a successful campaign has been introduced in hospitals. In 2017-2018 this campaign has been adapted for primary care. In the Dutch campaign the questions are: 1. What are my options? 2. What are the pros and cons of each option? 3. What does this mean for me? A pilot was carried out in 6 general practices. Next, an implementation strategy started including education for health care professionals and embedding information in often used patient websites. The aim of this workshop is to exchange and discuss experiences with shared decision making, especially about ways to improve the awareness among professionals and patients, as well as facilitators and barriers in the implementation of shared decision making in general practice. Description Programme of the workshop: - Introduction: Exploring experiences in several countries (15min). - Presentation: The 'ask 3 questions' campaign in the Netherlands including a pilot in general practices. (15min). - The implementation strategies in general practice (15min) - Discussion on facilitators and barriers of implementation and suggesting recommendations for implementation in practice (15 min). Conclusions Ask 3 questions seems a promising method to improve awareness of SDM, both for patients and health care professionals. Barriers could be time constraints in the consultations and resistance to change routines and habits within general practices.
SUBCLINIC DISSECTING THORACIC ANEURYSM. THE IMPORTANCE OF ECOGRAPHY

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AIMS: Description of a clinical case in order to review the symptoms of alarm regarding an unknown aneurism. Usefulness of ecography in the primary care system and the emergency department to prevent potentially mortal diseases. DESCRIPTION: A 74 Years old white male, with the only cardiovascular risk factor of being a long term Smoker (over 40 years), consults in the emergency department of our hospital describing a moderate costal pain for the last 5 days, starting whilst resting, not accompanied by sweating nor nausea, not irradiated and with no signs of coronary disease. The pain decreased slightly with the use of acetaminophen. Physical exploration: Blood pressure: 150/90 Heart rate 80 bpm Saturation 99% Good general state, good hydration status, well perfused, eupneic. Auscultation: Rhythmic, no murmurs, good bilateral ventilation. Symmetrical peripheral pulses in the 4 limbs. Abdomen: soft, no signs of irritation, pulsatile mass with accompanying auscultatory murrum. Ecography in the emergency department by a Family Doctor: Image compatible with abdominal aneurism. AngioScan: dissecting thoracic aneurism, abdominal aneurism and 11 millimeters mass in the upper right pulmonary lobe. CONCLUSIONS: In this case the main factors that lead to an accurate diagnosis and therefore correct treatment were the type of pain referred by the patient and the use of the ecograph available in our emergency department. The correct diagnosis in this cases had as a direct consequence the survival of the patient, who was operated in the reference Hospital of our area por Cardiovascular Surgery.
ACUTE DEMENTIA: A CLINICAL CASE

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Aims: The clinical objective is to guide towards a correct diagnosis of possible causes of acute dementia to reach an adequate diagnosis in each case. Description: A 77-year-old male patient with clinical history of hypertension, smoker of 10 cigarettes/day, dyslipidemia and moderate depression who went to the emergency department accompanied by his son for presenting disorientation in the three spheres for the past 15 days. On examination: Cardiorespiratory auscultation with good bilateral ventilation and rhythmic tones without murmurs. It does not present neurological focality and slight disartria and unstable gait. He came to our Hospital for presenting a clonic-tonic epileptic seizure accompanied by a confusional syndrome that had worsened during the last two weeks. Blood and urine tests were performed with normal results. Cranial CT with diagnosis of leukoaraiosis without acute lesions. Normal cerebrospinal fluid analysis was performed and proteins 14,3,3 were ordered, coming out positive and being diagnosed of prion disease. Conclusions: Prion diseases are a group of rare disorders that presents a rapidly progressive dementia, ataxia and extrapyramidal symptoms. Molecular techniques for studying proteins in cerebrospinal fluid have an increasingly significant role in aiding diagnosis but it is not too much advanced. The treatment of these diseases remains palliative.
AN INTRODUCTION TO THE PRINCIPLES OF IMPROVISATION AND HOW THEY MAY BENEFIT CONSULTATIONS

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Background Improvisation is a theatrical performance technique, however, its a powerful tool that may benefit communication skills of general practitioners. Many general practitioners will use a consultation skills model to frame their consultations e.g. Pendleton, however, rigid use of these consultations in practice can lead to consultations that are prescriptive and formulaic at the expense of individual style and flare. The basics of this theatrical technique will improve general practitioners communication skills and in turn their rapport with patients. Improvisation training may facilitate general practitioners in responding to verbal and non-verbal cues. It also highlights an individual’s attention and listening limitations, helping one to manage distractions and competing demands when interacting with others. Aim: To provide participants with an understanding of how improvisation techniques may benefit their consultation skills with patients. Description: This workshop will feature two exercises/activities designed to encourage active listening and responding spontaneously. Through these exercises participants will gain an insight to how improvisational skills may benefit the patient-doctor relationship. Participants will be asked to reflect on how the exercises/activities mirror their own professional experiences and consider how development of improvisational skills may improve their interpersonal skills. Notes: maximum of 50 participants Conclusions: Every interaction with a patient is improvised; consultations are not scripted. Improvisation is a skill that would benefit general practitioners as it improves self-awareness of how we communicate with others when there is no script to follow.
DEVELOPING RESILIENCE FOR GP REGISTRARS THROUGH POSITIVE ROLE MODELS

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Aim In an age where the medical profession faces a continual hounding from the government and media, coinciding with retention and recruitment difficulties, the need for positive role models and mentors for those in the early stages of their career becomes increasingly important. Shifting the focus from criticism and difficulties clouding the profession, towards success stories of the current leading clinicians within medicine may be one method to achieve this. Concentrating on clinicians’ journeys and hurdles they have faced to reach their current role, with advice for those following in their footsteps, could refocus attention onto the positive and beneficial aspects of working in the medical profession. Methods A qualitative study, of semi-structured interviews, of General Practitioners’ identified as inspirational role models, by trainees within the UK and Republic of Ireland. A resource of positive and inspirational role models may counteract disengagement and despondency facing junior doctors, creating a positive cultural shift within the profession. Discussion Outstanding clinicians and clinical leaders should be acknowledged and their experiences shared. Reflecting on their achievements, allows for further development and learning from these, enabling their influence to be far more wide reaching, to the benefit of the profession. Motivating real-life examples may foster resilience in the current junior doctors and encourage others to focus upon successes rather than failures within our profession. Whilst it remains important to learn from errors and mistakes, learning can also occur through good clinical practice and leadership.
IN Volving General Practice Trainees in Their Own Training Development

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Aims: Within the United Kingdom, General Practice trainees undertake a vocational training scheme that includes dedicated group tutorial time alongside clinical training. How group tutorials are delivered is flexible within different training programmes. This study sought to identify how trainees in Lincoln, United Kingdom wanted to shape their group training.

Methods: Primary Care trainees within the Lincoln General Practice Vocational Training Scheme were surveyed via Survey Monkey a series of questions on how they thought training was being delivered, whether change was needed and what group training they wanted. Results: 9/15 (60%) first year trainees responded, with all agreeing change was needed. Trainees wanted to focus on exam preparation in addition to professional development topics, and invite secondary care clinicians to inform on clinical knowledge topics and services locally. Introduction of trainee-led presentations was considered positively, with trainees perceiving it would develop their confidence as presenters and encourage breadth of curriculum coverage. Conclusions: Since implementation of trainee-led presentations, uptake has been positive and feedback from trainees suggest introducing trainee presentations has been beneficial to learning additional skills relevant to becoming primary care physicians. Leadership skills were felt to be developed by allowing trainees the chance to lead on shaping their group training, and evidence based medicine was encouraged through exploring guidelines in depth. It was felt the change should continue and trainees feel more involved in their training.
FRAGILITY FRACTURES AND BISPHOSPHONATES: TIME FOR A 'HOLIDAY'?

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Aims- To determine compliance with the latest National Institute of Clinical Excellence (NICE) guidelines on the safe, timely and limited prescription of bisphosphonates in 'at risk' patients Methods- A retrospective audit of a practice list of 9,690 using 'SystemOne' software to determine appropriateness, indication and duration of treatment for patients diagnosed with either osteoporosis, osteopenia or fragility fracture who were subsequently treated with an oral bisphosphonate. Results- just under 0.5% (47/9690) of our patient population were diagnosed with osteoporosis and treated with an oral bisphosphonate. The range of treatment was 1-56 months. 95% (45/47) of treated patients were female. 13% (6/47) declined long term treatment. No patients were on treatment for longer than 60 months, meaning our audit demonstrated 100% compliance. Conclusions- The results of our audit may superficially suggest excellent compliance with the current NICE guidance. However, our result raise interesting questions regarding the risk stratification of this vulnerable patient group, the challenges of data capture and coding, and compliance with long term pharmacological therapy.
NEXT GENERATION GENERAL PRACTITIONER: WHAT IS THE FUTURE OF LEADERSHIP IN PRIMARY CARE?

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Aims: Increasing pressures on healthcare systems across Europe are bringing an international change in focus towards primary care. This is an exciting opportunity for General Practitioners (GPs) to lead change and improve frontline services. This workshop will discuss the importance of leadership skills in primary care, and how we can equip new GPs to become the leaders of tomorrow. Description: We will first outline what good leadership in primary care looks like, with participants sharing examples from across Europe, before exploring the leadership skills that GPs need. Participants will then work in small groups to discuss the enablers and barriers to leadership development for GPs in their countries. This will be followed by a presentation about Next Generation GP (NGGP), a novel approach to leadership development for trainee and early-career GPs in England. We will discuss how NGGP was developed and present data on attendees’ experiences of the program. Participants will be able to ask questions of the program leaders, before being invited to reflect in small groups on what a primary care leadership curriculum could look like in their countries. Conclusions: Learning objectives: 1. Appreciate the need for GPs to develop leadership skills and consider how this might be achieved 2. Appreciate the enablers for, and barriers to, leadership development in different countries 3. Understand the rationale for NGGP in England, and consider ways to learn from our experience Impact for Daily Practice: Participants will be inspired to improve leadership development for GPs across Europe, to enable GPs to lead changes in improving services for patients.
PARENTAL EDUCATION CONTRIBUTES TO A BETTER SLEEP IN THE FIRST YEAR OF LIFE: A SYSTEMATIC REVIEW

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Background: The first year of life can be overwhelming. One of major problems parents face is infant's crying and sleeping habits, leading many times to exhaustion, with implications in their sleep, mood, marital satisfaction and mental health. Information is crucial for better decision. Aim: to review the relevance and to assess the impact of parental education in sleep problems in the first year of life. Methods: We conducted a systematic review, using keywords reference to "parental education", "parenting", "sleep", "hygiene", "infant" and "newborn", in Medline via PubMed and Scopus, including Embase, looking for original articles on parental education and infants' sleeping in the first year of life, in the last 10 years in English and Portuguese languages. Results: Nine original articles were included in our review. Results suggested that preventive intervention improves infants' sleeping quality. Parental education included infant sleep patterns, parental behaviour and strategies facilitating self-soothing. Most successful strategies were to placing down the infant while still awake, and to minimizing parental responsiveness, by active extinction and graduated extinction techniques. Cognitive-behavioural interventions proved to improve both parents and infants symptoms. Conclusion: It's important to include education on children's sleeping pattern and parents' behaviours in children's health routines. It proved to be a cost-effective strategy to increasing empowerment of families to deal with the problem. Formal education of providers is crucial to attend this goal.
COPD ILLNESS: KNOW THE TECHNIQUE OF ITS INHALERS WELL

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AIMNS During the last years, the number of devices for inhaled treatment of COPD patients has been greatly expanded. For this reason we designed a study to evaluate the correct application of inhaled therapy in COPD patients at a Health Center: inhalers easier to use and if the technique is correctly explained by the Family doctor and understood by the patient DESCRIPTIONS A written survey was carried out on 150 patients diagnosed with COPD under treatment with different inhalers. Data is collected as age and sex, type of device, if there was explanation by the doctor of the technique in the prescription of the drug and which of them is more simple application The survey shows a male profile of 68.7 +/- 8.3 years of age. It is shown that in 51.9% of the cases the patient has not received an explanation of the technique from their doctor or did not understand it well. Among the devices with the easiest application is first the pressurized device with controlled dose (61.3%), followed by Breezhaler (36.5%) and Easyhaler (2.2%). 39.5% of those who use the pressurized system do so with a camera. It is interesting to note that 25.4% of patients have abandoned treatment on occasion due to difficulties in the application of the product CONCLUSION The typical patient is usually of advanced age and needs simple systems with easy application and that the opportune time is dedicated in the explanation of the technique so that the treatment is effective and its exacerbations are reduced and above all because with this we would improve the adherence to the treatment is this pathology that offers us so many difficulties in the control of symptoms.
EOSINOPHILIC ESOPHAGITIS: WHEN THE ALLERGEN WAS NOT FOUND? - ABOUT A CASE

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Aims: Dysphagia is defined as the difficulty in passing food/fluids from the mouth to the stomach. In younger patients, eosinophilic esophagitis (EE), inflammation of the esophagus caused by an allergen, is an important cause of dysphagia. In intermittent dysphagia with occasional food impaction, especially in young people, EE should be suspected. Description: Female, 32 years old, rhinitis (unmedicated). She comes to the consultation at 08/2016 with complaints with 1 year of evolution, from intermittent dysphagia to solids. For about 3 months, she has been associated with occasional heartburn and hoarseness. Performed endoscopy on 09/2016: stenosis of the esophagus below the upper esophageal sphincter that does not allow passage of the endoscope, tracheal rings, histologically inconclusive. Starts treatment with PPI and repeated endoscopy with pediatric endoscope on 05/04/2017: concentric rings in the esophagus, whitish dots and some superficial fissures in the esophagus. Histologically compatible with EE. She starts fluticasone treatment, becoming asymptomatic. At 07/2017 the endoscopy was normal. She was referred to the Immunological Laboratory, where no sensitization to allergens was identified. Conclusions: EE is a chronic inflammatory disease, immunologically mediated, apparently related to atopy, that prevalence is increasing. Clinical suspicion is essential for the diagnosis of EE that is histological. EE treatment consists of PPI, corticosteroids and diet (if allergen sensitization). It is important to reflect on need for histological surveillance versus a good clinical-histological correlation. This case report intends to emphasize the importance of suspecting the diagnosis in order to improve the patient's quality of life, reduce symptoms and prevent harm.
COMBINED TREATMENT OF ADVANCED DIABETIC FOOT SYNDROME IN 31 YEARS OLD FEMALE WITH DIABETES MELLITUS TYPE 1

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Aims Aim is to highlight importance of accurate care in diabetic patients to avoid frequent complication of diabetes mellitus - diabetic foot syndrome (DFS). Methods Case report including diagnosing and performed procedures. Description Diabetes mellitus (DM) is a metabolic disease characterized by increased blood glucose level for a prolonged period of time. Diabetic foot ulcers are serious complications of DM and the most common cause of hospitalization in diabetic patients. DFS is an "ulceration of the foot associated with neuropathy and different grades of ischaemia and infection". A 31 years old female with DM type I, atherosclerosis and hypothyroidism was referred to the Angiology Department for treatment of the diabetic foot. Past medical history: second right toe amputation, wound debridements, tooth decay, myocarditis. On admission: right foot oedema and ulceration, hyperglycaemia with unstable glucose levels and high tolerance to hypoglycaemia, anaemia, lymphocytosis, decreased thyroid hormones' level. In imaging: atherosclerotic plaques in lower limbs arteries and focal osteolysis of right metatarsus and phalanges. Procedures applied: resting, broadening of an incision, wound debridement, Negative-Pressure Wound Therapy, antibiotics therapy due to wound infection, red blood cells transfusion, modification of insulin therapy and adjusting of thyroid hormones levels. Favourable response was achieved. Conclusions DFS is one of the most significant and devastating complications of diabetes. Even advanced lesions associated with DFS may be treated successfully by combining different methods of therapy. General Practitioners should: 1) educate diabetic patients about risks of DFS; 2) perform regular check-ups for early signs of DFS in diabetic patients.
COMBINED TREATMENT OF PRESSURE ULCERS IN 98 YEARS OLD FEMALE - CASE STUDY.

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Aims Aim of this work is to present the proper treatment of the pressure ulcers (PU) in elderly population in outpatient setting. Methods Case report including diagnosing and performed procedures. Description PU are areas of localised damage to the skin and underlying tissue, caused by pressure, shear or friction. PU are more likely to occur in seriously ill, immobile or neurologically compromised individuals. Impaired nutrition, obesity and poor posture are other known risk factors. Therefore, PU particularly affect elderly people. 98 years old female with multiple comorbidities including dementia, stays in bed all the time. After hospitalisation in Internal Medicine ward due to severe hyponatremia, 3 PU occurs: in interscapular area (stage 2; 3.5x3.5 cm), on right heel (stage 1; 5x5cm) and in sacral area (stage 1; 3x3cm). Treatment, which included specialized dressings use, redistributing pressure in affected areas and preventing malnutrition was launched. After treatment PU in sacral area and on heel were healed. However, mostly due the lack of cooperation from patients’ family, PU in interscapular area advanced. More aggressive treatment was launched, including also wound debridement and regular, every-day check-ups of patients’ skin condition and treatment compliance. Favourable response was achieved. Conclusions PU in geriatric patients population are frequent. General practitioners should pay attention to skin conditions of their patients (especially those seriously ill, immobile or neurologically compromised), although skin changes might not be the primary reason for seeking care. Even advanced PU may be treated successfully by combining different methods of therapy. Cooperation of medical staff and the patients’ family is crucial for successful treatment.
COMING TOGETHER WITH TELEMEDICINE

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Aim and background: As technology grows and time seems to never be enough, it’s important that family doctors can manage alternative ways to look closely after patients and to facilitate access to health services. Over the last few years, several initiatives and programmes were implemented on Telemedicine (TM) or eHealthcare. In Portugal, a National Centre of “TeleSaúde” was implemented, with regional coordinators (CRT) and internal promoters (PIT), to create synergies and models to draw in doctors, patients and families. Description: In our clinical practice we were faced with several cases where TM was of extreme importance, for example when hospital appointments multiply and patients are too busy with their daily lives to have close encounters with their family physician. In this way, it can be a powerful tool to diminish patients’ anxieties and insecurities through every step of their journey on the healthcare system. On the other hand, we can’t forget that TM can never replace face-to-face appointments but we can try to find, in our practice, for which types of care and for which people it would be better suited. Many patients already have access and skills to manage digital technologies and, in the near future, many more will. Wouldn’t we provide better care if we used technology as a way to get closer to our patients? How will it affect the doctor-patient relationship? Conclusion: TM promises to revolutionize medical care, but several issues remain to be solved if we want to use it in all its potential. Physicians and health systems must work together to solve the technology and organizational challenges that TM adoption will bring.
FLAIL-ARM SYNDROME, A CASE REPORT

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Aims: Family Doctors (FD) usually manage medical motives that defy clinical logic. These represent an important number in General and Family Medicine (GFM) and it is necessary to be aware of the patient complaints and make a proper evaluation. Neurological pathologies may present as atypical and can be extremely disabling in daily life, as there are still many doubts about treatment and prognosis. Description: Male, 45 years old, long-distance truck driver. Nuclear family and stage V of Duvall’s cycle. Personal history of hypertension, dyslipidemia and obesity. At consultation in March 2016, he reported numbness of the hands, predominantly to the right, associated with loss of muscle strength. During screening for carpal tunnel syndrome (CTS), an electromyography revealed moderate CTS. In Neurology consultation October of 2016 he maintained numbness and presented evidence of severe atrophy of the first interosseous of the right hand. Cervical MRI did not show any lesions. In May 2017, he reported progression of muscular loss and functional limitation in both upper limbs. At examination, severe loss of muscle mass was detected and had limitation in all movements. No complaints in other body parts. An urgent Neurology consultation was requested, where was diagnosed Flail-arm syndrome. Conclusions: Flail-arm syndrome represents an atypical presentation of atrophic lateral sclerosis, characterized by progressive loss of muscle strength, predominantly proximal, without involvement of the lower limb. Because of its heterogeneous presentation and slow progression, differential diagnosis can be difficult, especially in early stages. In GFM, there are situations that challenge the clinical logic and the FD has an important role as the first contact with patients.
VALIDATION INTO SPANISH OF THE REVISED PATIENTS’ ATTITUDES TOWARDS DEPRESCRIBING (RPATD) QUESTIONNAIRE. RESEARCH PROTOCOL.

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Background. Polypharmacy has become a priority public health problem in developed countries. To address this phenomenon deprescription stands out because of its orientation to patient preferences and life expectations. Its success will depend on the attitudes and beliefs of patients towards the number of drugs they are taking and their willingness to initiate a process of deprescription. To explore these factors researchers from University of Sidney have developed rPATD Questionnaire. Aim. Validation into spanish of rPATD Questionnaire, both older adults and caregivers versions. Final version must have the same feasibility, reliability and validity than the original questionnaire. Methods. To evaluate the feasibility a cross-cultural adaptation will be carried out through a professional translation process, an experts’ evaluation and a pilot study. Then, an analysis of the psychometric characteristics through an observational descriptive study, in which 120 polymedicated patients from three health centers will be randomly selected to complete the questionnaire and collect the remaining variables, including sociodemographic and clinical data. Analysis of reliability includes internal consistency (measured by Cronbach’s alpha, that must be >0,7) and intraobserver reliability (Gamma rank >0,6 and Cohen’s kappa >0,6). Validity includes content validity (Content Validity Ratio >0,75), construct validity (evaluated by an exploratory factor analysis) and criterion validity (evaluated by checking a statistically significant correlation between items of the Beliefs about Medicines Questionnaire and the rPATD). Results and conclusions. This study started in January 2017 and is ongoing until December 2019. This validation process can be applied to other languages and cultures.
COMPLEMENTARY AND ALTERNATIVE THERAPIES: NEW OPPORTUNITIES TO IMPROVE QUALITY OF CARE

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Aim: To raise awareness for the increasing adoption of complementary and alternative therapies (CAM) among patients and suggest how they can be strong allies to improve health care. Description: CAM is the term for products and practices that are not part of standard medical care. "Complementary" medicine is used together with conventional treatments, while "alternative" medicine is used in place of conventional care. Most CAM therapies fall into one of two categories: natural products such as herbs, vitamins and minerals and mind and body practices, like yoga, meditation, acupuncture and relaxation techniques. People use CAM for various reasons and there is a growing body of evidence that some CAM therapies are effective in certain clinical conditions. Some patients feel that CAM lets them take a more active role in their treatment options and feel like they are more in control. In chronic conditions with no possibility of cure or with limited conventional treatments, patients turn to CAM therapies which focus on relaxation and stress reduction, increasing the sense of well being. But why do family doctors need to care about CAM? CAM is considered the fastest growing area in health care today and it is estimated that 50% of primary care patients use at least one complementary therapy. Although CAM therapies are popular, many patients are not comfortable discussing them with their doctors, and many physicians are uncomfortable with the topic as well. This communication gap represents an important opportunity for family physicians to ensure more efficient and equal health care. Conclusion: Improving our knowledge on CAM can lead not only to new insights into illness and health, but also to enhanced patient communication, satisfaction and quality of care.
NOT A URINE INFECTION AFTER ALL, A CASE REPORT

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Aims: Penile cancer is a rare condition with an incidence of 0.1 per 100,000 inhabitants in Europe. It is more frequent in men over 60 years old, uncircumcised, with phimosis or poor hygiene habits. In 22-63% of cases, human papillomavirus (HPV) infection is associated with this neoplasm. Description: Male, 76 years old, retired, history of diabetes, hypertension, dyslipidemia, obesity and benign prostatic hypertrophy. Nuclear family and stage VIII of Duvall’s cycle. At consultation, he reported dysuria, hypogastric and penile pain with one month of evolution. Objectively without genital lesions; urine test revealed leukocytes and erythrocytes; medicated with ciprofloxacin as a urinary tract infection. Two months later, he returned with the same complaints and a more detailed examination showed closed phimosis (according to the patient with 16 years of evolution) and hemato-purulent drainage through the urethral meatus. Requested Urology consultation where it was performed circumcision and biopsy, identification of multifocal invading squamous cell carcinoma, with a positive sentinel ganglion, later submitted to partial penectomy and perineal urethrostomy. Conclusions: This clinical case portrays a rare entity but alerts to essential points in daily practice in General and Family Medicine. On the one hand, the importance of performing a complete examination, as the patient does not mention phimosis and purulent drainage as a complaint. On the other hand, the importance of preventive activities from pediatric age, teaching hygiene habits, vaccination and use of condoms in preventing HPV transmission. It is up to the Family Doctor to take advantage of these key moments, teaching these measures, with lifelong reinforcement whenever it proves necessary.
OBESITY AND OVERWEIGHT AT PRESCHOOL AGE ACCORDING TO WORLD HEALTH ORGANIZATION AND CENTERS FOR DISEASE CONTROL AND PREVENTION

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Aim and background: There are few studies on the prevalence of weight excess at preschool age. It is essential that the family physician knows the prevalence in his area of intervention and performs the correct interpretation of the anthropometric parameters. The aim of this study is to determine the prevalence of overweight/obesity by sex and age in preschool children according to the definitions of World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC). Material and Methods: Cross-sectional analytical study. Population: children up to 71 months of age. Excluded children without body mass index (BMI)/weight/height and/or secondary overweight/obesity. Variables: gender, age, BMI or weight/height ratio. Used the cut-off points established by the WHO Child Growth Standards-2006/ WHO Reference-2007 and CDC Reference-2000. Results: Of the 511 children evaluated, 450 were included. The prevalence of overweight and obesity by WHO’s definitions was 10.44% and 5.56% respectively. The prevalence of overweight and obesity was higher by CDC compared to WHO’s definitions (22.68% vs. 11.18% and 12.14% vs. 7.35% respectively). The prevalence of overweight/obese was higher in males (CDC/WHO). By CDC’s definition, the number of cases of overweight was higher at 4-5 years and, by WHO’s definition, was higher at 5 and 1 year. The number of obese children was higher at 5 years of age (CDC / WHO). Conclusion: There was a discrepancy in the classification of overweight children by WHO and CDC definitions. However, it is important to highlight the high prevalence of weight excess at preschool age.
STUDY OF THE CONSULTATION OF THE ELDERLY PATIENT IN THE EMERGENCY DEPARTMENT. WHY IS OUR ELDERLY POPULATION COMING?

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OBJECTIVES In view of the evident increase in the elderly population in relation to the increase in the level of survival, the frequency and reason for consultation in the emergency department of this population over a period of time is studied. - To know the reason for more frequent consultation in elderly patients who come to the emergency room. - To quantify the population over 65 years of age that consults the emergency department. METHODS A descriptive and retrospective observational study is designed, analyzing a population older than 65 years that goes to the tertiary hospital emergency, within 30 days during the winter. Patients with a history of oncology, bladder catheter, or ostomies were not included. RESULTS A total of 748 patients were treated in the 30-day period between ages 14 to 92 years, of which, over 65 were 392 (1) (183 Men (46%) Women 209 (53%)). The reasons for consultation were: Osteoarticular pathology 124 (31%), Respiratory infections 89 (22.7%), Dyspnea 64 (16.3%), decompensated cardiopathies 37 (9.4%), urinary tract infections (not related to bladder catheter) 22 (5.6%), minor injuries 22 (5.6%), abdominal pain 19 (4.8%), other 15 (3.8%). CONCLUSIONS - Most of the half of the population that attends is over 65 - The majority were women - The articular osteopathy remains the most frequent pathology of consultation in this population. - Respiratory infections are a high rate of consultation in relation to the winter season.
FAMILY PHYSICIAN’S PERSPECTIVE ON CHRONIC PAIN MANAGEMENT IN A PORTUGUESE PRIMARY HEALTH CARE UNIT

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AIMS The estimated prevalence of chronic pain in Portugal is 33% and is a growing area of care in Primary Health Care, with the development of pain consults in many Primary Health Care Units (PHCUs). However, chronic pain management in primary care is still suboptimal, mainly due to lack of knowledge in this area. To tackle this problem we created a chronic pain consult in 2013. The main aim of this study was to evaluate the General Practitioner’s (GP) perception of a PHCU with pain consult on analgesics prescription for chronic pain management. METHODS A questionnaire was designed addressing the following questions: percentage of chronic patients in the GP’s file, opioid and NSAIDs prescription in their PHCU, major handicap for opioid prescription and attributed importance to pain consult in primary care. The questionnaire was given to all 12 GP’s of the PHCU and it was answered anonymously. RESULTS All the GPs attribute a level of importance higher than 7 (on a scale of 0 to 10) to a chronic pain consult in primary care. Globally the physicians have perceived an increase in opioid prescription in their PHCU (83%). However they consider their NSAIDs prescription is above average (50%) and that only 10 to 20% of their patients with chronic pain are on opioids (45%). The majority of GP’s consider this to be due to lack of knowledge in opioid prescription (91%). CONCLUSIONS This questionnaire was helpful to detect a problem at our PHCU and will be the basis of a quality improvement cycle on chronic pain management. Despite the improvement in major opioid prescription, family physicians at our unit identified the lack of knowledge to be the main reason to avoid opioid prescription.
AMIODARONE AND THYROID DYSFUNCTION - A CASE REPORT

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AIMS To describe a case of amiodarone-induced hypothyroidism and the importance of thyroid function monitoring. METHODS We used the patient's medical history, clinical examination and diagnostic procedures. RESULTS A 72-year-old man with a personal history of cardiovascular risk factors, was referred to the cardiologist in 10/2016 for a preoperative assessment for hip orthopedic surgery. In addition to therapeutic optimization, tests were requested: blood work, electrocardiogram, echocardiogram and Holter. Symptomatic and very frequent ventricular extrasystoles (10027/24h) were observed, refractory to bisoprolol 5mg, and he was medicated with amiodarone 200mg 5 times a week (02/2017). There was a symptom and electrical improvement, and a reassessment of thyroid function by the family doctor was recommended every six months. In 09/2017, thyroid tests showed TSH of 83.99mU/L (normal value in 2016), and symptoms of weight gain, cold intolerance, tremor and constipation were also present. After health education, he was medicated with levothyroxine 0,1/day, and a new screening serum TSH is requested, that will be carried out periodically until stabilization. He will inform his Cardiologist in 01/2018. Lifestyle change is advised. He is fit for surgery, date pending. CONCLUSIONS Amiodarone continues to be a very useful and extensively utilized antiarrhythmic drug, but it is associated with a number of side effects, including hypothyroidism. This case report reveals the attention of physicians for this thematic, for an early diagnosis, orientation and continuous monitoring, as well as the importance of communication between secondary health care and primary health care providers.
EXERCISE PRESCRIPTION FOR HEALTHY PREGNANCY – A THEME REVIEW

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AIMS To sensitize and know how to recommend the exercise prescription in healthy pregnant women (PW) in Primary Health Care. METHODS Literature review (UpToDate, PubMed and EMBASE) of articles published in the last 5 years using the keyword exercise prescription and pregnancy. RESULTS Clinical evaluation should be realized before recommending an exercise program to exclude contraindications. It should be adjusted individually and evaluated periodically. The guidelines recommend at least 150 minutes (min) of moderate-intensity or 75 min of vigorous intensity of aerobic activity throughout the week. The resistance exercise should be practiced in 2-3 nonconsecutive days. A 10-15 min warm-up and cool-down are recommended. PW who are highly active can continue physical activity. For sedentary woman should follow a more gradual progression of exercise. Activities with high risk of abdominal trauma and contact sports should be avoided, and supine position should be used carefully. During exercise, PW should stay well-hydrated, increased caloric intake and avoid hot humid environment. After pregnancy, the exercise may begin 4-6 weeks after a normal vaginal delivery or about 8-10 weeks after a cesarean. Active PW may be able to resume exercise sooner. Pelvic floor exercises are recommended during and in the immediate postpartum period. CONCLUSIONS Women with uncomplicated pregnancy and postpartum women should be encouraged to engage in aerobic and strength-conditioning exercises before, during, and after pregnancy. Although some adaptations to exercise may be necessary, physical activity has minimal risks and has been shown health benefits. The family physician plays an important role in encouraged and supported a safe prescription, in the absence of medical contraindications.
HOW CAN WE SUPPORT YOU? - A CASE REPORT OF RECTAL PROLAPSE

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Aim: Rectal prolapse is six times more frequent in women than in men. Its peak occurs in women over 60 years of age. Most associated complaints include anal mass, rectal bleeding and poor perianal hygiene. Constipation also occurs in 30 to 67% of patients. Surgical correction is the indicated treatment option. Objective: To report a case of rectal prolapse.

Methods: We used patient’s medical history, clinical examination and diagnostic procedures. Results: R.I., female, 39 years, IIGIP, divorced since 2011, belongs to a reconstructed family, highly functional according to Smilkstein's appur. She suffered from chronic obstipation, and was taking diazepam as regular medication. She presented for about 3 months changes in intestinal elimination pattern, abdominal pain and weight loss of about 2 kg, and was submitted to retosigmoidoscopy in April 2016 to study the clinical case. After 2 months, the patient presented worsening of the clinical condition: tenesmus sensation, sphincter incontinence and prolapse of the anal mucosa, loss of appetite, vomiting and weight loss of about 8 kg, maintaining intestinal transit changes. She was then referred to gastroenterology and performed anorectal manometry and videodefecography, diagnosing a complete anorectal prolapse. During these events R.I. suffered a depressive disorder with attempted suicide. The support of her partner and her two children was essential in stabilizing the situation, making her able to live through her clinical condition. She is now waiting for surgery and she's engaged. Conclusion: This case report shows how social and family support can be crucial to avoid a negative disclosure of a disease. It's essential that family doctor is available to follow these situations with a caring word.
EVOLUTION OF BMI IN THE FIRST 5 YEARS OF LIFE - A RETROSPECTIVE STUDY

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Aim(s) and background: According to estimates from WHO, around 1 in 3 children in the European Union aged 6-9 years old were overweight or obese in 2010. Data in children aged under 5 years old is not so well defined, but it is estimated to be about 1 to 28.6%. The aim of this study is to characterize the early life growth pattern in healthy infants at age 5. Material & method: A retrospective longitudinal analysis based on Body Mass Index (BMI) by age (1, 2, 4, 6, 9, 12, 15 and 18 months; and 2, 3, 4 and 5 years), including healthy infants born in 2011. Data was extracted from the clinical files of a health care unit inscribed in Infant Vigilance Program. We excluded children without a primary care assessment at 5 years of age. Variables: BMI, gender; age; mother’s BMI. Data was collected from SClinico program. We used Excel 2016 and SPSS 25 for data analysis. Results: From the children with registered BMI (n=46): 39% had at least one measurement with obesity and 74% had an overweight measurement, which were more frequent in the female. The majority of obesity or overweight measurements started after 6-months, but the differences were not statistically significant (p>0.05) when compared with differences singly by age. By age 5, 30.4% of children were overweight or obese. About 28.2% of children had a mother with obesity or with overweight. Conclusions: From the population analyzed, about one-third of the children (30.4%) who had registered BMI were overweight or obese at 5 years-old. Addressing childhood obesity requires consideration of the environmental context and health education. So, the family doctor has a privileged position in family interventions, especially concerning the obesity problem.
FAMILY-CENTRED APPROACH AND THE HIDDEN AGENDA IN PRIMARY CARE

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Aims: This study aims to describe a case of a family followed up at a primary care centre in Rio de Janeiro in which the use of family assessment tools enabled the health-care team to uncover and address the patients' hidden agendas. Methods: The present study is a case report of a tri-generation family followed up at the Sergio Vieira de Mello Family Clinic in Rio de Janeiro. The family is composed of NT, an 88-year-old female, JT, her 51-year-old daughter, and JA, JT's 27-year-old son. The work took place within the scope of the Family and Community Medicine Residency Program at the Rio de Janeiro State University. At first, the main complaint that led the family to seek the clinic's assistance was the decompensated heart failure of the elderly woman. In subsequent meetings, underlying issues were revealed, such as old family conflicts, JA's struggles with depressive disorder and self-harm, and JT's caregiver stress and difficulty coping with her mother's illness. To approach the family, tools such as discussion of life cycles, construction of the genogram, and family interviews made through house calls with the participation of NT, JT and JA were used. Results: Treatment was started for JA's depression. He remains in follow-up, showing improvement in symptoms. Other family members were contacted for a better division of elderly care. Conclusion: The family-centred approach with the use of the family assessment tools strengthened the bonds between the patients and the health-care team, enabling the professionals to better understand family dynamics and to participate in conflict mediation. The family felt welcomed and demonstrated improved comprehension and acceptance of the family life cycle.
CHALLENGES IN THE CARE OF PATIENTS IN PALLIATIVE CARE

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Aims: Know the difficulties that physicians and nurses have in palliative care Material and methods: Design: Cross-sectional descriptive study made with survey. Location: 1 hospital and 3 primary care centers in a health area. Participants: All the physicians and nurses belonging to the health area, except Pediatrics and not health care specialties. Measurements: Self-made Online Questionnaire with 15 variables grouped into difficulties of professionals, difficulties related to the Organization and difficulties related to the patient and his family. Data analysis: SPSS program Results: Of the 304 questionnaires sent, 150 responded (49.3%). 53% physicians and 47% nurses, 41% primary care professionals. 55% recognize weak capacity for control and monitoring of palliative patients. 35% find difficulties in coordination with other specialties, 41% ensuring the continuity of care, 29% in the control of pain, 37% in the control of other symptoms, 60% in the approach to the emotional suffering of patients or family members, 64% in the approach of social aspects, 55% in supporting to the caregiver and preparation of the duel. 29% observed distrust of the patient in primary care professional. Conclusions: Over half of respondents refer poor capacity for the management of these patients. The biggest difficulties are the control of emotional suffering, social aspects affecting the care of these patients, supporting the caregiver and preparing for the duel.
ADVANCE PLANNING DECISIONS AT THE END OF LIFE

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Aims: Know the difficulties that physicians and nurses have in the process of advance planning of decisions with people in the end of their life. Material and methods: Design: Cross-sectional descriptive study made with survey. Location: 1 hospital and 3 primary care centers in a health area. Participants: All the physicians and nurses belonging to the health area, except Pediatrics and not health care specialties. Measurements: Self-made On-line Questionnaire with 15 variables grouped into difficulties of professionals, difficulties related to the Organization and difficulties related to the patient and his family. Data analysis: SPSS program Results: Of the 304 questionnaires sent, 150 responded (49.3%), 53% physicians and 47% nurses. 41% primary care professionals. Difficulties related to the professionals: 85% recognize little experience, 69% little knowledge, 58% low skills of communication and 56% present negative emotions when dealing with the advance planning decision process. Difficulties attributed to the Organization: 87% recognize bad organization of the agenda and 89% lack of time. Difficulties attributed to the patient or family: 51% observed resistance by patients to talk about the end of their life, 59% noticed resistance from family members and 30% detected cultural or religious barriers. Conclusions: Lack of experience of health professionals in the advance planning decision process, recognizing the poor organization of the agenda, the lack of time, the little knowledge and lack of communication skills as the most important barriers in the planning process.
CALCIFIC TENDINITIS: APPROACH IN PRIMARY HEALTH CARE

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AIMS Calcific tendonitis is a common cause of debilitating pain caused by anomalous deposition of calcium crystals in tendons. Its prevalence varies from 2.7% to 20%, with an average age of onset between 30 and 50 years. Its correct follow-up and treatment must be core competencies of General Practitioner. The goal of this classic review is to maximize the knowledge of the General Practitioner to the correct approach to calcific tendonitis. METHODS Classic review. A literature search was made in Medline/Pubmed and generic search engines, articles published in the last 10 years, in English, with the MeSH terms "calcific Tendinitis". After abstract analysis, the selected articles were systematic reviews. RESULTS Calcific tendonitis is usually a self-limited condition and presents itself with 4 stages of evolution: formation, calcific, reabsorption and reparative phases. The reabsorption phase is often very painful, causing functional incapacity and leading the patient to resort to Primary Health Care. Diagnosis is made by anamnesis, physical examination and X-ray. Being a self-limited condition, first-line treatment should be conservative, with non-steroidal anti-inflammatory drugs, rest and physiotherapy. Other alternatives involve infiltration of corticosteroids ultrasound-guided or extracorporeal shock waves therapy. Surgery is reserved for cases where conservative treatment failed or where symptoms have a significant impact on quality of life. CONCLUSIONS Calcific tendonitis can result in debilitating pain and is a very frequent affliction in Primary Health Care. His diagnosis is clinical and imagiological with X-ray. It is usually a self-limited condition, so the first-line treatment should consist of non-steroidal anti-inflammatory drugs, rest and physiotherapy.
ASPIRE GLOBAL LEADERSHIP WORKSHOP: LEADERSHIP AND SOCIAL MEDIA

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Background and aims: The World Organization of Family Doctors (WONCA) published that “leadership training has a direct impact on the ability of physicians to make continual system improvements.” Within this goal in mind, the ASPIRE Global Leader Program has been developed aimed at increasing leadership abilities, international collaboration and engagement in Young Doctors Movements and WONCA by organising workshops and mentor/mentee matching meetings. Social networks are increasing and empowering doctors on their continuous professional development. On the other side, it has some difficulties to be considered. So, this is a topic that urge to be discussed. The aim of this workshop is to discuss Social Media (SoMe) as a useful tool and its potential difficulties in leadership. Description: First, a brief introduction will take place with presentation of the ASPIRE program which will be followed by the short introduction on the topic of leadership. Two experts will make short presentations on the role of SoMe in leadership in family medicine. Second, we plan to divide the participants into small groups and by conducting a post-up and affinity map, the participants will explore and share their views on the use of SoMe in leadership and family medicine. At the end, the groups are expected to give feedback about their group work to the all participants. Conclusions: By the end of the session we aspire to enable participants on using SoMe as a tool to develop their skills and pay attention to its difficulties.
SIDE EFFECTS OF LONG-TERM USE OF PROTON PUMP INHIBITORS

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AIMS: Proton pump inhibitors (PPIs) are one of the most prescribed classes of medicines in the world. Doubts were raised about the safety of continued use of PPIs. This bibliographic review aims to analyze several studies on the prolonged use of PPIs and their possible side effects. METHODS: A literature review was conducted in evidence-based medicine databases published in the last 5 years in Portuguese/English, using the MeSH terms "side effects," "proton pump inhibitors," and "long-term use." RESULTS: In the research, 157 articles were obtained, of which 16 were selected. Several studies have concluded that secondary malabsorption of PPIs affects nutrients like calcium, magnesium, and iron. Epidemiological studies indicate an association between PPI use, low bone density, and fracture appearance. There is an increased risk for enteral (C. difficile) and respiratory (Pneumonia) infections, especially in the elderly. The concomitant use of Clopidogrel and PPIs has been discouraged because of their interaction. Interstitial nephritis may arise if chronic treatment with PPIs, however, has not yet established its dose-response relationship. There are several articles that show that the use of PPIs may be associated with an increased risk of dementia in the elderly by increasing beta amyloid levels in the brain. Recent studies indicate that long-term use of PPIs may increase the risk of stomach cancer. CONCLUSIONS: PPIs are often prescribed for inadequate reasons and for a period of time that often exceeds what is recommended. It is necessary to take into account the adverse effects of PPIs when prescribing them. There are limited number of articles that relate the increased risk of stomach cancer with prolonged use of PPIs; in this case, more studies are needed to confirm this hypothesis.
INSOMNIA: HOW TO CHANGE THE LIFE OF AN INSOMNIAC PATIENT WITHOUT TURNING HIM INTO A DRUG ADDICT. CONCEPTS, DIAGNOSTICS AND TREATMENT UNDERSTOOD APPROACHES.

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AIM: The ultimate studies say “Sleeping a few hours is a biological suicide”. The sleep is a vital physiological function to which we dedicate approximately a third of our life. It is essential for the mental and physical balance of the individual, and the fundamental activity of children’s brain until the age of two years. Sleep disorders are of global concern by the high frequency in the general population, with a prevalence of diagnosed cases between 6-40 %. But which is the aetiology of each particular case? Do we diagnose and treat them correctly? Which is the role of the FD in this complex long process? Can it be cured? So, with this workshop we pretend to give a detailed answer to all this questions making our colleagues analyse, understand and choose wisely the correct diagnosis and therapy. DESCRIPTION: We propose a workshop with the key ideas of insomnia, its main definitions, aetiologies, rating scales, algorithms for correct diagnosis and various strategies of approach in our daily practice (health education, sleep hygiene, psychological interventions and pharmacological treatment). We want to emphasize that primary care physicians are able to resolve more than 80% of cases and the hypnotic-medicine treatment is the last option to be turned to. Deep knowledge of sleep physiopathology, personalized approach to each case, work in multidisciplinary teams and a lot of humanity, understanding and patience, are the keys to the understood approach of the “star pathology” of the XXI century. CONCLUSION: “It should never be a matter of urgency” to give a sleeping-pill in a chronic insomnia. We want to emphasize the holistic approach to the patient, analysing individually the causes of its sleep disorder to improve its quality of life.
WHEN NONSPECIFIC SYMPTOMS HAVE A HUGE CAUSE - A CASE REPORT

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A 28-year-old male, without pathological history, request our consultation with symptoms of tiredness and a feeling of heaviness in the lower limbs. He had previously appealed to the Central Hospital Emergency Department, twice. After normal analytical controls, he was discharged with an analgesic. Throughout the clinical history, we reported that the onset of symptoms coincided with a period of increased emotional anxiety, and we prescribe a benzodiazepine and coping strategies. After 10 days he requests again our consultation, due to the persistence of symptoms. In addition, it presented a slightly formalized speech. We did a complete physical examination including, neurological examination, to which we found positive Romberg signal and alterations in the foot-to-toe gait, remaining normal neurological examination. Given the changes, we request a head computed tomography which revealed an occupying mass of space in the ventricular system. He was referred urgently to Neurosurgery, which after Nuclear magnetic resonance successfully surgically removed an "Expansive colloid cyst in the III ventricle, with obstruction of the lateral ventricles, and oval form with 2.6x2.4x2.3 cm of larger dimensions." The young man recovered completely, being asymptomatic and without neurological sequelae. CONCLUSION These types of neurological masses, due to insidious growth, may present with nonspecific symptoms, but we must be aware of the small details the clinical history, the physical examination, namely a complete neurological examination, the latter, often used little in the care of primary health care.
“CONSENTED” GANG RAPE. PREJUDICES ABOUT THE VICTIMS OF RAPE BEHAVIOUR BEFORE, DURING AND AFTER THE AGGRESSION

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AIM: A teenager has been raped by 5 young people during the festivities. The parents of the “herd” have hired a private investigator. Today in the court the lawyer of the group of rapists has presented as an accusation, the evidence that the victim during the rape did not shout or fight and after the rape has led a “normal” life.... The aim of our presentation is to put in evidence prejudices about the victims of rape behaviour before, during and after the aggression as the legacy of anthropology and sexist violence. DESCRIPTION: “They violate you between five and you still have to explain why you did not scream, did not hit kicks or elbows, did not “resist”. After raping you, they leave you lying in a doorway, your cell phone is stolen so you cannot ask for help and you still have to “prove” that this horror was not “consensual sexual relations” (as if free and enjoyable sex had something to do with it). see with fear, humiliation, pain, disorientation, tears, impotence, anger). Your denunciation and your word are worthless. Less than nothing. Nor videos that show you intimidated and cancelled, squeezing your eyes to not see what is happening to you. And the media giving voice to the rapists, their lawyers, their relatives, their friends. Dozens of people talking non-stop over your silence, and a whole society judging you, questioning you, raping you a thousand times over.... Enough of your violence without limits, of your impunity, of your exploitation, of our oppression, of your empire. JUSTICE???” CONCLUSIONS: Can the act of non-consensual sexual relations be justified by personality, profession, social position, appearance, state of intoxication or behaviour of the victim? If the victim did not resist, can the violation be considered “spoiled”? 

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AN EXAMPLE FOR EARLY EXPERIENCE IN CLINICALLY COMMUNITY SETTING:
THE HEALTH TENT PROJECT

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Aims: Early encounter with the primary care setting during medical education provides an important and a positive educational environment for the students which they are able to see the patients in their environment, learn the social aspects of diseases and to recognize different roles of a practitioner such as a communicator, a team member and a community leader. Description: This project has a bi-directional aim which is to provide medical students with experience in primary care services in an early stage in their education while medical faculty staff offers health care to underserved people. Although Bursa is a province located in western region of Turkey, there are underserved health care service villages from which the villages for this project are chosen. This project is a student society project and in every step there are students do the entire work by themselves. The faculty members from family medicine department are present as counsellors. Students visit the houses and perform a field study where they take history, do physical examination, measure blood pressure and blood sugar, take EKG and x-rays if they are necessary in the tent. Medications are provided free of charge for acute conditions. Patients who has chronic illnesses are invited to family medicine polyclinics for the follow-up visits. Some activities for health promotion are organised such as oral health for children. Conclusion: The Health Tent Project, which has been going on for 19 years, is a context for medical students to gain self-awareness and empathy towards the underserved population, to have an early experience about professional roles of family physicians and understand the health needs of population while building a bridge between the population and the medical faculty.
RANDOMIZED CLINICAL TRIAL TO ASSESS THE EFFECTIVENESS OF AN INTERVENTION WITH THE NINTENDO WII CONSOLE TO IMPROVE BALANCE AND REDUCE FALLS IN ELDERLY PEOPLE TREATED IN PRIMARY CARE

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Background The alteration of balance is a risk factor for falls in older people with great physical, psychological and economic consequences. Gamification is being studied as an attractive option to improve balance and decrease falls. Aims: The objective of the study is to evaluate the usefulness of an intervention with the NintendoTM Wii console by improving balance and reducing both the fear of falling and the number of falls. Methods: Randomized controlled clinical trial of individual allocation, carried out in patients aged over 70 from five primary care centres in the city of Mataró (Barcelona). Nine hundred and seventy-seven participants were recruited and randomized into the intervention group (GI) and the control group (CG). The training was carried out by the WiiFıtTM game, attending two days a week for three months in 30-minute sessions in groups of 4 people supervised by a non-specialized monitor. The balance in both groups was assessed by using the Tinetti test, the unipodal test and the lame leg test of the console both at the baseline visit and at the end of the intervention (3 months). Accordingly, the fear of falling was assessed by the FES- I abbreviated. In addition, the falls throughout the previous year of the inclusion to the study and throughout the study itself were recorded. Results: There was a statistically significant reduction in falls and fear of falling (Test FES1) of 11.5% and 0.65 points respectively, in the GI compared to the post-intervention CG vs. the baseline visit (p=0.001 and p=0.005, respectively). There were no changes regarding the variables of equilibrium between groups. Conclusions: Balance training by the WiiFıtTM game reduces falls and the fear of falling on older people.
FOLLOW-UP IN SURVIVING PATIENTS WITH LYMPHOMA: MANAGEMENT IN PRIMARY CARE

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AIM. To understand, identify and treat appropriately the sequel of l-s, avoiding their dispersion if managed in a fragmentary way. MATERIALS AND METHODS. The questionnaire prepared for the retrospective collection of clinical-instrumental data comprises four principal items (age/sex/anti-tumoral therapy/morbidity), and was distributed (December 2016-May 2017) to some GP (10,000pts). Inclusion criteria: M/F, age 14-85, lymphoma diagnosis≥ 3 years; exclusion: lymphoma diagnosis≤ 3 years, presence of other tumours, cardiological and neurological co-morbidity prior to diagnosis. 28pts with a clinical history of lymphoma were enrolled in this first pilot phase. RESULTS. 26pts (M/F:11/15) with diagnosis from 2010-2013: 9 affected by B-cell lymphoma, 12 by LH, 5 by LHn. The pts underwent different therapies for a period ranging from 1 to 74 months; 16pts underwent cht, 2cht/surg, 2cht/r/surg, 1cht/imt, 1cht/r, 1surg, 3maintenance therapy. Two pts affected by B cell lymphoma and 1 by LH had a second post-therapy tumour (breast cancer) and only one of these pts underwent rt. Of the 26 l-s, only 23 were in follow-up: 22 underwent haematological consultation and only one is managed by his own GP; the frequency of prescription of instrumental was 3 months for 4pts, 6 for 10, and 12 for 9. Only 6/26 had post cht-r comorbidity: 2 diabetes, 1 infertility, 1 peripheral neuropathy, 1RC, 1sclero-hypertensive cardiomyopathy and metabolic-syndrome. CONCLUSIONS. It seems evident that it is possible to widen this type of study to a > number of pts; the questionnaire could enable identifying earlier those pts suitable for a multidisciplinary framework; the GP could undertake a key role in their identification.
GENDER MEDICINE IN COPD AND ASThma. STUDYING GENDER DIFFERENCES IN GOALS AND CRITICAL ISSUES

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Aim. Asthma and COPD have been studied underlining the differences in prevalence between the two sexes (age, tobacco habit, type and adherence of therapy administered), assessing the number of exacerbations/year, the presence/absence of comorbidity and BMI. Methods. Pts were divided in M/F, < or > 65 years, smokers/non-smokers, with/without comorbidities, normal/abnormal BMI. Pts with asthma were divided in presence/absence of allergic pathology. disease stage using the GOLD; % of acute episodes a year was highlighted. The enrolled pts are 3680 (3.72% are affected by COPD: 52.55% M and 47.44% F; 2.42% are affected by asthma: 66.30% F and 33.70% M. Results As regards COPD, the majority is older than 65 years both in M and F (73.39% M, 64.61% F) and the proportion of pts without associated diseases is lower than that with comorbidities (12.5%M, 23.8%F versus 87.5%M and 76.92%F). The % of smoking pts with COPD is higher in males, though the prevalence in females is constantly increasing. BMI: although mild differences can be detected in both sexes, the normal subjects are about 30-35%, overweight 45-55%, obesity 13%; underweight subjects were 4.6% (only females). Asthma is more common in F (66.30% vs. 33.70%), most of pts are <65 years (70%M/76.27%F). The presence of allergic disease is greater in females (71.19% vs. 63.33%). Tobacco habit is higher in M (46.47% vs. 23.73%). In both sexes, pts with comorbidities are prevalent (66.10% F and 63.33% M). Conclusions. The prevalence of COPD increases with age, is more frequent in males and smokers, Pts of both sexes present most of the associated diseases, which, in addition to social impact, have a prognostic role in the disease itself.
BUILDING AND RETAINING RESILIENCE DURING LIFECYCLE TRANSITIONS - A WORKSHOP TO DISCUSS FINDINGS FROM A GLOBAL RESEARCH STUDY ON THE FEMALE FAMILY MEDICINE WORKFORCE AND THE IMPLICATIONS FOR PRACTICE

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Aims To test the findings of our study, and get views on how these can be used to improve workforce resilience at the personal and systems level Description There is evidence that women family doctors in some countries are leaving the workforce early, and that life events play a part in this. This is a waste of precious human resource, so we need to develop a better understanding of what influences professional resilience during significant life events/changes, which may have an impact on work and careers. To study this, we carried out a literature review and ran workshops in four WONCA conferences; we then analysed themes and undertook structured research interviews with 20 female family doctors worldwide. We shall present key findings from the interview analysis and host interactive discussion with a focus on implications. Examples of findings include: Factors group into personal and professional, and act at individual, team, system and societal levels. Planned transitions are less risky than unplanned - support mechanisms and colleague responses need to differ for each. Some transitions last longer than others, with different implications. Doctors who lack personal support are more at risk Proactive plans for organisational sustainability reduce individual stress if things go wrong Experiences over time can create greater resilience, so mentorship can be a protective mechanism. Conclusion There are clear factors which can be used protectively at a personal and professional level. If these are understood and planned for, we may be able to prepare people better and achieve better resilience and professional outcomes. System design to support planned and unplanned transitions can support organisational and professional resilience, and reduce workforce loss.
WHEN LOW BACK PAIN GETS COMPLICATED - THE SUPPORT OF THE FAMILY DOCTOR

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Aims and Background Spondylarthrosis is an important cause of disability in the elderly, being lumbar stenosis the main surgical indication. Material & method Clinical case description. Data collected through consultation of the clinical process. Results Male, 82 years old, caucasian, retired, married, nuclear family, highly functional, VIII Duval phase and Ill Graffar class. Personal history: arterial hypertension, dyslipidemia, cardiac valvular disease, obesity, cataracts, polyarthrosis, benign prostatic hypertrophy, erectile dysfunction. History of chronic low back pain without red flags or radiculopathy under physical therapy and analgesic medication. CT with diffuse degenerative findings. After pain worsening and loss of lower limbs strength, was referred to orthopedics and proposed for surgery. After the intervention, the wife reports postoperative complications - cauda equina syndrome due to hematoma of soft tissues, requiring re-intervention with consequential functional limitation, decreased muscle strength, altered sensitivity and urinary incontinence. After 5 months at a Rehabilitation Center, the patient walks with a walker, does intermittent self-urinary catheterization and needs intestinal training. Was discharged with recommendation to maintain outpatient physical therapy. The wife is worried, asking for help in receiving the patient at home and in the appropriate care. Conclusions: Now begins the phase in which the family doctor will become more relevant, accompanying this couple with a new family dynamic, managing illness and disability and articulating with other health resources and community. The family doctor should maintain a comprehensive vision, encompassing the patient, the family and the community, never forgetting the caregiver.
PROFILE OF ORAL ACTICOAGULANTS.

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Aims Description of the prescription profile of the new oral anticoagulants (NACOs), in patients of our center. Methods Transversal descriptive study. Review of patients on treatment with NACO for 12 months. Analysis variables: Clinics; Type and dose NACO; Adequacy of prescription; Prescribing specialist; Appearance of events and need for modification or withdrawal of the drug in these cases. Results We obtained 39 pacientes. Prescription in 97.72% Non-valvular atrial fibrillation (FA); 75% arterial hypertension; 38.63% stroke; 31.8% diabetes mellitus; 27.3% Chronic Renal Failure NACO: 45.45% of Apixaban, 29.54% of Rivaroxaban, 25% of Dvigatran.13.63% prescribed at inadequate dose initially. Reason for indication: 93.2% Thromboembolic prevention in atrial fibrillation (FA), secondary prevention the rest. Prescribers: 40.45% cardiology, 39.1% reference hematologist; family doctors 9.15%. 11.3% others. Adequate prescription 56.8%, were de novo, of which 19 (76%) did not meet de novo anticoagulation criteria, instead of vitamin K antagonists (AVK), 63.16% of these. The 43.18% came from the change of anticoagulant treatment of AVK to NACOs, 89.47% correctly fulfilled the criteria of passage from AVK to NACOs; 36.8% poorly controlled INR, 15.78% arterial thromboembolic event with AVKs treatment, 15.8% bleeding event even with good INR control with AVKs, 10.5% history of intracranial hemorrhage, 10.5% intolerance a AVKs. Events: hemorrhagic, 87%, lower gastrointestinal bleeding13%; hematuria: 37.5% Conclusion Although the criteria for the passage of AVKs to NACOs are met, this is not the case in treatments with oral anticoagulants initiated de novo. A better territorial multidisciplinary coordination and correct individualization improve the prescription profile.
IATROGENIC DISEASE BY AMIODARONE.

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Aims: 68-year-old man who came to the health center for progressive dyspnea for two months, and asthenia. He comments that presents edema in the lower limbs of one week evolution, progressing to the hands and the eyelids in the last few hours. From toward a year in treatment for a chronic atrial fibrillation, with acecumarol digoxin, amiodarone, and ramipril. Description: Patient, conscious oriented, edemas in the lower limbs and eyelids. Auscultation: bradycardia to 46 beats/min, arrhythmic and pulmonary cracking. Abdomen without findings. Electrocardiogram showed atrial fibrillation to 48 beats/min; chest x-ray, where no alterations were observed. The suspicion of iatrogenia amiodarone, thyroid ultrasound is where there is diffuse goitre and the colour Doppler flow decreased. Is derived to hospital emergencies for analytical control urgent; hemogram and biochemistry without findings of interest. Levels of digoxin within therapeutic ranges and highlighted TSA 54.45 U/ml (normal: 0.30-6.0), with free T4 of 0.32 ng/ml (normal: 0.70 -1.90) The evolution of the patient was favourable after withdrawal of the drug, with the 15-day clinical improvement with the disappearance of edema and normalization of the heart rate, although required levothyroxine replacement therapy for a year. Clinical Judgment: iatrogenic Hypothyroidism Differential Diagnosis: primary hypothyroidism; secondary hypothyroidism, heart failure... Conclusions: As a good medical history, along with the great help of ultrasound, focuses quickly a diagnosis like this. By reviewing the literature we found that patients treated with amiodarone thyroid hormone controls require at least before starting treatment and then every 6 months. Subsequently, a twice in one year TSH levels would be sufficient.
OVERDIAGNOSIS AND QUATERNARY PREVENTION - POLICY AND PRACTICE IN THE EUROPEAN COUNTRIES

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Aims To get an overview on the policy and practice regarding overdiagnosis and related medical excess in our European countries. Secondly to analyse facilitating factors, barriers and possible actions taken on this matter such as avoidance of mitigation of harm from excessive or unnecessary health interventions. Background Wonca Europe states on its website that the general practitioner makes efficient use of health care resources, but too much medicine, overdiagnosis and overtreatment have become a challenge to modern health care. Examples include bacteria resistance from antibiotic overuse, over irradiation from excessive X-rays (over-investigation) and complications from unnecessary procedures (overtreatment). Furthermore, doctors are more likely to be sanctioned for non-intervention than for inappropriate or excessive intervention. However, it is generally well acknowledged that many family doctors work in regions with low access to appropriate investigations, or long waiting times for procedures which may result in missed or delayed diagnoses. Although related, delayed diagnosis and overdiagnosis can and should be analysed separately. Wonca Europe Council recently agreed to put overdiagnosis and over-medicalization on its agenda, targeting its members, other medical professionals, health authorities, media and general population in order to stimulate public awareness of this problem, aiming at better use of healthcare resources and safe healthcare. Methods and Learning issues Presentations on an evaluation of overdiagnosis and overtreatment in different European countries, followed by critical case reports from selected European countries. Participants are invited to reflect on their own situation and challenged to indicate which actions can or cannot be taken.
PRIMARY HEALTH CARE PHYSICIANS: AN OBSERVATORY OF THE PRACTICE’S COMPLEXITY.

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Introduction: A recent study in England verified overly high levels of work saturation were reached. The Observatory was conceived from an initiative of the general practitioners themselves, who felt the need to announce the qualitative aspects of the daily practice in the most rigorous manner possible. Following a model of epidemiological surveillance, a network of sentinel doctors was created based on the voluntary collaboration of professionals. Aims: To obtain and disseminate relevant information about the practice of family physicians. In particular observations not contemplated currently in information provided by the government via normal means. Methods: The voluntary participation of at least two sentinel doctors for each polyclinic in an area (population 250,000) had face-to-face training to record the data. Starting in November 2016 one day per month over the year, relevant information was collected about the usual practice of our daily work. Reasons for consultation, subjective perceptions of complexity practice, medical practitioner fatigue and delay between visits are examples of the data studied. Results: 55 general practitioners (active sentinels) participated. The average age was 45 years old, 80% of whom were women and an average of 11 years working in the same office. 17 polyclinics in the region were represented which means the study covered a population of 90,000 inhabitants. A total of 421 days of health care practice and 13,752 medical actions were analysed. The response rate of the sentinels in this first year was 76%. Conclusions: The acceptance of the project by professionals was high and the logistical operation was satisfactory. For this reason, the aim of the project's promoters is to continue the study over time.
ALTERNATIVE ANALGESIA DURING THE LABOUR IN PRIMARY CARE: PILOT STUDY

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Introduction/Aims: 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.
THE HEADACHE AS REASON FOR CONSULTATION

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Aims: The headache as reason for consultation brings together a very large number of entities, including benign diseases such as migraine and other headache pain is a symptom of a disease that can be life-threatening. Emergency professionals we must have tools that help us to detect in these high-risk patients method. Descriptive study of a series of cases with a cross-sectional analysis by chance patients attended in the headache to the emergency department of a tertiary care university hospital during 1 year. A doctor independent researcher fill a standardized form of 47 questions where demographic variables, personal history, symptoms and signs of the headache. Two independent neurologists and masked the diagnosis reviewed the information obtained to try to establish the definitive diagnosis. Results: We included 86 patients. The diagnosis of secondary headache were the most common hemorrhagic stroke (37%), space-occupying lesions (17%), and subarachnoid haemorrhage (14%). The most common primary headache Migraine was diagnosed (46%). The variables that have shown statistical significance to be at high risk are the immunosuppression, sudden onset of alterations of language, visual symptoms, alterations of conduct, presence of high blood pressure and neurological symptoms. The association with food or stress and the presence of photophobia are protective. Conclusions: A careful history and physical examination are key at the time of diagnosing a secondary headache. The inclusion of a greater number of patients in the study and the creation of a short questionnaire with items that have shown more strength of association will allow the creation of a 'code headache' to detect high-risk patients early in the Emergency Department.
SLEEP QUALITY AND QUALITY OF LIFE AMONG FINNISH MUNICIPAL EMPLOYEES

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AIMS Quality of life (QoL) is considered a key health indicator. The association of poor sleep quality with poorer QoL has been previously shown in patients with several chronic conditions. We assessed QoL, sleep and mediating factors among relatively healthy municipal employees. METHODS A cross-sectional study was conducted in Finland among 710 employees (89% women, mean age 49 (SD 10) years) from ten municipal work units in 2015. Information about the participants was collected with physical examination, medical history and self-administrated questionnaires. QoL was assessed with EUROHIS-QOL 8-item index. Sleep quality was assessed with a questionnaire. Major Depression Inventory (MDI) and Work Ability Score (WAS) were used to assess depression and working ability. RESULTS Sleep quality was reported very good in 14.5 %, good in 62.1 % and poor in 23.4 % of the participants. The EUROHIS-QOL mean score among all subjects was 4.1 (SD 0.51). The EUROHIS-QOL mean score had a positive association with sleep quality and was 3.8, 4.1 and 4.4 among subjects with poor, good and very good quality of sleep, respectively. Higher score on MDI and lower score on WAS were associated with poor sleep quality. Only 4.1 % of the subjects were previously diagnosed with depression and 1.3 % met the criteria of major depression on the MDI. CONCLUSIONS This study indicates that sleep quality has a strong positive association with QoL in working-age population. In our study population major depression was rare, but mild depressive symptoms and poorer working ability were associated with poor quality of sleep. These findings underline the significance of sleep quality to a person’s wellbeing and ability to work.
RAPID ASSESSMENT OF THE CAPACITIES OF SERVICE PACKAGE FACILITIES FOR PREVENTION AND MANAGEMENT OF NON-COMMUNICABLE DISEASES, 2017

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Background & Aim: The Accessible Quality Healthcare (AQH) project in Kosovo funded by the Swiss Agency for Development and Cooperation aims to improve health status of the Kosovo 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. Based on 2010 WHO framework the project involves implementation of the Service Package approach, covering hypertension and diabetes in 4 selected municipalities. In this rapid assessment seven dimensions of health facilities were assessed to prevent and manage non-communicable diseases: human resources, equipment, infrastructure/services, medicines, utilization of services, referral of patients, record keeping/health information system Method: In total, thirty-nine questionnaires were conducted in four Municipalities. The analysis was done using the SPSS Statistical Software v.21. Results: PHC institutions on average operate with 1.2 family doctors, 7.1 nurses and 0.8 other specialists, laboratory technicians and pharmacists; Family doctors are those who receive regular training mostly (74.3%), followed by nurses (56.4%), and only 11.1% of other health-workers receive regular trainings. Overall, there is lack of basic equipment for managing major NCDs. Unavailability of some medical procedures and lab tests at all facilities was identified as well as the lack of medicine from essential list. It is also been ascertained lack of a uniform medical information and referral system Conclusion: There is space for improvement in all seven dimensions assessed across health care facilities in four Municipalities by this rapid study when we consider management of Noncommunicable diseases in PHC institutions.
INTRODUCING SERVICE PACKAGE CONCEPT IN KOSOVO

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Background & Aim: The Accessible Quality Healthcare (AQH) project in Kosovo funded by the Swiss Agency for Development and Cooperation is supporting 4 municipalities to develop Service Packages (SPs) for the Primary Health Care (PHC) that are people-centered, with the aim to improve patient's quality of life. Method: Using a highly participatory approach consensus is reached with the key local stakeholders to develop a SP model and work plan that fits best to the local context. Structural and process interventions will be implemented to develop service packages for hypertension and diabetes. Results: expected results from this model would include the following: - Development of national clinical guidelines/protocols for hypertension and diabetes - Development of referral systems - Development of patient-held 'Patient Passports' - Development of Hypertension and Diabetes Registers to supplement data that is currently collected nationally by NIPH - Integration of health education and promotion activities into SPs; - Development of 'Health Educator' role that will be undertaken by Family Medicine nurse, including manual and patient information materials; - Establishment of Health Resource Centers (HRC) in each SP municipality; - Equipped health care facilities with the basic medical equipment; - A phased approach to implementation, initially in main family medicine centers, followed by evaluation of demand/workload and determination of arrangements for roll-out Conclusion: The development of service package in Kosovo will ensure continuum of care with the PHC services in a gatekeeper role and coordinating all services based on quality of life parameters of the client-person-centered.
OUR PATIENTS GET OLDER, DO WE DOCTORS HAVE THE RIGHT KNOWLEDGERS FOR THIS CHANGE IN OUR POPULATION?

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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. Design Descriptive observational study Ambit Urban Health Center. Study population People> 65 years old who attended Primary Care consultation in September, October, November 2016. Methodology. After informed 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 patients More than 85 28.75% 211 patients Reasons for medical consultation. Clinical, Chronic pain increased 48%, dyspea 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 great bureaucratization of consultations is another very important challenge to be resolved in the future. Keywords. Medical training, majors 65th, bureaucracy
PATIENTS WITH RESPIRATORY PATHOLOGY AND THEIR TREATMENT WITH INHALERS. DO THEY FOLLOW THE INDICATED GUIDELINES?

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Aim: Know the degree of compliance of the prescribed inhaler treatment, ascertain the causes of non-compliance and the pathology reason for consultation. Design: Multicenter descriptive study. Ambit: Urban area, two centers of Primary Care and one of specialties with pneumology. Material and methods: Prior to signing of consent, application validated TAI questionnaire. Review of the medical history to know the reason for consultation. Study population: Patients attending the Primary Care and pneumology consultation due to respiratory pathology. Periods of study: March-May 2016. Results: 188 patients attended (135 pneumology, 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, pneumology
HOW CAN GPS BENEFIT FROM THEIR REGISTRATION BURDEN? OUT-OF-THE-BOX EXAMPLES OF HOW TO USE GP REGISTRY DATA

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Background General practitioners record valuable information, such as reason for encounter, diagnosis, prescriptions, and referral. This wealth of information can be collected in (anonymized) registries. To what ends can GP registrations be used to improve practice and how do GPs benefit the most? Aim To discuss relevant uses of GP registration data from which GPs, their patients and public health can benefit most. Description Several out-of-the-box examples of how GP registry data can be used will be presented: monitoring adverse effects of medicines, patient experiences with medicine shortages, improving detection of orphan diseases, monitoring changes in burden of care, improving care of long-term cancer survivors, monitoring effects of a depression awareness campaign on GP consultations. After the presentations, small group discussions will be held on other topics, most relevant to GPs, that can be studied using GP data. In a plenary end session all ideas will be collected and this will lead to a take-home research agenda using GP registration data. Finally, it will be discussed how we can assure that GPs benefit from the information collected in registries. Conclusions The workshop will give insight in the near endless possibilities of GP registration data to improve GP practice, patient treatment and public health. So that the burden of registration is outweighed by its benefits.
OMEGA-3 FATTY ACIDS IN THE TREATMENT OF MAJOR DEPRESSIVE IN ADULTS

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Aims: To determine the existing scientific evidence on the supplementation with omega-3 fatty acids (O3FA): eicosapentaenoic (EPA) and docosahexaenoic (DHA) in the treatment of major depressive disorder (MDD) in adults. Methods: Research of clinical practice guidelines (CPG), metaanalyses (MA), systematic reviews (SR), and randomised and controlled clinical trials (RCT), published between 2006 and 2017, in: National Guideline Clearinghouse, Canadian Medical Association Practice Guidelines Infobase, Cochrane, NICE, Bandolier, Índex de revistas médicas portuguesas, TRIP Database and PubMed using the MeSH terms: “O3FA” and “MDD”. The Strength of Recommendation Taxonomy (SORT) scale of the American Family Physician was used to evaluate studies and assign levels of evidence (LE) and grading of recommendation (GR). Results: 141 articles were found and 4 met the inclusion criteria: 2 CPGs and 2 MAs. The CPG of the American Psychiatric Association, revised in 2010, mentions that when patients do not respond to the isolated therapy with antidepressants, it is possible to use strategies with less evidence of effectiveness as adjuvant therapy, such as the O3FA (LE2). The CPG of the Canadian Psychiatric Association, 2016, mentions that they are effective in monotherapy and adjunctive therapy in mild and moderate MDD (LE1). However, these should be recommended as second-line adjuvant treatment due to the lack of systematic use and clinical support. They show beneficial effect, but not clinically important when compared to placebo (LE2). It can be concluded that the O3FA seem to have a beneficial effect, however, is of little clinical importance in the improvement of symptoms associated with MDD (LE2). Therefore, these can be recommended as a second-line adjuvant treatment for MDD (GR B).
THE ROLE OF ANCLE BRACHIAL INDEX (ABI) IN THE DIAGNOSIS OF PERIPHERAL ARTERY DISEASE

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INTRODUCTION: A peripheral artery disease (PAD) is atherosclerotic disease of carotid, vertebral, renal, mesenteric arteries and arteries of upper and lower extremities. Half of these patients have already developed coronary artery disease (CAD). Only 1/3 of patients with PAD are symptomatic. Risk factors for PAD are: age over 50, hypertension, diabetes, smoking and dyslipidemia. Ankle brachial index (ABI) represents the ratio of the ankle systolic pressure and the brachial systolic pressure. ABI measurement is the clinical standard for PAD diagnosis. There is an inversely proportional relation between the value of the ABI index and the risk of cardiovascular diseases. ABI is considered as an indicator of the expansion of atherosclerotic disease. ABI <0.90 is related with increased risk of cardiovascular morbidity and mortality. It is a predictor of atherosclerosis, primarily atherosclerosis of coronary and carotid arteries. ABI > 1.3 refers to calcification of artery wall and to the peripheral vascular disease. It is in relation to higher mortality, too. AIM: To identify patients with ABI < 0.9 and > 1.3 and send them for diagnostics and treatment. METHODOLOGY: A prospective research was performed in order to measure ABI of the patients who have any of PAD risk factor. RESULTS: ABI was measured in 113 patients with one or more PAD risk factors. There were 7 patients with ABI < 0.9 and 3 patients with ABI > 1.3. Only one out of all patients included in the research was symptomatic and is being treated by vascular surgeon. CONCLUSION: ABI is noninvasive method in screening and diagnostics for PAD. It is important marker of cardiovascular diseases. ABIs <0.9 and >1.3 require further diagnostic procedures as well as intensive implementation of secondary prevention measures.
URINARY TRACT INFECTIONS IN NORWAY 2006-2015

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Background: Wide use of antibiotics and the emergence of antibiotic-resistant microbes is one of our great contemporary health concerns. In Norway, 85 % of antibiotics are prescribed in primary care and 1 in 4 prescriptions is issued for the treatment of urinary tract infections (UTI). Knowledge about the prevalence of UTI in primary care, prescribing patterns and trends, and patient outcomes are essential for planning health services and antibiotic stewardship measures. Objectives: To investigate the prevalence and treatment of UTI in Norwegian primary care, and to explore characteristics associated with variations in prescribing. Material/Methods: Registry-based study of all patient consultations in general practice (GP) and out-of-hours (OOH) services in Norway in the period 2006-2015. Data from the electronic reimbursement claims database linked with data from the Norwegian prescription database. The following ICPC-2 diagnoses are included in the analyses: Dysuria (U01), Urinary frequency/urgency (U02), Pyelonephritis (U70), and Cystitis (U71). Results: There were 2 078 211 consultations for UTI in Norwegian primary care in the study period; 77.1 % were handled by GPs and 22.0 % by OOH services. The annual number of consultations increased by 42 % from 168 877 in 2006 to 239 144 in 2015. Of all UTI consultations, 87.7 % were due to lower UTI (U71), 5.1 % to upper UTI (U70), and 7.2 % to UTI symptoms (U01, U02). Patients’ mean age was 49.2 (SD 24.9) years, 81.9% were female. Further results will be presented at the conference. Conclusion: Most UTIs are managed by GPs during regular working hours. During the 10-year study period there was a steady increase in consultation numbers for UTI.
REGIONAL ACCESSIBILITY, AVAILABILITY AND USAGE OF GYNECOLOGICAL HEALTHCARE SERVICES FOR WOMEN 50 YEARS OF AGE AND OLDER IN GERMANY

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Aims In Germany, due to demographic changes and regional differences, we are facing inequalities in access and provision of healthcare services despite the existence of needs-related planning of physicians for ambulatory care. Initial evidence shows a reduced access to gynecologists (Gyn) for women 50 years and older. The main purpose of this study is to describe the current provision of healthcare services by Gyn and general practitioners (GP) for women over 50 years in the Northeast Region of Germany and their gynecological motives of consultation. Methods We conducted a systematic literature review of gynecological motives of consultation for Women 50 years and older seeking GPs and Gyn services and a secondary data analysis of the German Health Interview and Examination Survey for Adults (DEGS 2008-2011, Robert Koch Institute) to identify motives of consultation and usage Gyn services. Further we analyzed the availability of Gyn offices on a small-scale regional unit to estimate access to Gyn ambulatory services in the region. Results Our findings show that Women 50 years and older are seeking advice of GPs regarding gynecological issues. Usage of Gyn services starts declining for women above 49 years. From a 75 % usage rate among women between 40 to 49 years it drops to be below 45 % among women 70 years and older. 30 % of all Gyn providing ambulatory services are 60 years and older. At a small scale, there is an unequal distribution of Gyn in the region. Conclusions It is crucial to identify innovative solutions to ensure proper coverage of Gyn services for women 49 years and older and avoid undersupply of services. Further studies are required to explore the willingness for interprofessional collaboration of GP and Gyn in primary health care in Germany.
GENERAL PRACTITIONERS ATTITUDE TOWARDS EXPANDING DELEGATION OF
MEDICAL AND ADMINISTRATIVE TASKS TO PRACTICE NURSES IN GERMANY -
RESULTS FROM THE 2016 NORTH RHINE-WESTPHALIA DELEGATION-SURVEY

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Aims Delegation of out-of-office tasks to practice nurses (PN) was not permitted in Germany until October 1st, 2013 and could then only take place in regions with an imminent shortage of general practitioners (GP). On January 1st 2015, a new regulation was introduced allowing all GPs to delegate out-of-office tasks to PN. We conducted a regional survey in North Rhine-Westphalia (NRW) to evaluate the overall attitude, the extent to which medical and administrative tasks were being delegated and the potential to expand delegation to PN. Methods This study is based on a postal self-administered anonymous survey of a randomized sample of all 7,236 GPs from NRW. The representative sample of 2,412 GPs was stratified by age, gender and region. The questionnaire was based on a previously validated questionnaire, adapted and pretested for this study. We applied the Total Design Method. Data analysis included the characteristics of the general practitioners current delegation and potential areas to expand delegation of medical and administrative tasks to PN. Results The response rate was 31.7%. The overall attitude of GPs towards delegation was positive (66%). Specific areas to expand delegation of out-of-office tasks were identified. Potential expansion of delegation was highest for diagnostic tasks, followed by general counselling-training tasks and thirdly by organizational/administrative tasks. Younger GPs showed a more positive attitude than older GPs towards expanding delegation to PN. Conclusions Compared to previous findings, this study shows an increasing willingness to delegate tasks to PN in Germany’s primary health care. The new generation of GPs in Germany appear to be open for cooperation and interdisciplinary teams in primary health care.
EVALUATION OF THE APPEARANCE OF ATRIAL FIBRILLATION IN PATIENT WITH COMPLETE BLOCKAGE OF THE RIGHT BRANCH

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AIMS To assess the risk posed by the presentation of complete blockage of the right branch in the development of atrial fibrillation compared with patients with normal electrocardiogram. METHODS Retrospective cohort study. Population / selection criteria: 153 patients attended in an urban health center who underwent an electrocardiogram for any reason between 2011 and 2015, without the presence of cardiovascular disease at the beginning of the study. Variables: age, sex, presence of cardiovascular risk factors (hypertension, dyslipidemia, diabetes), presence of right bundle branch block and presence of atrial fibrillation. RESULTS 47.9% were men, mean age 57.3 years. 19.5% (n = 298) had a complete blockage of the right brach. The mean follow-up time was 3.6 years. 2.2% of the patients with normal electrocardiogram presented atrial fibrillation at some time, compared to 6.7% of those with a right bundle branch (p <0.0001). The risk of presenting atrial fibrillation in patients with complete blockage of the right brach, compared to those with a normal electrocardiogram was 3.2. This result was maintained after adjusting for other risk factors for atrial fibrillation such as hypertension, age, diabetes, and other cardiovascular events such as heart failure, ischemic heart disease, and stroke. CONCLUSIONS Patients with complete blockage of the right branch have a risk almost 3 times higher than patients with normal electrocardiogram to present atrial fibrillation, independently of other risk factors for it. With this study we want to shed light on this complication that is frequently associated with a patient with atrial fibrillation.
INFLUENCE OF FACIAL FLUSHING ON PRE- OR TYPE 2 DIABETES RISK ACCORDING TO ALCOHOL CONSUMPTION IN KOREAN MALE

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Background: This study is to find out how facial flushing related to drinking in Korean adult males affects alcohol consumption, and pre- or type 2 diabetes related to body mass index (BMI). Methods: The study was conducted on 1030 males (<65 years) received health checkups at one of university hospitals in Daejeon. Based on the health checkup questionnaire, they were classified (nondrinker: 158, flushers: 364, nonflushers: 508). The one drink was set to be 14 g. Also, the criteria to be pre- or type 2 diabetes were HbA1c (5.7% or greater) or fasting blood glucose (100mg/dL or greater). Results: Among adult males with normal weight or overweight in the flushers, average weekly drinking amount of 6 or less drinks did not have difference of risk of pre- or type 2 diabetes, but >8 drinks increased the risk compared with nondrinkers (Normal weight: OR 3.43, 95%CI 1.06-11.0, overweight: OR 4.94, 95%CI 1.56-15.67). For the nonflushers with normal weight or overweight, there was no difference of risk. For the flushers with obesity, 4 or less drinks did not have difference of risk, but drinking >4 drinks and 8 or less drinks (OR 2.64, 95%CI 1.09-6.38), or >8 drinks (OR 2.41, 95%CI 1.11-5.25) increased the risk of pre- or type 2 diabetes significantly when comparison was made with the nondrinkers. However, for the nonflushers, the risk was increased significantly only in >8 drinks (OR 2.71, 95%CI 1.39-5.28). Conclusions: For obese adult males with facial flushing, above results suggests that the risk of pre- or type 2 diabetes increases for the flushers whose average weekly drinking amount is >4 drinks, and for the nonflushers is >8 drinks. Also, for the flushers, if drinking amount is >8 drinks, the risk increases even though they are not obese.
RELATIONSHIP BETWEEN TOXIC HABITS AND PNEUMONIA PNEUMOCOCCAL

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AIMS To know the history of toxic habits (tobacco and alcohol) of the population admitted for pneumococcal pneumonia in a Department of Health. To relate smoking to a potentially avoidable morbid process such as pneumococcal pneumonia. Consider influential factors in this infectious disease of considerable severity. METHODS Retrospective observational descriptive study, in a Department of Health that serves 2500 people. Patients admitted to the Reference Hospital during 2015-2016 were selected with a diagnosis of pneumococcal pneumonia, through records from the Hospital's documentation service and review of medical records. Variables considered: age, comorbidities, smoking habit, enolotic habit, income severity, diagnostic of pneumococcal pneumonia, hospitalization days, number of episodes of pneumococcal pneumonia in the period of time studied. RESULTS 160 patients admitted 2015-2016 by pneumococcal pneumonia. Average age: 72 years. 86 males (57%), 69 women (43%). Tobacco: 40 smokers (25%), 63 ex-smokers (40%), 52 non-smokers (34%). Alcohol: 11 active, 3 with antecedent. 33 patients (21%) with severe episode: 20 (60%) with a history of tobacco. Of 17 patients (11%) with 2 or more episodes in the studied period, 11 (64%) present a relationship with tobacco. CONCLUSIONS Smoking is related to pneumococcal pneumonia and its degree of severity. The enolotic habit is usually higher in the published studies, so we think that in our study it is probably underreported, therefore there could be a higher degree of association between it and the pneumococcal pneumonia in the studied population. Knowing and registering in clinical history the toxic habits of patients is of vital importance to prevent and act against avoidable pathologies of great morbidity and mortality.
A STUDY ABOUT UNCONSCIOUSNESS AND INCREASED TRANSAMINASES: DRONEDARONE-ASSOCIATED HEPATOTOXICITY.

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Aims: Deep state of consciousness ethiology Description: A 55-year-old male with history of persistent atrial fibrillation, prosthesis aortic valve, hyperuricemia, treated with atenolol, allopurinol, warfarin, and dronedarone for fifteen days. He is brought to the hospital, with somnolence and confusion. Physical examination: Not fever or jaundice, blood pressure 130/89, 98% blood oxygen, Glasgow 9, stuporous, miotic pupils, responds to painful stimuli. Rhythmic at 80 bpm, normal pulmonary auscultation. Abdomen without hepatomegaly. Normal blood count. Glucose 88 mg / dl, creatinine 0.8 mg / dl, normal ions, bilirubin 1.1 mg / dl, aspartate aminotransferase 880 U / L, alanine aminotransferase 982 U/L, alkaline phosphatase 25 U/L, ammonium 25. Prothrombin activity 18.1%, INR 3.45, Alpha-fetoprotein 1.59 ng/ml, hepatitis A, B, and C negative. Negative urine toxic. ECG: Sinus rhythm at 92 beats. Chest x-ray, cranial axial tomography and abdominal ultrasound normal. General measures are initiated: Oxygen therapy, serum therapy, administration of thiamine, flumazenil, diuresis and temperature control, and the previous medication is withdrawn. After days, the symptoms and the enzymes are normalized Conclusion: Drug-induced hepatic failure. Altered states of consciousness aren’t always related to abnormal brain function. Normal brain functioning depends on several aspects of normal liver functioning. In this case, the liver cannot adequately remove toxins from the blood. This causes a buildup of toxins in the bloodstream, which can lead to brain damage. Dronedarone is an antiarrhythmic agent for the maintenance of sinus rhythm in patients with atrial fibrillation. The clearance is principally non renal, and there is reports of liver injury in patients treated with the medicine.
MINOR SURGERY APPROACH IN PRIMARY CARE

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AIMS To evaluate pathologies and injuries derived from primary care (PC) to minor surgery, plastic surgery and dermatology, for exeresis or cryotherapy. To know if these pathologies are approachable from PC METHODS Design: Observational, descriptive, retrospective study. Scope: Health center semi-rural Subjects: Patients referred to specialists for minor surgery from June 2015-June 2016. Selection criteria: Clinical histories of patients referred to minor surgery, plastic surgery and dermatology, for exeresis or cryotherapy, with diagnosis of approachable pathology from our Health center (N= 163) Exclusion criteria: Pathologies not approachable from our Health center (suspicous of malignancy and lipomas) Variables: Age, sex, lesion, location, specialty, type of treatment, affordable from PC, exclusion criteria, surgical intervention. RESULTS Total referrals to general surgery, plastic surgery and dermatology 212. For exeresis and / or cryotherapy 83. Diagnostics that can be approached from our Health center (N= 163), Average age 51 years. Men 50.62%. Lesions: Warts 31.48%, benign tumors 7.41%, cysts 16.05%, foreign bodies 1.23%, abscesses 11.73%, keratosis actinic 12.35%, Locations: head 45.68% scalp 10.49%, face 29.63%, neck 5.56%; trunk 18.79%, thorax 3.09%, abdomen 1.85%, back 8.64%, buttocks 2.47%, genitals 2.47%, upper limb 11.72%, shoulder 1.23%, arm 2.47%, hand, 6.79%, lower extremity 17.9%, groin 3.09%, leg 11.11%, foot 3.7%. Derivations: dermatology 54.94%, plastic surgery 4.94%, General surgery 40.12%. CONCLUSIONS Warts, keratosis and cysts account for 73.46% of referrals to specialists. The median waiting period for specialist intervention is 4 months. A high percentage of referrals are approachable pathologies in PC (74%).
THE USE OF PRESCRIBING EXERCISE ON PATIENT ACTIVITY LEVELS IN GENERAL PRACTICE - A RANDOMISED CONTROL TRIAL.

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Background: Physical inactivity is a major public health issue. Health professionals need to engage with patients to increase their physical activity levels. Aim: To evaluate the effect of exercise prescription on activity levels of two groups of patients using a Smartphone pedometer app as a measure of physical activity. Method: Smartphone users >18 years, attending a general practice were recruited. All participants downloaded a smartphone pedometer application. The intervention group received an exercise prescription. Primary outcome was change in physical activity, as measured by a daily step count between baseline and follow-up. Results: 51 patients were recruited. 4 were excluded according to the exclusion criteria, 6 opted out prior to commencement of the study, leaving a total of 41 participants who were randomised with blind allocation into control and intervention. Participants were analysed on an intention to treat basis. Missing data was imputed by multiple imputation methods with 5 iterations. There was a statistically significant increase in the primary outcome measure i.e. step count from baseline to week 8 for study participants for imputed values (t = -3.530, p < 0.001). The mean combined step count for week 1 was 21,475.14 steps versus 29,149.22 for week 8 in the pooled analysis, demonstrating a significant increase in step count for all subjects. Differences between intervention and control arms were not significant. Conclusion: Both groups increased their exercise activity from baseline to week 8, this was statistically significant. Use of a smartphone app increases activity levels in a general practice setting.
TIMES OF REACTION: FIBRINOLYSIS VS PRIMARY ANGIOPLASTY

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AIMS The objective of this study is to analyze and compare the times of action between Primary Angioplasty and Fibrinolysis. We intend to give importance to the knowledge and result of fibrinolytic therapy, since in addition to presenting greater benefit for the patient due to the shorter time of action, it is also at a long-term economic level.

METHODS We analyzed cases of Code Infarction in a second level hospital during the period of 6 months with a total of 72 patients. We compared Fibrinolysis and primary angioplasty, analyzing times from first medical contact to treatment, from pain to treatment. We also analyzed the need for rescue in fibrinolized patients.

RESULTS The average age was 60 +/- 22 years with 88% of males and 12% of females. The mean time of onset of pain to fibrinolysis was 120 minutes (median of 97 minutes); from the first medical contact to fibrinolysis was 53 minutes (median of 47 minutes). The total effectiveness of fibrinolysis occurred in half of the patients, in which the average age was 59 +/- 18 years, 86% being males. In our series, primary angioplasty was performed in 69.4% of patients with a mean age of 62 +/- 26 years and 88% of men. The time from onset of pain to angioplasty was 220 minutes (median 195). The time from first medical contact to angioplasty was 128 minutes (median 110) and the pain at first medical contact was 91 minutes (median 46 minutes).

CONCLUSIONS In our series, fibrinolysis was 50% successful, leading to opening of the lesion with less time, with a subsequent decrease in subsequent morbidity and mortality. If we perform fibrinolysis, we reduce the time of action from the beginning of pain as well as from the first medical contact to the therapeutic procedure in an important way.
KIDNEY DISEASE CHRONIC IN ATTENTION PRIMARY COMPARED WITH OTHER EUROPEAN COUNTRIES

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AIMS To compare the prevalence and quality of the diagnosis and screening of chronic kidney disease (CKD) in primary care in an autonomous community with the observados in Sweden, with a similar health system. METHODS Cross-sectional descriptive study in which the entire population attended in health centers of an autonomous community was included, in total 1,135,114 patients. Review of published data on CKD in the Swedish population. The variables analyzed were; age, glomerular filtration (GF), albumin / creatinine ratio (ACR), risk factors for CKD (High blood pressure, diabetes mellitus, and a history of cardiovascular disease). RESULTS The prevalence of CKD observed in our population was 5.1%, slightly lower than that observed in Stockholm, which was 6.1%. In those older than 75 years, the prevalence was 23.2%, compared to 28% in Stockholm. Screening by GF and ACR occurred in 33.5% of the cases. This percentage was clearly higher than in Sweden, where it occurred in 23% of the cases, with biannual periodicity. 58.7% of the patients presented confirmation of the renal alterations. Only 26.4% had been diagnosed based on a single determination of GF. In Sweden, 38.6% of patients were diagnosed with a single GF. CONCLUSIONS The prevalence of CKD in our Autonomous Community is slightly lower than in Sweden, both in the general population and in elderly patients. However, screening by GF and albuminuria is superior, as well as the diagnosis based on the confirmation of renal alterations.
FEASIBILITY OF AN ABDOMINAL ULTRASOUND CLINIC IN PRIMARY CARE.

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Aims. To study the results of an abdominal ultrasound clinic in primary care. Material and methods. Descriptive cross-sectional study, carried out in a Primary Care Center. The first 250 diagnoses were included, corresponding to 235 patients during a 34 month period. The ultrasounds were performed by a General Practitioner after a specific training process. The following variables were studied: age, sex, reason for request (analytical alterations, control of previous pathologies, suspicion of new pathologies, others) and diagnosis. Results. The average age was 56.0 years (SD 17.5), with 57.9% of women. The most frequent reasons for request were: suspicion of new pathologies 52.0%, analytical alterations 24.4% and control of previous pathologies 22.4%. The most frequent diagnoses were: normal ultrasound 41.6%, diffuse liver disease 14.8%, gallstones 12.0%, kidney stones 9.2% and renal cysts 8.8%. When new pathology was suspected, the most frequent diagnoses were: normal ultrasound 53.1%, gallstones 13.1%, kidney stones 10.8% and renal cysts 6.2%. When there was an analytical alteration, they were the following: normal ultrasound 47.5%, diffuse liver disease 34.4% and gallstones 4.9%. In the case of control of known pathologies: renal cysts 21.4%, gallstones 17.9%, diffuse liver disease 17.9%, kidney stones 14.3%, and liver cysts 12.5%. Pathological ultrasonography was more frequent in men than in women (66.7% versus 47.8%, p = 0.004) and in old age (mean difference 8.1 years, p <0.001). Only 2% of scans were refered for confirmation ultrasound outside the Center. Conclusion. Abdominal ultrasound in primary care is feasible, allows the follow-up of pathologies and may be useful to establish new diagnoses.
SHORT-TERM AND LONG-TERM OUTCOMES OF PERIARTICULAR INFILTRATIONS. 
TWO YEAR FOLLOW-UP COHORT STUDY.

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AIMS. To study the short and long-term effectiveness of the periarticular infiltrations (PI) in a primary healthcare setting. MATERIAL AND METHODS. We performed a prospective cohort study with a 2 year of follow-up. The PI were performed with a depot corticosteroid (triamcinolone acetonide) with a monthly interval, with a maximum of 3 PIs. The descriptive variables were: age, sex, previous PI, type and number of PI and complications of PIs. The short-time effectiveness was evaluated with Visual Analog Scale (EVA), considering treatment success (TS) a decrease of EVA>=2 between the 1st and last PI. The long-term effectiveness was evaluated at 6, 12, 18 and 24 months. We considered TS if the patient did not consult again, orthopedic/physical therapy consultation was ruled out or further PI were not needed. We used the t Student and the McNemar tests. RESULTS. The follow-up was completed by 153 patients with a median age of 58.7 years (SD 14.5) and 66.7% were women. 17% had received a previous PI. The most frequent pathologies were: shoulder pain 39.2%, plantar fascitis 19.6%, trochanteritis 11.8%, epicondylitis 11.1% and anserine bursitis 7.2%. The median of PIs by patient were 1.51 (SD 0.64). Two patients had minor complications (hypochromic spot). In the short-term follow-up the TS was of 78.4% (difference of median EVA 4.0, IC95% 3.5-4.5, p<0.001). In long-term, the TS was: 6 months 70.6%, 12 months 62.7%, 18 months 58.2% and 24 months 52.9%, with statistical significance (p<0.05) between the 6 and 12 months interval and the 18 and 24 months interval. CONCLUSIONS. PIs are effective and safe although their effectiveness decreases with time. Long-term controlled studies comparing with other alternatives are needed.
MANAGING BLOOD PRESSURE IN PRIMARY CARE: NOT YET OPTIMAL

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Aims: Hypertension is a major risk factor for cardiovascular disease. Guidelines recommend blood pressure (BP) lowering of office measurements to < 140/90 mmHg and if needed to use different categories antihypertensive drugs. Do GPs adhere to these guidelines, or is there room for improvement? Methods: A cross-sectional study among 846 patients with hypertension managed with antihypertensive drugs, without overt cardiovascular disease, participating in a primary care cardiovascular disease risk management program of the Julius Health Centers. We studied the period January 2013 to May 2017. Participants received a risk assessment and a structured management plan with routine follow-up contacts. In May 2017, information about BP and use of antihypertensives was collected from the EMDs. We calculated the proportion of (in)adequately managed patients, and medication use. Results: Mean age was 70.0 (SD 12.6) years, 59% were female and mean participation time 2.3 (SD 1.3, range 0-4.4) years. Mean diastolic (DBP) and systolic BP (SBP) levels were 80.8 (SD 10.7) and 136 (SD 15.2) mmHg, respectively. On average, 1.5 (SD 0.7) types of antihypertensive drugs were used per patient. In 347 (41%) patients office BP was >140/90 mmHg, whereas among 12.7% had a normal SBP (<140 mmHg) but an elevated DBP (>90 mmHg). The mean number of antihypertensive drugs used was similar at different BP levels and was 1.5 in those with a normal SBP and 1.6 in the group with a SBP >160 mmHg. Among patients with SBP >160 mmHg, only 12% used 3 or more types of antihypertensive drugs. Conclusion: More than half of patients with hypertension managed in primary care do not reach the target BP levels and combinations of antihypertensives are insufficiently applied. There is ample room for improvement of the management of hypertension.
EFFECT OF THE ECONOMIC CRISIS IN THE COMPLIANCE WITH MEDICATION OF PATIENTS WITH CORONARY DISEASE IN A RURAL AREA OF CRETE

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AIM: To investigate the impact of 8-years austerity in the compliance with medication in patients with coronary disease in a rural area of Heraklion in Crete. METHOD: 256 patients participated who visited a Health Center of Agia Barbara in rural area of Heraklion in Crete for regular prescription of treatment for CD during 2016. In mentioned patients the socio-economic data, coexisting diseases and medical therapy in details were recorded. RESULTS: From the total of patients, 161 were men and 95 women, with age range of 65±9. They were classified in 3 categories based on income <= 4000EUR, <= 6000EUR, <= 8000EUR. In the lowest income category belonged 55,46% of patients. Their regular medical therapy included 4 categories of drugs regarding CD, such as as nitrates, antihypertensives, antihyperlipidemics, antiplatelets and in 91,6% gastroprotective drugs. The average of preparations generally was 5,7/patient. During the economic crisis and simultaneously with the gradual reduction of the annual income, they proceeded in suspension of gastroprotective drugs (mainly pantoprazole) in 66%, of statins in 39,8% and of one (1) antihypertensive preparation in 16,01%. Moreover, was noticed an unprompted reduction of recommended dosage, more specifically 52,34% for antihyperlipidemics and 23,04% for antihypertensives. CONCLUSIONS: Information gathered from our study was important. The suspension of medical therapy was recorded, during laboratory check exams of these specific patients, in big increase of lipid levels as well as in bad regulation of arterial pressure. Additionally, increase of cardiovascular events such as angina episodes and stroke were recorded.
CASE REPORT OF A YOUNG CAUCASIAN MALE WITH POOR CONTROL OF HYPERTENSION. A BRIEF REVIEW OF SECONDARY HYPERTENSION.

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Setting. Primary care. Reason of consultation. First visit of a 21 year old male. He reports hypertension since the age of 15. Clinical reports. In the first visit patient treated with enalapril 5mg with poor controls. The dosage was raised to 20mg, persisting with pressure greater than 150/100mmHg in both arms, replacing the drug with lisinopril/hydrochlorothiazide 20/12.5mg per day, raising later to 2 tablets per day and adding 5mg bisoprolol, suspecting then secondary hypertension. Analysis with ions, renal and thyroid function, ECG and renal ultrasound were requested, with no alterations. Ambulatory monitored blood pressure showed an average higher than 140mmHg. An abdominal ultrasound was re-performed finding severe stenosis of abdominal aorta and of the right renal artery that was confirmed by angioMRI and operated with balloon angioplasty. The patient has good control with only lisinopril 5mg/day. Conclusions. Secondary hypertension must be suspected if severe hypertension despite concurrent use of adequate doses of three antihypertensive agents from different classes, including a diuretic, if an acute rise in blood pressure in a patient with previously stable value, in non-obese, nonblack patients aged less than 30 years with a negative family history of hypertension, if accelerated hypertension (with signs of end-organ damage) or age of onset before puberty. Findings that specifically suggest renovascular hypertension would be unexplained asymmetry in renal sizes or a systolic-diastolic abdominal bruit that lateralizes to one side. Other causes may include kidney disease, primary aldosteronism, oral contraceptives, pheochromocytoma, Cushing's syndrome, sleep apnoea syndrome, and coarctation of the aorta.
PRESENCE OF ANAEMIA IN THE ELDERLY WITH HEART FAILURE IN A RURAL AREA OF CRETE

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AIM: To record cases of anemia in patients with heart failure of any cause as well as its correlation with intercurrent diseases. METHOD: We studied 18 patients of >70 years, from January until October 2017, who visited the medical center for their regular prescription therapy of HF, or for treating an exacerbation of dyspnea due to the underlying disease. Moreover, we studied the medical history and determined the class of HF using the NYHA classification. Comorbidities (Diabetes,CKD) were investigated and the medical therapy ( antiplatelet drugs, anticoagulants, ACE-inhibitors, ATII-blockers ) was recorded. Finally, we studied laboratory and imaging exams (heart ultrasound, kidneys ultrasound). RESULTS: From 18 patients with HF and anemia, 7 (38.88%) were placed in NYHA class III, IV and 11 (61.11%) in NYHA class I, II. In the patients of NYHA class III, IV, 5 (71.4%) had hemoglobin level <8mg/dL, while in those of NYHA class I, II, 8 (72.7%) had hemoglobin level <8mg/dL. From the total of patients, 17 (94.44%) were prescribed anticoagulants or antiplatelet drugs, while 16 (88.88%) were prescribed ACE-inhibitors or ATII-blockers. Regarding comorbidities, 6 (33.33%) had CKD, while 3 (16.66%) had Diabetes. CONCLUSIONS: In the sample of elderly patients (>70 of years old) with HF of any cause and anemia that was studied, were recorded significant rates of intercurrent diseases, frequent use of antiplatelet drugs/anticoagulants, ACE-inhibitors/ATII blockers, while the severity of anemia is correlated with the functional status of HF as expressed by the NYHA classification.
TOBACCO AND CANNABIS PREVENTION IN ADOLESCENTS

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Aims. Adolescents seem to be more sensitive to the enhancement effect of nicotine combined with other substances, thus increasing their susceptibility to becoming addicted. Proper information of the danger of addiction at an early age and development of prevention strategies can decrease consumption and strengthen healthy behaviors. Material and methods. From Primary Care Center, La Marina, we designed an intervention study with students of a secondary school in Barcelona city. The students in groups of 20, were given different preventive intervention workshops with visuals and videos and pre and postworkshop polls, the first that consisted of 10 questions and the second collected the variables of age and sex, and the assessment they made of the workshop. Results. Tobacco: 80 students. At the pre-workshop evaluation, 100% considered tobacco as bad for health, 91.7% recognized that tobacco was a legal drug and 86.7% considered that tobacco produced an addition, 83.3% thought it was not easy to stop smoking. For the post-workshop assessment, 98.3% recognized tobacco as a drug and 100% considered tobacco to be an addition, 90% thought it was not easy to stop smoking. Cannabis: 60 students. At the pre-workshop evaluation, 86.8% considered cannabis bad for health, 95.6% considered that cannabis produces addiction, 89.7% thought it was not easy to abandon the habit of smoking cannabis. For the post-workshop assessment, 91.2% considered cannabis bad for health, 97.1% considered that cannabis produced an addiction, 92.6% thought it was not easy to abandon the habit of smoking cannabis. Conclusions. The intervention of an active participation workshop on the effects of tobacco and cannabis on this population increases the knowledge about the harmful effects on health.
SMOKING AND DIABETIC COMPLICATIONS IN PATIENTS WITH DIABETES TYPE II IN A RURAL AREA OF CRETE

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AIM: Search the frequency and the aspects of smoking habits in patients with DMII and its correlation with the diabetic complications. MATERIAL AND METHODS: We studied 208 patients who visited a Healthl Center of Agia Barbara of Heraklion Crete for regular prescription therapy for DMII. The estimation of macroangiopathy was evaluated by the presence of coronary disease (cardiovascular event and/or angina and/or permanent ECG abnormalities and/or abnormal coronarography). The estimation of micronangiopathy was evaluated by the existence of micro/macro albuminuria and/or retinopathy. RESULTS: From the total of 208 patients, 101 were men, 107 women, with mean age 66,7±0,8 years and average duration of DMII 10,8±0,6 years. Smokers were 37,9% (27 women,52 men). Smoking in diabetic patients was not correlated with increase of HbA1c (7,39±0,09 in smokers vs 7,21±0,05, p=0,3). Macronangiopathy was diagnosed in 39,9% in smokers vs 25,4%, p<0,0001. Micronangiopathy was diagnosed in 42,4% in smokers vs 36,3%, p=0,13 and specifically: microalbuminuria 33,9%, macroalbuminuria 13,8%, retinopathy 48,9%. Retinopathy and nephropathy were together observed in 9,1%. CONCLUSIONS: Macroangiopathic diabetic complications and mainly cardiovascular disease increase considerably in smokers patients with DMII, while increases also the already existing risk for microangiopathic complications. This results in increased morbidity and mortality of these patients.
2017 GOLD DO IT BETTER

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AIMS: In 2015 we reviewed our Chronic Obstructive Pulmonary Disease (COPD) population and we observed clear differences between the observed quality of life, the severity by spirometric criteria and the treatment intensity suggested in the Global initiative for chronic Obstructive Lung Disease (GOLD) published in the same year. Since 2017, spirometric criteria are less definitive when assessing the disease's impact. Our aim is to determine if the classification and treatment choice in our population is different when using the new criteria in GOLD 2017. METHODS: Descriptive study. We reclassified the severity of the 222 patients studied in 2015 using the new criteria in GOLD 2017 and we checked if it is according with the pharmacological treatments chosen in 2015. RESULTS: In a 13.5% of the cases, the patients classified in the most severity group switched to lower severity levels (groups A and B) and therefore less treatment is needed. The number of undertreated patients decreases in a 15% of the cases when using the new criteria. However, the number of wrong treatment choice hardly changes: from 52% in 2015 to 50% in 2017. CONCLUSIONS: The new criteria in the GOLD guidelines actualized in 2017 are better than the old ones because they trend to classify patients better, avoiding patients with less severity disease to be treated as if they were severe ones.
TO INTERVENE IS A CHOICE!

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Aims: Basal cell carcinoma (BCC) is the most common type of skin cancer, with sun exposure being the main risk factor. Early BCCs are easily treatable; rarely metastasizes at a distance, but can damage adjacent tissue. This clinical case aims to demonstrate the importance of clinical suspicion and intervention in primary health care (PHC). Description: 80 years old woman, belonging to a nuclear family, class VIII Duvall cycle and Graffar middle class, with no antecedents. Followed by nursing consultation due to bleeding lesion on the back. Medical evaluation requested due to difficult healing. To the observation, with a pedicled, bleeding lesion, with 1 cm of greater axis located to the dorsal region, compatible with fibroma. The poor evolution was related to the trauma repeated by the clothing and, although the lesion had years of evolution, it was bleeding about a month ago. Given the slowness of the dermatology consultation response, it was proposed that the lesion be excised at PHC, safeguarding the histological study. Excision was performed without intercurrences. The biopsy revealed "ulcerated, completely excised solid-cystic basal cell carcinoma; distant from the nearest surgical edge 0.5 mm". The possibility of Dermatology consultation was discussed, but the patient opted for surveillance in PHC. Conclusions: Although BCC is usually curable, this is only possible when it is identified and treated early. This case represents a deviation from the usual procedure, since the health unit where the procedure took place does not have minor surgery valence. It is essential that conditions be created so that skin lesions can be excised in PHCs, since access to specialty consultation is often time consuming and may have unfavorable consequences in terms of prognosis.
THE PAIN THAT DIDN’T GO AWAY - A CASE REPORT OF MULTIPLE SCLEROSIS

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Aim: Multiple sclerosis is a chronic disease of the nervous system which affects young and middle-aged adults. MS causes disruption of the ability of nerves to conduct electrical impulses, leading to muscle weakness, fatigue and loss of control over the limbs. Objective: To report a case of multiple sclerosis. Methods: We used patient’s medical history, clinical examination and diagnostic procedures. Results: Mr. P., 39, belongs to a nuclear, middle-class and highly functional family, in phase V of the Duvall’s life cycle. In 2003 he first presented an episode of weakening of the lower left limb and mildly on the superior left limb. Clinical investigation didn’t get a diagnosis. The same clinical picture occurred in 2008 and 2012, by which he was referred to neurology without diagnosis. He repeated paresthesia of the lower limb in 2013 and was sent to neurosurgery where the study did not reveal specific alterations and was therefore discharged. For maintaining of complaints, a lumbar CT performed in 2015 showed bulging L4-L5 and cranial CT demonstrated lesions suggestive of demyelinating lesions. It was again referred to neurosurgery. There performed cranial MRI that showed “multiple lesions of the periventricular white matter suggestive of multiple sclerosis one major lesion in the corona radiata that suggest active disease”, reason why he was referred to neurology. After performing lumbar puncture and evoked potentials, he was diagnosed with multiple sclerosis. He’s stabilized from the hemiparetic symptomatology and he’s in follow-up. Conclusion: Pain is a very common symptom, family doctors should be aware about this condition, the most common autoimmune disorder of the central nervous system, and never discard the patient complaints.
IODINE SUPPLEMENTATION IN PREGNANCY - A POPULATION ACCORDING TO STANDARD...

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Aims: The national guideline on the intake of iodine in preconception, pregnancy and breastfeeding women advocates adequate intake of iodine in pregnancy or, ideally, in preconception, as crucial to maternal and fetal needs, indicating daily supplementation with potassium iodide. The objective is to verify compliance with the standard and to characterize the regional panorama of iodized supplementation. Methods: Applied questionnaire through interviews with puerperal women admitted to the maternity hospital of the reference hospital between December 13, 2016 and January 23, 2017. The anonymous form included six questions for medical completion, and verbal informed consent was requested from participants. The data was treated in Microsoft Excel®. Results: Sample size was 172 women. 152 were supplemented with iodine, 45% with potassium iodide alone, the remainder with multivitamin. 24% started supplementation in preconception, 73% in the first trimester, and 3% in the second, with 48% of the prescriptions being administered by the family doctor and 48% by the obstetrician. 37% underwent thyroid function study. Of these, 21% had a history of thyroid disease and 10% of the remainders started levothyroxine. 31% of women underwent iodized supplementation having a history of hypothyroidism. The thyroid function was evaluated in 52% of women with a family history, and 13% started with levothyroxine. Conclusions: 148 of the 159 pregnant women eligible under the guideline, started supplementation with iodine: 67 with potassium iodide alone; 81 with multivitamins. Limitations: reduced sample; questionnaire not validated; other indicators of nutritional status in iodine were not evaluated; the geographical area was not considered; gestation surveillance criteria were not verified.
CHEMSEX, DRUG FACILITATED SEXUAL ASSAULT AND CHEMICAL SUBMISSION. WHAT YOU NEED TO KNOW AS A PRIMARY HEALTH CARE PROVIDER

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AIM: the aim of this workshop is to familiarize GPs/FDs with sexualised substance use phenomenon, its physical and mental health risks and consequences on people, as well as to offer primary care professionals adequate skills to assess and advise disclosing chemsex patients along with tools to assist and support the survivors of the Drug facilitated Sexual Assault (DFSA) and Chemical Submission (CS). The use of recreational drugs to facilitate sexual activities, whether it is done voluntarily, unbeknownst or forced on others, is on the rise and linked to many different health as well as legal consequences. METHODS: After a short presentation on DFSA and CS, (definition, pharmacology and cornerstones), participants will be divided into working groups and offered interactive exercises on clinical cases in order to practice of assessment of survivors of DFSA and gay, bisexual and other men who have sex with men (GBMSM) Chemsex practitioners. RESULTS: by the end of the workshop participants should be familiar with DFSA and CS phenomenon and the related health concerns for patients and local community. This interactive educational event will provide them with the skills and tools to recognize and tackle the issue among specific population at high risk and hopefully inspire them to work in collaboration with other local health providers such as sexual health and drug services. CONCLUSIONS: The use of recreational drugs to facilitate sexual activities, whether it is done voluntarily, unbeknownst or forced on others, is on the rise and linked to many different health as well as legal consequences. DFSA and CS are substantial public health concerns worldwide and primary health care providers should be equipped and trained to support survivors and tackle the theme wisely.
INSULIN THERAPY IN TYPE 2 DIABETES: A PRACTICAL APPROACH

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The responsibility of type 2 diabetes management and insulin therapy is moving to primary care physicians all over the world. Most patients with type 2 diabetes receive care exclusively from primary care physician, but insulin use in this setting is suboptimal. This workshop pretend to provide an overview of when and how to initiate insulin therapy for T2DM in primary care setting. - When to start: Individualized approach and review the indications for insulin treatment. - Which regimen is the most appropriate: factors to take into account. - Insulin therapy associated with Glp1 - Common Insulin mistakes to avoid.
BACK TO BASIC IN DM2

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With the rise in DM2 at the consultations, the primary care physician need to keep abreast on the management of type 2 diabetes. In these workshop we propose a review of the key principles of medical management in type 2 diabetes, providing specific tips for each stage. -Diagnosis criteria for diabetes -Approach to therapy in patients with diabetes: the most important things that we should ask at the consultation. -Diabetes Treatment intensification: when and how. Guidelines review. -Referral to Specialist diabetes team.
GOUT: WHAT'S NEW IN SUCH A WELL-KNOWN DISEASE

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Introduction: Gout is a very prevalent form of inflammatory arthritis, which is increasing steadily in Portugal. It has a considerable impact on the quality of life and is frequently associated with other chronic diseases, which increases the complexity of its treatment. A healthy lifestyle and the education of the patient are fundamental for self-management and long-term adherence to treatment. Aims: Review of the literature on the diagnosis and treatment of gout and hyperuricemia in primary healthcare. Methods: Literature search of the Pubmed/medline electronic database of articles published between 2014 and 2017, using the MeSH keywords "hyperuricemia" and "gout". Results: The objectives of treatment for gout include the resolution and prophylaxis of acute crises, the elimination of uric acid deposits and the reduction of uricemia. Anti-inflammatory therapy is indicated in acute crisis and urate-lowering therapy (ULT) in patients with serious and frequent crises of acute gout, with allopurinol being the first-line treatment. Prophylaxis in acute crisis is recommended, provided that hypouricemic therapy is initiated. In selected cases, with adequate coordination and monitoring during secondary healthcare, other therapeutic options may be used. Asymptomatic hyperuricemia <9mg/dl is generally not treated. Conclusions: Gout is a potentially debilitating disease but early initiation of treatment prevents the recurrence of crises, improves prognosis and impedes the natural course of the disease. For treatment to be successful it is essential to educate patients by involving them in both the immediate and the long-term treatment plan. Gout should thus be handled by the family doctor from a holistic standpoint, centred on the patient and adapted to the individual.
SIDE EFFECTS AND RECOMMENDATIONS BASED ON THEM OF THE PROTON PUMP INHIBITORS: REVIEW OF THE CURRENT SITUATION.

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Aim: Proton pump inhibitors (PPI) inhibit irreversibly the H/K-ATPase enzyme from parietal cells decreasing acid secretion and it is one of the most prescribed group of drugs. Numerous studies have linked the use of PPIs with different adverse effects such as vitamin B12 and magnesium deficiency, bone fractures, enteric infections and pneumonia. The joint use with thienopyridine derivatives and complications in cirrhotic patients are also issues to be highlighted. The objective of this review is to define side effects that may be related to the use of PPIs as well as the current recommendations that exist regarding them. Description: It is not recommended to carry out a generalized screening of vitamin B12 levels in all patients treated chronically. It seems necessary to control magnesium levels at the beginning of treatment and monitor them in patients taking other drugs that may induce hypomagnesemia. The risk of bone fractures is high, but we cannot conclude that this relationship is causal. The association with C.\textit{Difficile} infection is weak and the risk of pneumonia is low. In patients treated with thienopyridine derivatives, it is recommended to consider the risks of each patient. In decompensated cirrhosis should be indicated with caution. Conclusions: In general, PPIs are a safe pharmacological group with few and mostly mild adverse effects. There are several potentially serious adverse effects, being necessary the adequate prescription of these medications, but the evidence supporting the association of these effects with the use of PPIs is difficult to interpret and lacks the necessary weight in many cases. The benefits of treatment with PPI outweigh the possible risks or adverse effects, as long as the clinical indication, dose and duration are appropriate.
INDIVIDUALIZING OBJECTIVES IN THE MANAGEMENT OF DM2: NEW TOOLS

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In recent publications from US, it has been shown that older adults are being treated more aggressively than younger adults to achieve A1c<7.0% despite the presence of comorbidities, duration of diabetes, disability, and depression. Moreover, glycemic guidelines for individualized therapy are not being widely followed. The harms of intensive treatment likely exceed the benefits for older patients with complex/intermediate or very complex/poor health status. Nevertheless, most of these adults reached tight glycemic targets and are treated with insulin or sulfonylureas, which may lead to severe hypoglycaemia. Objectives To analyse the characteristics of treatment and the level of control in aged diabetic patients. To analyse if individualized therapy, according to comorbidities, are being widely followed. To analyse if older diabetic patients are more intensively treated than younger patients. To review new tools to calculate individualized targets for diabetic patients in clinical practice.
SPRINGS MEDICAL EXAMINATIONS FOR FAMILY DOCTORS

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Aims: Regular physical activity is an important component of healthy lifestyle, which assumes an effective and cheap step to prevent and treat common disease such as hypertension, diabetes, dyslipidemia, obesity, depression, anxiety, among others that are quite frequent in clinical practice of the primary health care. Except for high-performance athletes, the family doctors may perform the sports medical examination to any individual wishing to initiate or continue physical activity. Besides this, medical training in this area is still insufficient and the different international sports federations (SF) differ in some points of this examination. This workshop aims to present what is common among the different SF in order to systematize the medical procedure that any family doctor should know to perform an appropriate sports medical examination. Description: The following topics will be developed during the workshop: 1) Basic and introductory notions about sports medical examinations all around the world (SME); 2) Anamnesis, physical examination and complementary diagnostic tests in the SME; 3) Pathologies that require treatment before and during sports; 4) Prevention of musculoskeletal injuries; 5) Relative and absolute contraindications to sports; 6) Identification of the risks inherent to the sport in question; 7) Sports Rehabilitation. Conclusions: If patients who lead sedentary lives would adopt a more active lifestyle, there would be enormous benefit to the public's health and to individual well-being. There is no need to recommended a vigorous exercise program, and the family doctors can be effective proponents of safety physical activity because they have more contact with their patients and are responsible for health promotion and disease prevention.
H. PYLORI INFECTION MANAGEMENT IN PRIMARY CARE SYSTEM

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Introduction: H. pylori is a gram-negative bacillus with a 50% estimated prevalence, with higher incidence in undeveloped countries. H. pylori is the most prevalent chronic bacterial infection and is associated with peptic ulcer disease, chronic gastritis, gastric adenocarcinoma, and gastric mucosa associated lymphoid tissue (MALT) lymphoma. Objective: The aim of this paper is to raise awareness to the elevated prevalence of this infection, and also to the importance of the correct diagnosis and treatment. Methodology: Systematic search of the Medline/Pubmed, UpToDate, medical magazines using the key words, "H.pylori prevalence", "diagnosis" and "treatment". Results: H.pylori infection should be tested in patients with active peptic ulcer disease or past history of peptic ulcer, uninvestigated dyspepsia in patients <55 years without alarm features, low grade gastric mucosa associated lymphoid tissue (MALT) lymphoma, family history of gastric cancer and prior to chronic treatment with NSAIDs. Diagnostic testing for H.pylori can be divided into invasive (upper endoscopy and culture) and noninvasive techniques (stool antigen assay, serology, and urea breath test). Although regionally variable, all areas of the world show increasing resistance rates to antibiotics and for that it is important to adequate the treatment to the antibiotics resistance rates of each country. In Portugal, the recommended treatment is the quadruple concomitant therapy with PPI, amoxicillin, clarithromycin and metronidazole, for 14 days. Discussion: Although H.pylori infection is highly prevalent and has very important comorbidities it's yet underdiagnosed in primary healthcare system and it is vital an investment of the general practitioner in the correct diagnosis and treatment of this infection.
COPD TREATMENT AUDIT

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AIMS: The new Global initiative for chronic Obstructive Lung Disease (GOLD) guideline published in 2017, has simplified the Chronic Obstructive Pulmonary Disease (COPD) classification, which the professionals of our center considered complicated. Our aim is to know our patient's severity level and if their treatments are following the GOLD guideline recommendations. METHODS: Descriptive study. We reviewed our population with COPD diagnosis in June 2017 (n = 384) and we classify them according to GOLD criteria and taking into account who was their family doctor. Then we reviewed the degree of correspondence with the guidelines recommendations. We defined as a follow-up good level a correspondence in a 70% of patients or more and as follow-up unacceptable level when the correspondence was less than a 60%. RESULTS: We observed that in the 69% of the study population there is a low level of respiratory symptoms. In a 72% of the patients no hospitalizations neither exacerbations are observed. In 225 patients (a 62%) the guideline's criteria are properly followed. We observed that 30% of our physicians are not following the guideline’s recommendations, and that's especially important when poor treatment occurs in 70 patients, 19.2% of our study population. CONCLUSIONS: Although in our Primary Care Team the GOLD guidelines follow-up is acceptable, it is not uniform, and there is need to make efforts in order to minimize poor treatment in COPD patients.
CULTURAL DIVERSITY IN GENERAL PRACTICE: CHALLENGE ACCEPTED

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Aims: Our health care center presents a wide diversity of culture. The aim of this paper is to describe a few clinical cases where an effort to improve communication was necessary to establishing an effective and satisfying doctor-patient relationship. In our country we don’t have medical training in this area yet, besides the worldwide increasing migration.

Methods: To describe 3 intercultural medical appointment, occurred in the month of October 2017. Results: We report a case of a 49-year-old-man, Kazakhstan, with hypertension and 2 mechanical heart valves medicated with bisoprolol, perindopril and warfarin. In a hypertension surveillance appointment, it was observed a heart rate of 151bpm, with INR 2.68 from 5 days ago. Initially the patient refused to go to the emergency, but after repeated explanation of the risks, he finally accepted. In the emergency department, INR was found to be 1.3 and the patient ends up admitting that in the last 3 days he didn’t taken any medication. Another case is a Tajikistan young couple who asked at the 2nd month of the infant’s visit if food diversification could be initiated. The last clinical case is 44-year-old-woman, Kazakhstan, who thought that hypertension could be cured by taking medication for only 1 month. The 3 cases presented a substantial change after careful explanation of each clinical situation, with increased patient compliance. Conclusion: People from different cultures hold different beliefs about health and illness. These different beliefs, as well as linguistic barriers that often exist between members of different cultures, confront health care practitioners with the difficult task to deliver good quality care to a wide diversity of patients, each bringing his own unique background to the medical encounter.
USE OF DERMOSCOPY IN EARLY DETECTION OF MELANOMA: A PILOT STUDY IN THE FAMILY PRACTICE SETTING.

Giuseppe Febbo

Giuseppe Febbo, Italy

AIMS: The use of dermoscopy is considered a prerogative of the dermatologist. Nevertheless, any medical doctor with training in dermoscopy could help in recognizing malignant, pre-malignant and potentially malignant skin lesions, especially melanomas in their first stage. This pilot study is to compare sensitivity, specificity and accuracy in the evaluation of 16 suspicious pigmented lesions assessed by a GP trainee with an interest in dermoscopy and a dermatologist. METHODS: All patients were recruited in the setting of a family practice in Lecce and they all reported the appearance of a new pigmented skin lesion. These lesions were initially assessed as suspicious by a clinical approach and then reevaluated with dermoscopy by an expert dermatologist and a GP trainee with an interest in dermoscopy. 16 skin lesions were analyzed by a DermLite DL1 dermatoscope and then captured as digital images by a device for iPhone 4. Both doctors assessed the images using the same diagnostic algorithm in order to confirm the necessity of a biopsy. RESULTS: Dermoscopy performed by the dermatologist and the GP trainee confirmed that 7 vs 9 lesions had to undergo biopsy, respectively. 100% of the lesions assessed by the dermatologist that required biopsy were considered in the same way by the GP trainee. Sensibility, specificity and diagnostic accuracy of the dermoscopic evaluation conducted by the GP trainee in comparison to the dermatologist were 100%, 77.8% and 87.5%, respectively. CONCLUSIONS: Even if the results are not statistically significant, this study demonstrates that dermoscopy performed in the family practice setting could be useful in early melanoma detection, and that pattern analysis could be the most reliable dermoscopic diagnostic algorithm.
PATIENTS WITHOUT A FAMILY DOCTOR: WHERE IS EQUITY?

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Aim(s) and background The family doctor (FD) has a central role in the health of the patient, acting in various aspects of it. Although our national health system presumes the attribution of a FD to each patient, in May 2017 more than 858 thousand people didn’t have this condition fulfilled. In the unit where this work was performed there are 763 patients with no FD assigned; of the 6 physicians who integrate it, only 4 accept to assist these users, and they can not ensure their ideal surveillance. With this work we intend to find out how the fact of not having a FD attributed may be influencing the quality of health surveillance. Material & method Observational, descriptive study. We compared the values of some health outcomes (vaccination, screenings, follow-up of children, patients with diabetes or arterial hypertension) between groups of patients with and without a FD. Results It was verified, for all the outcomes, that the users with FD presented better values than those without a FD. Differences ranged from 11.51% (proportion of elderly or patients with chronic illness with influenza vaccine) to 49.27% (proportion of patients with diabetes with one HbA1c per semester). In general, values were less discrepant in the outcomes related to children’s health and vaccination; the greatest discrepancies were found in the screenings and in the follow-up of diabetics and hypertensives. Conclusions This work draws attention to the consequences of the still high number of patients without a FD, especially regarding the lack of equity that is reflected in several health outcomes. It is necessary to question the quality of care we are offering and to find strategies to solve this problem, namely through the placement of more family doctors and their better distribution.
URINARY TRACT INFECTION IN MAN: FROM NONSPECIFIC COMPLAINTS TO UROSEPSIS - CASE REPORT

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Introduction: Urinary tract infection (UTI) is common. In adult men it is rare, considered a complicated infection with different peculiarities from UTI in women. The family doctor should be alert to these specificities, able to approach, initiate treatment and manage follow-up. Case description: 62 years old man, nuclear family, Duvall VIII. Active problems: obesity, hypertension, insulin treated diabetes mellitus, benign prostatic hyperplasia, chronic deliriant psychosis and glaucoma. No personal or family relevant history. March appointment - complaints about "dark urine", increased voiding frequency and vomiting episode 4 days ago. Objective examination unchanged. Lab tests are required and it's prescribed Fosfomycin. 7 days later he returns with worsening symptoms, poor general condition, pallor, fever and doubtful murphy's sign. Lab tests showed increased inflammatory parameters, acute renal failure, leukocyturia and erythrocyturia and isolation of P. mirabilis in urine. He is transferred to hospital and assumed pyelonephritis. 67 days hospitalization with several intercurrences (two urosepsis included). Multiple antibiotic cycles are given, are placed bilateral nephrostomies, it is performed a right nephrectomy and left ureteral stent. In June he is discharged and returns to his family doctor. Conclusions: The family doctor sometimes meets a number of complaints and unusual clinical situations where the diagnosis is not always clear. This case report, in which nothing could predict a galloping development, demonstrates the challenge that this pathology can constitute in the lack of specific or consensual guidelines. Although infrequent, UTI in men appear in primary health care, therefore it's essential to be alert and prepared to take proper action.
ACUTE URINARY RETENTION IN THE ELDERLY: THE IMPORTANCE OF CONTINUED CARE AND THERAPEUTIC REVIEW - CASE REPORT

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Introduction: Benign prostatic hyperplasia (BPH), common with aging, cause Lower urinary tract symptoms (LUTS) and complications such as acute urinary retention. This urologic urgency requires immediate bladder catheterization and initiation of an alpha-adrenergic antagonist that promotes smooth muscle relaxation. Case description: Male, 81 years old with the following active problems: BPH, osteoporosis, right bundle branch block. Medicated with trospium chloride, strontium ranelate and calcium carbonate/colecalfierol. Personal history: sacral chordoma excision, two transurethral resections of the prostate, orthostatic hypotension with terazosin. April / 2016: Comes the appointment to show exams requested by the urologist. Refers polyuria and urgency. LUTS characterization: IPSS (International Prostatic Symptom Score) 22; Dissatisfied with the quality of life. September / 2016: Episode of acute urinary retention probably because outflow obstruction by BPH and drugs iatrogenic. Immediate bladder catheterization. Suspends trospium. Medicated with silodosin 8mg. November / 2016: Undergone prostate surgery for refractory urinary retention. Keeps complaining of incontinence and polyuria. LUTS revaluation: 17. Feels more or less with the quality of life. Comment: The clinical case intends to illustrate the relevance of the continuous evaluation and therapeutic optimization in order to attenuate the patient's complaints and to reduce iatrogenesis. Timely medical intervention adds value in improving the quality of life after patient surgery. The timely response to patient needs / complaints using instruments such as IPSS/quality of file (QoL) monitors changes in quality of life and possible complications in the elderly patient.
WHEN GOODWILL SAVES A LIFE: A MEDICAL SURVEILLANCE CONSULTATION TO A PATIENT WITHOUT A FAMILY DOCTOR

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Aims: The family doctor (FD) has a central role in the health of the patient. Although our national health system presupposes the attribution of a FD, in May 2017 more than 858 thousand people didn’t have this condition fulfilled. Patients without a FD have a great difficulty in scheduling consultations, and don’t have surveillance consultations (SC) assured. This clinical case aims to alert to the importance of all patients having access to health surveillance and to the lack of equity that the system is originating. Methods: We used the patient’s medical history and clinical examination. Results: A 24-year-old woman visited the primary health care unit, in order to ask for a SC, being informed that she didn’t have a FD, so she couldn’t have SC assured. However, the patient who was scheduled missed the appointment and the doctor agreed to consult the woman on that time. During pulmonary auscultation, the doctor noticed that the patient had a nevus about 5 mm in the back, asymmetrical and no uniform in color, and made a referral for Dermatology consultation. Six months later, the patient came to personally thank the doctor: the goodwill had allowed an early diagnosis of a malignant melanoma, saving the patient’s life. Conclusions: This clinical case alerts to the importance of having access to SC. The goodwill of the doctor (who didn’t have the duty to watch the patient but, having time on that day and believing that everybody should have access to the same in the national health service, accepted to make this consultation), saved a life. How many lives could be saved if everybody had a FD? It is necessary to question the quality of care and to find strategies to solve this problem, namely through the placement of more FDs and their better distribution.
RS3PE, AN UNKNOWN DIAGNOSIS - THE IMPORTANCE OF THE HOSPITAL STAGES
AT THE GENERAL AND FAMILY MEDICINE INTERNSHIP

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Aims: RS3PE is an uncommon pathology, often unknown. Family Doctors (FD) should be aware of this diagnosis, because it presents an excellent prognosis with adequate treatment and it can be associated with neoplastic diseases. This work intends to alert to this pathology and to the importance of hospital stages for a General and Family Medicine internship with quality. Methods: We used the patient's medical history, clinical examination and diagnostic procedures. Results: A 52-year-old man visited his FD with pain and edema of wrists and hands, with 15 days of evolution. The ultrasound revealed tenosynovitis. Naproxen and physiotherapy were prescribed. Two weeks later, he returned with worsening of symptoms, marked functional limitation and symmetrical pain now also in shoulder girdle. He was referred to orthopedic emergency service, being medicated with furosemide and metamizole, and a normal priority referral for Rheumatology was made. A week later, he returned to the FD for lack of improvement. The FD was accompanied by an intern, who remembered the cases of RS3PE seen in the Rheumatology stage. Blood tests were requested, revealing a C reactive protein of 65.45mg/L and a settling velocity of 37mm/h. An injection of betamethasone was administered and Rheumatology department was contacted, confirming the diagnostic suspicion, changing the reference to urgent, and indicating that the patient should be medicated with Prednisolone 5mg. The next day, the patient had marked improvement and 3 weeks later he was practically asymptomatic. Conclusions: Without the Rheumatology stage, the diagnostic, referral and treatment of this patient would have taken much more time. The good connection between the two specialties allowed the patient to be guided with quality.
ARTHROSIS TREATMENT AUDIT. IS THERE AN OPIOID ABUSE?

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AIMS: Chronic pain is one of the most common reasons for seeking medical attention, and opioids are usually prescribed. So, an increasing prescribing rate of opioids for chronic non-cancer pain during from 2000 to 2015 has been observed. At the same time increasing rates of opioid-related use disorders (dependence, abuse and overdose deaths) appeared among patients treated with opioids. These drugs should only be used when benefits are expected to be greater than risks. Our aim is to check how arthrosis is treated in a Catalan Primary Care Team. METHODS: Descriptive study. We extracted data from our electronic computing system cold ECAP (Clinical Workstation for Primary Care, in Catalan). We looked for patients with diagnosis of arthrosis taking into account whether they are receiving pharmacological treatment or not. Then we check the treatment attitude according to the WHO pain relief ladder. RESULTS: In our Primary Care Team there are 3279 patients diagnosed of arthrosis. A 42,48% of these (1393 patients) is receiving analgesic treatment for pain. In 1173 patients (a 84,21%) a non-opioid +/- adjuvant treatment is prescribed (step 1 for the WHO pain relief ladder). In 116 patients (a 8,33%) a minor opioid such as tramadol is used (step 2). And in 104 patients (a 7,46%) major opioids are used (step 3). So, there are 220 patients (a 15,79%) receiving treatment with opioids. CONCLUSIONS: We observed an important percentage of opioid use for arthrosis treatment in our Primary Care Team. These data are consistent with those of Spain where the consumption of opioids has increased in the last 15 years. Changes in the approach for arthrosis treatment are needed in order to reduce the opioids use and its adverse effects.
MYOTONIC DYSTROPHY TYPE 1 (MD1)

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Case Male, 37 years old from Pakistan comes to his first visit at the primary care center in our city explains being affected of impaired walking, muscle weakness in legs, intrarotation of left feet with tendons retraction that patient correlates with ankle sprain a couple of years ago. Physical examination: Distal muscle weakness, ptosis with hatchet appearance calf hypotrophy more evident in left side, frontal balding. No congenital diseases in the family. Laboratory findings: transaminitis. Electromyogram: Sensory conduction of the sural nerve and motor nerves in the lower extremities with a slight decrease in driving speed. Abundant motor discharges in gastrocnemius muscle and anterior tibial muscle with neurogenic recruitment pattern with insertion needle at rest. Compatible with Steinert disease or MD1 The patient was referred to neurology. Description DM1 is an inherited autosomal dominant disease. Electromyography was the most helpful laboratory study before genetics were available. Liver function disturbance of unknown aetiology. Is a classical adult onset DM1 The predominant symptom in classic DM1 is distal muscle weakness. Conclusions We must look for myotonia, posterior subcapsular cataracts, conduction disturbances and tachyarrhythmias, gallstones as a result of increased tone of the gallbladder sphincter, dysphagia in the context of neuromuscular respiratory failure, constipation due to decreased peristalsis may develop pseudo-obstruction and megacolon which may be due to either myotonia or smooth muscle loss in the bowel, disturbances of the thyroid, pancreas, hypothalamus and gonads, frontal balding, anxiety and depression. The most common cause or death is pneumonia/ respiratory failure, cardiovascular disease and sudden death.
PATIENTS WITH CHRONIC HEART FAILURE: ANALYSIS OF CURRENT SITUATION IN OUR ENVIRONMENT.

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AIM: Heart failure (HF) is a clinical syndrome characterized by dyspnea, malleolar edema and fatigue. It is the third cause of death in Spain generating a great impact in the quality of life of the patients and a great consumption of resources. Current European Society of Cardiology guidelines include as treatment for symptomatic patients with reduced ejection fraction: angiotensin-converting enzyme inhibitors (ACEI), beta-blockers (BB) and diuretics and antagonists of the mineralocorticoid/aldosterone receptors (ARM) when they remain symptomatic. In selected patients digoxin, iodine channel inhibitors and angiotensin/nephrilysin receptor inhibitors are also recommended. The objective of the present study is to evaluate the suitability of the treatment for heart failure in our patients.

METHOD: Cross-sectional study of patients diagnosed with heart failure in our health center. RESULTS: We analyzed the histories of 72 patients. The prevalence of patients with preserved left ventricular ejection fraction (EF>50) was 77.7% and intermediate (EF 40-49) 8.3%, with II-III NYHA the 48.6% of them. The most frequent comorbidities are arterial hypertension (80.5%) and atrial fibrillation (58.3%). The 43% of patients received ACEI/AIIRA and a beta-blocker, 80.5% have a diuretic associated and 20.8% have an ARM. 26.3% added other drugs such as digoxin, ivabradine and sacubitril.

CONCLUSIONS: Although the latest revised clinical practice guidelines do not provide evidence that any pharmacological group increase survival in patients with nREF, there is no reason not to use the same drugs as in patients with reduced ejection fraction. Therefore, the objectives are common in both: to prevent the clinical progression of the disease. We are therefore facing a great scenario of improvement.
REVIEW OF THE EUROPEAN GUIDE ON HEART FAILURE.

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AIMS: Heart Failure is a clinical syndrome whose typical symptoms are dyspnea, edema, ankles, fatigue and the signs are elevated jugular venous pressure, pulmonary crackles and peripheral edema. The current definition is limited only when clinical symptoms are evident and the identification of an underlying cardiac cause is critical for diagnosis. DESCRIPTION: To describe Heart Failure, we need to know the Ejection Fraction (EF), for this it is necessary to perform an echocardiography, if the EF is less than 40% it is reduced (HFrEF), if the EF is between 40-49% it is an intermediate EF (HFmrEF) and if the EF is above 50% it has a preserved EF (HFpEF). Natriuretic peptides are useful in diagnosis, prognosis and treatment and in the differential diagnosis of dyspnea and identify patients who require additional cardiac tests, but echocardiography is the most useful and available test to establish the diagnosis. The optimized and basic treatment for HFrEF is the combination of angiotensin-converting enzyme inhibitors (or angiotensin II receptor antagonists), beta-blocker and an anti-aldosterone agent, if with the combination ACEI and beta-blocker symptoms persist. Diuretics are key in the symptomatic treatment of HF, but should not be used in monotherapy and should be associated with ACE inhibitors or ARA-II. CONCLUSIONS: The pharmacological objective of HFrEF is to achieve optimal medical treatment, which is the consecutive addition of different drugs with proven prognostic benefit. In patients with HFmrEF or HFpEF, we still do not have a pharmacological treatment that reduces hospitalizations or improves survival. The use of diuretics is recommended to relieve symptoms and signs and advise the identification of comorbidities and their adequate therapeutic management.
INTEGRATED HEALTH CARE FOR SENIOR'S MENTAL HEALTH: DEVELOPING AN INTERSECTORIAL COOPERATIVE CARE MODEL. THE ONGOING RESEARCH PROJECT.

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Aim: Mental disability in older age (MDOA) has a dramatic impact on the quality of life, functioning and adaptive capacity of affected individuals. Numerous studies show poor cooperation between the different health and social care professionals. Interprofessional communication, collaboration and practice is neither formalized nor functional at both institutional and individual professional levels due to a lack of clear definition of roles and areas of competence. The practical scope is to identify the social and health care needs of individuals with MDOA and their caregivers and to develop evidence based practical guidelines (as a basis of cooperative care model). Methods: 1) The standardized questionnaires for: individuals with MDOA and their informal caregivers aiming to identify care needs of individuals with MDOA. 2) The focus group interviews for: the assessment of the needs of the informal carers of individuals with MDOA. 3) The Delli method and Role Perception Questionnaire for: healthcare and social care professionals, aiming to identify the intersectoral and interdisciplinary cooperation potential and the problems between professionals of health and social care sectors. 4) The round-table discussions for: health and social care experts in order to develop practical guidelines of the integral care tactics. Results: Based on the project findings, practical guidelines on the intersectorial cooperative assessment and management of the social and health care needs of individuals with MDOA and their caregivers will be developed. Conclusion: The ongoing research project. The project "Integrated Health Care for Senior's Mental Health: Developing an Intersectorial Cooperative Care Model" (i-Psiner, No S-MIP-17-121), is funded by the Lithuanian Research Council.
THE ART OF MEDICINE, BACK TO BASIC AND ROLE MODELING: WHAT SENIOR DOCTORS CAN TEACH BEYOND EBM TO MEDICAL STUDENTS AND RESIDENTS

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Aims Beside EBM and other excellent innovations in the regular curriculum, there is always the challenge of how to build up an outstanding physician. The profession of medicine requires to master both medical science and humanism. On the other hand, uncertainty and unpredictability are common phenomena in general practice. To perform a patient-centered approach requires from the doctor, communication skills and credibility with patients and families. The knowledge required for a good physician goes beyond updates and scientific information: it needs certain attitudes and what we can call the wisdom of priorities. Methods Medical students, young doctors involved in SOBRAMFA (www.sobramfa.com.br) educational programs and students from other institutions were interviewed about the unconventional learned issues, those that are not usually taught in the medical school, and they could learn during our programs, while accompanying senior doctors. We collect a broad description through the narratives required for appraising the program. Results The learners point out surprising learning topics about the attributes required to develop a healing relationship between patients-families and physicians. They also learn about understanding the larger context of patients’ life and their real needs. They understand how to cope with uncertainty and why senior doctors follow their clinical intuition (gut feelings). They learn what is watch-full waiting, continuity of care, professional attitudes demonstrating the will to care, and why culture and humanism should be part of medical training. Conclusion: The classic role modeling -learning beside the master- is still an essential and powerful model for teaching those intangible and needed issues required for good doctoring.
IMPROVING COMMUNICATION BETWEEN EMERGENCY PHYSICIANS AND FAMILY PHYSICIANS: A QUALITATIVE STUDY

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Aims - To identify and explore misunderstandings and mis-communication that could negatively impact upon the continuity of care of the patient during his journey from the Family Physician (FP) to the Emergency physician (EP) and back again. Methods - EPs and FPs met to participate in two consecutive sessions. For the first session, FPs and EPs were divided into separate groups and the topic discussed was issues in communication between the two specialties. For the second session, each of the four groups was composed of both EPs and FPs, and the topic was mapping the patient journey from the FP, through the Emergency Department (ED) visit, and back to the FP. All groups were run by professional facilitators. The sessions were audiotaped and transcribed. Results - 45 physicians, including 23 EPs and 22 FPs attended. Participants felt that there was no effective communication between EPs and FPs, and that both sides had unrealistic expectations of the other. They noted that FPs have rotated through EDs, whereas most EPs have minimal to no exposure to community medicine. Primary reasons for ED referrals by FPs included time constraints and lack of timely access to resources in the community. Participants stressed the importance of the FP indicating in the ED referral letter the specific clinical question that prompted the ED visit, especially whether a particular medical condition needs to be addressed. The FPs expressed frustration with the generic discharge recommendations. Conclusion - There is a mutual sense of lack of effective communication on the between EPs and FPs which is thought by both sides to have a negative impact on the continuity of patient care. Further dialogue between the fields is important for building tools to overcome these failings.
FECAI OCCULT BLOOD TEST: THE EXCEPTION TO THE RULE THAT MADE THE DIFFERENCE

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Aims: Colorectal cancer (CRC) is among the most commonly diagnosed cancers worldwide. The high incidence, natural history and high survival if early diagnosis justifies screening by the Family Doctor (FD). In our country is recommended the screening of fecal occult blood test (FOBT) in asymptomatic patients aged 50 to 74 years old. Description: 69-year-old man, married, retired, caucasian, integrated into a nuclear and functional family, phase VII of the Duvall cycle and Graffar middle class. Personal history of hypertension, benign hyperplasia of the prostate, dyslipidemia and polypectomy in 2007 medicated with perindopril and tamsulosin. In the context of opportunistic screening, the annual FOBT was requested. The PSOF presented 3 positive samples. The patient was asymptomatic, the physical examination showed no alterations and the rectal examination was normal. There was a normal colonoscopy of April-2015 registered. However, because it has personal background of polypectomy, a colonoscopy was requested after discussion with the patient. He returned a few days later with the result of the colonoscopy that showed multifocal neoformation of the colon, which has been confirmed to be an adenocarcinoma on the biopsy. Conclusions: We present a clinical case where a FOBT was requested in the context of screening, when the patient had a normal recent colonoscopy. Even in the case of a history of polypectomy, the recommended interval is 3-5 years, according to the characteristics of the excised polyp. Primary Health Care have a key role in the early diagnosis of cancers through the screening tests available. In addition, the FD should ensure the correct follow-up of the patient, in all its bio-psycho-socio-family dimension, crucial in any diagnosis of cancer disease.
TESTICULAR SCHISTOSOMIASIS - THE REVERSE OF EMIGRATION

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Aims: Schistosomiasis is an acute or chronic parasitic disease caused by the Schistosoma trematode. It is prevalent in tropical and subtropical areas, especially in underdeveloped areas such as Africa and the Middle East. Description: This is a 33-year-old Caucasian male patient who uses health care for nonspecific complaints of the urogenital tract. Complementary studies have revealed urogenital schistosomiasis. The diagnosis was made by the presence of eggs of the parasite in the patient's sperm. Conclusions: Schistosomiasis should be the first diagnosis to be evoked in patients with microscopic or macroscopic hematuria from endemic areas. In our country, the correct diagnosis is based on a meticulous clinical history, aided by a high degree of clinical suspicion. The standard medical treatment is made with the anti-parasitic Praziquantel.
ON THE COOPERATION BETWEEN GPS AND VASCULAR SURGEONS FOR IMPROVING QUALITY OF LIFE OF PAD PATIENTS – AN ALGORITHM PROPOSAL

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Chronic obstructive lesions of the lower limb arteries (PAD) are a common and occur in 2-3\% of the population. Chronic obstructive atherosclerosis of the lower extremities is a major social problem requiring an adequate solution. GPs need awareness, knowledge and skills as well as good cooperation with vascular surgeons. Aim. To justify the need for a solution that minimizes the disability and death of people suffering from peripheral arterial disease and contributes to improving their quality of life. Methods: Follow-up of 222 patients from St George University Hospital Plovdiv with hybrid operations (multistage atherosclerotic involvement of the lower limb arteries) between 2013-2015 year.; Results. 210 out of 222 patients (95.0\%) were men. The age ovaries from 48 to 88 years (67.5 ± 6.5). The period for complaints ranges from 3 months to 15 years (3.4 ± 3.87). The classification of lesions of the aorta-iliac segment and the femoral segment was used in accordance with TASC II. This classification mainly determines the choice of treatment method, ie TASC A - can only endovascular (this saves the operation of the procedure is a punctured rapid recovery, etc.) TASC B surgically or endovascularly, TASC C and D only operative. An algorithm based on the results was proposed. Conclusion: It is essential for GPs early to diagnose PAB and refer patients to vascular surgeon for determining TASK stages. As soon as TASC C and D have already been established, the algorithm could be applied, respectively the optimal surgical procedure could be chosen (possibly hybrid method, thus saving regional anesthesia and laparotomy). Especially multimorbid and elderly patients could benefit and achieve optimal quality of life.
ARE WE ASSESSING CARDIOVASCULAR RISK THROUGH ABPM IN THE BEST POSSIBLE WAY?

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Aim Describe the impact of some ABPM-derived parameters (ADP) instead of the dipper status (DS) on the risk assessment of patients undergoing ambulatory blood pressure monitoring (ABPM). Methods -Design: Observational, Transversal -Selection criteria: Among all ABPM performed in a primary care center during 5 years (2011-2016), 263 were randomized for this study, of those 31 were excluded (invalid records). Variables analysed: SCORE scale and target organ damage. Information collected from primary care and hospital programs. -DS: BP dipping status (dipper: asleep BP decrease 10-20% vs no dipper: rest of variations). -ADP: ABPM-derived parameters, among all, we selected: a) Asleep SBP mean (ASBPM): > 120 mmHg in men and > 115 in women. b) Pulse pressure (PPP): > 55 mmHg in 24 hours, c) Asleep tachycardia (AT): HR > 64 / minute. We performed descriptive statistical analysis of frequencies, Student’s T and X2 Results Evaluated 232 ABPM. Age = 57 ± 13.9 years. According to DS, the prevalence of patients at risk was 129 (55.8%). They presented pathological ASBPM 145 patients (62.8%), PP 71 (30.7%) and AT 130 (56.3%) In relation to the test of ADP, both ASBPM and PP and AT obtained higher values of SCORE (p < 0.01). The target organ involvement was higher among patients at risk according to ASBPM and PP (p < 0.01), but not for AT. Among the 102 cases that the DS would not select as risky, 77 cases would be intervened if we used the tested ADP. 50 cases would have altered ASBPM and 52 the AT. In 25 PP would be altered. Conclusions - The most sensitive ABPM-derived parameter to detect CV risk and the one that most relates to target organ involvement and risk according to SCORE is asleep SBP mean. - AT is the least useful ADP to assess risk. - ABPM-derived parameter may be altered even in the presence of a normal DS. - Limit to the DS to assess risk could be insufficient. - New prospective studies are essential to assess the impact of all ADP in therapeutic decisions and cardiovascular risk. Statistical review pending. Results may vary.
FOOD AND MIGRAINE. MYTH OR REALITY?

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AIMS Study the relationship between a diet rich in different foods that are traditionally associated with the onset of a migraine crisis versus another in which they are outlawed DESCRIPTIONS Case study - control. Patients of a Primary Care Center of an urban area. Patients with a diagnosis of Migraine are selected. It is divided randomly into two groups: A and B. They are all given a dossier in which they must record the dates on which they suffer the crises for 3 months. Group A is instructed to dispense with the following foods: red wine, cheese, nuts, and caffeine. Group B is instructed to include it. Everyone should point out if there is a relationship between their consumption and crises. Group A: 13 people finished (38.6 years ± 6.3, 10 women 3 men). The incidence of crisis is 1 every 24 days in those who have preventive treatment and 1 every 11 days in those who are not more frequent in the female group. 96.8% report that there have been no changes in the number of crises or their duration Group B: 11 people finished (39.9 years ± 6.3, 10 women, 1 man). The incidence of crisis was 1 every 25 days in those who have preventive treatment and 1 every 11 days in those who are not more frequent in women. The 4, 35% report having found a relationship between the intake of these foods and the crises although the duration was not superior CONCLUSIONS There are many migraine predisposing factors but we can not generalize. Diet is an element to consider but we must individualize the patient. It would be interesting for each person to carry out their food diary and identify the foods that cause these episodes in order to improve their quality of life.
BELCHING AS A WARNING SYMPTOM

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Belching can be the symptom of multiple pathologies, frequently digestive pathology. It is also often associated with mild pathology. However, belching could be an atypical symptom of a serious condition such as heart infarction - especially - in those groups of people of whom atypical symptoms are more common, such as women, the elderly, diabetics, patients with kidney failure and dementia. Here we are reporting a case of a 86-year-old man presenting with constant belching that started 2 hours after eating. He was diagnosed to have Non-ST-segment elevation myocardial infarction subacute Killip II.
PREVENTION OF OSTEOPOROTIC FRACTURES IN MEN

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AIMS: Using records from the Medical Record Informatics (MRI) to determine the prevalence of fractures in patients with osteoporosis (OP) to promote the Preventive Services Primary Health Care and the Specialist Orthopaedic Surgery and Traumatology METHOD: Most osteoporotic fractures (OF) occur in the elderly, consuming significant resources, health, social and economic in the process of diagnosis and treatment. The authors conducted a descriptive cross-sectional study of patients diagnosed with OP and OF, registered in MRI. From the list of patients with MRI, we selected 66 patients men who have a diagnosis Osteoporosis (OP), we studied the prevalence of OP and the prevalence of OF. We analyzed the causes of breakage. Data are collected on a Excel. RESULTS: -Patients with OP in our health center corresponds to 20% of the population over 50 years. -Of the 66 men with MRI in the diagnosis of OP. Prevalence OF=16.7%, 1- FO hip: 3%, 2- FO spine: 6.2%, 3-FO twang-foot, 4.5%, 4- FO humerus:1.5%. - Falls at home was the cause in 82% of cases. For defects of vision, collision with obstacles and falls from ladders. CONCLUSIONS: 20% of the population over 50 years of our health center, has recorded in his MRI OP the clinical process, which justifying the implementation of a Health Improvement Plan, including Education Program for Health aimed at groups and the development of preventive activities in primary care consultation. Prevention and early detection currently are the best forms of management. Alone or in combination, calcium, vitamin D, bisphosphonates, and human parathyroid hormone are all eff ective management options. In the acute setting of fragility fracture, the orthopaedic surgeon is key in identifying patients at risk because the surgeon provides.
MICROSCOPIC HEMATURIA: A DIAGNOSTIC CHALLENGE IN PRIMARY CARE

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Aims: Microscopic hematuria (MH) is defined as >3-5 erythrocytes/high resolution field. It is a highly prevalent symptom in primary care, but we should be cautious not to devalue it. Usually it is idiopathic (43-68%) and individuals <35 years old (yo) have nearly always benign conditions underlying. However, in older patients we should keep in mind malignant conditions. With this work we aim to review the intervention protocol towards MH. Method: Bibliographic review in PubMed database in August 2017. Results: Towards a patient with a positive urinary test strip and suspicion of MH, a thorough objective exam should be performed, possible benign causes excluded and a urinalysis required. If erythrocytes count <3-5, urinalysis should be repeated at 6, 12 and 18 weeks and if still negative, stop investigation. If >3-5 erythrocytes, evaluate for malignancy risk factors. If no risk factors are present (or age <35yo) consider a renal ultrasound and eventually a CT scan plus referral to urology to perform a cystoscopy if all exams are normal but changes persist. On the other hand, if there is a high risk (or age >35yo) an uro-CT scan should be performed plus immediate referral to urology for cystoscopy. If the study is normal, follow-up should include annual urinalysis for 2 years. Conclusions: MH is a clinical sign; therefore, any therapeutic approach should include a diagnostic journey and a treatment directed to underlying cause. Urinalysis is the gold-standard exam for MH diagnosis. Urinary cytology or urinary tumor markers should not be ordered. Main risk factors for malignancy to consider are: male gender, age>35yo, smoking, history of urological conditions (nephrolithiasis/benign prostatic hyperplasia), recurrent/chronic urinary tract infections or radiotherapy exposure.
INITIAL APPROACH OF THE DUEL IN CARDIORESPIRATORY STOP

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AIMS ANALYZE THE EMOTIONAL IMPRESSION OF FAMILY MEMBERS OF PATIENTS WHO HAVE DIED AFTER A CARDIORESPIRATORY STOPPED (PCR) ASSISTED BY EXTRAHOSPITALARIES EMERGENCY EQUIPMENT IMMEDIATELY AFTER THE EVENT ON HOW THE MEDICAL TEAM WAS APPROACHED ABOVE THEM DESCRIPTION MATERIAL AND METHODS: DESCRIPTIVE OBSERVATIONAL STUDY BY TELEPHONE INTERVIEW WITH THE FAMILY AT LEAST 4 WEEKS AFTER THE EVENT IN WHICH IT IS ASKED: 1- DID YOU PERMIT YOUR PRESENCE IN THE RESUSCITATION IF YOU WERE QUIET? 2- HOW DO YOU REMEMBER IT? 3- HAVE YOU GIVEN GUIDES TO FACE THE DUEL? 4- WERE YOU ALLOWED TO BE DISMISSED? RESULTS 57 PERSONS WERE INTERVIEWED WHOSE PROFILE WAS FROM A WOMAN OF 58.97 +/- 9 YEARS. 68.37% REFER TO NOT BEING ALLOWED TO BE PRESENT DURING THE RESUSCITATION MANEUVERS, RECALLING IT AS AN ANXIETY SITUATION AND OF GREAT IMPOTENCE IN MORE THAN 80% OF THE RESPONDENTS. ONLY 27% OF THE CPRS WITH THE RESULT OF DEATH IS PROVIDED TO THE FAMILY GUIDELINES TO FACE THE DUEL, ALTHOUGH IT ASCENDS TO ALMOST 100% THE TIMES IN WHICH IT IS PERMITTED THAT THE DECEASED CONCLUSION BEFORE THESE FIGURES WE CAN CONCLUDE THAT THE APPROACH OF THE DUEL FOR THE EXTRAHOSPITAL EQUIPMENT THAT SHOULD EVALUATE THE SCENARIO AND KNOW THE BEST WAYS TO GIVE BAD NEWS, FACILITATE THE ACCEPTANCE OF THE LOSS, PERFORM AN EMOTIONAL VENTILATION AND ESTABLISH GUIDELINES THAT FAVORIZE THE BEGINNING OF THE DUEL. ..A TASK PARTIALLY PERFORMED AND WHERE WE SHOULD WORK TO GUARANTEE THE CORRECT ASSISTANCE BOTH OF THE PATIENT THAT SUFFERS THE CRP AND THE MENTAL HEALTH OF THE PEOPLE WHO CONFORM THEIR ENVIRONMENT
DEVELOPING A PROGRAM TO PROMOTE SMOKING CESSION IN PRIMARY CARE ARGYRIADOU S1, LGERA A.2 GATOULA M1., LIOUCHARI I1., MAKRI K2., 1HEALTH CENTER OF CHRYSOUPOLI, KAVA, NORTH MACEDONIA, GREECE 2 SATELLITE PRACTICE OF KERAMOTI, KAVALA NORTH MACEDONIA, GREECE

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Abstract Introduction: A short training program for health professionals was carried out by the regional health administration, based on the WHO and European Respiratory Society guidelines to tackle the high percentage of smokers in Greece. Methods: in the Health Center of Chrysoupolis (HCC), 2 cessation clinics operated for an hour per week in August and September 2017: a) one internal in the HCC; b) one in the satellite practice of Keramoti (SPK). For each smoker, an initial assessment was carried out, with demographic questions, the Fagerström test, a depression screening, and questions on 5-As model (ask, assess, advice, assist, arrange). The smoker's motivations to quit, previous attempts, and expectations of the program were explored. Counseling sessions followed, a leaflet with advice was distributed, and a telephone number for additional support was made available. In addition smokers in the SPK received bupropion treatment when necessary, and personalized reminders and motivational messages. Results: 33 smokers took part: 15 in HCC (10 men, 5 women; mean age 52.5); 18 in SPK (12 men, 6 women; mean age 51.8). The mean pack-years was 39.6 (sd=23.4) in HCC, and 49.6 (sd=22.4) in SPK. The mean Fagerström test was 8.28 (sd=1.53) in HCC, and 8.28 (sd=1.53) in SPK. The most frequent reasons for quitting were: health concerns, financial problems, children presence in family. The most frequent expectations were: support to quit with drugs, and reinforcement. After 2 months, 11 smokers continued to abstain in SPK, but only 3 continued in HCC due to declined motivation. Conclusion: Primary care physicians can play a significant role in promoting smoking cessation, yet brief interventions seem to be unsuccessful when non-personalized approaches are attempted.
PRURITIC SKIN LESIONS IN A PREGNANT WOMAN

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Background and aim: Many cutaneous eruptions are associated with pregnancy, and a host of inflammatory and infectious entities present atypically in the pregnant woman. Recognizing the associated dermatoses is the first step to treating these patients appropriately and effectively. Method: We collected the clinical history directly from the patient and the laboratory results from her clinical process. Results: 37-years-old female, immunocompetent, low number of consultations. She complains of erythematosus urticarial patches and plaques on the abdomen on the 28th pregnancy week (second gestation). They had progressed in one week to tense vesicles and blisters, which looks like bites. At that moment, we prescribe corticosteroids ointment. It got worse during her third trimester but she didn’t asked until 4 days after delivering. By the time, she had not only more pruritic urticarial vesicles but also bigger (negative nikolsky), on the periumbilical area and upper and lower limbs. We asked for further test: Blood test was normal, skin biopsy was compatible with pemphigoid. The final diagnosis was pemphigoid gestationis and she was treated at a first step with antihistamines, topical and systemic corticosteroids with no response, so we referred to dermatologists who started with cyclosporine as adjuvant therapy. Conclusions: Longitudinal view it is very important in order to identify alarm signs in any pathology. PG is a rare autoimmune bullous dermatosis of pregnancy. The disease was originally named herpes gestationis for the herpetiform morphology of the blisters, but it is not related to or associated with any active or prior herpes virus infection. Patients should understand the benefits and potential adverse effects of all prescribed medications.
AN UNCOMMON CASE OF ABDOMINAL PAIN

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AIM: Abdominal pain is a frequent reason for consultation in primary care. Usually, anamnesis and physical examination guide the diagnosis, in other cases we need the support of imaging studies. In this clinical case, we present a rare cause of acute abdominal pain. DESCRIPTION: A 47-years-old man visited hospital emergencies due to abdominal pain that had developed 12 hours earlier. Previous history of arterial hypertension and tonsillectomy. The patient had no fever, chills, urinary or gastrointestinal symptoms, except right upper abdominal pain without radiation. It became aggravated by inspiration or coughing. Physical examination showed, no abdominal distension or increased bowel sound, tenderness, rebound tenderness, and guarding on palpation of the right upper abdominal quadrant but no palpable masses. No others signs. Hematologic, biochemical, coagulation and urinalysis tests were normal. He improved after administration of analgesic agents and was discharged from the hospital. At 3-day follow-up, his symptoms became aggravated and he consulted in our center. He had similar physical examination but with more pain and he was referred to emergencies again. Abdominal ecography was normal and contrast-enhanced CT scan revealed omental infarction between the hepatic angle of the colon and the anterior abdominal wall. Surgeons decided conservative treatment. At 7-day follow-up, his symptoms had disappeared completely. CONCLUSIONS: As family physicians, we usually treat the most prevalent illness, but we also have to consider rare diseases. Omental infarction should be included in the differential diagnosis of abdominal pain. Imaging studies can help us in many cases, so we should know when they are indicated to provide quality and efficient medical care.
THE FONENDOSCOPE CAN RESULT ANY DOUBT

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Aims: A 34-year-old patient who consulted 3 times in the ER due to bilateral acute ear pain and headache without other symptoms. On the first 2 occasions, an exhaustive neurological examination and otoscopy were performed without revealing any alteration, with the clinic remitted with Enantyum. On the third day, he consulted for the appearance of high fever and persistence of severe headache. Description: Neurologically without focus at the time of exploration. ORL: No findings, bilateral otoscopy without pathological changes. Complementary examination: Analyzes: blood count and biochemistry within normality, with the exception of CRP that progressively increased 17, 23, 34. Rx paranasal sinuses: no pathological changes. Cerebral CT: Acute intracranial pathology is ruled out. Rx thorax: infiltrate right upper lobe. Diagnosis: Pneumonia Acquired in the community. Conclusions: The patient after consulting for 3 consecutive days for the same clinic and not to identify an infectious focus compatible with the clinic assessed by Otolaryngologist who discards otorhinolaryngological pathology and recommends brain CT, which is reported as being normal, therefore that it is decided to perform Lumbar Puncture to rule out Meningitis. Before performing this test by reviewing your medical history we see that you have not had a chest radiography, it is requested and the patient is diagnosed with Pneumonia. The relevant thing in this case is not the pathology, but that every patient, in addition to a good anamnese, it is very important to perform a complete physical examination and thus avoid unnecessary and harmful tests for the patients, since if at first it had been performed. A pulmonary auscultation would have heard the crackles and with a chest x-ray would have been diagnosed.
SEPSIS IN ELDERLY PATIENTS AND THE USE OF INFECTION ASSESSMENT SCORES.

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Aim: Infection assessment scores such as the quickSOFA are a useful tools for the detection of patients with suspected infection and high risk of unfavorable evolution. Methods: We collected the clinical history directly from the patient and the laboratory results from her clinical process. Results: An 83-years-old woman is brought to the ER due to hematuria and depressed level of consciousness. For 2 days she has been wheezing, with dry cough, upper way secretions, no oral intake, no dysuria or urgency. She started with diarrhea this morning. No fever. BP at home in decline. She presented episodes of agitation. In treatment with quinolones and cephalosporins by infected ulcer in left heel. Personal history: HTN, dyslipidemia, mitral and aortic degenerative valvulopathy with aortic biological prosthesis change. CKD, Anxiety depressive syndrome. Psoriasis. Multiple admissions for HF. At the PE and diagnostic studies: Disoriented slurred speech. GCS 12. T 35.9s BP 96/47 HR 59. Panfocal systolic murmur. Normal abdomen: Pressure ulcer in the left heel with bone exposure and foot's instep with necrotic eschar and exposure of extensor tendons of the fingers. Analytical: WBC 18100 with 81.6%; Creatinine 2.67; HB 9.7 Platelets 388000. Urine: Hematuria and pyuria. Diagnosis: Sepsis secondary to cellulitis. Urinary tract infection Renal insufficiency. Anemia. Conclusions: Sepsis has been defined by the European Society of Intensive Care Medicine and the Society of Critical Care Medicine, as "life-threatening organ dysfunction due to a dysregulated host response to infection". In elderly patients a worsening of their basal condition can be an early indicator of sepsis, being necessary a good anamnesis and physical examination when is presented.
ASSESSMENT OF PATIENT HEALTH LITERACY BY GENERAL PRACTITIONERS

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AIMS Health literacy (HL) refers to the ability to use information and the health care system for health needs. This concept is becoming increasingly important in the questioning of social inequalities in health and care. In case of poor perception of their patients HL, physicians may provide inappropriate explanations or advice. Inadequate assessment of the HL of their patients at the bottom of the social ladder could thus contribute to the reproduction of social inequalities in health. Our aim was to analyze the social differences in concordance between the HL of patients estimated by self-questionnaire and their general practitioner (GP).

METHODS All adult patients consulting the 15 participating GPs were recruited for two days. Patients completed a self-questionnaire with HLS-16 (HL Questionnaire) and questions related to their socio-demographic status. Physicians provided each participant with questions related to their medical follow-up and HL. The physician/patient concordance about the HL of each patient was analyzed using mixed logistic models, adjusted for sex, age, medical follow-up and health status.

RESULTS Among the 328 participating patients (participation rate 94%), the literacy level measured by HLS-16 was satisfactory in 58% of patients, average in 33%, and unsatisfactory in 9%. The physician-patient match was 42% overall. GPs overestimated their patient’s HL in 90% of physician-patient discrepancies. Concordance was significantly higher among patients from the top of the social hierarchy.

CONCLUSIONS GPs are less likely to perceive the HL of their less-filled patients, and tend to overestimate their skills. The quality of communication with these patients should be considered with more attention.
CARING FOR VULNERABLE MIGRANTS IN GENERAL PRACTICE, INCLUDING UNDOCUMENTED MIGRANTS AND SURVIVORS OF TORTURE, HUMAN TRAFFICKING AND EXPLOITATION—A WORKSHOP BY THE WONCA SPECIAL INTEREST GROUP ON MIGRANT HEALTH

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Aim(s) and background In this era of globalization and large-scale migration, family doctors around the world encounter vulnerable migrants daily. Many migrants have suffered violence caused by war, torture, human trafficking or exploitation in the host country. Many have no legal status, making accessing services problematic. Language, cultural barriers, and a high prevalence of mental health problems contribute to making it challenging for family doctors to provide a caring, efficient, effective and equitable service for migrant patients. Drawing on holistic models, this workshop will focus on how busy, mainstream family practitioners and primary care teams can adapt to better meet the needs of these patients.

Methods After introductory interactive presentations based on scientific knowledge and existing tools and guidelines provided by the presenters, the participants will discuss case studies in small groups and share their experiences.

Results Learning objectives: Increased awareness and recognition of symptoms and signs of human trafficking, abuse and torture; Increased knowledge and awareness of healthcare needs of vulnerable migrants in particular in relation to experiences of violence, torture, human trafficking and exploitation; Practical ideas of what health workers can do to meet these healthcare needs; Increased knowledge and tools to better cope with working with people, who have experienced trauma, thus enabling practitioners to avoid burnout, to enjoy and feel satisfaction with their work.

Conclusions This workshop, organized by the WONCA Special Interest Group (SIG) on migrant care, will provide insight into the health problems of refugees and other migrants, and support family doctors in dealing with these problems in daily practice.
HEALTH ASSISTANCE BEFORE DYING TO HOME PALLIATIVE PATIENTS

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AIMS: Patients susceptible of palliative care use multiple health services, so it is pertinent to explore the health care resources used before death, and the relationship with the follow-up by Palliative Care Units (PCUs) METHODS: A retrospective study was carried out based on the population deceased at home during 2015, belonging to the Basic Health Area of Málaga District. Data were collected from assistances by emergencies, Primary Care (PC) and PCUs during the last 6 months prior to death. The data analysis was descriptive with numerical summaries and frequency tables, and inferential by Chi-square and U-Mann-Whitney tests. RESULTS: 950 people died at home, of which 417 (43.89%) susceptible to palliative care; and 212 were attended exclusively by PC and 205 by PC as well as by CPUs. The mean number of visits received by these patients are: 6.83 telephone calls from the PCUs, 4.71 visits by the PCUs, 4.26 visits by family nurse, 3.32 visits by the family physician, 2.08 visits by the home emergency medical team, 1.46 hospitalizations, among others. In general, the follow up by PCUs is related to an increase of 21.6% assistances by PC professionals -aggregated- and an increase of 31.4% emergency assistances -aggregated units-. This growth is especially noteworthy by PC and emergency ambulance nurses. CONCLUSIONS: People susceptible to palliative care use frequently PC for their health assistances, complementing with home emergency services and hospital admissions. Monitoring by PCUs are associated to an increased assistance rate from PC professionals and home emergency services, especially from nurses, and also related to an augment in hospital admissions. KEYWORDS: Palliative Care, Palliative diseases, Emergency Medical Services, Primary Health Care
HUMAN PAPILLOMAVIRUS VACCINE: KNOWLEDGE, ATTITUDES AND PRACTICES AMONG LEBANESE MOTHERS

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Aims: Human Papillomavirus (HPV) is the most prevalent sexually transmitted infection. Vaccination against HPV protects from cervical cancer and genital warts. Worldwide, vaccination rates are low and many studies focus on parental acceptance of the vaccine. This study is the first national study in Lebanon, a developing country, concerning knowledge, attitude, and practice of mothers towards HPV vaccine. Methods: 773 mothers of children aged 9 through 18 years were approached, 500 of them accepted to be interviewed using a 35-item questionnaire. Two pamphlets about HPV and its vaccine were offered at the end of the survey. Data were collected from April 15th through May 20th 2016. Statistical analysis was done using SPSS 22.0. Results: The study showed that only 3.8% of mothers vaccinated their children. However, 65% of mothers intended to vaccinate their children. Sixty percent (60.2%) of mothers had never heard about HPV vaccine. The mean knowledge score (+/-SD) was 44.6(+/-24). The multivariate analysis showed that the knowledge score was higher if mothers had heard about HPV (p<0.001) and genital warts (p=0.001) and if they lived in the North Lebanon governorate (p=0.039). Mothers’ intention to vaccinate their children was associated with governorate distribution (p<0.001), religion (p=0.005), income (p=0.001), educational level (p=0.014), smoking (p<0.001), urban/rural distribution (p=0.03), number of lifetime partners (p=0.006) and Pap smear interval (p=0.007). Conclusions: This study showed a moderate knowledge of HPV vaccine among Lebanese mothers, but positive attitudes towards it. It is important to focus on educating parents about HPV to accept more the vaccine. National campaigns to promote HPV vaccination should be considered as well as including HPV vaccination in the national vaccination programs.
FEVER IN THE RETURNING TRAVELLER

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Background Fever in the returning traveller is a common and challenging clinical scenario that often leads to hospitalisation and may be the only symptom of a serious or life threatening illness. The recent Ebola epidemic in West Africa and the re-emergence of Zika virus have highlighted the importance of being aware of the possibility that an emerging pathogen is causing a febrile episode. International travel is increasing and therefore it important that general practitioners are able to assess returning travellers with a febrile illness. Aims: At the end of this workshop participants will - Understand the importance of giving accurate pre-departure advice to their patients - Be able to undertake a risk assessment in returning travellers with a febrile illness - Have knowledge of appropriate investigations that should take place - An understanding of differential diagnoses (common and rare) Description: This interactive workshop will address the above aims and engage participants through discussion of case studies. Multiple-choice questions will also be used to improve understanding of key points. Conclusions Fever in the returning traveller is an evolving clinical challenge with respect to both the infections responsible for the illness and also as there are limited available resources to assist general practitioners. This workshop will equip participants with the knowledge required to undertake a structured and organised assessment of returning travellers with a fever.
PRACTICE BASED RESEARCH NETWORKS AND THE FUTURE OF PRIMARY CARE
RESEARCH IN EUROPE

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Aims General practitioners (GPs) take care of most of the patients in the health care system and handle the majority of conditions and diseases. Still, most research in the medical field is done in secondary and tertiary care, and is often less relevant to the challenges facing GPs in everyday practice. There is a continuous need for high quality research in primary care on matters that are relevant to GPs and their patients. In order to achieve this practice based primary care research networks have been set up or in several countries, and recently more countries are following. The aim of this workshop is to present the primary care research infrastructure in different countries and to inspire multinational collaboration on future projects. Description Leading academic GPs from different countries will organize a workshop aimed at anybody with an interest in research and the knowledge base for primary care. The session will start with an introduction about the future research needs in primary care. Then key persons from the Primary Care Research Networks in the Netherlands, Ireland, Norway, Scotland and Canada will describe the different networks. The last part of the session will be dedicated to a discussion where the organizers and others attending the workshop will have the opportunity to present research ideas and possible collaboration. Conclusions Practice based primary care research networks is an essential infrastructure for future high quality research on questions that are important and relevant to GPs and their patients. This workshop will present several networks, and will inspire and prepare for future collaboration.
PREVALENCE OF TOBACCO AND CANNABIS IN YOUNG AND ADULT POPULATIONS, IN PRIMARY CARE

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Objective. To know the prevalence and characteristics of patient tobacco or cannabis consumers, from a basic health area. Methodology: Cross and analytical descriptive study. Sample: 243 subjects aged 18-50, opportunistic uptake of patients, standardized by age group (18-30, 31-40, and 41-50 years of age) and sex, in 8 medical consultations of an urban health care center, from June to September 2016. Collection of data was made by means of systematic questionnaires of tobacco consumption, screening test for abuse of cannabis (CAST) and medical history. A descriptive and double-variant statistical analysis was made. Results: Prevalence of smokers (29.2%), 16% quitters and 54.7% non-smokers. Consumers of risk (>20 packets/year) were 18.1% (19% in women and 17% in men). An increased consumption of risk in age group 41-50 years (35%), p< 0.0005. Consumers of risk had: compulsory education (43.5%), higher education (13.3%), vocational training (9%), and university studies (5%), p<0.002. Unemployed (23.8%), house-carer (23.5%), employed (14.3%). The prevalence of occasional cannabis use was 25.5%. The CAST survey only reflected consumer's risk (≥2 affirmative answers) in 2.9% of subjects. It was found higher consumption in the 18-30 age group (24.7%). Consumption for education levels was vocational training (29.5%), university studies (28.6%). Cannabis consumers were employed (54.8%), unemployed (30.6%). Conclusion: The prevalence of smokers is similar to expected and somewhat less for cannabis consumers. The profile of consumers at risk from tobacco is, 41-50 year-old women with compulsory education and currently unemployment or house-carer. The profile of the consumer of cannabis, 18-30 year old men, with vocational training or university studies, employed or unemployed.
ANKLE-BRACHIAL INDEX MEASUREMENT HELPS CLARIFY CARDIOVASCULAR RISK

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Background The peripheral arterial disease (PAD) appears to be one of the forms of systemic atherosclerosis. Determining the diagnosis of manifest or non-manifest (PAD) can lead us to diagnose atherosclerosis in another blood vessels and to specify the cardiovascular risk. The presence of PAD is determined by measurement of ankle-brachial index (ABI). The measurement is simple, thus fulfilling the WHO criteria for screening method. Methods Professional societies (Slovak Angiological Society and Slovak Society of General Practice) have long been working together to incorporate ABI measurement into the general practitioner's (GP) examination possibilities. The basic and important step was the pilot study in 2009. 24 GP’s under supervision of 7 angiologists carried out ABI examinations in 2,207 consecutive patients older than 60 years. They measured an ABI index examination with a pocket Doppler probe. 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). The numerous workshops and educational activities organised by professional societies followed. The outcome of the effort is that since 01.04.2016 GP’s perform within the preventive examination (Dg Z 00.0) in patients with risk factors over 50 years and in all over 60 years with automatic oscilometric devices. ABI measurement is covered by health insurance. Conclusions ABI measurement expands the basic diagnostics (consisting of medical history and clinical examination) carried out by GP’s in the Slovak Republic in order to screen PAD as well as clarify the cardio-vascular risk. Following these assumptions, professional societies are aware of the need to further develop the knowledge and skills of GP’s in this methodology to be effectively used in primary care.
PROTOCOL OF CLINICAL ACTION IN PRIMARY ATTENTION CARE OF THE
TRAUMATISM OF THE HIP

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Aims: Centring the professionals of primary care on the managing of the Traumatism of the Hip Methods Develop a Protocol of Clinical Action in Primary Attention Care of the Traumatism of the Hip Results: So much the different accidents (of traffic labor, fallen, etc.) as the sports practice they carry, in some occasions, injuries in the hip Though many of them, specially the bony fractures or the affections you will articulate they need a hospitalable treatment and a follow-up on the part of an orthopedic surgeon, it is necessary that the doctor of primary care knows the semiology of the most serious traumatic and frequent disease, as well as the different therapeutical options. In addition, often, the patient appeals his doctor of family in search of advice and information in reference to his recovery, sequelae, etc., without forgetting the follow-up of the labor disability that often he accompanies on the injury. But, undoubtedly, it is in the injuries of soft parts where paper of the family doctor has a more important paper, not because it is traumatism in general serious, but because they are injuries that, if they are not solved adequately, can concern seriously the quality of life of the patient Conclusions: The authors propose this protocol with the intention of centring to the professionals of primary care on the managing of the traumatism of the hip of major demand on the consultations, across “keys” or “keys” for his correct diagnostic suspicion, complementary necessary tests, signs of alarm of complications, initial attention, how and when to derive to the specialist, treatment of choice, time of immobilization and type of later rehabilitation, as well as the time foreseen of labor disability of his patients with traumatism in the anatomical area of the hip
INHALER DEVICES AND PATIENT'S COMPLIANCE

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AIMS This independent real-life study evaluates the differences in the average per-patient prescriptions for each type of inhaler device available in 2016 in Italy for COPD and ASTHMA. The number of prescriptions is assumed to correspond to a greater adherence to the treatment. The goal is to investigate whether, regardless of the drug, the patient’s compliance is affected by the prescribed device type. METHODS The research was conducted by analyzing Profim databases of 19 family doctors in Bari, Italy. For each patient we computed the number of inhaler device prescriptions, divided into 10 categories and throughout 6 months (Jan–June 2016), and the number of single pieces prescribed for each device per patient in the same period, including single prescriptions. RESULTS Out of 23487 treated people, 936 4.04% received at least one inhaler device prescription, for a total of 2835 pieces. The overall prescriptions were 49.9% compared to the expected number (1 unit/month) with significant qualitative and quantitative differences among each inhaler device: Genuair+Novolizer 37.3%; Ellipta 44.3%; Turbohaler+TwistHaler 54.3%; Aerolizer+Breezhaler 62.3%; MDI Spray 47.1%; Nexthaler 32.8%; Respimat 50.3%; Diskus 44.8%; HandiHaler 69.9%. Spiromax was removed due to a lack of data. We also registered a difference among GPs of compliance from 32.1 to 62.2% and number of patients undergoing treatment (2.6%-5.94%). CONCLUSIONS Handihaler, Breezhaler and Turbohaler devices have the best performance w/ compliance > 50%, followed by Respimat, MDI and Ellipta, with compliance among 40-50%, and finally by Diskus, Genuair e Nexthaler, w/ adherence < 40%. Only~4.04% of the population studied is undergoing treatment for COPD and ASTHMA, confirming an under-treatment of such diseases.
VENOUS THROMBOEMBOLISM INDICATES MALIGNANCY STILL UNRECOGNIZED

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Background A close interaction exists between venous thromboembolic disease and cancer. Tumour progression is associated with an activation of coagulation and fibrin formation which are both implicated in cancer proliferation and metastasis dissemination. Paraneoplastic thromboembolic disease is one of the first potential sign of malignancy.

Methods The study group consisted of 219 patients (21-90 years) of Angiological Outpatient Clinic Bratislava III with VTE diagnosed by ultrasonography and CT pulmoangiography. 40.18% of patients were seniors over 65 years. 20.55% of patients were young adults under 45 years. We analyzed risk factors of VTE: family history of VTE, malignancy, trauma, surgery, chemotherapy, radiotherapy, travelling, immobilisation, inflammatory disease and all patients underwent genetic analyses of inherited thrombophilia. Results We found that 20.5% of patients with VTE had a diagnosed malignancy. 34.1% seniors over 65 years had malignant disease but only 4.4% of young adults under 45 years, difference is statistically significant (Fisher’s exact test with p=0.000). We also found that 21.6% of seniors and 13.3% of young adults suffered from pulmonary embolism (p=0.476). We identified recurrence of VTE in 52.3% of elderly and 28.9% of young adults (p=0.018). Conclusions VTE is a common complication of oncological disease. On the other hand, VTE may overcome symptoms of malignancy for months or years. It is alarming that only 25% of the adult population in the Slovak Republic passes a preventive survey during the year, which is covered by public health insurance. We believe that the emergence of VTE in a patient provides a strong argument to a general practitioner motivating the patient to undergo a preventive examination in the full prescribed range immediately.
IMPROVING THE EDUCATIONAL QUALITY OF GP/FM TRAINING PROGRAMMES IN SOUTH LONDON

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Aim: To analyse all programmes and training posts ensuring each post is fit for purpose, has appropriate curriculum coverage and offers the best training exposure, and that rotations are broad and balanced overall. Training posts in specialties would be decommissioned/commissioned as a result. Background: In the UK, GP/FM training is a 3 year programme of community and hospital posts in various specialities. Through feedback, it became apparent that a number of GP/FM training posts, as part of programmes, were not adequate: they were too internal medicine heavy, and did not contain enough posts appropriate to GP/FM training [child & women’s health, mental health or frailty]. Thus we reviewed all 160 programmes and commenced a commissioning process to access more appropriate training posts in hospitals. Method: A scoring system was devised to measure breadth and balance across the curriculum. Points were awarded for the presence of a variety of appropriate posts and deducted if absent. It was applied to individual programmes within a training scheme and the score was averaged across the scheme. This numerical structure led to decommissioning and recommissioning of specialty posts. Rescoring showed increase in these scores throughout. Results: All programmes now consist of 1 year of 2 x 6month and 1 year of 3 x 4month for broad exposure to different specialities; and are balanced and broad. We maintained 160 entry points as mandated by the quota of GP/FM training numbers for South London with fixed rotations from 2018. Conclusion: The average score for all programmes increased from 9.07 to 20.07. Reinvestment of funds allowed GP training programme development. Quality of GP/FM training has been enhanced.
TRAVELER'S ACTIVITIES OF THE ELDERLY CAN LEAD TO THE RISK OF VENOUS THROMBOEMBOLISM

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Background Since the fifties of the last century, it is known that plane, train, bus or automobile passengers are at higher risk of venous thromboembolism (VTE) when they remain seated and immobile more than four hours. This was confirmed by project WRIGHT (WHO Research into Global Hazards of Travel). And it is also known that VTE is a age-related disease with a low rate of about 1 per 10,000 annually before the fourth decade of life, rising rapidly after age of 45, and approaching 5-6 per 1000 annually by age of 80. Methods We analysed VTE risk factors in 219 patients who have had VTE. All patients are followed at Outpatient Department of Angiology of III Bratislava district. The study group consists of 100 men (45.7%), 119 women (54.3%). Mean age was 59.43 (standard deviation 16.96) with age range 21-90 years. Results 4.4% of young adults (21-45 years) and 4.5% of elderly (66-90 years) developed VTE regarding to travelling, difference is not statistically significant (p=0.426). Conclusion It was a great surprise for us that the incidence of thrombosis associated with travel was almost the same in young adults as in the elderly. These results are interpreted by prudent decision making in senior travel activities as well as by correctly applied preventive methods. Elderly people are aware of the risks of travel; therefore before travelling they often consult a doctor. Each senior has to be evaluated strictly individually and get tailored recommendations regarding preventive measures.
DIAGNOSIS OF AMYOTROPHIC LATERAL SCLEROSIS, A CASE REVIEW FROM PRIMARY HEALTH CARE’S APPROACH.

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-Aims: Highlighting the importance of the correct instauration of differential diagnosis around Amyotrophic Lateral Sclerosis (ALS) and the necessity of well-prepared physicians to provide a good initial approach. -Methods: Clinical case’s review -Results: 77-years-old male patient with a personal history of: Hypertensive heart disease, arterial hypertension, persistent mild intrinsic asthma and without any surgical history. Regular general condition. Slightly tachypneic, with use of accessory muscles and slight pull. Arrhythmic cardiac auscultation without murmurs. Respiratory auscultation of global hypoventilation with diffuse expiratory sibilants and isolated rhonchi. On neurological examination, the patient shows a flaccid tetraparesis. Global hyperreflexia, asymmetry of right predominance. Bilateral extensor plantar-cutaneous reflex. Cranial magnetic resonance without pathological findings. It was assessed by the neurologist as an ischemic stroke Incidentally, a paroxysmal atrial fibrillation was observed. The patient goes to his primary health care physician asking for help due to a persistence of symptoms without improvement after multiple sessions of physical rehabilitation. Given the findings in the explorations and the analysis of the chronology of the events, it was decided to refer the patient to the neurology department, given the strong suspicion that the motor deficit is not due to ischemic events but to a probable motor neuron disease. -Conclusions: The combination of the natural peculiarity of that disease, the overlapping of symptoms from other conditions and its inherent dramatic progress, puts the physicians of Primary Health Care in a fundamental role for the recognition and the coordination of the diagnosis/treatment of ALS.
ORAL CAVITY LESIONS: THE IMPORTANCE OF ORAL CAVITY OBJECTIVE EXAMINATION

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Aims: Oral cavity lesions are a challenge to clinicians because of the inherent variability. The objective examination of the oral cavity is under-valued and it is being performed in less than a fifth of the patients. Squamous cell carcinoma is responsible for 90-95% of malignant lesions of the oral cavity, and there are several factors implicated: tobacco, alcohol, viral infections, immunodeficiency, occupational exposure to toxins or radiation and diet. Its incidence is 2:1 in men and 4:1 in women, the last one with tendency to increase because of the increasing of smoker's women and HPV carriers.

Description: M.T., man, 43 years old, worker at a chemical company. Smoking habits of 30 pack-year and drinking habits of 30g/day. He came to Emergency Service in April 2017 because he had a painful lesion in tongue, with 2 months of evolution and recent worsening. The observation showed an exophytic lesion, 3.5x1.5cm, with erosive areas at the right border of the tongue, with slight extension to the floor and without extension to the base of the tongue. The right lower molar had sharp facies. The head and neck CT shown a zone with contrast capture at the right border of the tongue and lymph nodes in the carotid bifurcations. The lesion's biopsy revealed a squamous cell carcinoma. Before this histological diagnosis and assuming stage T2N0M0, this patient was proposed for oral hemiglossectomy and currently maintains a quarterly follow-up. Conclusions: Tobacco and alcohol account for more than 80% of cases of squamous cell carcinoma of the head and neck, that has a five-year survival rate of less than 70%. Early detection is the most important and it should be based on a routine examination of the oral cavity, especially in patients older than 40 years and with risk factors.
CREATION AND EVALUATION OF AN ORIGINAL CONTINUING MEDICAL EDUCATION TOOL, THE FLASHFMC (FLASHCME)

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In 2012, a qualitative research work showed that French general practitioners no longer adhered to traditional forms of continuing education. They sought brief, clear, practical and easily accessible information. This research work led in 2014 to the creation of an original form of continuing medical education consisting in sending short weekly messages - less than 140 characters. Each year, a drafting committee writes a hundred short messages based on national and international recommendations related to primary care. A reading committee then selects the 52 most appropriate messages, according to different rating criteria: interest in the practice, interest for the patient, scientific validity. These 52 messages finally selected will be sent each week for one year by email and/or SMS. The evaluation of this work was carried out thanks to the follow-ups of the adhesions. Thus, in 2015, 254 physicians subscribed to FlashFMC, 309 in 2016 and 1093 in 2017. In conclusion, the FlashFMC is an original medical information tool, responding to a real demand and expectation from general practitioners. It would now be relevant to validate its impact on practice.
CONTRACEPTION FOR WOMEN? WHAT ABOUT MEN?

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Family Health Centers and Maternal Child Health and Family Planning Centers also play a key role in the delivery of the contraceptive services to the public. Pharmacists also play a part in bringing some gestational prevention methods (condom, COC, spermicide) to the public. Midwives and nurses serve as consultants, trainers, practitioners, and researchers in the presentation of family planning services during home visits, which is one of the collective based services as well as clinic-based services. It is also widely used in the family planning clinics of state hospitals and maternity hospitals. RIA, MR application, vasectomy, tube ligation are some of the methods. Aims: The aim of this study is to define the missing points of the contraceptive services which has been given at the primary health care and to find out solutions for unwanted conditions like unintended pregnancies, abortions, etc. Methods: A cross-sectional study has been designed between 2016-2017 by using reports of family medicine centers in rural and urban. Results: These are the first results of two healthcare centers consist of 1689 women who accepted to participate in the study. The participants' age was between 15-49 years. 47% of women were not using any contraceptive methods while 25.9% were using condoms. The third method was the intrauterine device. Withdrawal method in preventing pregnancy was used by 8.1% of the women. Follow-up reports were detected and 63.8% of the women have attended the sexual health education just once. 15.9% has got no birth. Conclusions: Men and/or partners should be considered as a part of sex education programmes by this way programmes could be much more beneficial for women and so for the public health.
ADDRESSING THE ISSUE OF ALCOHOL CONSUMPTION IN GENERAL PRACTICE: 
WHY IS IT SUCH A CHALLENGE? - LESSONS FROM A QUALITATIVE STUDY

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AIMS Excessive alcohol consumption is frequent and leads to substantial morbi-mortality. GPs are supposed to have many opportunities to question and identify the consumption of their patients in order to prevent alcohol-related problems. Nevertheless, addressing this issue is difficult in routine. Our aim was to understand why talking about alcohol is such a sensitive and complex matter in the GP-patient encounter. METHODS Based on 99 semi-structured interviews on prevention with a diversified sample of French private GPs, the PrevQuali study explored GP experiences and the construction of their practice style in this matter. Two researchers independently coded the transcripts and analyzed them in the grounded theory framework. RESULTS GPs found this counselling more difficult to address than any other one. Few did it as a primary prevention routine, at the settlement of the doctor-patient relationship. Later on, slipping from primary to secondary prevention, they tried to focus on patients perceived at-risk but reported a lack of know-how to do it with tact, and often refrained. They globally felt intrusive, moralizing and ineffective. At the heart of their problem lay the difficulty of dealing with the stigma and the risks of losing face in the doctor-patient relationship. Some medical circumstances, but also often social ones, made the counselling more necessary and/or doable. Practices also varied according to some doctor characteristics like training, age, own consumption. CONCLUSIONS The key issue for this type of counselling is to reinforce the alert on health jeopardy while somehow trivializing it in the GP-patient relationship. Although changes in the cultural frame are needed to make it easier to address, dedramatization technics could be tested to help GPs.
HEMOGLOBIN A1C AND ITS FALSE NEGATIVES

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Aims: Type 1 diabetes accounts for 5-10% of cases of diabetes. It is characterized by the destruction of B2-pancreatic cells with absolute insulin deficiency. The autoimmune origin is the main cause and can be diagnosed at any age. Serum's antibodies are imperative in the diagnosis. HbA1c is important in the follow-up, but potential confounding factors should be taken into account. Description: A 61-year-old female with a history of hypothyroidism, dyslipidemia, hiatal hernia and hypocromatic microcytic anemia (Hb 8g/dL, MCV 70fl) due to iron deficiency (under study). She is doing supplement with oral iron. She came to emergency service, in December 2016, because she had a capillary glycaemia higher than 500 mg/dL and symptomatology compatible with insulin-dependence: weight loss, polydipsia and polyuria. She had been medicated, 3 months earlier, with oral antidiabetics, despite of HbA1c 10%. Positive C-peptide and autoimmunity confirmed the diagnosis of type 1 diabetes and the patient initiated a functional insulin therapy regimen. Nowadays, despite of HbA1c 6.4%, the patient has glycemic lability and high fasting glycemia (> 200mg/dL), it was necessary increase dose of basal insulin. Conclusions: Type 1 diabetes can appear at any age and should be efficiently diagnosed. Following the establishment of appropriate treatment, glycemic control should not be based only on HbA1c, because it has limitations on its interpretation and its value may be incorrectly lower due to anemia and concomitant iron therapy. For this reason, the glycemic control should be done by capillary glycaemia.
THE FACTORS AFFECTING THE QUALITY OF LIFE AMONG CANCER SURVIVORS.

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Background: New and more effective treatments for cancer have resulted in individuals living longer with a better quality of life. Thus, the Quality of life (QoL) is now a major concern of cancer survivors. This study tried to identify the factors affecting the quality of life among cancer survivors. Methods: Data was collected from the 6th (2013-2015) National Health and Nutrition Survey. Among total 16,522 participants aged 19 years old or more, 721 cancer survivors who had any previous history of cancer were included in the analysis. QoL was measured using EuroQoL-5D which evaluated 5 domains including the problem of mobility, self-care, usual activity, pain, and anxiety. Results: Cancer survivors had lower QoL than the general population and participants with other chronic disease. Among cancer survivors, age had the strongest association with mobility. The problem of self-care was affected by age, female, income state, and comorbidity. More income had an impact on better self-care. The problem of usual activity was affected by job status, stress and comorbidity. There was a negative association between job status and the problem of usual activity. The problem of pain was related with female, education state, and stress. Higher education was associated with lower problem of pain. The problem of anxiety was in relation with age, female, and stress. Conclusion: To improve the QoL of cancer survivors, the appropriate interventions needed for effective management considering the different factors which affect the QoL of the cancer survivors. Keywords: Cancer survivor, quality of life;
WHAT IS NOT SUSPECTED, AIN’T DIAGNOSED. A PRIMARY HEALTH CARE’S APPROACH FOR AN AORTIC ANEURYSM’ CASE.

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-Aims: Review of the diagnostic protocol and emergency treatment in case of aortic aneurysm. -Material and methods: Clinical case's review. -Results: 65-year-old male patient arrived to the consultation of the Primary Health Care’s center experiencing a severe, diffuse and ill-defined abdominal pain with an evolution of two hours that was accompanied by nausea without vomiting. With the physical examination, only pain at the infraumbilical level without palpable mass was found in the consultation. The blood test was anodyne. A treatment with usual intravenous analgesics was established. After a prudential period of time, a reevaluation took place and it found any improvement of the clinical symptoms with whom the patient had arrived. In light of a rapid impairment of the general condition and the persistence of the pain, the patient is referred to the critical patient unit in the emergency room. The patient is reassessed, and he presents a poor general condition, diaphoretic and with blood pressure 100/60mm Hg. The Intensive Care Unit was notified. At that precise moment, the patient screamed out with pain, convulsed and became unconscious. A cranial CT scan was performed to rule out a neurological cause, and was completely normal. The next hour the patient remains unconscious and an abdominal CT scan was performed which diagnosed a ruptured of an abdominal aortic aneurysm. The patient died and the diagnosis is confirmed at the autopsy. -Conclusions: The aneurysm is suspected in the presence of severe abdominal pain with pulsatile mass. The diagnosis can be made by means of abdominal ultrasound and its treatment is surgical if it meets criteria of severity condition. Its main complication is breakage. It's a surgical emergency with a high rate of mortality.
PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE: MORE PATIENT GENDER-BASED DIFFERENCES IN RISK EVALUATION AMONG MALE GENERAL PRACTITIONERS

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AIMS Our objective was to analyse general practitioner (GP) cardiovascular risk assessment of patients for primary prevention while considering the gender of both the GP and the patient. METHODS This study consisted of an observational survey of GPs who were internship supervisors in the Paris metropolitan area. Each of 52 volunteer GPs completed a self-administered questionnaire regarding their own characteristics and randomly selected 70 patients from their patient list. Dependent variables from the patient files included the presence of information about risk factors necessary to assess the patient's cardiovascular risk according to the French scale and the Systematic COronary Risk Evaluation (SCORE) scale. Analyses used mixed logistic models with a random intercept and adjusted for patient and physician characteristics. RESULTS Both cardiovascular risk scales could be assessed less frequently in women than in men (odds ratio (OR) 0.64 (95% confidence interval (CI): 0.5-0.8) for the French scale and OR 0.63 (95% CI: 0.5-0.8) for the SCORE scale). These gender differences were less substantial when the patients were seen by female (for the SCORE scale OR 0.72 (95% CI: 0.5-1.01)) compared with male physicians (OR 0.56 (95% CI: 0.4-0.7)). The patients who were least well assessed for cardiovascular risk were women seen by male physicians. CONCLUSIONS Even before the onset of cardiovascular disease, women patients receive less satisfactory preventative management than men do, and these differences are even more marked when the physician is a man. More attention to the influence of gender stereotypes is needed in medical training in order to combat the inequalities that they cause.
IMPACT OF SPANISH RD 625/2014 IN TEMPORARY INVALIDITY GUARANTEE DURATION

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AIMS: Temporary disability generates a non-negligible volume of activity in the Primary Care Centers. Pathologies such as low back pain, anxiety or depression disorders are very common and they are also potentially three of the largest causes of time off work. In Spain, in 2014 there was a legislative change in the management of temporary invalidity's regulation, with the publication of a new decree: RD 625/2014 in the 18th of July, which finally it came into force from the day 12/01/2015. Our aim is to work is to assess whether or not the implementation of the new RD 625/2014 has shortened the duration of the sick leave processes due to low back pain, anxiety and depression. METHODS: Descriptive study. We reviewed all the sick leave processes due to low back pain, anxiety or depression disorders diagnosed in the first quarter of 2014 (current legislation in force) and those diagnosed in the first quarter of 2017 (more than a year after the entry into force of RD 625/2014). Then we compared the number of temporary invalidity guarantee processes and its duration. RESULTS: During the first quarter of 2014 our Primary Care Team diagnosed 205 patients of low back pain, anxiety or depression while during the first quarter of 2017 126 patients were diagnosed. In above a 23% of the cases the sick leave was given not observing clear differences between 2014 and 2017. Not clear differences were found in temporary invalidity duration. CONCLUSIONS: Although the preliminary analysis of the data shows no differences between 2014 and 2017 the perception of the family doctors is that there is a tendency to lengthen the temporary invalidity processes from the royal decree entries into force. More studies are needed to be able to draw clear conclusions.
CARE

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Introduction: Most serious chronic illness occurs in those aged 65 years and older. These elderly people often live with and die from chronic illnesses that are preceded by long periods of physical decline and functional impairment. Objectives: To relieve suffering in all stages of disease and specially at the end of life care. Supporting the best possible quality of life for patients and their families facing serious illness. Methods: 60 patients were enrolled, age greater than 65 to 80 years, with incurable disease. We extract sex, terminal illness and comorbidity, physical decline and functional impairment, their quality of life, and their wishes regarding treatments. Results: All patients had a follow up during a period of six months. Among them 12(20%) patients have cancer, 9(15%) patients have chronic pulmonary disease, 15(25%) patients have diabetes mellitus related complications, 24(40%) patients have cardiovascular diseases. At some point, all patients have some physical decline and functional impairment. Conclusions: Good end of life care is important in the management of patients with any incurable disease, whatever the diagnosis. Establishing the goals of care is important when treating elderly with life-limiting illnesses to provide a better quality of life.
HIDRADENITIS SUPPURATIVA: WHAT SHOULDN’T HAPPEN

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Aims: Hidradenitis suppurativa is a chronic, recurrent and debilitating skin condition. It is an inflammatory disorder of the follicular epithelium and the etiology is not clearly defined. The diagnosis is made clinically based on typical lesions (nodules, abscesses, sinus tracts), locations (predominantly axillae, groin and perianal area), and nature of relapses and chronicity. Although the lack of curative therapy and the recurrent nature makes HS treatment challenging, there are effective symptomatic management options. Description: In the context of our dermatology internship, a 30-year-old man presented with a 16-year history of recurrent boils and abscesses under both arms, neck, inter-mammary and perianal regions. They flared, causing pain, suppuration and an offensive odor. Scarring has developed in the neck, axillary and perianal area, and chronically draining sinus tracts were interspersed with normal skin (Hurley stage III). Treatment with short courses of antibiotics or with incision and drainage has had no effect, and he became socially isolated because of embarrassment about his condition. The patient didn’t have any contact with his family doctor for years and he was overweight, had a positive family history and was a smoker. He is now on the 6 month of treatment with Monoclonal Antibody. Conclusions Family physicians play an important role in early detection/diagnosis and treatment before HS progresses to end-stage disease. As future Family physicians, we were very sensitized about this case and we pretend to play a role in our community to improve early diagnosis of HS. Family physicians should suspect of HS in patients that presents with recurrent skin abscesses, in order to prevent late direct complications, such as scarring and impaired quality of life.
“THE SPOT IN THE FUTURE OF DEVELOPED COUNTRIES”

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-Aims: Childhood obesity is the most important chronic pathology that affects developed countries. The study on the prevalence of Childhood Obesity “Food, Physical Activity, Child Development and Obesity” (Aladino 2010) shows a global prevalence of 45.2%. Environmental factors such as socioeconomic status, family malnutrition, physical inactivity, easy access to food or the number of hours watching television are determinants of obesity. In general, neither the child nor the family appreciate overweight or obesity as an immediate health problem. -Methods: Description of a clinical case followed in primary care consultation and a bibliographic search. -Results: Adolescent of 12 years, 161 cm high and 112 kg weight, with a BMI of 43%. Given the obesity data, the organic basis of the disease is discarded and a nutritional survey is carried out, evidencing family obesity and inadequate eating habits. Complications include hepatic steatosis and evidence of abuse by his schoolmates. The family is repeatedly urged to take corrective hygienic and dietary measures and is repeatedly referred to the endocrinology service without achieving adherence to the proposed treatment or weight reduction. -Conclusions: The approach to obesity must be multidisciplinary (physicians and nurses, experts in physical activity, social workers). It's essential to involve the family and the school. The therapeutic failure is very high and digestive or psychosocial complications are frequent (as in that patient) as well as cardiovascular, metabolic and other disorders. Due to the neglect of the family, abuse by neglect or abandonment is considered, with inappropriate eating habits as an indicator of abuse.
“CHEST PAIN AND DYSPNEA IN PSYCHIATRIC PATIENT”

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- Aims: Heart failure (HF) is one of the most prevalent pathologies at present, both in primary care and in hospital care. Its symptoms usually start slowly and insidiously, although it may start suddenly due to some cardio-respiratory complication. A review of the diagnostic protocol is needed. - Methods: Clinical case's review. - Results: A 49-year-old female patient with bipolar disorder and hyper-frequent user of health care services, with no other history of interest, who consulted for the third time in the emergency room due to respiratory infection with dyspnea. The exploration highlights nervousness and verbiage of the patient. Sensation of serious illness. Blood pressure 90/60 mm Hg. Rhythmic cardiopulmonary auscultation, tachypnea with a decreased vesicular murmur in bases. The patient doesn't tolerate decubitus, bibasal dulness without crackles. Normal electrocardiogram on admission. On the observation process, an atrial fibrillation appears at 160-180 bpm, which reverts with electrical cardioversion. It's diagnosed of heart failure with an episode of atrial fibrillation complicated by respiratory infection. - Conclusions: The association of mental pathology with HF is frequent. In the presence of a psychiatric patient, the evaluation of the clinical condition is very complicated. The vegetative symptoms of HF are identical to those of some mental patients. This leads to a diagnostic delay with negative consequences in its basal state. The attitude of the doctor is essential for the assessment of the patient. An empathic attitude trying to understand the limitations of the patient to comply with the therapeutic guidelines will help to improve the communication and the obtaining of information, as well as a greater confidence in the physician.
DM+AF=TIA

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Diabetes mellitus is still one of the common chronic problems of not only rural but also the urban cities. While the regulation of blood sugar metabolism is one of the target points, living with DM can trammel the primary care physicians. Aim: To get awareness about complicated health conditions of DM patients Descriptions: 84 years old female patient who was diagnosed with DM and hypertension for at least 5 years has attended the surgery for nuisance and dysuria. Bacteruria has detected and blood sugar was 550 mg/dl WBC= 12,48 CRP: 7 HbA1C: 10,4 % Her neurologic examination was normal except she has got urinary incontinence. She was hospitalized with a diagnosis of DM, HT, and cystitis. Metformin 2x1, enoxaparin 1x1, ceftriaxone 2x1, insulin glargine was ordered. Diabetic patient education has been performed. During follow-up, her blood sugar regulation has been settled but she complained of palpitation, ECG has performed and diagnosed as AF(atrial fibrillation). Her blood pressure was 120/80 and metoprolol infusion was made. INR: 1,44 sn PT=17sn creatin=0,9 mg/dl Control ECG was at sinus rhythm. While she was at the time of recovery, internal medicine consultation has performed and she was planned to discharge. She complained about "could not talk". In her neurologic examination, her left arm has lost of strength and she could understand what was told but couldn't speak. She was transferred to another health center for detection and treatment as pre-diagnose of Transient Ischemic Attack (TIA). Conclusions: DM never walks alone. At primary health care centers physicians should be aware of chronic conditions as well as the new onset problems to manage.
THE MENTAL HEALTH & ADDICTIONS SUPPORT PROGRAM IN PUBLIC PRIMARY HEALTH CARE

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Aims: This poster aims to explain the effects of the Mental Health & Addictions Support Program in Public Primary Health Care centres belonging to the province of Girona. Description: The Mental Health & Addictions Support Program in Public Primary Health Care is an initiative created by the collaboration between the Mental Health Network and the Primary Health Care Network. The main objective of this program is managing therapeutically mild mental disorders and symptoms of discomfort from a normalizing and preventive perspective from the Primary Health Care Public Centres. Another objective is to collaborate with specialized mental health services in relation to severe mental disorders. This program was launched in 2006 and has progressively been implemented throughout the whole territory until nowadays. The professionals of this program are clinical psychologists and develop their work in the public Primary Health Care Centres. The differential feature of this program is that mental health professional work together with the primary care professionals (family doctor, nurse, social worker, pediatrician) with the aim of providing the primary care professionals with management tools for detection and intervention in patients with mental disorders. Conclusions: The Mental Health & Addictions Support Program in Public Primary Health Care contributes to a better quality of care because it makes possible an approach to an integral vision of the person beyond the medical pathology, by increasing the efficiency of the resources and empowering primary care professionals. Moreover, the fact that this program is placed in the public Primary Health Care centres guarantee access to the mental health assistance to the entire population.
ACCEPTANCE OF GIFTS FROM PATIENTS: ATTITUDE AND PRACTICE

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Background: Gift giving from patients to physicians is widespread and common but can raise complex issues in the doctor-patient relationship. The current survey explores the physician's attitude and practice with respect to accepting gifts and unconventional payments from patients. Methods: Between February and August 2016, practitioners at a university hospital were sent a structured questionnaire consisting of 3 parts: (1) sociodemographic, (2) attitude and ethics knowledge on gift acceptance from patients using a 12-item scale, (3) and practice of gift acceptance as a main endpoint defined on a 7-item scale. Results: One hundred and seventeen physicians were included in the study yielding a response rate of 52%. Two thirds were male. Median age was 45 years. Practicing in urban areas and in private clinics was predominant. The 12-item attitude scale was internally consistent (Cronbach's %uF061 0.814). Most physicians considered that accepting gifts was not problematic. Nearly all physicians received gifts during the previous year (median 5 gifts), most frequently chocolate, pastry, alcohol and clothes, given typically at the end of treatment and on occasions. Around 40% of physicians refused gifts in the past mainly for their extravagant character. Using multivariable ordinal regression, privilege endpoint was significantly associated with a 12-item attitude scale, number of previous gifts received, private practice and rural settings. Conclusion: Most physicians endorse the acceptance of gifts and unconventional payments from patients, putting them at risk of violating professional boundaries. Physicians should establish policies for receiving gifts from patients and should inform them of such policies.
IMPROVEMENT CONTINUOUS QUALITY STUDY - VISUAL ACUITY IN THE PRE-SCHOOL CONSULTATION

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Aims: Vision is an important sensory organ for the physical, behavioral and cognitive development of the child, whose critical period of development is from birth to 5/6 years of age. The optimal visual condition, corrected or not, is of extra importance for the learning process in the course of schooling. The ophthalmologic evaluation at 5 years of age corresponds to a "key age" for the evaluation of child growth. Evaluate and ensure the continuous improvement of the quality of visual acuity records in children who perform the global pre-school health examination (5-6 years of age) in the three Family Health Units (FHUs), where the researchers work. Methods: Cross-sectional, retrospective, guarantee and improvement continuous quality study. It included all children enrolled in the three FHUs who had a pre-school consultation (5-6 years old) from January to June 2017 (1st phase) and from July to December 2017 (2nd stage). Results: In the first phase of the study in FHUs 1 and 3, respectively, 62\% and 55\% of the children had a visual acuity record while in the FHU 2 only 16\% had this record. The data were presented to the teams, and brokerage measures were defined. The second phase of results evaluation is scheduled for early 2018, and the results are then publicly presented. Conclusions: According to the literature it is estimated that up to 5 years of age, 20\% of children have a diagnosable refractive defect, whose treatment rate may reach 100\%. Given the simplicity of the visual screening in the context of Primary Health Care consultation and the high importance it entails, the results in the first phase of the study fell short of expectations, since none of the FHUs reached the level of quality classified as good (\geq 90\%).
INTERPROFESSIONAL EDUCATION TO IMPROVE THE QUALITY OF CARE FOR AN AGING POPULATION

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Aims As the population ages, health care professionals must be equipped to manage medical conditions affecting older adults while addressing social determinants of health. An academic health science center expanded partnerships with a public hospital, a private university, and community organizations to create collaborative approaches to care for the elderly. Partners included Family Physicians, nurses, social workers, pharmacists, and family caregivers. Methods A community needs assessment was performed which showed the need to prioritize health literacy, falls prevention, medication management, chronic disease management and dementia care. A community health advisory board was assembled to oversee the program. Applying the Rapid Cycle Quality Improvement method, the team developed collaborative approaches to care for the elderly in the community. Results Feedback demonstrated improved knowledge, confidence, and attitudes in providing care for the elderly, connecting them to needed social supports. Evidence based programs enhanced caregiver knowledge and decreased stress. 649 interprofessional students completed the curriculum with the expectation that 1,017 students will complete training by July 2017. Forty-one Family medicine residents will have completed geriatric training enhancements by July 2017. 46 primary care practices have completed geriatric education online. 117 caregivers have received caregiving support. Conclusions Collaborative efforts to equip future health care professionals with the ability to serve our most vulnerable elderly patients is most successful when it is grounded in community needs. Interprofessional collaboration improves the lives of older adults and their caregivers by building bridges between community and clinical settings.
BONE FRAGILITY AND OSTEOPOOROSIS: FROM DIAGNOSIS TO TREATMENT

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Background: Osteoporosis is a potentially debilitating disease and a threat to public health. Fragility fractures represent its most serious complication, bearing an increasing social and economic burden, especially considering population ageing. Besides, more than half of the people who suffered a fragility fracture didn’t have osteoporosis as defined by BMD, which urges the need for new clinical aid tools, like the FRAX. Aims: To assess the current indications for osteoporosis treatment and for prescribing DXA according to the FRAX tool, reviewing the therapeutic options for osteoporosis and for the prevention of fragility fractures. Methods: Electronic database (PubMed, Medline) articles research using the keywords osteoporosis, FRAX score, bone densitometry and treatment, till Dec-2017. Results: The FRAX combines a set of risk factors for fracture regardless of the BMD, and provides an estimate to major osteoporotic fracture risk within 10 years. This estimate is valid without BMD values, although its efficacy increases when they’re available. FRAX indicates the threshold when therapeutic intervention is indicated and when an aiding DXA is required. Available therapies for osteoporosis include drugs that inhibit bone reabsorption (bisphosphonates, raloxifene, calcitonin, denosumab, estrogens) and drugs that promote bone formation (teriparatide). Conclusions: One of the advantages of the FRAX is the possibility to be used independently of the BMD, and to decide if DXA is required. It is advised that the decisions related to the need of DXA or the beginning of the treatment are based in the real estimated risk of fracture. The challenge in the treatment of bone fragility and osteoporosis is to find which drug adapts to the patient’s tolerability and preferences.
CARE IN ELDERLY

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Introduction: Most serious chronic illness occurs in those aged 65 years and older. These elderly people often live with and die from chronic illnesses that are preceded by long periods of physical decline and functional impairment. Aims: To relieve suffering in all stages of disease and specially at the end of life care. Supporting the best possible quality of life for patients and their families facing serious illness. Description: 60 patients were enrolled, age greater than 65 to 80 years, with incurable disease. We extract sex, terminal illness and comorbidity, physical decline and functional impairment, their quality of life, and their wishes regarding treatments. All patients had a follow up during a period of six months. Among them 12(20%) patients have cancer, 9(15%) patients have chronic pulmonary disease, 15(25%) patients have diabetes mellitus related complications, 24(40%) patients have cardiovascular diseases. At some point, all patients have some physical decline and functional impairment. Conclusions: Good end of life care is important in the management of patients with any incurable disease, whatever the diagnosis. Establishing the goals of care is important when treating elderly with life-limiting illnesses to provide a better quality of life.
QUALITY OF LIFE (QOL) IN LEBANESE HEMODIALYSIS PATIENTS

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Background: Hemodialysis, is the main treatment option for patients with end-stage renal disease, that affects their quality of life (QOL). The aim of this study is to assess the QoL in Lebanese hemodialysis patients using the Arabic version of SF-36 validated for this purpose. Methods: A sample of hemodialyzed patients were prospectively evaluated. A physician interviewed patients using the Arabic version of the SF-36 questionnaire on the day of hospitalization for hemodialysis in 2 different centers. Results: A total of 115 patients were interviewed. Gender had no effect on the SF-36 components except for the Physical Functioning (PF) score where females had a lower PF score than males (p=0.035). Different SF-36 components scores are higher in patients aged less than 65 years old than those aged 66 years old and more (p<0.05); also, these scores are lower in autonomic patients than non-autonomic ones (p<0.05). Widowed patients tended to perform worse than married patients (p<0.05). Self-employed patients performed better than unemployed patients (p<0.05). There is no effect on the SF-36 components whether the patients are living alone or with their families (p>0.05). Also, the patients etiology had no effect on the SF-36 components (p>0.05). Conclusion: To our knowledge, this study is the first in Lebanon to assess QOL to hemodialysis patients. Since the studied population's beliefs and cultural attitude are different from what is perceived in Western cultures, the findings of our study would serve to highlight the impact of a Middle Eastern cultural background on the patient's quality of life.
HEART FAILURE: DIAGNOSIS AND MANAGEMENT IN PRIMARY CARE

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Aims: Timely diagnosis of Heart Failure (HF) is important since treatments can modify prognosis and improve symptoms. However, recognizing the early stages of HF can be difficult. General practitioners have an important role in identifying and managing these patients. The aim of this work is to review the current evidence about the diagnosis and management of HF in Primary Care. Methods: Classic review based on European Cardiology guidelines and websites of evidence-based medicine. Results: Heart Failure is a common and costly clinical syndrome. The updated European Society of Cardiology Heart Failure Guidelines 2016 have reviewed the classification, which is: HF with reduced ejection fraction (EF), where treatments are well defined; a new HF with mid-range EF, where treatments are less clearly evidence-based; and HF with preserved EF, where treatments have not shown to be prognostically effective. When HF is clinically suspected additional diagnostic measurements are required. The aim of pharmacological treatment is to relieve symptoms and improve prognosis. General practitioners have an important role in managing the global health status of patients. This is particularly important since treating comorbidities may also improve HF symptoms. Conclusions: Opportune diagnosis of HF is important to optimize treatment opportunities. Primary care has an essential role in identifying these patients and giving a person-centered care. It would be interesting to know what is the best way to provide integrated care for these patients and how could the organization of care be improved.
PERIPHERAL SPONDYLOARTHRITIS: CASE REPORT

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Aims: Peripheral spondyloarthritis is characterized by features that include arthritis, enthesitis and dactylitis. The Assessment of Spondyloarthritis International Society (ASAS) criteria are inclusive of disorders such as psoriatic arthritis, reactive arthritis and arthritis associated with inflammatory bowel disease. The aim of this work is to make an analysis about a case of peripheral spondyloarthritis. Description: This case is about a male patient with 37 years, smoker that has arterial hypertension. In April 2015 he went to a medical consultation, because he had left inferior heel pain. He did treatment with non-steroidal anti-inflammatory drugs and physiotherapy with little improvement. The imaging study performed revealed Haglund deformity of the calcaneus. Two months later he also had pain and swelling of the left ankle and was referred to Orthopedics. There were no surgical criteria. Since the clinical condition of this patient was getting worse he was referred to Rheumatology. The diagnosis of peripheral spondyloarthritis was made. He did treatment with raptudil and sulfasalazine with no clinical improvement, so he was proposed to initiate treatment with TNF inhibitors. Conclusions: Peripheral spondyloarthritis is a chronic condition that requires in most cases care from a rheumatologist. General practitioners have an important knowledge about the global health status of patients and should emphasize the nonpharmacologic therapies, which are of importance in the treatment in addition to drug therapy.
INNOVATIVE APPROACHES TO TEACHING THE CARE OF THE ELDERLY PATIENT

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Aim Future Family Physicians must be equipped to manage medical conditions affecting older adults while addressing social determinants of health. To enhance Family Medicine training for the care of the elderly, large residency programs partnered with community organizations to provide experiential learning for their trainees. Methods 2 large Family Medicine residencies enhanced their curriculum for the care of the elderly by integrating evidence-based community program content into rotations. The model for residency training was designed to broaden the Family Physician's understanding of community services with collaborative approaches to geriatrics care. The experiences provide a level of familiarity and comfort with interacting and evaluating older adults. Additionally, the experiences provide an insight into the complex medical issues and social determinants that influence the older adult's health, quality of life, and independence. A rapid-cycle continuous improvement methodology was used to improve the curriculum. Results Surveys demonstrated improved knowledge, confidence, and attitudes in providing care for the elderly. Integrating evidence-based community programs into Family Medicine training was successful. 41 Family medicine residents will have completed training enhancements for the care of the elderly by July 2017. Conclusions Experiential learning in diverse community settings enriches education by providing realistic and participatory opportunities, increasing the knowledge, skills, and confidence to care for the elderly. Rapid Cycle Quality Improvement evaluations can identify new opportunities for educational connections. Family Physicians will be better equipped to improve lives of older adults and their caregivers with this type of training.
COPD: (UNDER/MIS)DIAGNOSIS IN A PORTUGUESE PRIMARY CARE UNIT

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Aims: Chronic Obstructive Pulmonary Disease (COPD) is a condition whose diagnosis depends on irreversible obstruction of the airway seen in spirometry with only partial (or absent) response to bronchodilators. Individuals >40 years-old (yo) have more than 10% of prevalence worldwide, while in Portugal it is estimated between 5.34-14.2%. We aim to evaluate COPD prevalence in a primary care unit (PCU) in Portugal and proper use of spirometry for its diagnosis.

Methods: Observational, transversal and retrospective study, with data collected in November 2017 in a PCU in Portugal. Results: From the 5730 patients over 40yo enrolled in PCU, 207 were coded as having R95-COPD (ICPC-2), 198 of them >40yo, with estimated prevalence of 3.46% in the PCU. 88 (43%) patients had spirometry and from these, only 66% had criteria for COPD diagnosis. 12% of patients (24) were coded as having both COPD and asthma. From the patients with confirmed COPD, 86% were in groups A or B (2017 GOLD criteria). 14% were in groups C or D. The most common pharmacological approaches in patients with confirmed COPD are LABA+LAMA (26%), LAMA or LABA + ICS (22%) and LAMA/LABA (22%). 16% of these patients were under no pharmacological treatment. Conclusions: Even though COPD diagnosis is spirometric, from the patients coded with COPD, only 43% had spirometry, of which only 66% had criteria for COPD. This allows us to conclude that only 28% of the 207 patients coded with COPD (1% of the PCU patients) had diagnostic criteria for COPD. Even with the misdiagnosis in COPD this prevalence is way under the estimated for Portugal, raising suspicion of a seriously underdiagnosed problem. There is a need to increase COPD awareness among health professionals and encourage the use of spirometry for diagnosis.
EVALUATION OF THE STRATEGY OF REFERRAL OF THE PATIENT WITH HIP OSTEOARTHRITIS FROM THE PRIMARY CARE PHYSICIAN TO THE ORTHOPEDIC AND TRAUMATOLOGY SPECIALIST

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AIMS: Use of the electronic medical record (EMR) for the analysis of the strategy of referral of the patient with hip osteoarthritis from the primary care physician (PC) to the specialist in orthopedics and traumatology (OT) to plan improvement activities. METHODS: From the list of patients with EMR diagnosed with hip osteoarthritis and who had been referred to the OT, in a randomized systematized manner, 50 patients were chosen, to whom the PC-OT referral strategy was evaluated through the degree of compliance with Referral criteria: 1-Conservative treatment of more than 6 months (Decrease weight, Non-steroidal anti-inflammatories, analgesics, Knee exercises) .. 2-Anteroposterior Radiology HIP. RESULTS: Referral of patients from PC to OT: 42% of patients did not undergo previous radiographs. 54% did not receive conservative treatment for more than 6 months. CONCLUSIONS The evaluation of the AP-COT Derivation Strategy, through the Computerized Clinical History, has allowed us to verify that practically half of the patients with hip arthrosis are referred to the OT without a radiology or previous medical treatment. Which justifies the planning of training activities to increase the efficiency of the AP-COT derivation system and subsequently carry out a new evaluation of the same parameters present in the present study.
EXPERIENCE OF THE PILOT PROJECT IN A PUBLIC HEALTH CENTER: THE PSYCHOTHERAPEUTIC GROUP "HEALTH AND CHANGE"

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Aims This poster aims to describe a psychotherapeutic group intervention carried out by two clinical psychologists of the Mental Health & Addictions Support Program in Public Primary Health Care in the city of Salt (Girona, Catalunya, Spain). The growing demand for psychological attention in patients with mild and reactive mental disorders, has led us to carry out an open psychotherapeutic group that offers immediate and continuing care from the closest health structure to the patient: the Primary Care Center. The frame is a biopsychosocial and community-oriented perspective, with preventive, supportive, educational and psychotherapeutic purposes. The general objectives of the group focus on evolving from complaint to demand, naming emotional discomfort, empowering and returning the responsibility to the patient by encouraging an active coping style. 15 months after implementation this group we analyze: number of sessions performed, number of patients attended, average sessions per patient. Conclusions In the course of this process we value that it is a useful space and we consider for the future to establish quantitative and qualitative measures which permit to objectify the feedback that patients have been giving along the group. We think it is valuable to offer this psychological intervention from the Primary Care Health Center, because it is the place where demand emerge and this can contribute to avoid unnecessary medicalization and other undesirable effects such as labeling and stigmatization of the person as a "mentally ill". In addition, this facilitates the attention of psycho-social problems from the Primary Care Health Center, which allows immediate feedback to the referring healthcare professional.
PREVALENCE OF ALCOHOL CONSUMPTION IN YOUNG AND ADULT POLPULATIONS, IN PRIMARY CARE.

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Aim: To know the prevalence and characteristics of patient alcohol consumers in a basic health area. Methodology: Cross and analytical descriptive study. Sample: 243 subjects from 18-50 years of age, opportunistic uptake, standardized by age group (aged 18-30, 31-40, and 41-50) and sex, in 8 medical consultations of urban health care center, from June to September 2016. Collection of data was made by means of a validated survey to quantify consumption and questionnaire of screening and severity of dependence on alcohol (Audit C) and reviewing the computerized medical records. Made up of a descriptive and double-variant statistical analysis. Results: Consumption risk is presented in 48 patients(19.8%), being 47.9% men and 52.1% women; aged 18-30(37.5%) ,41-50(37.5%) 31-40 25% p=0.06; mainly those with university studies and professional training (33.3% and 27.1% respectively), compulsory education(14,6%) and higher education(25%). The 58.3% of the consumers of risk are employed.in contrast to lower consumption in the unemployed(16,7%) or with house-carer (25%) p=0.1. 76.5% of subjects who consumed alcohol had a daily consumption pattern of 1-2 units of alcohol, with an average of 6.4 units/week men and 4.6 units/week women, of low risk. Conclusion: The prevalence of alcohol consumption risk detected, according to the Audit-C questionnaire, is greater than that reflected in the ESTUDES (study for the Spanish population). However, the quantification in units of alcohol per week predominantly reflects low risk consumption in both sexes. The profile of the risk consumer is male or female (slightly predominant in females), 18-50 years old, with university studies or vocational training and currently employed.
A DIAGNOSIS TO TAKE INTO ACCOUNT: MILKING PHENOMENON

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82-year-old woman without known allergies and with a history of: Mitral and Tricuspid Insufficiency, Heart Failure, HTA Consultation for oppressive chest pain radiating to the neck and scapula for half an hour of evolution. ACP: arrhythmic tones at high frequency. Mitral systolic murmur. Vesicular murmur preserved with moderate right hypoventilation. Initially hypotensive. Initial cardiac rhythm: unknown rapid atrial fibrillation ECG: decrease of more than 2 mm of the ST segment on the inferior face and of V3-V6 Prehospital management focused on Sd Acute Coronary without ST elevation: antiagregants, anticoagulants, antischemic, oxygen, antiarhythmic and analgesic with which it stabilizes and arrives almost asymptomatic to the hospital. CLINICAL PREHOSPITAL JUDGMENT: 1- ACUTE INFECTION OF SUBORDOCARDIC MYOCARDIUM (SCASEST) In the hospital phase and after enzymatic seriation, echocardiography and coronary angiography, it can be seen that there is a trunk of good caliber and development, without lesions. ADA of good caliber with diffuse ateromatosis and intramyocardial path of the proximal segment which gives rise to a phenomenon called Milking Conclusions The myocardial bridges are constituted by bundles of muscle fibers that cover a variable trajectory of an epicardial coronary artery. Its diagnosis is made by angiographic study, when a systolic compression of a coronary artery disappears during systole. The symptomatology is variable, being the most frequent symptom the angor and its clinical variants. Coronary angiography is fundamental for the diagnosis Once the diagnosis is established, the patient should be treated with inotropic drugs, avoiding vasodilator drugs, in addition to platelet antiagregants.
EFFECTS OF THE "EXPERT PATIENT" IN A PSYCHOTHERAPEUTIC GROUP IN A PRIMARY HEALTH CARE CENTER

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Aims This poster aims to describe the effects on including an "expert patient" in a psychotherapeutic group. Description Taking the framework of the Mental Health & Addictions Support Program in Public Primary Health Care in Girona, the criteria of efficiency when intervening is a key element. Psychotherapeutic groups are a cost-effective tool that reduce waiting lists and give intensive attention that responds to the needs of users who consult for emotional disorders related to life problems. The psychotherapeutic group is carried out in primary health care centres. It is conducted by a clinical psychologist and a member of the team can be as a participant observer. The setting of the group consider 10 weekly 90 minute sessions. In the poster we describe the group intervention specifying the topics that are worked on in each of the sessions (self-esteem, empowerment, social abilities, etc) The inclusion and exclusion criteria are explained to participate in the group. A psychometric assessment is performed in the 1st and last sessions. It is described in the literature that hope of improvement, universality of human suffering, capacity for change and altruism or mutual support become therapeutic factors crucial to group dynamics. Conclusions Considering these aspects, our experience is that the inclusion of an expert patient in one of the last sessions of the group explaining his experience of improvement facilitate the activation of change processes in the members of the group.
QUALITY OF ANTICOAGULATION MANAGEMENT AMONG PATIENTS WITH ATRIAL FIBRILLATION IN THE COMMUNITY SETTING

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Introduction: The risk of stroke in atrial fibrillation (AF) can be significantly reduced by appropriate oral anticoagulant therapy. Vitamin K antagonists (VKA) are the first therapeutic choice for most of our patients; however in daily practice it is difficult to achieve target coagulation status. Time in therapeutic range (TTR) is a measure of VKA therapy quality. It represents the percentage of time in which the International Normalized Ratio (INR) remains in the target range.

Objective: To estimate the quality of anticoagulation control among patients with nonvalvular atrial fibrillation in the daily practice of primary care physicians Method: We conducted a single center, retrospective study in the Primary Health Center "New Belgrade" from July 1 2014 to January 31 2016. Using electronic database we identified 472 patients with nonvalvular AF who were treated with VKA. We included adult patients, whose target INR was 2.0-3.0, who were anticoagulated for at least 3 months and had minimum 4 INR tests performed. Collected data included demographics, comorbidities, INR values, stroke and bleeding events occurring during the study period. Mann-Whitney U test was used to determine the influence of TTR on adverse events. Time in therapeutic range was calculated for each patient using Rosendaal's method of linear interpolation. TTR less than 65% was considered as poor anticoagulation control. Results: 198 patients met the inclusion criteria. Mean age was 76.06±7.79, both men and women were equally represented. Average interval between two INR tests was 30.2 days. Mean follow-up period was 323.7 days. Average time in therapeutic range was 61.21±25.4%. The prevalence of poorly controlled anticoagulation (TTR <65%) was 46.5%. There were no new thromboembolic events during the follow-up, but in 7.5% patients a bleeding occurred. Mean TTR in patients with bleeding events vs non-bleeding group was 50.94% vs 62.01% (p=0.07). Conclusion: The quality of INR control assessed by average time in therapeutic range of 61.21% is suboptimal and it needs to be improved.
WHEN THE DISEASE DOES NOT SHOW UP - A PERSISTENT ERYTHROCYTE SEDIMENTATION RATE

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Aims: Requesting complementary exams without indication with the goal of an early diagnosis of certain diseases is still common, being the Erythrocyte Sedimentation Rate (ESR) one such example, that has low specificity and should not be used for screening purposes in asymptomatic patients. The aim of this case report is to discuss the iatrogeny caused by an isolated laboratory finding requested without indication. Description: 48-years old man, smoker, with grade I obesity and hypertension, whose routine blood analysis show an ESR of 30 mm/h, without any other laboratorial finding or symptom, which triggers a cascade of exams to find a cause. From the whole study (including multiple blood analysis, ultrasound exams of different body parts, endoscopy, colonoscopy, chest x-rays and pulmonary tuberculosis skin and blood tests), only an increment of liver enzymes and anemia of 11.2 g/dL is found but still not explained. The patient starts showing anxiety symptoms and insomnia because of the diagnostic uncertainty. Only after 8 months of exhaustive study a supraclavicular adenopathy comes up, which is biopsied and reveals the final diagnosis of a classic Hodgkin lymphoma. Conclusions: In this case, an isolated laboratorial finding without symptoms triggers an exhaustive study that culminates in a diagnosis that is only established when the disease manifests clinically, that is, probably at the same stage as if no ESR has been dosed. The elevated ESR only resulted in the request of more exams, with more costs and potential associated risks, and more anxiety. It is the role of the family physician to spare the patient from the excessive interventions that can be triggered by the request of exams without indication, following a quaternary prevention approach.
VERTIGO: PERIPHERAL CAUSES AND DIAGNOSTIC CHALLENGE

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Background: Vertigo affects millions worldwide. It has multiple etiologies and may be divided into central and peripheral causes. A three-step oculomotor exam called HINTS (Head Impulse + Nystagmus + Test of Skew) helps diagnose peripheral causes of vertigo. Peripheral causes of vertigo have a positive Head Impulse test (eyes cannot fixate a certain spot with rapid head rotation to the affected side), nystagmus is present (unidirectional, horizontal beating and beats away from the affected side) and a negative Test of Skew. This review aims to help clinicians to properly recognize the most common peripheral causes of vertigo. Methods: Bibliographic review in PubMed database in November 2017. Results: When suspecting of a peripheral cause of vertigo, the first question to ask is whether the patient has hearing loss or tinnitus. If negative plus episodic vertigo related to head movement and HINTS negative, Dix-Hallpike maneuvers should be performed to confirm Benign Paroxysmal Positional Vertigo. If persistent vertigo with HINTS positive consider Vestibular Neuronitis, if negative, consider central cause. If there is hearing loss/tinnitus, with persistent vertigo episode with positive HINTS, consider neurolabyrinthitis and immediately send to the hospital,s Emergency Room (ER). If episodic vertigo and positive HINTS with previous similar episodes, consider Meniere,s syndrome. Otherwise, if first episode, consider Neurolabyrinthitis and send to the ER. Conclusions: Patient,s history and proper neurological examination are crucial for accurate differential diagnosis for the most common causes of peripheral vertigo. After excluding peripheral causes of vertigo, our suspicion for a possible central cause increases, so as the possible severity of the disease underneath.
"A FIRE THAT BURNS UNSEEN" - A BURNING MOUTH SYNDROME CASE

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Aims: The Burning Mouth Syndrome (BMS) definitions are not consensual, but have in common a burning sensation of the oral cavity in the absence of objective signs. Multiple factors have been associated with BMS, but its etiologic relevance is unclear, and treatments are often unsatisfactory. The aim of this case report is to discuss the BMS's diagnostic and treatment challenges for the family physician. Results: 71-years old woman, belonging to a nuclear family in VII stage of Duvall’s Family Life Cycle, with type 2 diabetes mellitus, generalized anxiety disorder and osteoarticular degenerative disease. In August 2016, the patient reports oral disestesia in “burning”, dygeusia, xerostomia and sensation of “thick saliva”, without objective signs. This is followed by multiple medical appointments with her family physician, dentist, otorhinolaryngology and internal medicine, with exams that do not reveal relevant alterations, except a subacute/chronic inflammatory process of the salivary glands in the scintigraphy and biopsy, still of undetermined etiology. During this process, the patient develops a reactive depression disorder, being medicated with amitriptyline, diazepam and pregabalin, but still without resolution of “burning mouth” symptoms. Conclusions: Considering the absence of an etiologic diagnosis, the focus should go to its symptomatic control having in mind the life quality impact and physical, psychological and social repercussion. Even if this case is included in the concept of Medically Unexplained Physical Symptoms, or associated with a salivary glands’ inflammatory process of unknown cause, it represents the challenge for the family physician to manage uncertainty, which should be sustained by a doctor-patient relationship based on trust.
A DECADE OVERDUE INSPECTION

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Aims: Painless structural skin changes are often neglected by patients. During routine appointments, systematic inspection and a thorough physical examination (PE) of the skin, leads to the premature detection of such lesions. BCC is the most common form of skin cancer affecting elderly populations. It is characterized by a slow growth and local invasion that rarely metastasizes. This Case-Report aims to show the importance of an early visual identification of suspicious lesions as a paramount step for prompt diagnosis. Such exploit is essential for subsequent histological classification and establishment of proper treatment strategies. Description: A 76-year-old black women, with hypercholesterolemia, came in for a routine appointment at our Primary Care Clinic (PCC), in June 2017. She has been a patient at our PCC for more than 20 years. During the anamnesis, the patient mentioned a long lasting (more than 15 years) "wound" located in her right shoulder that has recently starting to itch in contact with clothes. Our PE, that included a complete inspection of a stripped upper torso and arms, revealed a 50mm x 25mm ulcerated lesion in the right shoulder, never before described in her medical file. A prompt incisional biopsy was performed with surgical orientation. Histological analysis revealed a BCC with positive margins. After Oncology consultation the patient underwent local radiotherapy with considerable lesion shrinkage. Conclusion: Frequently, holistic and continuity approaches employed by General Practitioners, focus on a problem-oriented clinical evaluation. Nevertheless, a careful and complete PE remains crucial for accurate detection of dermatological pathologies.
CAN ROTAVIRUS VACCINATION PREVENT CHILDHOOD SEIZURES? - AN EVIDENCE BASED REVIEW

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Aims: Rotavirus infection is the main cause of acute gastroenteritis in infancy but its pathogenic role is not limited to the intestine. Among the systemic manifestations of the disease, rotavirus infection has been linked to childhood seizures. The aim of this review is to understand if there is protective association between rotavirus vaccination and childhood seizures reduction. Description: We searched for evidence published in the last 5 years in NGC, NICE Guidelines Finder, Canadian Medical Association Practice Guidelines and PubMed using the MeSH terms “rotavirus”, “vaccine” and “seizures”. To assign levels of evidence the Strength of Recommendation Taxonomy scale from American Family Physician was used. The articles with a non-related title or, after full reading of the abstract, non-related subject were excluded. A total of 37 articles were obtained, six matched eligibility criteria: one position statement and five retrospective studies (one cohort, five observational). The statement says that there is emerging evidence of rotavirus vaccination in decreasing seizure-related hospitalizations in childhood (3 C). The cohort study concluded that full course of rotavirus vaccination was associated with reduction in risk of seizure requiring hospitalization or emergency department care (2 A). The remaining support this evidence, one adds that vaccination may modulate the manifestations of rotavirus-associated seizures and the other shows increased incidence of seizures due to norovirus. Conclusions: There is some evidence that rotavirus vaccines can decrease the rate of childhood seizures due to the milder disease and the lower rate of neurological complications caused by rotavirus. Further studies are required to achieve more consistent evidence.
WWW.APOIOAOIDOSO.PT – A WEBSITE CONTAINING RESOURCES FOR SENIORS AND THEIR CAREGIVERS

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Aims: About 25\% of Lisbon’s population, the capital of Portugal, is more than 65 years old. It’s very important for a Family Doctor to be able to guide the patients to the proper resources the community has to offer. We aimed to build a website that summarizes the options available in Portugal which are facilitators of health care adapted to the elderly.

Description: Using the Google search engine and Portuguese institutional websites in order to find the available resources related with “food”, “communication”, “medication”, “safety”, “hygiene”, “active life” and “physical activity”, we built and updated the website www.apoioaoidoso.pt. The website allows a quick and easy access to the various resources available by city, which can be useful to not only health professionals, but also to families and caregivers. All the mentioned resources are free of costs or have a reduced charge. It also creates and promotes the opportunity for the elderly to develop new skills when working with new technologies. The website has a simple and intuitive design, which allows the visitor to easily and quickly find the aimed resource, in which there is a brief description of its provided service and the contacts. Conclusions: After retirement, people often lose roles that provide purpose and social contacts. Assuring the elderly keep active and know where they can access economic/social support may bring health and well-being benefits. The demographic changes toward an increased proportion of older people denotes significant challenges for health and social care, and new technologies may help.
CASE STUDY: "ROUTINE" BLOOD SCREEN

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AIMS AND BACKGROUND Chronic Myeloid Leukemia (CML) is a myeloproliferative disorder that accounts for 20% of all leukemias affecting adults. It usually presents itself with minimal constitutional symptoms or asymptomatic at the time of the diagnosis. In developed countries the majority of the cases are detected by a routine blood screen. This work aims to describe a case study of CML initially detected in Primary Health Care. MATERIAL AND METHODS Case study. The information was consulted in the integrated network system of the patient (SClinico® and SAM®) that contains both the clinical records made in Primary Care and in the Hospital were the patient had the follow-up. RESULTS A male patient, 67 years old, with Obesity, Hypertension, Atrial Fibrillation and history of chronic alcohol abuse, abstinent for 30 years, presents itself asymptomatic for a global checkup medical consultation. After a blood screen was performed, the white blood cell count was slightly increased, with early myeloid cells detected (metamyelocytes, myelocytes, promyelocytes and atypical mononuclear cells). After hematologic referral, leukocytosis worsened and thrombocytosis was detected. CML with BCR/ABL mutation was diagnosed and appropriate treatment was initiated with Imatinib. Presently, the blood cell count has stabilized and the patient has reached full remission of the disease. CONCLUSIONS Clinical manifestations of CML are insidious, changing as the disease progresses through its 3 phases (chronic, accelerated and blast). The average time of progression from the chronic to the accelerated or the blast phases is 4 years, if left untreated. This fact highlights the role of the General Practitioner in Primary Health Care in the detection and adequate referral of these patients.
TREATMENT EFFECTIVENESS FOR SYMPTOMATIC CONTROL IN PALLIATIVE CARE PATIENTS OVER TIME - A RETROSPECTIVE STUDY

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Aims: Evaluate symptoms (pain, fatigue, nausea, depression, anxiety, sleepiness, appetite, overall well-being, dyspnea) control/intensity and assess how the standard therapeutic approaches alter its control over time. Methods Patients admitted for palliative care at Hospital Nossa Senhora da Arrábida between 1/2/2017 and 8/8/2017 were retrospectively reviewed. Inclusion criteria: admission period greater or equal to 30 days. Demographics, Edmonton Scale (ES) at admission, ES at day 15 and day 30 of hospitalization, pharmacological treatment (opioids, NSAIDs, benzodiazepines, anti-epileptics, anti-depressives, laxatives and anti-emetics) and Rehabilitation (physiotherapy and/or Speech and/or Occupational Therapy and/or Psychotherapy) were evaluated. ES intensity was compared at D0, D15 and D30. ES variation over time was compared according to the treatment approach. Multivariate Friedman's test was used. Results: 55 patients were included, 43.4% males, median age of 76 years with an interquartile range of 18 years. Appetite (p<0.045) and well-being (p<0.04) presented a significant intensity/control variation over time (both decreasing). Treatment with anti-epileptics was associated with improvement of symptoms over time. Conclusion: Patients reported a progressive worsen of appetite and well-being over time. Anti-epileptics use was associated with an improvement in well-being and appetite management in terminal patients. These are effective, non-expensive drugs and may promote equitable treatment for all citizens.
VEGETARIAN/VEGAN DIETS: NEW TRENDS ON PREGNANCY AND BREASTFEEDING NUTRITION

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Aim and background: Pregnancy and breastfeeding are unique situations. During these periods, the adoption of a healthy lifestyle, including a diversified and balanced diet, is of extreme importance for the health and well-being of mother and child. Each day, an increasing number of people choose to follow a vegetarian or vegan diet for the most varied reasons. We propose a review of the particularities and appropriate counselling of patients who adopt such diets during these periods of life.

Description: Most studies and recommendations state that vegetarian and vegan diets are valid options for pregnancy and breastfeeding, although they have to be carefully planned in order to avoid potential nutrient deficits. As family doctors, we should aim for a strong and trustful relationship with our patients, finding common ground fields and helping with their lifestyle options. Having this in mind and because having a vegetarian or vegan diet during pregnancy and breastfeeding is getting more and more common, we have to be prepared to answer questions and give advice regarding the nutritional specificities of these diets during those periods. Although, universal guidelines are lacking and recommendations are still heterogenous, a review of the literature makes it possible to draft instructions concerning the types of food to choose and the need for supplementation.

Conclusions: Having a vegetarian or vegan diet may be a healthy option even during pregnancy and breastfeeding although it’s necessary to plan it conscientiously. Family doctors have a privileged position that allows them to guide more efficiently patients that rightfully choose this kind of lifestyle, and to do so they need to be informed and alert in order to ensure equal healthcare advice.
VALIDATION OF A VIRTUAL SIMULATOR TECHNOLOGY FOR POSTGRADUATE TEACHING OF AUSCULTATION SKILLS TO PRIMARY CARE DOCTORS

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Introduction: Cardiac auscultation is a simple medical act accessible to any clinician. However, only 20% of internal medicine doctors and general practitioners are able to perform it with the acuity necessary to establish the correct diagnosis. To overcome this difficulty the repeated teaching of cardiac sounds may be a solution, namely education via virtual patient simulators. Aim: Validation of a virtual simulator technology for postgraduate teaching of auscultation skills to Primary Care physicians. Methods: Physicians from 2 primary care centers were recruited. The participants performed an evaluation (pre-test) with real cardiac sounds validated by a cardiologist. The same test was applied to third year medical students of a University in Portugal. Later, a two-hour workshop was held in the primary care center, which consisted in a theoretical introduction followed by a practical training with real cardiac sounds, integrated into a virtual simulator within a Moodle platform. Up to 15 days after the workshop the doctors made a post-test with the same questions asked previously, scored from 0 to 10. Results: The initial sample consisted of 25 physicians from which 14 completed the post-test. Pre-test results showed an average score of 6.1, which correspond to 1.8 points less than medical students (t = 4.78, p <0.001). Students had a higher hit rate on 5 of the 8 questions while doctors only in one question. After the workshop, the doctors improved their average score by 1.1 points (t = 2.99, p <0.001), and improve their accuracy rate in 6 of the 8 questions. Discussion: Virtual simulators are a promising avenue for training and certifying auscultation skills in primary care environments.
CREATINE MONOHYDRATE SUPPLEMENTATION AND ARTERIAL HYPERTENSION - CASE REPORT

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Aim: Describe a clinical case of creatine monohydrate supplementation and arterial hypertension coexistence. Description: The benefits of physical activity and exercise are worldwide recognized and regularly encouraged by health practitioners. However, with the burden of body image in our society, the concept of exercise practice often degenerates and is associated with nutritional supplementation, such as creatine monohydrate, aiming to achieve other goals such as muscle gain and maintenance. In literature, creatine monohydrate supplementation and arterial hypertension coexistence has not been reported previously, according to our bibliographical research. We report a case of a healthy and asymptomatic 18-year-old adolescent, taking creatine monohydrate for bodybuilding purposes for the last two years. In the context of a routine medical appointment with his Family Physician, as part of Portuguese National Child and Youth Health Program, he was diagnosed with Isolated Systolic Hypertension. The study of secondary forms of hypertension conducted was negative. Due to misconception about healthy exercising and body image, the patient refused to perform a therapeutic trial, with suspension of creatine monohydrate intake, and preferred to start pharmacologic therapy with a calcium channel blocker. Conclusion: The evidence suggests that hypertrophic exercise is not sufficient, by itself, to cause arterial hypertension. The authors consider that the arterial hypertension in this particular case could have resulted from the association of hypertrophic exercise with long-term supplementation with creatine. Further research is needed to clarify this possible hypertension etiology, such as investigation of precipitating causes (physical, psychological or social changes).
COUGH: WHAT IF IT IS NOT A SIMPLE INFECTION?

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Introduction: Tuberculosis is an infectious disease transmitted by inhalation and caused by M. tuberculosis. The most common form of presentation is pulmonary, which may have nonspecific symptoms and insidious onset. This case aims to highlight the importance of the role of the family doctor in identifying the disease in an early and undifferentiated stage.

Case presentation: 54-year old male, smoker, who belongs to a highly functional nuclear family, with a class III Graffar index. The patient attended a medical consultation with a mild cough and left lateral chest pain and fever 38°C that began 3 days before. He presents flu-like symptoms 1 month prior. Physical examination reveals crackles in the left pulmonary base. One day later, aside from the cough and pleuritic chest pain, he began night sweats, shivering, asthenia and fatigue. After this, he did a blood scan (VS 41mm/h, PCR 3.59mg/L), a chest x-ray and a tomography scan that detected micronodules, which could correspond to tuberculosis dissemination. He was referred to a pneumological diagnosis center, where he was submitted to IGRA test and bacteriological study of the expectoration which confirmed the diagnosis of tuberculosis. At this moment, the patient is undergoing quadruple therapy and he is asymptomatic.

Discussion: This patient does not fit in the usual profile of the patient with tuberculosis and the disease could have gone undiagnosed at an early stage. Furthermore, the family doctor has an essential role in evaluating the side effects of the therapy and in the psychosocial approach of the patient with a disease that is still stigmatizing.
PRE-SYNCOPE IN A PATIENT WITH UNDIAGNOSED BRUGADA SYNDROME DURING A PERIOD OF EMOTIONAL STRESS.

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AIMS: Sudden Cardiac death (SCD) may be the first manifestation of cardiovascular disease (CVD). Between 17 and 42% of patients with Brugada Syndrome (BS) present with SCD or syncope. Here we describe a case of BS, which presented with presyncope. DESCRIPTION: A 27-year-old woman presented to her family doctor referring lipothymia events during the past month, that last a few minutes and were accompanied by nausea and cold sweats. She had a family history (FH) of SCD (father, age of 36) and BS (mother, uncle and cousin from mother’s side). The patient was exposed to high emotional stress during that time. Syncope never occurred. The patient never sought medical attention. The physical exam was unremarkable. Considering the FH, aimed investigation continued. Electrocardiogram and echocardiogram were reported as normal. 24h Holter monitoring, in which the patient remained asymptomatic, revealed 9 episodes of nonsustained ventricular tachycardia (VT). The patient was then referred to cardiology were an electrophysiological study was carried out without inducing VT, but reveling signs of type I BS with significant T-wave altemans in the right precordial leads after flecainide administration. CONCLUSIONS: Syncope is a common complaint in primary care, 1% of all complaints. Presyncope is estimated to have higher incidence. In most cases it is associated to benign causes, however it may be related to potentially malignant arrhythmias. In patients with BS and syncope, ventricular arrhythmias have an annual incidence of 3.2%. The family as object of study is fundamental for the clinical suspicion of CVD, reinforcing the importance of correct risk stratification and of the family doctor as a part in the early diagnosis of rare, severe and life-threatening diseases such as BS.
TREATMENT OF ACUTE TONSILLITIS ACCORDING TO THE MODIFIED CENTOR CRITERIA

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Background: Acute tonsillitis (AT) is a pharyngeal tonsils inflammation typically caused by viruses. When facing a bacterial tonsillitis, the usual cause is Streptococcus pyogenes. Differential diagnosis may be challenging. Rapid Antigen Diagnosis Test (RADT) allows a rapid diagnosis, but it is not always available in primary care. Scales, such as the McIsaac Decision Rule, a Centor’s criteria modification, can be helpful, allowing stratification of patients based on: presence of tender anterior cervical adenopathy (1), tonsillar exudates (1), fever >38°C (1), no cough (1) and age (3-14: 1; 15-44: 0; >45: 0). Antibiotics (ATB) are not recommended if score <2; when score 2-3, RADT is recommended; towards score >3 empiric ATB is recommended. First-line therapy is amoxicillin or penicillin G benzathine. Penicillin-allergic patients can use macrolides. Other regimens are discouraged. Aim: To assess the adequacy of ATB prescription on the treatment of AT and whether ATB prescribed was first-line therapy. Methods: Observational, transversal and retrospective study of 180 patients coded with R76 - AT (ICPC-2), between 1 January to 31 August 2017 in a primary care unit in Portugal. Children younger than 3 years were excluded. Descriptive analysis by IBM SPSS Statistics V22. Results: 55% of patients were female and had 15 to 44 years. Among patients with score <2, 68% of men and 79% of women had ATB; only 15% and 21%, respectively, were treated with the first-line therapy. If score >=2, 91% of men and women did ATB; 54% and 64% of them, respectively, did first-line ATB. From the non-recommended ATB regimens, amoxicillin-clavulanic acid was the most common (48%). Conclusions: In this study, ATB was inappropriate in nearly half of the patients; also, first-line therapy was not prescribed in most patients, contributing to ATB resistance. Therefore, primary care physicians should be aware.
QUALITY STUDY ON THE COMPLETE BLOOD COUNT MEDICAL PRESCRIPTION IN A HEALTH CARE UNIT

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Introduction: The complete blood count (CBC) is one of the most requested diagnostic tests. Although it may be an important tool, it is of limited use when prescribed with no particular clinical suspicion. This study aims to evaluate the quality of the CBC requests in a health care unit as well as to analyse the effectiveness of an intervention made towards the doctors. Methods: Quality study of the technical-scientific dimension. The sample is consisted of patients of a health care unit that in the first two weeks of March during the years of 2015 (789 consultations), 2016 (1090 consultations) and 2017 (749 consultations). Three quality criteria were considered: registration of signs or symptoms that justified prescription; existence of at least one diagnosis justifying the prescription; or existence of a previous CBC that required reassessment. A good quality standard was considered when at least 1 of the criteria was met in at least 70% of the consultations analysed. Among the evaluations, corrective measures were taken (pamphlets and reminders) to improve the prescription. Results: The prevalence of CBC prescription in 3 assessments was 25.65%, 5.32% and 16.02% respectively. In the initial evaluation, 48.04% (98) of the prescriptions met the criteria, in the intermediate evaluation this value was 56.90% and in the reassessment, 70.63%. The difference was statistically significant. Discussion: Between the first 2 evaluations there was a decrease in CBC prescription, with a new increase at reassessment. This fact could be related to an increase in the quality of the prescription of this exam, being that the tests without indication are less often prescribed. The use of pamphlets and e-mails seem to be effective in increasing the quality of the prescription of the CBC.
ETIOLOGIC PROFILE OF URINARY TRACT INFECTIONS OF A PRIVATE NURSING HOME FOR THE ELDERLY IN SÃO PAULO: ESTABLISHMENT OF AN EMPIRICAL THERAPY AGAINST ANTIMICROBIAL RESISTANCE.

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Introduction: Urinary tract infection (UTI) is one of the most prevalent pathologies among the elderly, especially those who live in nursing homes. Resistance to antibiotics is a worldwide problem that gradually grows and threaten the use of the most common antibiotics. Objectives: To evaluate antimicrobial resistance and the establishment of effective empirical therapy in UTIs in patients living in a private nursing home in the city of Sao Paulo (NHSP). Methods: A retrospective and quantitative study was carried out in which 41 medical records of a NHSP were selected among a total of 124. The exclusion criteria were not to present a complementary exam of uroculture and antibiogram. The period evaluated was January 2015 to September 2017. Results: Of the 124 charts analyzed, 33.06% (n = 41) presented laboratory confirmation of UTI. In primary infections, Escherichia coli (E. coli) represented 46.3% (n = 19), followed by Klebsiella pneumoniae (K. pneumoniae) with 19.5% (n = 8) and Proteus mirabilis (P. mirabilis) with 17.7% (n = 7). About antimicrobial resistance, Ciprofloxacin has 10.5% of resistance, followed by Ampicillin, with 9%, Norfloxacin, with 7.5%, Acid Nalidixic with 7.3% and Cephalotin with 3%. These results are compatible with other studies in the literature. Conclusion: The present study shows that E. coli, K. pneumoniae and P. mirabilis are the three main bacteria causing UTI in the studied population. Cephalothin has good antimicrobial activity in this population.
DEEP VENOUS THROMBOSIS, THE TIP OF AN ICEBERG?

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Deep venous thrombosis (DVT) needs appropriate treatment in a timely manner. Cancer is known as a risk factor for DVT, although the justification is not entirely known. However, it increases the thromboembolic risk by 4-7 times higher relative to a patient without neoplastic disease. Description: This is a 45 years old woman with no relevant personal history, no smoking, treated with combined oral contraceptive and a history of pregnancy without complications. She explained a 30 kg weight loss in 8 months with medical follow-up and a nutritionist (BMI 34 - 23). After 3 days with pain, edema, heat of the right lower limb, the diagnosis of non-associated DVT is confirmed. After anticoagulant treatment with novel oral anticoagulant (NOAC), and given the absence of risk factors, we chose to refer the patient to hematology to detect thrombophilia and simultaneously to avoid neoplastic disease. The abdominal computed tomography showed a "caudal pancreatic lesion, approximately 5 cm, with an imaging pattern suggestive of malignant pancreatic tail neoplasm, IV stage and liver lesions". During the whole period the patient remained asymptomatic, with no alterations in objective and analytical study. Then she was followed at the Portuguese Oncology Institute-Porto (IPO), with proposed palliative chemotherapy. The patient died in November of this year. Conclusion: This case illustrates the importance of the holistic approach in patients diagnosed with DVT. Approximately 10% of them will have a diagnosis of neoplasia established in two years after a vascular event. Gastric and pancreatic are the ones with the highest risk. As such, it is imperative to raise awareness to predict and treat DVT in a timely manner and to reach the cause and its diagnosis as early as possible.
MENTAL HEALTH DIAGNOSTIC PROFILE AT IBES FAMILY HEALTH UNIT, IN VILA VELHA, BRAZIL

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AIMS: to identify Common Mental Disorders prevalence in IBES Family Health Unity assisted population, in Vila Velha, Brazil. METHODS: Ibes Family Health Unity assisted community medical records were analyzed, totaling a sample of 2,144 patients. From the patients’ medical records, relevant data was collected. Data was exported to Excel and Pivot tables were used for the statistical analysis. RESULTS: Mental disorders are expressive in the researched territory, with a total prevalence of 9.1%, being the most prevalent depressive disorder (20.28%), followed by anxiety disorder (15.9%), substance use disorder (7.2%), and ten other common mental disorders found in the medical records. 65.7% of the cases were found in women and 34.3% in men. The most prevalent age range was from 40 to 50 years old. In relation to race, in many medical records it was not registered, being white individuals the highest prevalence, considering the medical records in which the race was defined (15%). In occupation evaluation, prevalence found for unemployed people was more expressive (21%), among the occupations registered in the medical records. CONCLUSIONS: The bad quality of the medical records fulfilling, interfering on the results was a study limitation. Based on the research, the Common Mental Disorders prevalence in IBES Family Health Unity assisted population is considerable. Therefore, a mental treatment service is required for the IBES population. Studies with this nature are extremely important to aid the family health team to plan their actions and interventions with the assisted community, improving their health and quality of life.
THE FOLLOW-UP THROUGHOUT ALL LIFE’ STAGES, A UNIQUE FAMILY DOCTOR QUALITY

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Aims: One of the biggest privileges a Family Doctor has is caring for their patients throughout their life; giving aid and comfort in illness and promoting their wellbeing. Sometimes, the joy felt from our patients becomes the source of our motivation. Description: At age 22, our patient was diagnosed with papillary thyroid cancer with ganglionar metastization. She was referred to Oncology being subjected to total thyroidectomy, undergoing a total of three surgical procedures, and one cycle of radiotherapy. These procedures underwent throughout a difficult period of 6 years. At age 26, she began a relationship with her current companion, and during her cancer treatments, she had an unplanned pregnancy that resulted in a miscarriage 2 months after. At the same time, she was diagnosed with diabetes mellitus type 1, requiring further medical care. Struggling to deal with this new situation and still in grief for her unborn child, she began a reactive depressive disorder which required close attendance by her Family Doctor, therapy and antidepressants. By age 29, she had her firstborn. Although it was a risk pregnancy due to gestational diabetes, and so, marked with heightened anxiety, during the postpartum appointment she was recovering well and glad, saying it was “the best thing that happened in her life”. Conclusions: This case is proof that in life one should be resilient. In the other hand, an adequate care by the Family Doctor and good healthcare system’s support is elementary for saving lives.
WHEN LISTENING, UNDERSTANDING, THINKING AND COUNSELING HELPS MORE THAN MEDICATION

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Aims: Sometimes the family doctor is faced with many dilemmas during the clinical practice. Description: In an urgent hospital consultation in pediatrics, a grandmother brought a 14-year-old grandson for complaints of generalized anxiety. After anamnesis and observation, no psychiatric alarm signals or relevant changes were detected. It was a social case. It was a second son of a father who had abandoned them and of a mother hospitalized for psychiatric pathology. The older brother was institutionalized and the youngest was raised by his grandmother. According to the grandmother, the kid was very anxious, he was very easily exalted when he was displeased and disobeyed his grandmother. The boy denied everything and said that his grandmother did not give her room, and that she needed medical help. It was attempted to explain that, according to the anamnesis and observation, this was no reason to come to the emergency and he should be seen by his family doctor. But the grandmother continued to argue that he needed help and that they had no family doctor. It was then decided to extend the consultation a little more and tried to see points of discord and think about solutions together. They were calmed down, and once the boy had no family doctor, an adolescent’s consultation was arranged for better guidance. Conclusions: This case was remarkable for various reasons: the problem of many people continuing without a family doctor in Portugal; the dilemma between being in an emergency environment and, as future Family Doctor, wanting to make a more detailed consultation; family dynamics; the singularity of the Adolescent and the particularity of his consultation; the old question that sometimes listening, understanding, thinking and counseling helps more than medication.
BACK PAIN IN YOUNG ADULTHOOD: A CASE REPORT

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Aims: Back pain is an extremely common symptom in Family Medicine practice. It may manifest at different ages, requiring careful examination and a timely therapeutic approach. Description: 26-year old woman, factory worker since she was 16 year old, without prior relevant conditions. The patient came to her Family Doctor with ongoing symptoms of back pain irradiating to her left thigh and with hypoesthesia below the knee. She denied any trauma on her back or leg. She mentioned previous episodes of acute pain, for which she had resorted to go the emergency care service. She had hip and lumbar x-ray with no significant findings. At the physical exam she showed a positive straight leg raise sign and no signs of motor deficits. She underwent a lumbar CT-scan and started treatment with Naproxene and Cyanocobalamin. She also was granted temporary work disability. She returned 15 days later, with no improvement of symptoms. The lumbar CT-scan showed central canal stenosis at L4-L5 level with compression of the L5 radicular emergence and a possible similar lesion on the contralateral side. The treatment was changed to Etoricoxib and Tramadol+Paracetamol. Her temporary work disability was also extended. She was urgently referred to Physiatry and Neurosurgery. After the Physiatry appointment, she was prescribed prioriitary treatment in physical rehabilitation and in the Neurosurgery consultation it was decided to schedule surgery, which the patient is currently waiting. Conclusions: This case marks the importance of carefully investigating symptoms and taking an appropriate therapeutic approach. Furthermore, considering the patient’s young age, it turned out of utmost importance to make a hastened referral to Physiatry and Neurosurgery.
POLYMyalgia Rheumatica - Be Alert!

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Polymyalgia rheumatica was first described in 1888 by Dr. William Bruce as "senile rheumatic gout". Nowadays, polymyalgia rheumatica is recognised as a common chronic inflammatory disorder of unknown etiology, characterised by sudden-onset bilateral shoulder and pelvic girdle pain, and early morning stiffness that affects men and women over the age of 50 years, and has an incidence of 6/1000 in Europe. It's a disease that is underdiagnosed and has a significant impact on patient's quality of life. However, when it is early diagnosed has an easy treatment. 74-year-old man, hypertensive and diabetic, presents a headache with more than 1 month of evolution, and localized pain in the shoulders with limitation in raising arms and morning stiffness. The physical exam shows amyotrophy of the muscles of the shoulder girdle, pain in the mobilization of the proximal muscle groups, limiting movements but without motor deficit, difficulty in getting up from the sitting position with pain, dysesthesias of the lower limbs. The lab results showed ESR 97 and CRP 19.98. The treatment was lepicortinolo 60mg/day - reduction 10mg every 5 days to 20mg day. The patient improved after 24h of treatment and the follow-up over 1 year showed reversion of complaints and normalization of inflammatory levels. With a low dose of corticoid remains asymptomatic. Polymyalgia rheumatica affects the patient's quality of life because of the pain and functional limitation, but the increase in the mortality due to the disease is not reported. Patients need to be monitored for side effects related to the glucocorticoid therapy. So, the family physician has a fundamental role in the early diagnosis of this pathology, improving the quality of life of the patient.
BALNEOTHERAPY IN OTORHINOLARYNGOLOGICAL PATHOLOGIES: AN ALLIANCE IN PRIMARY HEALTH CARE?

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Aims: Balneotherapy is defined as the therapeutic use of natural mineral waters. Otorhinolaryngologic pathology (ENT) is very prevalent in all age groups. Its treatment and symptomatic control with pharmacotherapy are not always efficient. It is intended to carry out a review of the available literature on balneotherapy in ENT pathology. Methods: Research of systematic reviews, meta-analyses, original studies and guidelines in Pubmed, Google Scholar and websites of medical hydrology associations, published in the last 10 years, in Portuguese and English, using the terms "balneotherapy", "thermal water", "Spa therapy", "upper respiratory tract diseases" and "otorhinolaringology". Results: Studies show the benefit of balneotherapy in ENT diseases. Sulphurous and chlorinated sodium waters have a relevant therapeutic role in sinusitis and rhinitis in adults and children and in the improvement of audiometric parameters in children with effusive otitis media. However, there are fewer studies on the efficacy of this therapy in pharyngeal and laryngeal pathologies. Conclusions: Recent scientific evidence demonstrates that balneotherapy is based on sound scientific foundations. Further randomized and controlled trials are needed for the inclusion of this therapy in guidelines and medical prescription.
PERSPECTIVES OF MEDICAL STUDENTS INVOLVED IN A PROGRAM OF HUMANIZATION

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Introduction: the humanization of medical practice is a constant debate in academy and in the field of medical education. Resources are being sought more and more often to bring such perspectives to medical students. Students are losing their references because there is an exponential deterioration of the medical practice. Paradigm changes and demands for a new way of practicing medicine in a hostile environment (in)directly affect the students and little by little the medical profession forget the human being. Objectives: presents the experience of medical students involved in a program of medical education and humanization which uses resources like cinema, arts, music, literature and international activities. Methodology: qualitative research and literature review. Results and discussion: the participation of the students in activities promoted by SOBRAMFA, an entity focused on medical education and humanism made them realize that Evidence-based-medicine (EBM) which the students are taught during the years of graduation promotes generalization of patients and diseases. The EBM does not connect the theory with the practice and create a misfortune: distance from the individual patient. There is a lack in the academic graduation that prevents the students from understanding the essence of medicine: the person. Conclusion: the immersion of medical students in program focused in humanization of the medical practice through humanistic tools brings benefits for the academic graduation and for the professional practice in the future. The students are eager to develop their humanistic knowledge, however the universities and teachers do not have the appropriate resources and environment to do it.
AFTER ALL, IT WASN´T "HERNIA". THE IMPORTANCE OF RED FLAGS.

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Low back pain is a frequent symptom at primary health care. In some cases it´s attributed to innocent disc hemiations. A complete medical history and adequate neurological examination are essential. Differential diagnoses are numerous but the presence of red flags, which may be associated with serious pathologies, indicate we should further investigate. A 62-year-old man, locksmith, without family doctor, smoker, with alcoholic hepatic disease and "lumbar hernia" sic. From May to August 2017 he was seen at the ER complaining of low back pain irradiating to the left leg, being recurrently discharged after symptomatic treatment. In a later visit to the ER (August) the patient had aggravated complaints of inability to walk, lack of muscular strength, paresthesias and weight loss (5 kg). He arrived in a wheelchair, upon examination, showed bilateral decrease in muscle strength, more evident on the left member (1/5), associated with hypoesthesia. The patient reported a small pain relief after analgesic and anti-inflammatory therapy but remained unable to walk. An urgent lumbar spine CT revealed an osteolytic expansive lesion involving the sacral vertebrae, the left wing of the sacrum and the iliac bone. After further investigation the diagnosis of ulcerated and distant metastatic esophageal carcinoma was confirmed and the patient was admitted. Having suffered multiple complications, the patient died under palliative care, a month after his last ER visit. Only 10-15% of low back pain have specific causes. Tumor etiology is rare, but increases with age. Esophageal carcinomas metastasize to the bone in about 9%, seldomly to the sacrum. Red Flags shouldn’t be ignored. This case emphasizes the importance of the continuous and longitudinal care provided by family doctor.
WHEN TO BEGIN THE SCREENING OF THE VITB12 DEFICIENCY IN THE DIABETIC UNDER METFORMIN?

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Background and Aim: Metformin is first choice in diabetic treatment and its effect on the reduction of vitamin B12 should not be disregarded. The aim of this review is to define the evidence on whether and when there is a strong recommendation to screen for vitamin B12 deficiency in diabetic patients under metformin. Methods: A systematic review of systematic reviews (SR), randomized controlled trials (RCT) and clinical guidelines (CG), published in the last 5 years, was performed in PubMed, National Guideline Clearinghouse, The Cochrane Library and Scielo in English, using the MeSH terms "Diabetes Mellitus" and "Metformin". Population: diabetics. Intervention: metformin consumption. Comparison: different doses of metformin and/or placebo. Outcomes: time/dose of metformin consumption and vitamin B12 measurement. The Strength-of-Recommendation and Evidence Level (EL) were held from the SORT of American Family Physician. Results: Research led to 69 articles: 4 repeated, 3 without access to full text and 55 did not comply the inclusion criteria. From the 7 articles were admitted: 4 RCTs, 2 SR and 1 CG. One RCT confirms the association between the use of metformin in high dose and vitamin B12 deficiency (EL2). Two RCTs (EL1) and both the SR confirm the reduction in B12 levels with metformin intake, but only one shows a reduction in B12 status after up to 4 months of metformin use (EL2). The CG recommends screening if consumption of metformin lasts for at least 4 months (EL3). Conclusion: Metformin therapy is associated with an increased incidence of VITB12 deficiency based on serum VITB12 levels, but evidence remains inconclusive concerning whom and when to start vitamin B12 screening (SORT B).
CHARACTERIZATION OF SUPPLEMENTATION IN A POPULATION OF PREGNANT WOMEN IN A PRIMARY HEALTH CARE UNIT

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Aim: There are several supplements for pregnancy but not all pregnancy supplements during pregnancy improve the health of women or their newborns. The recommended and most used supplements are iodine, iron and folic acid. The aim of this work was to characterize the pregnancy supplements in a population sample of pregnant women in a primary health care unit. Methods: Observational and descriptive study conducted, in a Portuguese Primary Care Unit. Population: pregnant women. Inclusion Criteria: adult pregnant women with a shared follow-up between primary and secondary health care, in October 2017. Exclusion Criteria: miscarriage and coding errors. Sample: women with ICPC-code W78 (Pregnancy) and W84 (Pregnancy high risk) in the electronic clinical process (registered in the list problem at 31/10/2017). Variables: preconception consultation, age, supplements, type of follow-up, hemoglobin value and thyroid function tests. Data source: digitally available clinical files (SClinico and PEM). Results: Included 32 pregnant women, ages ranged between 21 and 46 years old (mean of 31.9 years). Only 54.5% of pregnant women attended preconception consultation. And only 68.75% were followed up in primary care with regularity. All were undergoing supplementation with iodine, but only 59% had previous blood analyzes with thyroid function assessment. A hemococoncentration value was present on 45.5% of women in the first trimester of pregnancy. Conclusions: It was found that a considerable number of pregnant woman did not have thyroid screening. Considering that almost half of the pregnant women who had registered hemoglobin presented hemoconcentration, iron deficiency was uncommon in our sample. The main limitation of this study was the presence of incomplete records.
APPROACH OF VULVAR DERMATOSES IN PRIMARY HEALTH CARE

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AIMS/BACKGROUND: At menopause, symptomatic vulvovaginal atrophy and vulvar dermatoses (VD) can be manifested by the presence of vaginal irritation, burning, pruritus, dyspareunia, decreased libido, postcoital hemorrhage and urinary urgency. The three main VD are lichen sclerosus, lichen planus and chronic lichen simplex. The aim is to know the diagnostic profile of patients with vulvar dermatoses for early detection and appropriate treatment of these diseases. MATERIAL/METHODS: Review in the literature the diagnosis and treatment of VD 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 female, over 65 years old in English, French, Portuguese and Spanish, considered relevant by the authors. The terms MeSH use were vulvar lichen sclerosus, lichen planus and neurodermatitis. RESULTS: Ten articles were selected. In postmenopausal women VD are a health problem with a major impact on quality of life. Lichen sclerosus (LS), lichen planus (LP) and lichen simplex chronicus (LSC) are the three of most common VD. LS is characterized by intense vulvar pruritus and presents an increased risk of malignancy. LP is an inflammatory autoimmune dermatosis with three subtypes: erosive, papulosquamous and hypertrophic. LSC is typically manifested by persistent vulvar pruritus in patients with atopy and is triggered by stress or environmental factors. The diagnosis is mainly clinical and all three disorders are treated with topical corticosteroid ointments of varying potency. CONCLUSIONS: Due to its great repercussion in quality of life, the family doctor has a key role in the identification of VD, in the correct treatment and in the adequate follow up of these patients.
NUTRITIONAL SCREENING ON CHILDREN UNDER 2 YEARS OLD: STAMP (SCREENING TOOL FOR ASSESSMENT OF MALNUTRITION IN PEDIATRICS) OR CRINUTPAZ (CRIBADO NUTRICIONAL LA PAZ)?

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Aims: Malnutrition has a relevant impact on the development of children. One of the most used tools is Screening Tool for Assessment of Malnutrition in Pediatrics (STAMP). However there is no consensus about the most suitable screening tool for children under 2 years. Cribado Nutricional de la Paz (CRINUTPAZ) is a newly developed screening tool that includes children under 2 years. This study intended to determine which screening tool was the most effective and if the scores of both tools were correlated with: patients comorbidities, food regimen, birth weight, cephalic perimeter and skin folds measurements. Methods: Descriptive longitudinal study of 60 patients younger than 2 years of age admitted to the Lactant Service of Hospital de Vigo between January and March 2014. The nutritional screenings were applied on the first 24 hours and at least 5 days after being admitted. Results: STAMP classified 50% of the population as having high risk of malnutrition, while with CRINUTPAZ was only 28.4%. Neither of the screening tools found a significant correlation between their scores and: patients comorbidities and food regimen. There was a significant correlation between both screening scores and weight at birth and skin folds measurements. With cephalic perimeter, STAMP found a significant correlation but CRINUTPAZ did not. Conclusions: CRINUTPAZ is the simplest screening tool and it does not lose specificity when compared with STAMP. Nevertheless, it has less sensitivity than STAMP and that is why STAMP is the best option. This study was conducted in a hospital but there is potential on using these tools on Primary Care as it would lead General Practitioners to early detection of risk of malnutrition and allow them to develop adequate preventive strategies.
MEDICAL RECORDS SYSTEM ANALYZES AT IBES FAMILY HEALTH UNITY IN VILA VELHA, BRAZIL

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AIMS: to analyze the organization, the archive work process and the information registration in IBES Family Health Unity medical records in Vila Velha, Brazil. METHODS: in order to analyze the organization and the archive work process, a descriptive study based on structural observation of each wardrobe, drawer and envelope containing patients’ medical records was accomplished. To verify the unity medical records information registration, the information provided on the medical records were reviewed, such as the micro area registration, age and date of birth, place of birth, sex, marital status, race and occupation. The unity coordinator authorized the study and the health unity team supported the idea perceiving the possibility to improve their medical records system. RESULTS: From the observation, a series of limitations were found, such as a lack of furniture to provide adequate space for keeping the medical records organized, poor archiving process, ineffective access, inefficient professionals’ communication and insufficient and inadequate information registration on the medical records. For the information registered in the medical records, 100% micro area, sex, age and date of birth were fulfilled. 72.15% place of birth, 72.1% marital status, 81.7% race and 73.41% occupation were not informed on the medical records. From the data collected, it was proposal an intervention in the medical records system to improve the community assistance. CONCLUSIONS: The Ibes Health Unity medical records system analysis evidenced precariousness and errors. Therefore, it is necessary to adopt the appropriate measures, promoting improvements, directing efforts to the electronic medical record implantation as an excellent choice to improve the medical records system.
A CASE REPORT OF TROCHANTERITIS: EXAMS ARE ONLY COMPLEMENTARY TO THE DIAGNOSIS

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AIM: To demonstrate the importance of medical history and physical examination in the diagnosis of osteoarticular pathology. DESCRIPTION Female patient, 53 years old, BMI 21kg/m², farmer. Pathological antecedents of chronic gastritis and dyslipidemia. Medicated with atorvastatin 10 mg and esomeprazole 20 mg, per day. She resorted to our consultation with pain in both hips, with about 6 months of evolution. Previously, she had consulted a private orthopedic service where she made an X-ray of the pelvis. The orthopedist diagnosed left coxarthrosis, advised to abandon strenuous work. At our visit, after a complete medical history and physical examination, we concluded that pain was present in both upper and lower quadrants of the thighs with irradiation along the buttocks and the external face of the thigh. Pain of rhythm, predominantly, inflammatory, that worsening in the lateral decubitus, impairing sleep. On the loco-regional objective examination of the hip, there was no limitation on active or passive mobility, neither aggravation of pain in the maneuvers of forced abduction and resisted adduction. When we apply pressure on both trochanteric serous pouches and surrounding muscle inserts, she had pain. We conclude that painful complaints of the patient have resulted from what we call a Greater Trochanteric Pain Syndrome. Considering the chronic gastric symptoms, we prescribed etoricoxib 90mg per day for 7 days, etofenamate gel 3 times a day and physiotherapy. On the re-evaluation, after 4 weeks, she was asymptomatic, with great sleep improvement and has returned to work without limitations. CONCLUSION It is intended to emphasize that the hypothetical tests are only for complementary means of diagnosis, which must be integrated in a clinical and medical context.
DIFFERENTIAL DIAGNOSIS OF HEMORRHAGIC FEVERS: INITIAL ASSESSMENT, MANAGEMENT AND ETIOLOGY INQUIRY WITH EMPHASIS ON SURMISE OF YELLOW FEVER

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Aims: The workshop “Differential Diagnosis of Hemorrhagic Fevers” was held at the Academic Congress of Medicine of Espírito Santo (CAMES) by the academics of the Vila Velha University. The purpose was to show the scope of diseases clinically diagnosed as febrile hemorrhagic syndrome, approaching initial assessment, management and etiology inquiry. Emphasis was given to the Yellow Fever on account of recent endemic outbreak, which culminated in significant population demise. Methods: Febrile Hemorrhagic Syndrome was first addressed, followed by exposition of its wide range differential diagnosis with focus in high prevalence diseases: Dengue, Yellow Fever and Leptospirosis. Afterwards, autopsy cases, gathered from database of Death Verification Department, were discussed until reached final diagnosis of Yellow Fever, with further elucidation of the disease’s pathophysiology and display of the lesion’s microscopy. Results: The audience was encouraged to give their opinion on the case according to the clinical status of the patient and laboratory studies, brainstorming a main diagnostic hypothesis and its probable etiology. The use of microscope at the end of the workshop for practical approach was also a factor of adhesion of the participants, which allowed greater proximity between speakers and students. Conclusions: Hemorrhagic fevers commonly progress in a rapid clinical course with severe patient decay and high mortality rates. Accordingly, primary goal was to divulge initial support measures and subsequent investigation. Lastly, recent outbreak of Yellow Fever showed that it is extremely important for the general practitioner the clinical reasoning for early symptoms recognition in order to avoid unfavorable course of disease and death.
POPULATION AGING AND PRIMARY HEALTH CARE POLICY AT IBES FAMILY HEALTH UNIT IN VILA VELHA, BRAZIL

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AIMS: to determine the assisted elderly population prevalence in Ibes Family Health Unit in Vila Velha, Brazil, to direct the Primary Health Care Policy towards the population aging. METHODS: Medical records from one assisted area of six health unity teams were analyzed, in order to establish the community assisted elderly population prevalence. The medical records ranged from 2010 to September 2017. It was considered elderly the patient over 60 years old. The intention was to assist the health teams on planning their actions towards the elderly community. Therefore, the analyses of the elderly who attend the unity was more pertinent than the sampling of territory elderly population totality. Data was exported to Excel for the statistical analysis. The study was submitted and approved by the Vila Velha University Ethics Committee on Human Research. RESULTS: 2,144 Ibes Health Unity assisted community medical records were analyzed, ranging from 2010 to 2017. Out of which, 469 were elderly people assisted by the health unity team. 63.97\% were female and 36.03\% were male. When comparing to the elderly people in Brazil, in 2015 (14.3\%), it is possible to verify that Ibes Health Unity attended a higher percentage of the elderly (21.88\%) during the period analyzed. CONCLUSIONS: It is important to declare the medical records analyzes limitation due to bad quality fulfilling by the professionals. The intention was to provide more accurate data to the health unity to systematize the elderly assistance. Moreover, the family and community participation, along with the improved health unity team assistance, will guarantee a better quality of life to the elderly in the aging process.
RELATIONSHIP BETWEEN ALCOHOL CONSUMPTION AND OCULAR PRESSURE ACCORDING TO FACIAL FLUSHING IN KOREAN MEN WITH OBESITY

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Background: This study was performed to examine the relationship between alcohol consumption and ocular pressure according to facial flushing in Korean men with obesity. Methods: The study subject included 479 Korean men with obesity (75 non-drinkers, 174 flushers, 230 non-flushers) who had their ocular pressure checked at Chungnam National University Hospital. Given the questionnaire written before health check-up, their alcohol consumption and alcohol-related facial flushing were assessed. High ocular pressure was defined as intraocular pressure of 21mmHg or higher value in any eye. Binary logistic regression was used to assess the relationship between alcohol consumption and high ocular pressure in non-drinkers and drinkers with or without flushing response. Results: Flushers who consumed up to 16 drinks per week had a significantly higher risk of high ocular pressure compared to the non-drinkers depending on alcohol consumption (8 or less drinks (OR, 4.39; 95% CI, 1.01-19.12), >8 and 16 or less drinks (OR, 8.62; 95% CI, 1.46 to 51.01)), but when >16 drinks per week, the risk of high IOP was not significantly increased (OR, 1.01; 95% CI, 0.07 to 13.89). In addition, non-flushers who consumed up to 8 drinks per week showed no significant relationship between alcohol consumption and high IOP (OR, 2.10; 95% CI, 0.55 to 8.02), while non-flushers consuming more than 8 drinks per week showed a significantly higher risk of high ocular pressure depending on alcohol consumption (>8 and 16 or less drinks (OR, 5.05; 95% CI, 1.18 to 21.54), >16 drinks (OR, 4.02; 95% CI, 1.01 to 16.05)). Conclusion: This study suggests that alcohol increases risk of high ocular pressure especially for obese men with flushing.
COMPLIANCE OF HEALTH CARE WORKERS WITH INFLUENZA VACCINATION

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Abstract aims/Background Healthcare workers are at an increased risk of exposure and infection. Many continue to work while being ill, which may increase the risk to patients and colleagues. The aim of this study, is to access the compliance of healthcare workers regarding influenza vaccination, and the reasons for non-compliance. Methods Data was obtained by conducting a health care worker survey in a major regional hospital in the north-east of Ireland. Information collected include: age, sex, job role, compliance with influenza (flu) vaccination and reasons for non-compliance. Results Of the 122 healthcare workers (N=122) that completed the survey, large percentage of respondents were between the ages of 20-30 (30.3%), 31-40 (41%) and 41-50 (24.6%) respectively. 51.6% were female. Job roles were differentiated with 38% of respondent been doctors, 32% were nurses, 9% were health-care assistants. Other categories of healthcare workers totalled 21.3%. It is encouraging to see that high numbers of respondents (67.2%) had received their flu vaccine this year. However, significant percentage of healthcare workers (32%) did not participate in the influenza vaccination. The predominant reasons given for non-participation, were anxiety about side effects of flu vaccine (36%) and concerns regarding contracting influenza, despite taking the vaccine (21%). Conclusion Although, it is encouraging to see that a high percentage of healthcare workers (67.2%) had participated in influenza vaccination this year, we need to continue to improve our awareness campaign regarding the importance of flu vaccination among healthcare workers, as our study revealed that a high percentage (40.2%) of healthcare workers aren't participating in influenza vaccination on a yearly basis.
GENERAL PRACTICE (GP) VS HOSPITAL SPECIALTIES AS A CAREER CHOICE FOR IRISH INTERNS

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Abstract aims/Background General practice forms the core and foundation of the Irish health system. Currently, there are many challenges facing general practice as a profession, and specialty in Ireland. One of them crucially, is the recruitment and retention of trainees. The aim of this study, is to access the career intentions and interest of interns (trainees who are undergoing internship after graduation from the medical school) against possibility of selecting general practice vs hospital specialties, as a future career path. Methods Data was obtained by conducting a survey, in two major clinical sites accredited for training of interns in Ireland. Information collected include age, sex, career intentions (general practice versus hospital specialties), and reasons for choosing their future career path. Results 67 Interns participated in the survey (N=67). Of the 67 doctors 69 (88%) were between the ages of 21-30, while 8 (12%) were between the ages of 31-40. 58.2% were male. Interestingly, only 19 interns (28.4%) identified general practice as their future career path, while the rest which is equally, a high percentage of them (80.6%) chose hospital specialties as their potential career path. 6% were undecided. 89% identified work-life balance as the reason for choosing general practice, while significant percentage also identified variety in the job and long term relationship with patients as important reasons. Conclusion It can be clearly seen that interns who are newly qualified doctors in their first stage of further postgraduate training, prefer hospital specialties to general practice as a future career in Ireland. This calls for action in order to stem the current challenges, facing the recruitment of and retention of general practitioners, in Ireland.
PREVALENCE OF POLYPHARMACY AND ASSOCIATED RISK FACTORS AMONG OLD PEOPLE RECEIVING HOME-BASED PALLIATIVE CARE

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Aims This study was to evaluate the prevalence of polypharmacy among old people receiving home-based palliative care. We also investigated the prescription drug utilization and probably risk factors among them. Methods This is a retrospective, cross-sectional study from January 2015 to October 2016. Patients receiving home-based palliative care from Institute of Yangming home care were enrolled. Home-based palliative care was defined as home care patients having expected lifespan less than one year. Polypharmacy was defined as current use of eight or more different medications via oral, inhalation or subcutaneous route. Descriptive statistics were used for the analysis of categorical and continuous variables. Logistic regression analyses were to assess the associations between polypharmacy and each factor. Results A total of 40 home-based palliative care patients were enrolled. The mean number of medications used per patient was 4.2, and 25% of the patients belonged to the polypharmacy group. Patients with dementia had significantly higher risk to be diagnosed as polypharmacy (OR:4.93;p:0.03). However, patients with cancer were inversely associated with polypharmacy (OR:0.15;p:0.01). The most commonly prescribed drugs in polypharmacy were drugs for constipation(46.7%), followed by drugs acting on hypertension(54.5%) and hypnotics/sedatives(66.7%). Conclusions This study showed that the prevalence of polypharmacy of old people in home-based palliative care was not high(25%).It provided the evidence that physicians from Institute of Yangming home care prescribed fewer medication and reduced drug burden of old people in palliative stage with deteriorated condition. Further investigation was still needed to reduce complications from polypharmacy and improve health outcome.
FAMILY PHYSICIANS’ OBSERVATORY IN CATALONIA (SPAIN): FIRST YEAR’S RESULTS.

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Introduction: Following a model of epidemiological surveillance, a network of sentinel doctors was created based on the voluntary collaboration of professionals. Aims: Obtain a qualitative description of the consultations' complexity and the general practitioners' comfort. Methods: Cross-sectional description based on self reports of 55 primary care physicians from 17 Primary Care Health centres (políclínicos) of the Maresme region from November 2016 to October 2017. One day per month of a prescribed week, each sentinel doctor collected the following data: number and type of assistance, number of requests for consultation, reasons for consultation, perception of suitability and complexity of the demand, delay between visits, perception of fatigue and rest by the professional during the day, serious incidents in the consultation and forced visits. Results: 421 days and 13752 health care events were registered. With an average of 31 visits per day (23% were ‘non-presential’ telephone consultations or telematic visits). 60% exposed a single reason for consultation, 27% two reasons and 10% three. 43% of the consultations was for control of chronic diseases, 38% for acute pathology and 17% was administrative. 30.6% of the observed days experienced serious incidents that affected normal practice. 43% of the consultations were perceived as complex (for clinical problems mostly, 64%). 36.5% of general practitioners finished over fatigued after the working day. Conclusions: We are not aware of any similar study in our country and we believe that our investigation provides complementary information that will add value to the official information systems. This is due to the fact that it considers the perspective and perceptions of the professionals.
SURVEY ON WEALTH IN OUR TEAM OR THE SWOT MATRIX TO EVALUATE OUR GP’S WORK

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Aims: We work as a medical team of 4 GPs in a hospice and are confronted to problems, like: variable lengths of stay, disturbing attitudes (patients with dementia), strong expectations for sedation, continuation of chemotherapies, etc. We wanted to know the actual wealth in our medical team. Method: All medical data have been assessed and statistically analyzed: gender, referrals, diagnosis, length of stay. Monthly supervised medical team sessions with crucial discussions and decisions have been considered and an external team did a quality assessment. Results: The SWOT matrix was used to compare our actual data with our objectives. We could identify internal and external factors to evaluate our actual status. 1. Strength: Acknowledgement from patients and relatives for the quality of care, no time limitations for our daily visits, regular meetings with patients and family members. 2. Weakness: Rare collaboration with psychogeriatricians to integrate patients with a form of dementia as comorbidity, few records at admission day, difficulties on stopping or continuing less relevant medications. 3. Opportunity: Good awareness of our medical work in hospitals and nursing homes, regular feedback from our side to the GPs who admitted the patient. 4. Threat: Too many persons consider a transfer to our hospice for rapid sedation, too short admissions seen as the dying process is engaged. Conclusions: The wealth of our medical team is changing as the population addressed is varying and variable. Regular exchanges with GPs and hospitals are needed for a better admission policy. This means a constant flexible attitude without diluting too much our own team spirit.
RELATIONSHIP BETWEEN HYPOTHYROIDIZED ANTIBODIES, TSH LEVELS AND RDW WHICH IS INFLAMMATION INDICATOR

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INTRODUCTION: Hashimoto’s thyroiditis is most often autoimmune disease which being characterized lymphocytic infiltration of thyroid tissue. It is the most common cause of hypothyroidism in areas without iodine deficiency. Hashimoto’s thyroiditis progresses with low-grade systemic inflammation. Chronic inflammation plays an important role in the progression of atherosclerosis. AIM: In this study serumRDW levels were detected in patients with Hashimoto’s thyroiditis. We aimed to scan, increased cardiovascular events in patients, increased oxidative stress and and inflammation at no additional cost with using RDW. MATERIALS AND METHODS: A total of 904 persons, 462 patients with Hashimoto’s thyroiditis and 442 age and sex matched control cases were included in the study. All data about patients were recorded. SPSS for Windows version 22.0 package program was used for statistical analysis and P <0.05 was considered as statistically significant. The relationship between numerical variables was tested with the Pearson correlation coefficient RESULTS: RDW was significantly increased in study group compared to control group (Hashimoto’s thyroiditis =10.06 ± 4.48%, control = 8.95 ± 6.68%, p <0.05). Also MPV was increased in study group(p<0.05). hs-CRP showed a statistically significant positive correlation between the level of RDW. CONCLUSION: In our study, the Hashimoto thyroiditis patients had a significantly higher level of RDW than the control group. RDW level; It has been supported that as an indicator of increased cardiovascular event, increased oxidative stress and inflammation in hashimoto patients may be a test that can be used without additional cost and test. KEY WORDS: RDW, Hashimoto's thyroiditis, inflammation, hs-CRP, thyroid autoantibodies
MANAGEMENT OF HEADACHE AT PRIMARY CARE

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Aim: Headache is a frequent reason for consultation, it’s important for non-specialist practitioners to have a clear understanding on the categorization of this symptom in order to achieve a proper diagnosis and subsequently an effective treatment. Description: Headache is a symptom which may be associated with a variety of clinical conditions whether the underlying disorder be organic, psychologic or psychophyicologic. Headache disorders can be classified as primary, secondary and specific types of headache. In primary health care settings, patients usually present with primary headache. Also migraine is the most common severe primary headache disease. More than one type of headache may be present in one patient and each headache has to be treated separately. The red flags of the secondary headache should be carefully examined before the primary headache is diagnosed. Examination of red flags is also important for patients who applied for the first time with headache. The important thing in the treatment of primary headache is to determine the type of headache correctly. After a short description, roleplays will be performed. Groups will present their opinions. Conclusion: The correct classification of the headache in the patient who applied with headache in the primary health care institution increases the success rate in the treatment. Also the right treatment improves the quality of life of the patient and it benefits the economic and social area.
PREVENTION AND RISK FACTORS OF AUTOIMMUNE THYROID DISEASES

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Background. In Ukraine the prevalence of thyroid diseases constituted 47%, taking first place among endocrine pathology in 2016. Autoimmune thyroid diseases (ATD), which include Grave’s disease and Hashimoto’s disease, became more significant after Chernobyl accident, there is a tendency to its occurrence in a younger people. The reduction of quality of life and disability, caused by ATD, determine medical and social importance of this problem. The aim: to analyze the risk factors of ATD in Ukraine. Material and methods: statistical analysis and meta-analysis of literature in databases JAMA, Scholar, NCBI, Cochrane Library and PubMed. Results: the most important role in development of ATD plays the influence of environmental factors (32-87%) and the genetic predisposition (23-36%) - different chromosomal aberrations, polymorphism of genes. The big importance has ionizing radiation as remote stochastic effects of the Chernobyl accident in Ukraine (72-89%), as well as anthropogenic pollution. Other factors are hormonal disbalance (21-47%), nervous-mental overload, stress (33%) and overweight (17-32%) that lead to immune imbalance and explain the presence of ATD in 4-8 times more often in women than in men. The risk factors also include the food features (12-35%) - iodine or selenium deficiency, excessive fluoride intake, excessive consumption of chlorinated water and insufficient intake of vitamin D, as much as iodine-radioactive treatment, interferon therapy, smoking and taking certain medicines. Individually the immune imbalance may be caused by bacterial and viral (herpes, Koksaki, SARS, HBV, HCV) infections. Conclusions: the prevention of ATD is quit important however there is no clear preventive recommendations for primary care, that needs optimization.
TRIPLE A, DOUBLE PROBLEM: THE IMPORTANCE OF EARLY CLINICAL DETECTION FROM PRIMARY CARE OF THAT LIFE-THREATENING VASCULAR DISEASE.

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AIMS: Triple A (AAA) or abdominal aortic aneurism is an enlargedm of aorta and if ruptured can cause a life threatening bleeding. Initially grows slowly and without symptoms, what makes it difficult to detect. However others expand quickly with specific clinical presentation and the First Care Doctors are obliged to suspect them and act quickly. With our work we want to rise the awareness of the importance of the clinical suspicion paying attention at the risk factors and its control from the Primary Care Units. Once diagnosed another problem is its treatment because both programmed and emergency surgery are risky. METHODS: A 60- year-old male presents to his Primary Medical Doctor referring feeling sick and nauseous minutes after waking up in the morning. On his arrival the patient is still feeling nauseous, sweating and vomiting and starts with a sudden, severe, sharp and constant low back, abdominal and groin pain. Examination: upper abdominal tenderness and a pulsatile abdominal mass; livid spots from upper abdomen till knees. Blood pressure : 80/55 mmHg, HR 100, SpO2 98%. The Doctor suspects the triple A and calls the Emergency Team and starts immediate rapid saline solution intravenous perfusion and afterwards the patient is transported to the Hospital. RESULTS: Patient is diagnosed of expanding abdominal aortic aneurism by computered tomography (CT) and referred to Vascular Surgery and undergoes endovascular aneurism repair. CONCLUSIONS: AAs are common and life-threatening. Patients at risk are men over 65 with vascular disease. AAs are usually asymptomatic until they expand or rupture. The clinical suspicion with rapid life support and transport together with immediate radiological diagnosis with emergency surgery save life.
WHAT MAKES A FAMILY MEDICINE RESIDENT A GOOD TEACHER?

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Introduction and Objective: Resident physicians play a vital role in the education of postgraduate interns (PGIs) as they develop into competent primary care physicians. They share a common responsibility with senior mentors to closely supervise the interns’ knowledge and skill acquisition. Bedside rounds and clinic consults are teaching opportunities. This study highlighted the qualities of family medicine residents as teachers, and the different instructional techniques that demonstrated significant learning contribution to the interns. Materials and Methods: A survey questionnaire, Resident-As-Teacher Traits Survey by Melvin, et al., was administered to PGIs of the University of Santo Tomas Hospital in Manila. Results: With respect to resident qualities as effective teacher, respondents felt that a strong knowledge base and use of tailored teaching style according to the learner’s level were highly important. In contrast, high expectations and level of seriousness on the part of resident supervisors proved insignificant. Data revealed the preferences of interns on the teaching methodologies employed by residents. Majority of the respondents found the use of repeating key points and demonstration of techniques valuable. On the other hand, most respondents did not perceive recommending resources for independent study, providing feedback, or having breakout sessions with smaller group activities to be notably beneficial to their learning. Conclusion: Family Medicine residents should consider nurturing the teacher qualities desired by the trainees, as well as customizing their teaching strategies in order to become an effective resident educator.
ACUTE BILATERAL PULMONARY EMBOLISM IN A 33 YEAR-OLD POSTPARTUM FEMALE: A CASE REPORT.

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AIMS: Our purpose presenting this case is to raise an awareness among Primary Care doctors of the importance of the rapid diagnosis of pulmonary embolism putting emphasis on the clinical suspicion and revising the risk factors. METHODS: We present a case of a 33 year old female who presents to her Primary Care doctor with shortness of breath initially with physical effort and chest tightness in the last 2 days, one week after giving a birth. The electrocardiography (ECG) showed sinus tachycardia (HR 140) and shown S1Q3T3 pattern. St 02 90%. She denied a family history of cardiac events, smoking or other chronic disease. With a suspicion of pulmonary embolism she was referred to the hospital. RESULTS: CT angiography showed intraluminal filling defects within the pulmonary vasculature with a Sharp interface with the intravascular contrast being diagnosed with massive bilateral pulmonary thromboembolism. Undergoes thrombolytic therapy with tenecteplase with excellent response. CONSULSIONS: Pregnancy and puerperium increases the risk of thromboembolism and the clinical presentation is sometimes difficult due to the physiological changes that occur in pregnancy and the diagnosis may be delayed. Primary Care clinicians should keep a diagnosis of pulmonary embolism in mind, especially in patients with risk factors.
ENSURING THE DELIVERY OF QUALITY OF CARE IN TIMES OF HIGH WORKLOAD USING THE EXAMPLE OF MANAGING A PANDEMIC

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Aims To explore the issues which arise as a consequence of a rapid increase in workload To enable participants to plan for how best to meet this increase in workload. Description Family Doctors, experience increased workload for many reasons, one of which occurs during pandemic influenza. Pandemic Influenza can be expected to result in a rapid increase in consultations over a short period of time. Planning in anticipation of such an event is essential to ensure that guidance is in place to support family doctors to meet this challenge. The EU funded PREPARE programme is part of Europe’s efforts to plan for a coordinated response to a pandemic and focuses on research and the implementation of best evidence in the event of a pandemic. WONCA Europe is a member of the PREPARE general assembly and is committed to ensuring that family doctors are able to implement evidence-based practice during a pandemic. This workshop will be delivered jointly by EURACT and EQuIP and will enable participants to consider how to plan for a rapid increase in workload and how to ensure that they deliver as safe and effective a service as possible. Method - The aims of the PREPARE project (and evidence of safe and effective service during the pandemic) will be introduced - The participants will explore the impact of a pandemic on their practice - The participants will discuss in small groups how best to meet the increase in workload and keep delivering a safe and effective service. - Summary of the group work and conclusions Conclusions This workshop will explore the issues raised by a rapid increase in workload, will identify the principles of effective planning for such an event in family practice and make recommendations for further action.
A WEIGHT MANAGEMENT CONSULTATION IN PRIMARY CARE - OUR EXPERIENCE

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AIMS AND BACKGROUND Family Physicians (FP) are in privileged position to give nutritional advice deriving from their availability in the community, the continuity of care provided, as well as from the fact that they are usually consulted for problems with a nutritional component. Despite of that, FP do not always use this opportunity mainly due to lack of time, poor training in nutrition and patients' poor compliance with dietary prescriptions. These barriers are particularly evident on obesity treatment. For that very reason we offer a specific consultation for nutritional advice on overweight and obesity, briefly named weight management consultation (WMC). We aim to present data obtained in the WMC performed over a period of 11 months. METHODS: Data were collected on WMC carried out between 2nd January and 30th November 2017, using the software MedicineOne. RESULTS: A total of 178 consultations were carried out to 31 users, with an average of 5.7 consultations/user (minimum 2; maximum 11). The average age was 56 years (minimum 18; maximum 91) and 66.7% (n=20) were females. There was an improvement on BMI in 90.3% (n=28) of the patients, with an average reduction of 1.9 kg/m² (minimum 0.03 kg/m² and maximum 10.73 kg/m²). In the initially obese patients (n=28) whose average BMI was 34.92 kg/m², 21.4% (n=6) of them achieved overweight, resulting on an average BMI of 28.79 kg/m². CONCLUSIONS: Authors want to reinforce FP's important role on promoting healthy lifestyles, namely, a balanced diet. The data in terms of weight loss are merely indicative, functioning as a positive reinforcement to the work developed. In the future we intend to correlate weight loss with other variables like blood pressure values, lipid profile and glycosylated hemoglobin.
RECURRENT MYOCARDIAL INFARCTION: RISK FACTORS CONTROL IN GENERAL PRACTICE

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Myocardial infarction (MI) is one of the main causes of death and disability of able-bodied age people. The secondary prevention reduces mortality caused by recurrent MI in 50%, that is why general practitioners should pay to it special attention. The aim: analyze the prevalence of risk factors of recurrent MI and efficiency of its prevention in general practice. Materials and methods: 20 patient (15 men and 5 women, 53.5±2.3 years old) who had undergone MI were examined. The examination included: medical records analysis, blood pressure, pulse, body mass index, glucose levels measurements, HbCO% determination in exhaled air, survey about risk factors, adherence and HADS questionnaire. Statistical analysis was in SPSS. Results: hypertension was present in 55% patients, but only 40% had target level (up to 130/80 mm Hg). BMI was normal in 15%. Uncontrolled dislipidemia was found in 12%. After MI everyone had about 5 medical prescriptions, but the adherence to treatment and secondary prevention was not enough: 80% of patients received beta-blockers, 90% statins, 60% clopidogrel. 20% continue to smoke after MI (100% - men), the HbCO% in exhaled air was 6 p.p.m. Hyperglycemia was found in 15% patients. According to HADS questionnaire 20% had depressive status. Conclusions: the high risk factor prevalence and insufficient adherence to secondary prevention of recurrent MI needs more strong efforts and optimization.
THE FEASIBILITY OF SELECTIVE CARDIO-METABOLIC DISEASE PREVENTION IN PRIMARY CARE: GUIDANCE ON DESIGN, DEVELOPMENT, AND IMPLEMENTATION OF PREVENTIVE ACTIONS

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AIM As we progress through the third year of the SPIMEU project (a pan-European research program into selective prevention in primary care of cardiometabolic disease, CMD), interesting results have started to flow from the various workstreams. In particular, we have tested the feasibility of implementing selective CMD-prevention programs in five distinct EU primary care settings (the Netherlands, Greece, the Czech Republic, Sweden, and Denmark). Specifically, we set out to identify the barriers and facilitators of the implementation of a selective prevention program. Core components were implemented uniformly across countries to allow for country comparisons. Other aspects of the program were tailored to local settings to facilitate implementation. We were interested in four primary outcomes: 1. Patient uptake of the program. 2. Patient perception of the program as useful. 3. Health professionals perception of the program as feasible in terms of patient identification, invitation, and health assessment. DESCRIPTION These outcomes will be integrated in a tool-kit, containing practical know-how on adaptive design and implementation methods for selective prevention programs in different primary care settings. The focus of this workshop will thus center on the discussion and development of concrete methodological advice and evidence-based guidelines for the execution of prevention actions in Europe. CONCLUSION The workshop will center on three 10-minute presentations of the results from each of the aforementioned research foci and a presentation of the draft toolkit. This will be followed by discussion and guidance for any health care entity that wishes to implement CMD-prevention programs in their own local settings. Finally, central points will be summarized.
ONLINE SURVEYS IN SCREENING BETWEEN EMPLOYEES IN GENERAL PRACTICE

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Screening programs are powerful tool to optimize diagnostic and prevention in general practice that can be improved by individual online surveys. The aim was to assess the efficacy of employees' online survey in screening in family practice. Materials and methods. The survey with specially designed questionnaire was conducted in 82 employees of a pharmaceutical company (39.5 ± 8 years old; 76% women; 24% men). In the questionnaire included 46 questions about risk factors of the most common diseases. Statistical analysis made with Excell 2010. Results. 47.6% employees complained of bad health; 46.3% had extreme fatigue; 41.5% - 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. The online survey allowed to select 49 workers (59.8% surveyed) for further endocrinological diseases screening. It was established that 14.3% were healthy, while in 85.7% were diagnosed: goiter 0-1 - 22.9%; goiter 2 - 20.0%; neurovegetative dystonia - 17.1%; overweight - 14.3%; obesity - 8.6%; type 2 diabetes - 2.9%; body mass deficiency - 2.9%; hypothyroidism - 2.9%; others - 2.7%. Based on this data a group of 17 workers were undergone for ultrasound examination of thyroid gland and thyroid hormones blood tests. This made possible to allocate a group of 9 employees for further consultation with the endocrinologist. All employees received preventive and therapeutic recommendations. Conclusions. Using the individual online surveys for workers is effective tool that helps to reduce time of screening by identifying a group with high risk. Proposed multi-stage system can be implemented when there is a need of quick effective screening.
DEVELOPING EFFECTIVE CONTINUING PROFESSIONAL DEVELOPMENT FOR ISOLATED FAMILY DOCTORS

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Aims To explore the issues of relevance to the CPD of isolated family doctors To describe existing models for the delivery of CPD to this group To identify alternative ways in which to meet the needs of this group Description Many family doctors work in isolation. There are several causes of this isolation and these include geographical reasons and working in practices where there is only one doctor. It is well recognised that continuing professional development is enhanced by contact with fellow professionals which facilitate reflection on one’s practice and the opportunity to discuss specific dilemmas. Isolated doctors have particular problem accessing this kind of support. Method: This workshop will explore with participants the specific issues, which isolated family doctors encounter with their CPD. The WONCA World education working party standards on CME will be summarized and their relevance to rural doctors discussed. The Croatian Association of Teachers of Family Medicine/ General Practice [ATGP/FM] has been engaged in continuous medical education (CME) of all GPs in Croatia for the last 10 years and has developed a programme to support rural family doctors, which will be described. In addition approaches developed by members of the European Rural and Isolated Practitioners Association[EURIPA] and the European Academy of Teachers in GP/FM will be shared. Participants will have the opportunity to discuss these approaches and explore methods of meeting the needs of isolated family Doctors Conclusions This workshop will focus on developing innovative approaches, which may be used to meet the needs of the isolated GP.
QUALITY IMPROVEMENT: SIGNIFICANT EVENT ANALYSIS AS A TEACHING TOOL

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Aims Participants will understand the role of SEA in maintaining and improving the quality of clinical work and the barriers and facilitators which are encountered when introducing SEA. Description Significant Event Analysis has been recognised as an important tool for Quality Improvement for many years. It is regularly used in some countries following an event where an individual patient may have or has been harmed by an interaction with health services. The technique enables team members to reflect on individual cases and consider how care could be improved in the future. The technique uses a structure for a discussion to take place that should explore the situation in a supportive environment. GP Teachers have an important role in encouraging the use of SEA. This workshop which is delivered on behalf of EQuIP and EURACT will describe the background to the introduction of SEA. There will be the opportunity to practice SEA using participants’ examples from clinical work. There will be an exploration of the challenges encountered when introducing this technique and how to overcome these challenges. Conclusion The workshop will demonstrate the use of SEA and provide an overview of how to encourage its adoption by Family Doctors.
PATIENTS' UNMET NEEDS MAY INCREASE THE USE OF HOSPITAL EMERGENCY SERVICES INSTEAD OF PRIMARY HEALTH CARE

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Introduction. Patients with high levels of needs have been referred to the ED with problems that should be resolved in PHC. Aim. To establish the differences between emergency department patients (EDP) and general practice patients (GPP) in terms of the level of need. Such knowledge could contribute to identifying patients and groups requires direct action to prevention, adequate allocation of resources and a better coordination of patient care. Methods. A cross-sectional study was conducted among 200 EDP and 200 GPP. The modified version of the Camberwell Assessment of Need [Short] Appraisal Schedule, Multidimensional Health Locus of Control Scale and an original questionnaire were used. Results. EDP patients showed a higher level of unmet needs measured by Camberwell Index (IC) than GPP (M=0.75 GPP vs. M=0.80 EDP, p=0.008). The probability of hospitalization for people with low IC in EDP was 3.6 times higher and in GPP was 3 times higher in comparison with those with a high IC (EDP: OR 0.28, 95%CI [0.15 - 0.5] vs. GPP: OR 0.33, 95% CI [0.17 - 0.62]). The level of met needs decreased as: the number of chronic diseases (EDP rs = - 0.46, p < 0.001 vs. GPP rs = - 0.23, p = 0.00), number of drugs taken per day (EDP rs = - 0.41, p < 0.001 vs. GPP rs = - 0.38, p < 0.001), number of hospitalizations (EDP rs = - 0.31, p < 0.001 vs. GPP rs = - 0.24, p = 0.001), age, BMI, INR, troponin, serum glucose, creatinine, BP were increased. Low IC was more frequent in those not living in permanent relationships, divorced, widows/ widowers and in patients with HLC in the dimension of chance. Conclusion. In order to ensure optimal care at home, patients discharged from the ED should be screened by a HED nurse in terms of unmet needs level by using standardized tools.
CHARACTERISTICS AND MOTIVES OF PATIENTS CONSULTING EMERGENCY DEPARTMENTS WITH RESPIRATORY SYMPTOMS – INTERIM RESULTS OF A COHORT STUDY IN BERLIN

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Aims Patients with acute complaints present not only to General Practitioners (GP), but also frequently to Emergency Departments (ED). The ACSC concept (Ambulatory Care Sensitive Conditions) assumes that ambulatory care structures have important influence on such utilization patterns and patient decisions. In our study, we aim to investigate medical and demographic characteristic of patients with respiratory symptoms presenting to ED and identify factors that influence care utilization. The role of continuous GP care is of special interest. Methods The prospective cohort study "Emergency and Acute Care for Respiratory Diseases beyond Sectoral Separation" (EMACROSS) consists of a two-stage comprehensive questionnaire survey recruiting patients with ED consultations for respiratory symptoms in 2017/2018. The study is conducted in all ED of the central district of metropolitan Berlin. EMACROSS is a sub-project of a large publicly funded health services research network (EMANet). Results By November 2017, 144 patients have been recruited (mean age 47.7 years, range 18-85, male/female 53/47%). Interim results suggest that patients do predominantly consult the ED because they consider their symptoms as comparatively severe and threatening. Reasons of convenience seem to play a minor role by comparison. A large majority of patients is attached to a GP practice; satisfaction with GP care is altogether high. Conclusions Further results will be available by the time of the congress. We expect the characterization of patient profiles and motivations to contribute to a better understanding of care needs and possible deficits, in order to adjust future care structures more adequately to real-life requirements.
PSYCHOLOGICAL AND BEHAVIORAL CHANGES IN DEMENTIA -
PHARMACOLOGICAL APPROACH VERSUS NON PHARMACOLOGICAL APPROACH

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Introduction Cognitive impairment and dementia are highly prevalent situations worldwide. Dementia is characterized by a gradual cognitive decline in addition to causing changes in activities of daily living and may also lead to psychological and behavioral changes. Behavioral and psychological changes have a high prevalence in the clinical course of the disease. The relevance of these manifestations is related to the more unfavorable clinical evolution, greater caregiver overload and greater incidence of institutionalization. Patients with dementia are not evaluated for these symptoms in a systematic way to facilitate early detention and early treatment. Behavioral symptoms are related to increased disability, hospitalizations, institutionalization and suffering. Goal: To review existing literature on pharmacological and non-pharmacological approaches in the behavioral and psychological symptoms of dementia and to create an algorithm that will help the Family Doctor in his clinical approach to primary health care. Methodology A bibliographic search was carried out in the Medline / Pubmed database, Cochrane library, DGS, NICE and international guidelines. Results The patient with dementia should be evaluated for the presence of psychological and behavioral symptoms routinely. When these symptoms arise, a global or targeted approach should be preferred, using non-pharmacological first-line measures. The drugs used have moderate efficacy and have many side effects. The importance of caregiver education and the multidisciplinary team in monitoring the patient with dementia is essential. Discussion Non-pharmacological approaches improve quality of life and reduce behavioral symptoms with reduced risk and should be part of the initial care of the patient with dementia.
THE EFFECTS OF NUTRITIONAL INTERVENTIONS AND PHYSICAL ACTIVITY ON EFFICIENCY IN THE ELDERLY WITH A FRAILTY SYNDROME AND DIFFICULTIES IN THEIR IMPLEMENTATION

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Background: The frailty syndrome is a major health condition of the ageing population, with multiple clinical and social consequences. Aim of the study: The purpose of the study was to analyze the functional status and frequency of exercise and diet modification by elderly people with pre-frailty and frailty syndrome. Materials and methods: The study was conducted on 213 patients with frail and pre-frail, aged 60 and older. The study tools included a diagnostic survey and rating of patients’ difficulties in the implementation of the intervention, observations sheet (height, weight, BMI, hand grip strength, circumference of arm muscle, circumference of calf) and the available results of laboratory tests. Patients were qualified into 5 groups: the first group - diet/nutritional - collected a detailed menu which was analyzed by a nutrition consultant. In the second group - physical activity - prepared physical training to be implemented 2 times per week. The third group with comprehensive therapy joins the diet/nutrition and physical activity together. The intervention for the fourth group of patients’ caregivers included education about frailty prevention and treatment. The fifth group (control group) did not apply any intervention. Results: The results of the interventions will present the impact of the interventions on the muscle mass and strength, walking speed, participation in family life and the field of nutrition in the elderly with a pre-frail and frail. Conclusions: Interventions have an impact on the efficiency of functional status in the elderly with frailty, but implementation process has limitations in the country with low capacity what will be discussed during the presentation.
DEVELOPMENT OF A CO-DESIGNED EDUCATIONAL LEAFLET TO ENHANCE ACCESS TO HEALTH CARE BY A PORTUGUESE MIGRANT COMMUNITY

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Aims: To identify the barriers that hinder the use of health care services by a Portuguese migrant community; To develop a co-designed educational tool to enhance access to health care. Methods: In order to investigate the specific needs and challenges faced by Portuguese migrants regarding the access to the National Health System (NHS), we facilitated three focus groups. Patients were recruited at the Portuguese Community Centre, using a convenient sampling technique. Qualitative data was obtained using audio recording. Two independent researchers coded the transcripts, following the constant comparative method to identify areas of relevance emerging from the data. Emerging themes informed the development of an educational leaflet to educate patients on the use of the NHS, which was distributed in several NHS organisations. A post-intervention survey, using a convenient sampling technique, evaluated the perceived clarity and usefulness of the leaflet, as well as its anticipated impact in behavioural change. Results: Three major themes were identified in the focus groups: 1) difficulties registering with a General Practitioner, 2) unawareness of the services available in the community and 3) lack of access / information on recommended screenings. Language barriers, information and knowledge translation, were commonly explored aspects across the three themes. Conclusion: Preliminary results suggest that an educational leaflet tailored to specific educational needs of a given community can be used to inform patients on how to the services provided by health care services and promote its adequate use by a migrant community, thus improving health equity.
USE OF METHENAMINE AS PREVENTIVE TREATMENT IN WOMEN WITH RECURRENT URINARY TRACT INFECTIONS

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Background: Urinary tract infections (UTIs) are the most common bacterial infections in women of all ages. An estimate of 30% to 44% of women have a new urinary tract infection within six months after an initial infection. Healthy women with normal urological anatomy account for the majority of patients with recurrent urinary tract infections. A Cochrane meta-analysis from 2012 has investigated the impact and benefits of the methenamine as preventive treatment for urinary tract infections. Thirteen studies were included, with a total of 2032 participants. The authors conclude that it may be effective to treat UTI prevention with methenamine. In Norwegian general practice, methenamine is prescribed as long term treatment, especially in older women to prevent recurrent UTIs, and accounts for 20 % of the total Norwegian antibiotic prescribing in 2015. Methods/Design: A complete history of antibiotics dispensed from all Norwegian pharmacies, collected from the Norwegian prescription database (NorPD) 2005 to 2015, was analysed. Women > 40 years old with recurrent UTIs were included, defined by three or more within twelve months. So far we have been looking at the data in three different ways: 1. The whole timespan as one period and comparing episodes of UTI antibiotics in three different groups: one who never received methenamine, one before receiving methenamine and one after receiving methenamine. 2. We looked at the data comparing days until next episode from when the women were included in the study. 3. We have been looking at a two-years data form an early period, 2007-2009, and will be looking at a later period, again comparing the three different groups. Results: The data so far are inconclusive. Results will be presented at The WONCA Conference 2018.
DOES A PERSON’S MEDICAL EDUCATION INFLUENCE VIEWS AND DECISIONS CONCERNING VACCINATING THEIR OWN OFFSPRING?

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AIMS: Comparing views and decisions concerning vaccinations among mothers with and without medical education. METHODS: The research was carried out from March 2017 to April 2017, in a form of an anonymous online survey on discussion boards and social network sites. RESULTS: 249 mothers were surveyed. 148 (59%) of them have had medical education, and 101 (41%) have not. 11 (4%) of surveyed women declared not having vaccinated or not planning to vaccinate their children. Refusing compulsory vaccinations occurs much less frequently among medically educated mothers (1%) than in the population of mothers without such education (6%). 14 (6%) of the surveyed non-doctor mothers declares not to plan vaccination of their children with any recommended vaccine; the corresponding number in the doctors group was 4 (2%) women. CONCLUSION: Negative outlook on vaccinations occurs even in the group of mothers with medical education, although it is less frequent than among mothers without medical education. This phenomenon is visible regardless both compulsory and recommended vaccinations. In order to increase child vaccination coverage, educating medical doctors on this subject should be emphasized. Due to great deal of specialist knowledge they would not hesitate to vaccinate their children, as well as they would be able to convince other parents to follow their lead.
WHICH TOPICS ARE RELEVANT IN THE CARE FOR PATIENTS WITH CHRONIC MORBIDITY? THE FEASIBILITY OF A PRIMARY CARE TOOL FOR ASSESSING HEALTH RELATED FUNCTIONING

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Background: In the care for patients with multimorbidity, a focus on the consequences of their diseases is relevant, as these patients report a reduced functioning related to their chronic morbidities. Currently, GPs do not explore the level of functioning in an ordered way. The International Classification of Functioning, Disability and Health (ICF), developed by the World Health Organization (WHO), delivers a framework that describes health-related functioning in a unified and standard language. Recently, an ICF-based self-report questionnaire was developed for patients with chronic morbidity in primary care. This newly developed tool demonstrated high content and construct validity and could be promising for use in primary care by offering a structural method to enhance person-centered care for patients with chronic morbidity. Aims: (1) Learning about the advantages of using ICF in primary care. (2) Training in how to use the new tool to assess a patient's functioning. (3) Discussion on the feasibility of the tool in daily practice care for patients with chronic morbidity. Description: (1) The session will start with a presentation about the development of the self-report tool. (2) Next, a case will be presented and participants are asked to use the tool to assess the level of functioning of the presented case. The aim is to experience working with this new tool. (3) Plenary session about the possible applications of the tool. Conclusions: To better understand the feasibility of a self-administered ICF-based questionnaire developed for use in primary care that can be used to assess the health status of a patients with chronic morbidity.
THE PREVALENCE OF PATIENTS WHO ARE AT RISK OF MALNUTRITION DURING HOSPITALIZATION AND THEIR CORRELATION WITH THE LENGTH OF STAY AND MORTALITY.

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Introduction: Malnutrition is often detected in almost one third of hospitalized patients. Most of the time, it is not recognized and consequently patients have an increased risk of complications, increased length of hospital stay and finally increased mortality. Aim: The aim of the present study was to evaluate the prevalence of patients who are at risk of malnutrition during hospitalization and their correlation with the length of stay and mortality. Other objectives of the study was to investigate a possible association between socioeconomic factors, such as work or the level of economic status of patients and the risk of malnutrition. Methodology. This was a prospective study. The study population included 1025 patients who were admitted in Medical, Surgical, Cardiology, Neurology and Nephrology clinic of the University Hospital of Patras. There were no exclusion criteria for the patients. The assessment of the nutritional status of patients was performed within 48 hours of admission and the tool MUST was used for this reason. Among the variables recorded were patients’ demographic and socioeconomic data, length of hospital stay, the reason for admission, any comorbidities, patient's outcome, the number of administered drugs, sera, electrolytes and vitamins, the type of diet administered. Moreover, referral to dieticians and nutrition support with either oral supplements or enteral/penetrative nutrition were also recorded. The statistical analysis was performed with SPSS Statistics 21. Results. The 29.4% of patients were at high risk of malnutrition. The socioeconomic status of the patients was not associated with the risk of malnutrition. Patients at high risk were significantly older (p<0.001), had a higher rate of comorbidity (p<0.001) and have a higher rate of weight loss. Referral to dietitians was recorded in 3.7% of cases of malnutrition, particularly in those cases where the malnutrition was at an advanced stage. The duration of hospitalization in patients with severe malnutrition was significantly higher than in those who had a good level of nutrition (10,6±8.5 vs 6.6±6.3 days, p<0.001). Also, these patients had a higher mortality (OR:6.986, 95%CI: 3.894-12,535). Conclusions. According to the results three of ten patients admitted to hospital are at high risk of malnutrition. Furthermore, patients at high risk remain longer in hospital and have increased mortality. Health care professionals should incorporate into their daily clinical practice the assessment tools of the nutritional status of patients. For this reason, it is essential for health care professionals to be educated and establish clinical protocols which will include in their instructions these tools. Also, dietitians in hospitals should take a more active role, while more studies should be done in this area in order to persuade and to raise awareness among professionals about the importance of the subject.
IMPACT OF THE SIDE EFFECTS OF CANCER TREATMENT AND PATIENTS’ PAIN FOR THE QUALITY OF LIFE CAREGIVERS OF PATIENTS WITH CANCER IN A HOME ENVIRONMENT, MEASURED THE CAREGIVER QUALITY OF LIFE-CANCER QUESTIONNAIRE

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Background. The physical and psychological symptoms of terminally ill cancer patients are highly problematic and have been associated with a greater burden among caregivers. Through early implementation of palliative care improves the patients quality of life. Quantitative studies have not yet demonstrated a similar effect for caregivers, who take care of patients with cancer in their home environment. Aim. To examine the factors associated between the patient group and their caregivers with the Quality of Life Cancer - Caregiver to assess the caregivers quality of life in a terminal cancer home care setting. Material&method. The study covered 83 patients and caregivers, staying in a home environment. The research tool was in patients: Health Behavior Inventory, QOL-C 30; for caregivers: validated Quality of Life Cancer-Caregiver questionnaire, which correlated with the Maslach Burnout Inventory and General Health Questionnaire-28. Statistical tests: Spearman rho rank correlation and the Shapiro-Wilk test. Results: The highest level of caregivers burnout occurred in the Psycho/somatic functioning domain (burnout): M 33.42 SD 11.09. The obtained results were strong correlations: CQoL-C vs MBI and GHQ-28. Patients’ correct eating habits vs. Positive Adaptation Domain (CQOL-C) r = 0.38 p<0.05. In caregivers with burnout, the following are affected: fatigue, dyspnea, cognitive and sleep disorders in patients. The distribution of the studied variables did not depend on the type of treatment. Medians in both groups did not differ. Conclusions. Caregivers' quality of life is influenced profoundly by the interaction with the patient and should be measured with specific questionnaires, that include content related to combating burnout in care and the support of caregivers in their home environment.
LEAGUE OF FRIENDS OF THE CONDE DE OEIRAS FAMILY HEALTH UNIT – EMPOWERING THE COMMUNITY

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AIM The League of Friends of the Conde de Oeiras Family Health Unit (LFCOFHU) is a non-profit association formed in 2015 by COFHU health professionals and patients, aiming at social and humanitarian support, complementing the social responses of the municipality of Oeiras. Dedication to volunteer work can bring significant gains in the professional and personal life of the family physician (FP). It allows helping those who need it most and attaining a better knowledge of the community in which FP works. This work intends to show the activities carried out by LFCOFHU. DESCRIPTION Of the activities carried out, we highlight the promotion of physical exercise, with walks in the Oeiras maritime promenade and classes of physical education and dance; the celebration of public events with interactive sessions about healthy lifestyles; blood donations; cultural visits to monuments; and creation of a group named “League with you” for home support. CONCLUSIONS The mission of LFCOFHU to improve the physical, psychological and social well-being of the patients has been achieved through the vocational contribution of each element and the articulation with other existing institutions. Volunteering has as its main purpose the approach and support of patients that are isolated and with unrequited needs, while making the volunteers feel useful and that they have much to offer to the community. By integrating COFHU patients and professionals, LFCOFHU promotes complementarity and a more efficient volunteering work. Primary care professionals are in a privileged position to volunteer and involve the community. Volunteering widens the scope of the FP work, while empowering the communities and promoting health.
IMPLEMENTATION OF DIRECTLY OBSERVED TREATMENT SHORT COURSE STRATEGY IN HOUSEHOLD CONTACTS

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Introduction: The detection and successful treatment of patients with tuberculosis (TB) in the context of preventive programmes are considered as very important. The same important is the prevention of disease transmission among the household contacts of the patients. Methods: A total of 141 household contacts of 54 tuberculosis patients were studied in Elia, a prefecture of western Greece: 30 contacts were related to 13 patients in which Directly Observed Treatment Short Course (DOTS) strategy was applied and 111 contacts related to 41 past treated TB cases, who were managed conventionally. Results: In the household contacts of DOTS-patients 17% tested mantoux positive (+) and 43% mantoux negative (-), whereas in 40% mantoux test was only performed, when starting DOTS management, revealing one (8%) contact to be positive. On the contrary, in the members of past treated TB the following respectively test results were observed: 20% (+), 22% (-) and in 53% no test was performed. Prevention measures among the members of DOTS patients were in 70% in deficit and in 30% completely absent. After the first home visits only in 7.7% of the families insufficient prevention was still observed. In the members of the past treated TB, prevention measures were in deficit in 44% and in 49% they were missed completely. Conclusions: The implementation of DOTS in patients with TB contributes not only in the successful treatment of the patients, but also in the prevention and detection of possible infection in the household contacts, leading thus to the decrease of TB incidence in the direct environment.
LOCAL GUIDELINES FOR THE DIAGNOSIS AND TREATMENT OF DEPRESSIVE DISORDERS IN PRIMARY HEALTH CARE

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Aim: The aim for the workshop is to explore how local guidelines for diagnosis and treatment of depressive disorders in primary care can successfully be produced and implemented and lead to improved care and a better outcome for patients. Description: The recently published Polish Local Guidelines for the diagnosis and treatment of depressive disorders in primary health care in Family Medicine & Primary Care Review are a good example how collaborative work between general practitioners and psychiatrists can lead to an improved outcome for patients. Mental disorders are common among patients seen by primary care physicians. Psychological problems often coexist with somatic illnesses, negatively affecting their natural course, adherence to medicines and treatment. Although international and national best practice guidelines often exist, local primary care physicians are reluctant to treat patients according to these guidelines since local circumstances can differ. By producing local guidelines based on best practice evidence but considering local culture, available treatment, relationships between the local primary care and secondary care teams, barriers for a diagnosis and treatment within the primary care setting by primary care physicians can be taken away. Psychiatrists then can be reassured that the patient receives optimal treatment within the primary care setting. Conclusions: In this workshop participants will work in groups to discuss their own national guidelines and barriers to implement them in the local setting. With the help of facilitators, the groups will explore how local guidelines can be successfully produced and implemented and how to reduce barriers for primary care physicians and psychiatrist for patients to be treated in primary care.
MCC, MERKEL CELL CARCINOMA IN A 71 YEAR - OLD MALE: A CASE REPORT.

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AIMS: We report a case of Merkel cell carcinoma (MCC), a rare but aggressive primary cutaneous neuroendocrine neoplasm to alert Primary Care clinicians of this potentially fatal tumor because early diagnosis and correct treatment may improve patient survival rates. In 2008 it was demonstrated that Polyoma virus (MCV) in involved in about 80% of MCC tumors. METHODS: A 71 year-old male with history of diabetes, hypertension and overweight presents to his PMD (Primary Medical Doctor) with a painless erythematous 4-cm subcutaneous nodule on the posterior side of his arm. The patient is referred with a biopsy with a suspicion of a rare form of a skin cancer due to the typical clinical features highlighted by Heath et al. that respond to the acronym "AEIOU" (Asymptomatic, Enlarging rapidly, Immunosuppression, Older age > 50, UV exposed site). RESULTS: Immunohistochemical staining was performed and demonstrated that the tumor cells were strongly positive for neuroendocrine markers, including chromogranin A and epithelial markers cytokeratin CK 8/18 and cluster of differentiation CD 56. These histopathological and immunohistochemical features were consistent with a diagnosis of MCC. CT shown involved lumh nodes. The patient undergoes radical surgery and in one year follow up presents favorable evolution. CONCLUSIONS: The incidence of MCC has increased in the past 15 years. It has a potential to grow rapidly within a few months and metastasize. Discovery of the Polyoma virus role can help to identify specific cellular pathways targeted by MCV oncoproteins can lead to new more effective therapy for this human cancer.
WOMEN KNOWLEDGE AND ATTITUDES REGARDING BREAST CANCER IN WESTERN GREECE

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Introduction: Breast cancer is by far the most frequent type of cancer in women with an estimated 430,000 new cases and 132,000 deaths in 2012 for the entire Europe. Objectives: The aim of this study was to investigate women's knowledge, experience and attitudes concerning breast cancer in Western Greece. Methods: A survey was carried out from August-October 2017, including 510 female patients who visited both, urban and rural health centers/units in the region of Western Greece. Demographic and socioeconomic data were recorded as well as their attitudes and knowledge related to breast cancer development and prevention. Results: A total of 510 women were interviewed. Mean age was 45 years old and 18% declared having family history of breast cancer. Knowledge of risk factors of breast cancer mentioned 47%, whereas 23% were completely uninformed. Statistically significant differences(p<0.05) were observed between the educational level and knowledge/being informed of breast cancer development and prevention. Women with higher education were better informed. More than a third (40%) of the women believes that no prevention is possible ad more than a half (53%) of the women declared never had undertaken a mammography. 73% declared no visiting a physician for breast cancer examination. The great majority (89.6%) expressed their wish of more and better information and health education in regard of breast cancer and possible preventive measures. Conclusions: A high percentage of women living in Western Greece are not satisfactory and adequate informed about the factors that modify the risk of breast cancer and the preventive possibilities. There is a need of planning and conducting informative campaigns with respect to the effectiveness of prevention and the benefits of early detection. Furthermore, screening programmes should be made widely available, targeting mainly women with low education.
ASPIRIN IN COLON CANCER PREVENTION: WHAT IS THE EVIDENCE?

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AIM The aim of this study is to review current evidence on the effect of acetylsalicylic acid (ASA) on colon cancer prevention. METHODS Research, on Evidence-Based Medicine databases, of clinical guidelines, randomized controlled trials (RCTs), systematic reviews (RS) and meta-analyses (MA) published from 01/01/2012 to 10/11/2017, using the MESH terms “aspirin” AND “colon cancer” AND “prevention”. The Strenght of Recommendation Taxonomy (SORT), from the American Academy of Family Physicians, was used in order to evaluate the assigned level of evidence and strength of recommendation. RESULTS From the research 244 articles were selected: one MA, five ECACs and two clinical guidelines. Overall, RCTs demonstrated the benefit of ASA in preventing colorectal cancer. Only one RCT did not demonstrate significant evidence. The MA found no evidence to support the use of this chemopreventive treatment despite presenting overall survival benefit with its post-diagnostic use. Clinical guidelines recommend the use of ASA in the prevention of colorectal cancer in adults aged 50 to 70 years. CONCLUSION Available evidence indicates that ASA has benefit when used as a chemopreventive treatment for colon cancer (SORT B). Further studies of high quality with homogeneous methodology and relevant samples are needed to support this evidence.
ARTHROSIS OF LARGE JOINTS INFLUENCES THE FUNCTIONALITY AND QUALITY OF LIFE OF PATIENTS

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Goals: The study aims to answer the following questions: 1.- Know which joints were the most affected by osteoarthritis 2.-Assess pain produced by arthrosis of large joints 3.- Determine the degree of impairment of functionality and quality of life in osteoarthritis 4.- Study if the functionality and quality of life is influenced by the pain of osteoarthritis Material and methods: Descriptive cross-sectional study of 174 patients diagnosed with Knee or Hip Arthrosis following the Altman criteria recorded in the electronic history of a FAMILY DOCTOR, patients were asked for informed consent and patients with acute illnesses were excluded or serious chronicles, those who had a diagnosis of mental illness and those who did not give informed consent. Pain was assessed for each patient using the scale of the EVA (Visual Analogue Scale). Functionality was assessed with the WOMAC questionnaire and quality of life through SF-12. Weight, height, and body mass index were measured. Results: The average age of the participants was 69.82 with a standard deviation of 11.09, women 56.7% men 43.3%, osteoarthritis of the knee 47% of hip 13.4 and knee-hip 39.6%; very little pain 18.3% little16.5, quite 36.6% and much 28.7%, good functionality 53.7%, normal quality of life 47.6%, low 32.9% and very low 19.5%; chi square pain-quality of life 83,283 bilateral significance 0.000; chi square pain-functionality 61,333 bilateral significance of 0.000. Conclusions: there is a significant association between joint pain and functionality and quality of life so that from the family doctor should study these two factors that influence the recovery of the patient when an osteoarthritis diagnosis is made
DEPRESSION AND ANXIETY IN CARDIOVASCULAR DISEASES

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Background: Cardiovascular diseases significantly reduce physical activity, decrease occupational and social activity, and cause isolation. This condition can result in chronic anxiety and depression, which can aggravate the prognosis of these patients. Purpose: The aim of the study was to assess the dependence of depression and anxiety in patients with chronic cardiovascular disease in primary health care. Subjects and method: the study covered 189 patients, who were in the home environment, under the care of district nurses and 155 patients coming for a visit to a primary health care provider from the Opolskie, Dolnośląskie, Mazowieckie, Lubelskie and Podlaskie provinces. The study used the author’s structured interview questionnaire, the Camberwell Modified Short Assessment, the Health Behavior Inventory Questionnaire, WHOQOL-BREF Quality of Life Questionnaire and the HADS-M Questionnaire. Results: Data analysis revealed a statistically significant dependence of depression and anxiety coexistence (p = 0.013). There was also a significant association between depression (p = 0.037) and anxiety (p = 0.037) and place the of residence as well as the occurrence of anxiety and elevated needs level (p = 0.024) and a lowered health score (p = 0.027). Patients not receiving social benefits have a higher level of depression (p = 0.033). Conclusions: Anxiety is often associated with depression in patients with cardiovascular diseases. These disorders are more common in patients living in rural areas. Lowered health scores and an increased level of needs in patients are factors that influence anxiety. Diagnosis and psychological help should be essential to support treatment. Patients need more social support as well.
CHRONIC COUGH IN MIDDLE AGE WOMAN

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Persistent or chronic cough is a common medical consult in primary care (PC). Chronic bronchitis, gastro-esophageal reflux (GER) or drugs are frequent causes, some others are commonness. Case: female, age 60, with history of gastro-esophageal reflux, consults for dry cough of years of evolution. Chest and breast scan: normal, blood test including allergically study: negative. Treatment with omeprazole 40mg/day was started without improvement. Spirometry, chest tomography, Larynxfibroscopy, Fibrogastroscopy and phmetria: normal. Treated with salmeterol + budesonide inhaled without improvement. Referred to pneumology service who prescribe Montelukast and returned to PC. After a year without getting better was referred again to pneumology. Finally, a bronchoscopy was performed, and objectivized important protrusion of the posterior wall of the trachea during the cough suggestive of tachomalacia. In the bronchial tree bronchomalacia was also confirmed. With the diagnosis of tracheobronchomalacia, pneumology kept the bronchodilator treatment and programmed more following visits. Comment: Tracheobronchomalacia is an undiagnose disease, characterized by weakness of the wall and dynamic decrease in the tracheal lumen and the large bronchi, particularly while exhaling. Histology shows an inflammatory infiltrate and the cartilage replaced by soft tissue. It can be congenital or acquired. Symptoms use to be chronics: cough, dyspnea, recurrent infections, can progress to chronic respiratory failure and death. Its diagnosis involves the dynamic assessment of the airway with tomography or fibro bronchoscopy. In the management is needed to control concomitant diseases (COPD, asthma, GER) that can aggravate the symptoms, the used of stents and surgery in worse cases.
MULTI-NETWORK COLLABORATIVE STUDY (VDG-EGPRN-EURACT- EQUIP ) “HOW TO INCLUDE PRACTICING YOUNG FDS IN A SUSTAINABLE, DYNAMIC POSTGRADUATE SPECIALIZATION CURRICULUM DESIGN NEEDED IN THIS EXPONENTIAL AGE”

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Background WONCA Europe has released an urgent statement on Family Medicine (FM), focusing on the educational needs, both in undergraduate (UG) and postgraduate (PG). Countries built own programs in relation to EURACT definition & country priorities. Completing specialization, FDs mention unmet needs in practice. Curriculum are made by academicians. Why not to include the young FDs in building the dynamic content also. The active & sustainable participation of young FDs might be more effective in curriculum improvement by transferring their PG experience. Young FDs may be in a better position to assess their real needs for current daily practice. On the other hand, looking at cultural, geographical, financial, governmental diversity including also PHC resources across Europe, we may say that “one does not fit all”. AIMS: 1. To find what shall be included or improved in the FM specialization curriculum based on young FDs recent practice experience (needs assessment). 2. To find what are the “common” topics in specialization training of family physicians across Europe independently from country of origin or region (common denominator). Question: How to collaborate as 4 Networks to get the answer to questions above? Method- WHO? VdG Council members involved finding practising young FDs. Exclusion criteria: FD younger than 2 years in Practice, maximum age is limited with VdG membership. How- Questionnaire- designed in collaboration with Euract, Egprn, Equip and VdG, focusing on and identifying the missing training items today (needs) same (common items) in training for all of the countries. When- in Krakow. World Coffee similar method. We may apply for a research fund to meet joint small group meetings.
COUNSELING ACTIVITIES FOR PREVENTING OBESITY IN CHILDREN IN FAMILY MEDICINE: EFFICACY AND POTENTIAL

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Introduction. Obesity in children has become a pandemic phenomenon which, in the long term, has multiple consequences on the health status, quality of life and life expectancy of the future adult. Thus, we consider that the development of a protocol, specifically designed for family medicine, is a necessity. Aims. To determine the efficacy of the developed protocol in preventing the abnormal weight gain in children. Methods. The control group consists of 101 children born in 2009. The intervention group has 92 children, born in 2013. The applied protocol aims to instruct the parents to follow the WHO consensus for preventing obesity. All children were assessed at the age of three for weight and height. We considered a child as being overweight if his or her calculated body mass index was above the 95th percentile + 2 SD of the WHO standard growth charts. We excluded children with chronic diseases. Results. In the case group, 3.3% were overweight or obese (3 out of 92). In the control group 17.8% were overweight or obese (19 out of 101). The calculated odds ratio was 0.15 (95% CI 0.04 - 0.55), p=0.001, indicating a significant reduction in the risk of becoming overweight or obese for children included in the program, compared to the children not included in the protocol program. Conclusions. With readily available interventions, we obtained a significant improvement in the health status of our young patients. This improvement has the potential to last, as the first 1000 days of life are important for developing healthy habits. The usage of this simple-to-apply protocol must be extended. Without the intervention of the family doctor, approximately 20% of the children become overweight or obese and among them a large proportion remain obese during adulthood.
CAN THE CLINICAL INTERVIEW AND TEAMWORK CHANGE A PATIENT'S ATTITUDE IN A SERIOUS ILLNESS? NON-CURATIVE MEDICINE: BEYOND THE THEORETICAL KNOWLEDGE LEARNED.

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AIMS: With this case, we intend to reflect the importance of the clinical interview and teamwork in the management of a difficult situation with a problematic patient. This is not uncommon in our day-to-day practice, posing a challenge for us as professionals. DESCRIPTION: 33-year-old male new in our center. His father seeks medication for him prescribed by a podiatrist. We request to meet the patient first. Reason for consultation: II stage ulcer on the second toe of the left foot associated with intense pain. Past history: Neurofibromatosis type I, thrombosis of the left leg in 2010 with popliteal-to-tibial bypass that failed after 3 years, smoker. Current disease: intermittent and self-limited left foot lesions that in the last year have developed into a chronic necrotic ulcer of the second toe that limits his daily life. Clinical interview: Patient with borderline intellectual level, irritable, confronted against us and in denial of his illness. He doesn't allow us to see the toe. Action plan: Regular appointments with both doctor and nurse, to establish healing care plans of the wound and adequate treatment, as well as gaining family support and involvement. Evolution: After 3-4 months of work, he accepts to be seen by a cardiovascular surgeon, adequately follows care plans, improves his attitude and the pain is controlled. Nevertheless, the ulcer worsens, becoming a IV stage ulcer with edema and coldness of the foot. CONCLUSIONS: Communication skills and effective teamwork were the main pillars in this case. The family doctor doesn't always cure, but always comforts and accompanies. In a good doctor-patient relationship, it is essential to respect the times and decisions of the patient, always based on good communication and adequate information of his pathology.
DOCTOR'S PERSPECTIVE ON PERSON-CENTEREDNESS IN PRIMARY CARE

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Title: Doctor’s perspective on person-centeredness in primary care Aims Equip, Wonca’s workgroup on Quality and Safety, formed a working group ‘Person-centered Primary Care’. Person-centeredness has been described in various models and comprises various domains. The most frequently cited model is provided by Moira Stewart et al. They identified six interconnecting components (e.g. exploring both the disease and the illness experience; understanding the whole person; finding common ground). Other authors built upon this framework but one clear consensual model is lacking. The aim of this workshop is to elicit the participants’ views on person-centeredness and the elements relevant. Description The workshop will consist of three parts: 1. Plenary (35 min): - Presentation: Introduction on person-centered care relating to frameworks and domains, tools for measurement and its relation with outcomes of care. - Introduction to small group work. 2. Discussion in small groups, exchange of ideas on relevant elements of person-centeredness according to their relative importance and ways to measure (40 min). 3. Plenary: Wrap up, summarize and take home messages (15 min). Conclusions Participants will be informed on person-centered care frameworks and domains and discuss their views and experiences. This workshop will present a platform for the exchange of ideas. The Equip working group will collect information from our participants on their ideas about the various elements of person-centered primary care, hoping for an audience from a variety of countries across Europe representing countries with different healthcare organizations. The Equip working group will bring forward their work taking account of the participants’ input.
CHILDREN’S HEALTH AND INDUSTRIAL BAKERY CONSUMPTION IN A HEALTH AREA.

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AIM Analyze the consumption of industrial bakery in children from 2 to 7 years old. METHODS Descriptive, retrospective, epidemiological, observational and analytical study. Data were obtained from OMI-AP Clinical History, collected in two periods: October 2015-May 2016 and August 2016-April 2017. Inclusion criteria: healthy children from 2 to 7 years old. Exclusion criteria: children from 2 to 7 years old with episodes: disability/handicap, cancer/malignancy, multiple congenital anomalies, cardiovascular, locomotor system, nervous system, endocrine/metabolic system, digestive system, viral hepatitis, failure/delay of growth, chronic enteritis/ulcerative colitis, mental disability/handicap, digestive system disease, functional alterations of the stomach or premature/immature newborn infants. RESULTS Of a total of 4335 records of medical records of several health centers, which include whether the child has breakfast at home and whether or not it consumes industrial bakery, 140 children do not have breakfast at home daily, while 4195 do. A total of 739 (17%) of the children included in the study take industrial bakery daily. Of the children who do not have breakfast at home, 42 (30%) of them take industrial bakery daily, while of the children who have breakfast at home daily, 897 (16.6%) do it too, which is significant different (p <0.001). CONCLUSION Having breakfast outside the home implies a greater consumption of industrial bakery. We believe that health education for parents on what components in foods must avoid and how to read the nutritional composition of children’s food is a strategic intervention in order to achieve the main objective of promoting the health of the population and of children in particular.
DO NOT UNDERESTIMATE THE PAIN, IF THE BONE TELLS YOU, INVESTIGATE WHAT DISEASE HIDES?

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Pain in hemipelvis. A 77-year-old woman who self-presented to the Emergency Room complaining of disabling and progressive pain while moving in the right hemipelvis during one month not being associated with toxic symptoms. No known drug allergies. HTA Dyslipidemia being treated with statins. Spontaneous fracture of right pelvic branches resolved with conservative treatment. Iron-deficiency anaemia treated with iron supplements. On admission to Emergency Department, a CT scan is performed. A severe lytic lesion is observed on the right iliac bone. Therefore, a complete study for Primary Neoplasia that metastasizes to bone is suspected and admission to hospital is advised. Tumor markers (CEA, CA 19-9, CA 125 and CA 15-3) are requested, mammary and gynecological pathologies are ruled out. During admission, proteinuria remained 1.1 g / 24h, so analytic was increased with b2 microglobulin, which was high, and two monoclonal gamma globulin migration bands (51% and 18%) of Kappa light chains were observed in the analysis of the proteinogram (K). After Bone Marrow Aspiration (infiltration by clonal plasma cells 66%), the existence of a Multiple Myeloma as a cause of lytic lesion in the pelvis and pain was then confirmed. Finally, the patient is discharged home with prescribed analgesia (Fentanyl patches and Morphine PRN), and a referral to the Oncology-Hematology team is made to commence treatment with QT and RT. It is essential to actively listen to the patient, obtain a good anamnesis, physical examination and to interpret all the complementary tests for the diagnosis of pathologies that underlie the manifestation of bone pain, as occurs with Multiple Myeloma.
A DIGITAL INDIVIDUAL CARE PLAN SUITABLE FOR PRIMARY CARE

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Aims In delivering personalised care, the general practitioner (GP), the general practice nurse and the patient agree on the approach of improving the perceived health. In current GP-information systems, these agreements are not systematically recorded and difficult to share with the patient and other health care providers involved. As current GP-information systems focus on consultations, facilities for recording a care plan are missing. Our aim was to develop a practical format for an individual care plan leaving sufficient degree of freedom to work with, and to pilot test this in practice. Methods We defined the basic requirements of an individual care plan in collaboration with other primary health care and patient associations. The care plan consists of agreements between health care providers and patient about care and self-management of health issues. The agreed activities are assigned to a person being responsible, namely a health care provider or the patient himself. Activities may have a specific goal and are regularly evaluated with the patient. Based on these requirements outcomes, a simple information model of the health care plan was developed. This was discussed with software developers of information systems in general practice. With GP’s, we considered the ways of working with the individual care plan during a consultation. Results A first national model supported by representatives of GP’s and other stakeholders is available. We will present lessons learned in developing and discussing the model and the first experiences of using the model in general practice. Conclusions The model is a first step towards integrating a general health plan with the health record. This way, it can also be accessible for the patient in a personal health record.
MUSCULOSKELETAL EXAMINATION STEP-BY-STEP

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INTRODUCTION Rheumatic diseases can affect the musculoskeletal system, causing pain, mobility and functional disabilities. Therefore, clinical data attained during anamneses and physical examination is of utmost importance, allowing for better criteria when choosing medical tests and narrowing differential diagnosis, resulting in a faster and better treatment for patients. AIM OF THE WORKSHOP The main goal of the workshop is to allow the trainees to learn how to correctly perform a musculoskeletal examination, orientated for the rheumatologic patients, attaining a useful tool in the assessment of differential diagnosis. METHODOLOGY The workshop will start with a brief introduction about the most frequent rheumatologic illnesses in Primary Care, how to attain a detailed medical history and how to execute physical examination adequately. Firstly, a demonstration of the musculoskeletal examination will be done in a model patient. Trainees will also have the chance to practice on the same model patient or on other trainees. Last, but not least, a couple of clinical cases will be discussed, regarding clinical examination and which medical tests to request for every single case. All necessary tools and equipments will be provided to all trainees, as well as a brief summary of the presentation. RESULT AND CONCLUSIONS In General Practice, rheumatologic pathology is one of the most prevalent. Consequently, knowing how to collect good anamnesis and adequately perform the musculoskeletal exam, adapted for every situation, is of highest importance, avoiding unnecessary spends in medical tests or treatment.
OPIOID PRESCRIBING IN GENERAL PRACTICE, TOO MUCH TOO SOON?

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Background Opioid prescribing is increasing globally, also in general practice settings. While the benefits of opioid prescribing for severe chronic pain may, on long term, not outweigh the risks. Furthermore, the recommendation to prophylactically prescribe laxatives with opioids is not always executed. Aim To reflect on opioid prescribing habits in general practice. Description The focus in the first half is on opioid prescribing. We start with a presentation on opioid prescribing in Dutch general practice. How many patients receive an opioid, did this change over the years, and what type of patients received an opioid prescription focusing on indications, such as chronic pain and cancer? This is followed by a group discussion on opioid prescribing. Whom do we prescribe opioids to, how do we weigh risks and benefits and how and why does this differ between different countries? In the second half of the workshop we focus on prophylactic prescribing of laxatives with opioids. First we present the situation in the Netherlands, where there is large inter-doctor variation in prescribing laxatives with opioids. Also the results of a study on reasons for not prescribing a laxative are presented. The presentation is followed by a group discussion. How important is it to prescribe a laxative with an opioid, and what are reasons not to do so? Conclusions The workshop provides an opportunity to discuss several aspects of opioid prescribing in general practice and compare between different countries.
A CLASSIC REVIEW OF THE EFFICACY OF ALKALINE WATER AND MEDITERRANEAN DIET INSTEAD OF PROTON PUMP INHIBITION FOR TREATMENT OF LARYNGOPHARYNGEAL REFLUX

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Aims: Laryngopharyngeal Reflux Disease (LRD) is an extra-esophageal manifestation of Gastroesophageal Reflux Disease and has a high prevalence in population. The use of Proton Pump Inhibitors (PPIs) is widely spread. The aim of this classic review is to: 1) determine the evidence of efficacy and safety of PPIs in LRD; 2) determine the evidence of efficacy of Alkaline Water (AW) and Mediterranean Diet (MD) in LRD; 3) compare the efficacy of PPIs with that of the AW and MD in LRD. Description: Research of meta-analyses, systematic reviews, observational studies, comparative studies and opinion articles in PubMed, The Cochrane Library, British Medical Journal and World Health Organization available until September 2017 in English, Spanish and Portuguese. MeSH terms: proton pump inhibitor efficacy reflux; proton pump inhibitor danger; alkaline water health benefits; alkaline water risks; alkaline water reflux; Mediterranean diet benefits; Mediterranean diet risks; Mediterranean diet reflux. It was used the scale Strength of Recommendation Taxonomy of American Family Physician to evaluate the level of evidence and assignment of recommendation forces. Number of final articles: 1) 34; 2) 7; 3) 4. Conclusions: The majority of the information have not demonstrated a significant benefit of PPIs in LRD and despite poor evidence, their side effects are increasing and cannot be ruled out. This review demonstrates that a MD combined with AW and lifestyle changes leads to a reduction in LRD symptoms compared to those obtained at the time of diagnosis. To conclude, by weighing all the possible side effects of PPIs, the absence of indication and effectiveness of its use in LRD, and non-inferiority of the MD combined with AW consumption, with all its benefits, this option would be something to consider due to great interest.
HOW CAN A GENERAL PRACTITIONER HELP? PATIENTS’ AND DOCTORS’ VIEWS ON REASONS FOR VISITING A GENERAL PRACTITIONER: RESULTS FROM NORWAY.

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Background/ Aim We aimed to investigate which medical issues that will bring patients to see their general practitioners (GPs), and whether there is consistency between patients’ expectations for what a GP can help them with and what the GPs expect their patients to seek them for. Material and Method We used data from the Norwegian part of the study Quality and Costs of Primary Care in Europe (QUALICOPC). Given a selection of health problems, GPs were asked to what extent they believed their patients would contact them. The patients were asked whether they believed that most patients would see a GP, whether they expected to benefit from a GP visit and how important it would be for them to see a doctor in case of a selection of health problems. All data were anonymous. A unique identification number enabled linkage of data from patients and GPs. Results A total of 198 GPs and 1529 patients participated in the study. Close to 100 % of all GPs believed that patients would see them for a selection of common health problems such as severe cough, stomach pain, lump in breast, polyuria, joint pain and anxiety. Male patients did to a lesser degree than female believe that patients would see a GP for 6 of 14 symptoms. However, male patients found it more important than female to see a GP for several of the symptoms. We had comparable information from patients and GPs for seven health problems. For all of these, the GPs were more likely than the patients to believe that people would seek them for the given complaints. In multiple regression analyses, the difference was significant for six of the seven health problems. Conclusions GPs and their patients seem to have differing views on patients’ reasons for visiting a GP and also on what GPs can be of help with.
GENDER DIFFERENCES IN ACS SUSPECTED PATIENTS AT OUT-OF-HOURS PRIMARY CARE SERVICES

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Background: During out-of-hours (OHS) primary care, telephone triage is done by nurses who use the Netherlands Triage Standard; a decision support tool which helps to classify the urgency level of incoming calls. Previous studies about acute coronary syndrome (ACS) reported women had more atypical symptoms and it might more difficult to differentiate them from women without an ACS with triage. It is unknown how women differ from men who are suspected of an ACS. Aim: To assess if there are differences in symptom presentation or urgency allocation between gender with symptoms suggestive of ACS with telephone triage at OHS primary care in the Netherlands. Methods: In an ongoing cross-sectional study backed up telephone triage tapes were re-evaluated. Patient characteristics, symptom presentation, and allocated urgency levels were assessed in men and women. For analysis, urgency allocations were divided in high and low. Results: Of 956 adults who contacted the PC-OHS with chest discomfort, 528 (55.1%) were women. Women received in 76.1% a high urgency allocation compared to 74.1% of men (p=0.53) and ambulances were dispatched equally to women and men (51.0% vs 47.9%, p=0.56). The majority of women and men experienced chest pain (92.7% vs 92.8%, p=0.32), but women expressed in addition more often nausea than men (54.7% vs 43.9%, p=0.024), experienced more often referred pain (71.1% vs 55.0%, p=<0.001), and had a higher average pain score on the Visual Analogue Scale (6.8 vs 5.7 p=<0.001) Conclusions: Women that may be suspected of ACS received a similar urgency allocation than men suspected of ACS. Women expressed more often nausea and referred pain than men, and had higher chest pain scores.
FATAL ADVERSE EVENTS AFTER CHEST PAIN AT OUT-OF-HOURS PRIMARY CARE: A CASE-CONTROL STUDY

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Background: With a yearly incidence of 0.006% fatal adverse events or ‘calamities’ at the primary care out-of-hours service (PC-OHS) are rare. Most calamities concern missed diagnosis of acute cardiovascular diseases and flaws in the triage process often are found as root cause, leading to an array of improvement measures for daily practice. However, it is questionable whether these calamities are representative for structural flaws in the system and if it is possible at all to distinguish calamities from non-calamities. Aim: To assess if PC-OHS calls that resulted in calamities differed from matched controls in patients with chest pain. Methods: We conducted a case-control study at a PC-OHS in the Netherlands. Archived triage conversations in the period January 2013 - December 2016 that resulted in a cardiovascular calamity were matched 1:4 with other triage conversations based on age, gender and symptoms. A researcher blinded to the outcome, extracted information regarding call, patient characteristics and urgency allocation. Univariable analyses were used. Results: A total of 14 calamities and 56 matched controls were included. Calamities and controls were very similar. In calamities there was more often an atypical location of the chest pain (p=0.04) and radiation of the pain (p=0.04) than matched non-calamities. Conclusion: We could not show essential differences in the presentation of calamity and non-calamity calls, which suggests that it is ‘impossible’ with telephone triage to discover all high urgent cases of patients with chest pain. Hence, prevention of these calamities seems an illusion, and building improvement measures on single calamities therefore questionable.
THE ASSOCIATION OF DEPRESSIVE SYMPTOMS AND SELF-RATED HEALTH

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Aims Depressive symptoms are common, but poorly recognized by general practitioners. They presumably affect self-rated health, but evidence is still mixed. Depressive symptoms and poor self-rated health are both associated with cardiovascular disease. A single question "In general, how would you rate your health?" may enhance the recognition of depressive symptoms and even sort out those at high cardiovascular risk. The aim of our study was to investigate the association of depressive symptoms and self-rated health in order to evaluate the usefulness of this one-question tool.

Methods In this cross-sectional population-based study, we assessed self-rated health and depressive symptoms using Beck’s Depression Inventory among 2555 cardiovascular risk persons (mean age 58 (SD 7) years, 55.6% women) who had no established cardiovascular or renal disease or type 2 diabetes. Results Our preliminary results show that 39.6% of the study subjects rated their health as poor or fair, 30.6% as good and 29.9% as very good or excellent. Beck’s Depression Inventory mean score was linearly associated (p<0.001) with self-rated health: those rating their health as poor/fair had the highest mean score. Subjects rating their health as poor/fair had more (p<0.001) depressive symptoms defined as Beck’s Depression Inventory score >9 than subjects rating their health at least good. Over 45% of women and 35% of men rating their health poor/fair had depressive symptoms. Conclusions Our study suggests that depressive symptoms and poor self-rated health are associated. Asking the patient's own opinion about his/her health may reveal depressive symptoms.
ACCESS OF STUDENTS TO PRIMARY HEALTH UNIVERSITY CLINIC AFTER PRELIMINARY MEDICAL CHECK UP IN JAKARTA

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University clinic is primary health care center that conduct medical check up for freshmen students every years. To identify the correlation factors of student’s access to visit the doctor in the clinic, we held a cross sectional study of medical check up of freshmen students data and university clinic medical record of 2015 and 2016. Analysis of univariate, bivariate and multivariate logistic regression, was conducted to determine the factors associated and affect the access of students who visited the university clinic. There were 14,129 students went trough medical check up in clinic, and 2208 (15.6%) students were identified have chronic health problems, such as obesity, underweight, hypertension, anemia, tuberculosis and others. Among freshmen students, there were 2669 (19.1%) visited the clinic within those years. There are statistically significant factors correlated with visiting to the doctor at the clinic. Female students (p < 0.05 OR 1.09), having physical health problems at medical check up (p < 0.05 OR 1.32), and staying in dormitory or boarding house (p < 0.05 OR 2.91) have correlation with visiting to the doctor at the clinic. The logistic regression analysis showed that no physical health problems (p < 0.05 OR 0.772 95% CI 0.689 - 0.866), males (p < 0.05 OR 0.879 95% CI 0.801 - 0.963) and staying at home (p < 0.05 OR 0.343 95% CI 0.312 - 0.377) likely avoid visiting doctor at the clinic. The holistic and comprehensive approach is necessary conducted in university primary health clinic because of achieving healthy body and mind are also the goals when the students graduate from the university.

Keywords: primary health care access, university clinic, primary care physicians
CONCURRENCE OF ALLERGY AND NON-SPECIFIC LOW BACK PAIN IN A 44-YEAR OLD FEMALE PATIENT: A CASE STUDY

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Aim(s) Over the last few decades, there have been single reports suggesting the possibility of concurrence of allergy and non-specific low back pain (nSLBP). It is believed that some of the chemical mediators released by mastocytes, inter alia, pro-inflammatory cytokines, can induce the occurrence of nSLBP. The aim of the paper is to preset the links between allergy and nSLBP on the basis of a case study. Description A 44-year old patient with an 8-year history of seasonal allergic rhinitis and seasonal allergic conjunctivitis was consulted multiple times at a family medicine clinic due to recurring nSLBP. Pain would always be felt in the period from April to September. On the basis of an X-ray of the lower back, it was concluded that multi-level discopathy was present. Using skin prick tests, allergy to the following allergens was diagnosed: grass, rye, alder, birch and white poplar pollens. The period of occurrence of low back pain coincided with the season of pollination of these plants. The use of allergen-specific immunotherapy resulted in the elimination of the pain. It is believed that pro-inflammatory cytokines (IL-1 beta, IL-6, TNF- alpha) can stimulate the development of an inflammatory reaction in the lumbosacral spine, which becomes the critical determinant in the occurrence of discogenic pain. They can also stimulate nociceptors through motor neurons in the area of skeletal muscles in the lumbosacral spine, causing their contractions and pain. Conclusions The use of allergen-specific immunotherapy in the treatment of allergy can cause regression of nSLBP, which sometimes occurs seasonally in patients with this chronic illness.
SUBCUTANEOUS HORMONAL IMPLANT, OPTION AND ADHESION, THE REALITY
OF A FAMILY HEALTH UNIT

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Aims: Subcutaneous hormonal implant is a contraception method available in the Health Unit. However, it has costs for the National Health Service. There are side effects that can compromise the adherence. The cost of this method when compared to an oral contraceptive is lower if we consider adherence longer than 25 months and do not account for other procedure costs. Our goal is to determine how frequently the user choose subcutaneous hormonal implant, and to evaluate the adhesion and the cost-effectiveness of this method. Methods: Dimension studied: technical-scientific adequacy. Unit of observation: women with [15-54 years old] enrolled in the health unit during the study period: January 2012 - October 2017. Data type: result. Source: clinical process, internal records. Evaluation: internal and retrospective. Data treatment: Descriptive statistics. Software used: Excel. Criteria: registration in the clinical process and internal document. Exclusion criteria: implants that have not been placed and removed in our unit, or with registration error. Results: Of the 4836 patients followed up, 262 (5.4%) opted for implant, of which 42 (16%) withdrew the method previously, in which 18 (42.85%) had an adhesion of more than 25 months. 29 (31.2%) patients whose method validity period had expired were identified. Conclusions: The option of this method is low but adherence is strong and it was verified the cost-effectiveness when compared with a combined oral contraceptive. It should be noted that the identification of patients with implants out of date is a situation that requires intervention in the educational area and structural changes to fill this gap and improve quality.
TRANSFER TO THE WORKPLACE OF THE KNOWLEDGE ACQUIRED ON THE REGISTRATION OF DATA IN OMI

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Measure transfer to the workplace of knowledge acquired by the students of the action "Update of knowledge about OMI clinical history and Services Portfolio". Methods Descriptive, analytical and intervention study. 14 editions, face-to-face, working hours, 1.5 h long. "Update of knowledge about OMI clinical history and Services Portfolio". Teaching methodology: clinical session (theory 15 minutes and practice 75 minutes). Explanations about real clinical histories. Intervention period from June 2013 to July 2016. Data source: 8317 clinical histories (CHs). Inclusion criteria: CHs of diabetic patients older than 14 years whose nurse of reference made the training. Exclusion criteria: - Nurse who is not active during the study period. - Diabetic patients who did not attend any study period appointment. Indicators: A. Percentage of CHs that present at least one HbA1c registry in the period between October 2015 and May 2016. B. Percentage of CHs that present at least one HbA1c record in the period between August 2016 and April 2017. Results: Indicator A: 37.41%. Indicator B: 43.04%. In 9 months it is observed a 5.63% of increasing in all health areas. Conclusions: The knowledge of the course has been transferred to the job. There is ample room for improvement. We believe it is necessary to continue with training. The training improves the data of this indicator, but it is necessary to continue exploring other factors that influence the fulfillment of the minimum requirements of the follow-up visits indicated by the scientific evidence.
GROUP OF WOMEN: MENOPAUSE AND CLIMATERIC

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AIM A few years ago some professionals at our Health Center began an ambitious project about menopause and climacteric with the females of the community, whose aim was to accompany them and try to provide useful tools and information regarding this period of life in order to improve their self-perception and their ability to face the changes that occur. Previous years we checked the satisfaction that the women had with the project, but we thought it would be interesting to do an inquiry about their knowledge, attitudes and perceptions at the beginning. MATERIAL AND METHOD: The picking method was information from the midwife, nurses and doctors. We decided to use a validated multiple choice inquiry about knowledge and attitudes in women between 40 and 64 years old. RESULTS Our women (n = 16) were majority married with children, between 43 and 61 years with a wide range between last date of menstruation. One third of them (5) didn’t know what was climacteric and another third thought that the menopause was just the beginning of elderly. Most of them (12) only have information coming from family or friends, social media or has very few. And 12 of them answer that it was important to have a program to inform and prepare women for this process. CONCLUSION The knowledge that women have of this process is very limited and sometimes very focused in the negative aspects. There are two very important bias was the limitation in the time offer to the group, giving that it was only possible during the morning and consequently half of women are housewives. Other limitation secondary to the previous one was that we must reunite women already gone through the process of climacteric and others beginning it.
HOW HARD IS THE CHEST PAIN?

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BACKGROUND 67 years old female came to our center with left chest pain the last 4 days that worsen with movements, coughing and deepbreathing with dyspnea to high efforts. No previous traumatism. Diabetic, hipotroidism, chronic anemia and renal insufficiency under dialysis. And pericardic leak 8 months prior. DESCRIPTION Physical exploration: Respiratory frequency 18, Cardiac frequency 62. O2 Saturation 100%. Cardiac auscultation was rhythmic with low tones. Pulmonary auscultation was normal and she had no edemas. ECG was normal, Thoracic X-ray shows an increased cardiac diameter without pleural leak. Given her antecedent, we send her to hospital, where and urgent echocardiogram was perform, showing a global pericardic leak, maximum of 18 mm. CONCLUSION It was decided continuous dialysis for 3 days, after the ones a great improve was shown, and with diagnosis of uremic pericardic leak was relished, increasing the frequency of dialysis. The different perception that every patient have of their symptoms is a conditioning that we must learn to work with, as it might lead to misread the severity of the process.
PATELLAR TENDON RUPTURE IN ELDERLY WOMAN, ITS DIAGNOSIS AND MANAGEMENT. CLINICAL CASE PRESENTATION.

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AIMS: The patellar tendon ruptures are relatively uncommon and occur mostly in young people who maintain an athletic activity. However, in our work we want to focus on risk factors and its prevention that may lead older people to avoid this kind of ruptures. METHODS: A 74 year-old woman with a medical history of bilateral gonarthrosis treated repeatedly with steroid injections. Total left knee prosthesis 1 month ago. Diabetes mellitus and overweight. Presents to her Primary care Doctor with severe pain in her left knee, accompanied by swelling at the bottom of the knee, unable to put weight on her left limb and holding the knee in a straightened position. Review of systems was negative for fever, chills, fatigue, headache, chest pain, palpitations, abdominal pain, paresthesias, or any other symptoms. RESULTS: The plain radiography shown patella alta and ultrasound longitudinal scan confirmed patellar tendon rupture - swollen and hypoechic being diagnosed with massive patellar tendon rupture. The patient referred to Traumatology Department underwent a surgical treatment and presented favorable evolution with full recovery of the movement along the first year of follow-up. CONCLUSION: Most ruptured patellar tendons occur over chronically degenerated tendons. Steroid injections are thought to predispose to rupture. Another risk factors include: tendon calcifications, arthritis, collagen disorders, fatty tendon degeneration and metabolic disorders such as diabetes mellitus, chronic renal failure or systemic lupus erythematosus (SLE). That is why it is so important to control the risk factors that may help to avoid the rupture.
DOCTOR, DO I NEED SCREENING FOR ANEURYSM?

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A 51-year-old woman. Patients mother died because of brain hemorrhage and one of her sisters died because of an aortic dissection. Another sister underwent surgical intervention as a result of an intracranial aneurysm. A brother underwent surgical intervention due to an abdominal aortic aneurysm. Cardiovascular risk: Non-smoker since 6 years. She started to smoke when she was 13 years old. Around 10-20 cig/day. Menopause. Normal physical exploration but a pulsatile mass in epigastrum. EVOLUTION: The patient was referred to Radiology Department for CT Head Scan = 3 x 4 mm aneurysm in the left superior cerebellar artery and Abdominal Ultrasound = No aneurysm in the aorta. Maximal sagittal diameter 2,1 cm. No aneurysm in iliac arteries. Atherosclerosis. The patient was referred to Neurosurgery at Sahlgrenska University Hospital in Gothenburg. The intracranial aneurysm was selected for coiling. The patient is asymptomatic 1 year after coiling. CONCLUSIONS: It is very important to know about risks regarding aneurysm in order to make a right decision about diagnosis and early treatment for those patients with a high risk. When at least one first-degree relative was reported with an aneurysm it means that there is risk for aneurysm. The risk for aortic aneurysm in relatives of Abdominal Aorta Aneurysm (AAA) patients is much higher than expected from the population risk (1). The risk of prevalence or rupture of intracranial aneurysms of patients with a history of one or more other family members suffering from Subarachnoid Hemorrhage have been shown to depend on the number of affected relatives, increasing for one and a particular two or more relatives in comparison to the risk of sporadic cases (2). There is no protocol about aneurysm screening in relatives in our area.
PREVALENCE OF BREASTFEEDING IN CHILD BETWEEN 0 AND 2 YEARS OLD IN THE BORN POPULATION OF 2013

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Aim: To study the prevalence of breastfeeding in children under 2 years. Methods: Quantitative descriptive and retrospective analytical study. Population size: 20179 records. Subjects of study: born between 2012 and 2014. Inclusion criteria: children from 6 health zones. Exclusion criteria: children with pathologies that prevent or hinder breastfeeding. Data source: clinical history (CH). Variables: Age, Lactation record (exclusive breastfeeding, predominant breastfeeding, without breastfeeding) Indicators: - Percentage of children in whose CHs the breastfeeding data is recorded in the first 20 days of life. - Percentage of children between the 121 and 140 days old in whose CHs the breastfeeding data is recorded. Results: - Of 258 children up to 20 days old, 209 (81.1%) maintain exclusive breastfeeding, 25 (9.69%) have predominant breastfeeding and 24 (9.30%) have no breastfeeding. - Of 377 children between 121 and 140 days old, 198 (52.52%) maintain exclusive breastfeeding, 50 (13.26%) have predominant breastfeeding and 129 (34.22%) have no breastfeeding. Conclusions: 18.9% of healthy children do not have exclusive breastfeeding in their first 20 days of life. 28.58% of children abandon exclusive breastfeeding during the first 4.5 months of life. Coordinated actions are necessary among midwives, pediatric nurses, primary care nurses, doctors, pediatricians, during the stages of pregnancy, childbirth and upbringing to promote exclusive breastfeeding and support the mother. It is important to take into account the actions to unify criteria and updating the knowledge
SELF-MANAGEMENT GROUP EDUCATION IN DIABETIC PATIENTS IN A PORTUGUESE PRIMARY HEALTHCARE SETTING

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AIMS: Recent studies have shown that, among diabetic patients, adherence to proposed treatment strategies, both pharmacological and non-pharmacological, is low, which has led to an increased emphasis on patient empowerment. Group therapeutic education has demonstrated statistically significant effect on improving weight, BMI, quality of life, patient attitudes, as well as HbA1c control. The authors' aims were to follow a group of portuguese diabetic patients who received group therapeutic education in a primary healthcare setting and evaluate the impact of this intervention in terms of improvement of diabetes control and quality of life. METHODS: Case series which included adult diabetic patients of a primary care unit in Portugal who attended a self-management education program between the years of 2015 and 2016. A cut-off of three or more group sessions attended within a 12-week continuous period was used to determine an effective participation. Conversation MapsSTM, an International Diabetes Federation (IDF) project, were used as an educational tool. HbA1c, arterial blood pressure and biometric parameters were also analyzed, both prior to the intervention and after a period of at least 3 months had elapsed from the last educational session attended. The Short Form (36) Health Survey (SF36) was applied to each patient before the intervention and after the third group session. Changes in anti-diabetic pharmacological therapy during the study period were considered criteria for exclusion. RESULTS: A total of 17 group education sessions were held, with a total attendance of 87. Statistically significant reduction in HbA1c was observed in those who completed the programme (n=20) (0.51%; 95% confidence interval (CI): p<0.007). Additionally, improvements were observed for BMI (average decrease of 0.5 kg/m²; 95% CI: p<0.276), waist circumference (average decrease of 1.8 cm; 95% CI: p<0.102) and total cholesterol (average decrease of 5.5 mg/dl; 95% CI: p<0.284), although these results were not statistically significant. Despite good patient acceptance of the programme, as demonstrated by the friendly atmosphere experienced as well as the involvement of caretakers and other, non-diabetic, family members, the overall assessment of the SF36 survey was similar before and after the intervention, with the exception of the physical functioning section, which showed improvement (95% CI: p<0.048).

CONCLUSION: This intervention was well accepted by the community and the outcomes demonstrated a clinical benefit for participants, namely in terms of HbA1c control. As pressure is increasingly placed on healthcare professionals to obtain the best results possible in a cost-effective manner, it is necessary to verify whether these models of group education are applicable within the context of portuguese healthcare services, particularly in the primary healthcare setting, often considered the frontline of the public healthcare structure. Due to a relatively small universe of patients and a reduced team of healthcare professionals involved, the number of participants included was small, which the authors recognize as one of the main limitations of the study. A multicentric study covering a larger population group, with long-term follow-up and assessment of diabetes-related complications, would potentially help consolidate these preliminary findings in the portuguese population.
MEDICINES, A GOOD OR A BAD FRIEND?

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BACKGROUND 80 years old female, diabetic with renal insufficiency and multiple escherose living at home with her husband and 5 hours care help. Due to her conditions and pain she is under, the treatment is very extensive and multiple professionals are involved. During the summer months, concurring with extreme temperatures and a bedsore infection she started feeling weaker and sleepy, without experimenting fever but with pain, having increased painkiller dose. METHOD At a home visit we evaluate the situation and objective that although there was no neurological focality, it was clear that there was a tendency to fall sleep and the fluidity of the conversation was not the usual in her. Rest of the exploration was without changes. We decide to send her to hospital where blood test were perform, finding an important decrease in her renal function. And taking out half of the painkillers she used to take at home and putting her under antibiotic therapy and intravenous hydration, the oversleepyness was solved, giving the diagnosis of toxicity secondary to overmedication. CONCLUSION When thinking about our elderly patients it is very important to control the correct use of medication and being aware of particular situations that can conduce to accumulation of pharmacological principles in the body, increasing significantly the side effects.
THE WONCA WORKING PARTY ON EDUCATION (WWPE): ASSESSMENT “FOR” LEARNING: EXPLORING EVIDENCE FOR CHANGE TO ENSURE FAMILY MEDICINE (FM) ASSESSMENTS MIRROR, RATHER THAN DETRACT, FROM SELF-DIRECTED LEARNING

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Background At WONCA Europe Prague, a workshop on formative assessment revealed wide differences in assessment practice, from purely summative to purely formative, when assessing trainee competence. Such diverse assessment practice was not anticipated. FM offers the ideal context for personalised feedback to support trainees to self-direct their learning. If not authentically designed assessment tools can detract from this, disempowering rather than rewarding student led learning. Aim The interactive workshop is designed to familiarise participants with trends in evidence based assessment practice and support them to explore and share ways to move to more formative assessment "for" (rather than "of") learning in their own institutions. Method After a brief introduction, an interactive presentation will set the trends in assessment methods and formative feedback in the context of published international literature. Participants will work in small groups initially to discuss the challenges of their current assessments. After a plenary they will discuss scenarios contextualised to illustrate the ways assessment methodology can be improved using the tool box of currently available methods. Results By the end of this workshop, participants will be able to: 1: Describe the range of assessment tools and feedback frameworks currently available 2: Select appropriate assessment tools for a variety of teaching and learning situations 3: Begin to develop a more formative programme of assessment for their own context. Conclusion The workshop is key to understanding and developing a more formative approach to assessment to support FM students and trainees to self-direct their learning. Outcomes will support the move to create WONCA guidelines on assessment.
HABITS OF FRUIT CONSUMPTION IN CHILDREN IN A HEALTH AREA. DOES IT INFLUENCE IF THEY TAKE BREAKFAST AT HOME?

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AIM To analyze children's fruit consumption habits, in relation to have breakfast or not at home. METHODS Descriptive, retrospective, epidemiological, observational and analytical study. OMI-AP Clinical History (CH) Data, collected from October 2015 to May 2016 and from August 2016 to April 2017. Inclusion: healthy children from 2 to 7 years old. Exclusion: children from 2 to 7 years old with episodes: disability/handicap, cancer/malignancy, multiple congenital anomalies, cardiovascular, locomotor system, nervous system, endocrine/metabolic, digestive system, viral hepatitis, failure/retarding of growth, chronic enteritis/coitis ulcerative, mental disability/handicap, digestive system disease, functional alterations of the stomach or premature/immature newborn infants. Indicators: Fruit consumption: zero fruits/day, one to three fruits/day and three or more fruits/day. Have breakfast at home YES/NO. Frequency analysis Chi square (significance p <0.05). RESULTS 8,303 breakfast records and daily fruit consumption. 641 children do not consume fruit daily (7.7%), 3105 consume 2 or 3 (37.4%) and 107 more than three (1.3%). Consumption of three or more fruits and vegetables a day: children who DO NOT eat breakfast at home 0%, children who DO eat breakfast at home 1.3% Consumption of zero fruits daily: children who DO eat breakfast at home 7.5%, children who DO NOT eat breakfast at home 14.4% (p <0.0001). CONCLUSIONS In the population studied there is a low percentage of children who do not eat breakfast at home. Eating breakfast away from home means less fruit consumption. It would be interesting to study what factors affect to the low consumption of daily fruit, and its relationship with childhood caries and obesity.
THE WONCA WORKING PARTY ON EDUCATION (WWPE): DEVELOPING THE UNDERGRADUATE (UG) CURRICULUM TO PROMOTE FAMILY MEDICINE (FM) IN MEDICAL SCHOOLS; TACKLING THE PERCEIVED LOWER STATUS OF FM

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Aim: To explore participants experiences of FM UG education, barriers to increasing FM exposure and recommend good practice to underpin curriculum principles for WONCA guidelines. Description: The WONCA Rio statement calls for strengthening exposure of all medical students to FM. The WWPE has prioritised writing global WONCA UG standards. This is now urgent as globally FM recruitment becomes critical. A FM driven workforce must underpin Universal Health Coverage (UHC). The medical curriculum influences career choice. Within a powerful hidden curriculum hospital specialties dominate. FM is perceived as lower status; academically, politically, and socially. After introductions, participants will work in small groups to discuss the challenge of increasing medical student experience of FM. An interactive presentation will set these in the context of published international literature. In small groups, participants will discuss personal examples of innovative good practice and identify curriculum changes needed to raise the status of FM and address UCH. Outcomes will be consolidated to agree principles and standards for UG training. Learning Outcomes By the end of this workshop, participants will have: (i) Shared personal challenges of increasing exposure to FM in UG curricula and identified creative and good practice. (ii) Updated their understanding of published evidence to inform change (iii) Identified principles and standards for curriculum modelling to promote learning compatible with delivering UCH Conclusion Collaboration is essential to move WONCA strategy forward. This workshop is key to working together to understand the barriers to change and develop principles for increasing exposure to and the status of FM in UG training.
WHAT EVIDENCE DO DECISION MAKERS NEED: WHAT WILL THE COCHRANE SYSTEMATIC REVIEW LOOK LIKE IN 2025?

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Aims Cochrane systematic reviews represent the highest standard of evidence for basing decisions in clinical practice and policy. Traditionally, Cochrane Reviews assess the effects of interventions, based on a synthesis of published randomised controlled trials (RCTs) in the scientific literature. Increasingly this approach has been challenged by issues such as the limitations of RCTs, and of published reports in scientific journals, and the urgency and increasing complexity of questions identified by decision makers. In addition, moves towards personalised medicine challenge traditional evidence approaches that are based on estimates of effects across broad populations. We will explore with participants the current limitations of available evidence and identify solutions that could increase the use and impact of evidence in practice and policy.

Description We will make a short presentation to the group, describing different elements of evidence that might change: 1. Use of different data sources for traditional reviews, including clinical study reports, non-randomised studies and 'big data' 2. Emerging methods used for traditional reviews 3. Evidence addressing different types of questions, such as prognosis and qualitative evidence 4. Customised presentation and delivery of evidence We will explore the usefulness of these different elements in small groups. Conclusions We aim to identify how evidence can be more useful to decision makers. We aim to produce a list of the top five priorities of the participants, which will help shaping the future content in Cochrane.
GETTING EVIDENCE INTO PRACTICE: CHALLENGES AND SOME EMERGING SOLUTIONS: WORKSHOP TO EXPLORE PRACTICAL SOLUTIONS

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Aims Decision making in clinical practice should be informed by the best current evidence, combined with the judgement and expertise of the health professional and the experience, values and preferences of the patient. However, bringing evidence into the consultation is challenging: even where an answerable question is identified, the answer may not be easily accessible, the evidence may be flawed or simply not easily applicable. Cochrane produces high-quality systematic reviews that are regarded as reflecting current best practice in evidence synthesis but may be difficult to apply in clinical practice. In this workshop, we will explore the challenges in identifying and using evidence in practice, and some practical solutions, including the use of the GRADE process and shared-decision aids. Description We will make a short presentation to the group, that will include an introduction to GRADE methods, and example patient-decision aids such as the MAGIC app and another tool to help inform decision making at the point of care, Cochrane Clinical Answers. We will then break into small groups to explore how these might be used to aid decision making with specific examples. Conclusions We aim to provide participants with practical steps to use systematic reviews, Cochrane Clinical Answers and the MAGIC app to inform clinical decision making where there are important uncertainties. We will also aim to identify the features that assist the process of knowledge translation and evidence-informed decision making.
MENTORING PROGRAM: FOR THE OVERALL DEVELOPMENT OF THE DOCTOR AS WELL AS EFFICIENT AND QUALITY MEDICINE

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Aims: In the first years of practice, doctors are faced with numerous challenges. They must take on new roles, learn informal norms and they must consolidate their professional identity, from resident to fully autonomous doctor, etc. It is important to examine ways of providing accompaniment to doctors during this period, as this may facilitate their development and contribute more efficient and better quality medicine. In 2013, the Fédération des médecins omnipraticiens du Québec started a mentoring program with this purpose in mind, where experienced doctors provide support to younger doctors to help them overcome the above-mentioned challenges. Methods: Data were collected by self-report questionnaire, 12 months after the start of the mentoring relationship, and these were analyzed in order to measure the impacts of participation in the program. Results: For mentees (n=12), results notably indicate significant and positive impacts on the development of professional autonomy (83%) and professional identity (83%), new knowledge (75%), aptitudes (83%) and attitudes (83%) pertinent to their practice, and a better understanding of the medical culture within the practice setting (83%). For mentors (n=14), results notably suggest positive impacts such as feeling useful in transmitting their knowledge (100%), the development of interpersonal skills (100%), as well as the acquisition of new knowledge (86%), aptitudes (86%) and attitudes (93%) pertinent to their practice. Conclusions: These preliminary results suggest that mentorship may help in overcoming various challenges faced in the first years of practice, as well as contributing to the development of competence in both mentors and mentees. The result may will be medicine of better quality and greater efficiency.
ALTRUISTIC LIVING KIDNEY DONATION IN A RURAL COMMUNITY

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Background & Aims Kidney transplantation provides a preferred choice for patients with chronic renal failure. A national drive is bridging the gap between demand and supply of viable renal organs. We explored the features and motives of volunteers seeking to undergo altruistic renal donation. Methods Semi-structured interviews were employed to assess the motives towards and reflections after altruistic renal donation. Demographic data and medical evaluation of volunteers was documented. Results Half grew interested after meeting other donors or through campaign of a volunteer organization publicizing its activity. Emerging common themes included: "A golden opportunity to provide for a fellow human being with minimal expense or discomfort", "Granting life is the most precious accomplishment possible". 5 underwent nephrectomy and strongly recommend it to others. Aside from one donor to a sibling the rest donated to completes strangers. The committee disqualified nine volunteers due to medical findings. Six had laboratory abnormalities, one metastatic colon cancer one harbored an aortic aneurysm and had compromised renal function. Conclusions Widespread dissemination of the phenomenon as well as the relative safety and positive experiences of those choosing to perform this generous deed may readily pave the path for others to do the same.
LITHIUM INTOXICATION AND THE IMPORTANCE OF THE HOLISTIC VISION OF FAMILY DOCTORS

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Aims: Bipolar Disorder (BD) is characterized by episodes of mood swings. Lithium (Li) is used for acute/prophylactic treatment of manic/hypomanic episodes. Serum Li levels should be measured at least every 6 months. Description: Male, 75 years, autonomous, with BD type 1 medicated with Li (last 40 years followed by a Psychiatrist who was responsible for Li serum values control), went to his Family Doctor (FD) in November 2016 due to hand tremor, difficulty in starting march and ataxia with 2 weeks of evolution. These symptoms worsened progressively to incapacity for fine movements, tempo-spatial disorientation and mental confusion in December when he finally revealed to his FD that he had left his Psychiatrist in 2015. The serum Li levels were requested and done, but 1 week after this last consult, he developed vomiting and food refusal and was hospitalized with the diagnosis of prerenal acute kidney injury. During hospitalization Li was administered and mental status continued to worsen, until the patient’s wife showed the analysis requested by the FD that revealed Li toxicity (2.13 mmol/L) and it was suspended. He had a progressive and complete remission of all symptoms, becoming autonomous again. After the suspension of Li, he was mentally stable for 3 months but had a manic episode for the first time in 20 years, requiring 2 hospitalizations for compensation and multiple therapeutic adjustments only reaching euthymia in September 2017. Conclusion: This case shows the importance of the holistic modeling FD have on their patients and their role as health care coordinator, making the connection between multiple medical specialties and therapies. If there were always information back to the FD, this case would probably not have occurred, avoiding the intoxication by Li and the decompensation of the BD.
BEYOND DEPRESSION

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Aims: Meningioma (MGs) is a common intracranial and intraspinal neoplasm, more prevalent in women and typically present with headaches, seizures, and focal neurological symptoms determined by its location. Little is known about risk factors, but some studies associate MGs with personal history (PH) of endometriosis and leukemia. Description: Female, 38 years, teacher, with PH of childhood leukemia, occipital headaches in 2008 with a normal cranial CT scan (CCTS) and a bilateral oophorectomy in 2011 for endometriosis. In June 2017, the first time in 6 years, she went to her Family Doctor (FD), for depressive symptoms with 6 months of evolution, and mental retardation and verbiage were observed and associated with depression, for which she was medicated. 2 months later, she was taken to the emergency with headache and behavior change with uninhibited and repetitive speech, social isolation, increased irritability and carelessness of personal hygiene with 1 month of evolution and a CCTS was performed for exclusion of an organic lesion, which showed a bilateral front-basal intra-cranial tumor with about 70x55x50 mm and great mass effect. In 2 weeks she underwent surgical removal of the tumor, with a histological diagnosis of fibroblast MGs with high proliferative index. 3 months after surgery she continues in physical rehabilitation and has minor neurological symptoms like decreased muscle strength but is gaining autonomy. Conclusion: FD see early undifferentiated stages of diseases and have the privilege to know the PH of their patients, although in this case it would be very difficult to suspect in first hand of this rare pathology only with symptoms of depression. However, the role of FD does not end in the diagnosis and this patient continues to require attention in regard of the rehabilitation and future care.
IT’S NOT ALWAYS WHAT IT SEEMS. A CASE REPORT.

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CASE REPORT A 75 year-old male with hypertension, COPD and miiofibroblastic sarcoma in left forarm in treatment with radiotherapy in the actual moment presents asthenia and a progressive increase of his basal dyspnœa, cough with purulent expectoration but no fever for the last 3 weeks coinciding with the begining of the RT treatment, and apparent chest pain not related to efforts or respiratory movements within the last 7 days. The patient was seen in the emergency service with normal x-ray and O2 levels, orientated as a COPD exacerbation and discharged with antibiotic therapy (amoxicillin/clavulanic). After 3 days, the patient consulted his primary care doctor due to lack of improvement and after physical examination the therapy was changed for levofloxacin. Seven days later, the patient was once more sent to the emergency service by the radiotherapy specialist where the diagnosis was finally made and the patient hospitalized.

PHISICAL EXAM Cardiac auscultation normal. No pulse in left foot but good color and temperature. Pulmonary auscultation with hypophonesis and cracklings in both bases. DIFFERENTIAL DIAGNOSIS COPD exacerbation, pneumonia, acute heart ischemia, pulmonary embolism (PE). TESTS AND RESULTS ECG: sinus rythm 70 bpm, no repolarization alterations. Chest x-ray: Normal Arterial gasometry: pH 7.47, pO2 90, pCO2 33, HCO3 24. Blood test: natriuretic peptide 393 pg/ml and D-dimer 189 ng/ml. Troponins normal. Pulmonary arteries CT-scan: trombopulmonary embolism. DISCUSSION The clinical presentation of PE is often nonspecific, making the diagnosis challenging. This case taught us that it is not always what it seems. Not just because a patient has a clinical situation that repeats over and over (in our case COPD), will he necessarily have the same problems as a patient without this clinical situation.
NO TREATED LEGG-CALVE-PERTHES DISEASE

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Aims Also known as osteochondritis deformans juvenilis, Legg-Calve-Perthes disease (LCPD) mainly affects children between 2 and 12 years old. With a probable multifactorial etiology, an interruption of the blood supply to the femoral head, which produces an ischemic necrosis, seems to be the catalyzing event of the structural changes underlying the disease. It's known today that, if not conveniently managed, could end up in loss of the femoral head's sphericity, with possible development of pain, limited range of motion, hip instability and, ultimately, early osteoarthritis of the hip. Description 75 years old female comes to consult due to hip's pain. Comes in a wheelchair. The patient was diagnosed with LCPD with nineteen years old. She had always been a child with many gait difficulties but, due to lack of medical support at the time of her youth, when the diagnose was done, doctors chose not to operate. She had lost her mobility soon and stayed in wheelchair. Since then, she has frequently experienced pain worsening. X-ray was requested from both limp-femoral joints which revealed bilaterally loss of femoral head's sphericity. Also presented partial fusion of femoral head with acetabular. Therapeutic adjustment was made for better pain control. An Orthopedic appointment was scheduled for reevaluation. Conclusions This clinical report is to demonstrate that LCPD disease is not only an illness of childhood, but also of adults who have to live with the sequelae of it. It is also intended to recall the role of Family Doctor on giving support in chronic illness. Remembering once again the holistic role we have.
IMPACT OF CONTINUING TRAINING NURSE ON HEMOLYSIS

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AIMS - Decrease hemolysis in blood samples from a health area. - Assess the effectiveness of individual training to improve procedure. METHODS Interventional, observational, descriptive and analytical study. Indicator: Percentage of hemolysed samples from primary care centers. Inadequate> 5% Media January-June 2013 in area: 2.67%. Major deviation indicator = 13.79%. Chosen for intervention. Intervention on September 2013: a) Observation in situ of extraction technique and handling of the samples. b) Analysis of the weak points of the procedure in which hemolysis or other alterations can be made (poor sample, inadequate tube, inadequate pressure, failure to identify the sample). c) Update of professional knowledge. Sample collection and handling protocol. RESULTS Post-intervention indicator 1.72% (October-November). Absolute improvement 12.07%. Relative improvement 87.5%. Statistical analysis with Z statistic, statistical significance p <0.0001. Value of the indicator (April-May 2014) 1.65%. Calculation of profitability: ROI of 1207 euros. CONCLUSIONS The intervention of individual and in situ training decreases the number of hemolysed samples. Continuous individual and in situ training maintains effectiveness after 8 months
INDUSTRIAL JUICES AND CHILDREN FROM 2 TO 7 YEARS OLD IN A MEDITERRANEAN HEALTH AREA.

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AIM Analyze the consumption of industrial juices in children in a Mediterranean health area. METHODS Descriptive, retrospective, epidemiological, observational and analytical study. Data obtained from the OMI-AP Clinical History and collected in October 2015-May 2016 and August 2016-April 2017. Inclusion criteria: healthy children between 2 and 7 years old. Exclusion criteria: children from 2 to 7 years old with episodes: disability/handicap, cancer/malignancy, multiple congenital anomalies, cardiovascular, locomotor system, nervous system, endocrine/metabolic, digestive system, viral hepatitis, failure/retarding of growth, chronic enteritis/coitis ulcerative, mental disability/handicap, digestive system disease, functional alterations of the stomach or premature/immature newborn infants. Frequency analysis by Chi square (significance p <0.05). RESULTS We collected 5,046 clinical histories that included data on daily juice consumption. We analyze this habit by age. We found the consume of at least one industrial juice per day in: 297 children of 2 years (52%), 282 of 3 years (52%), 595 of 4 years (71%), 781 of 5 years (72%), 656 of 6 years (66%) and 721 of 7 years (70%). There is a evident increase in consumption with age (p <0.0001). CONCLUSIONS The consumption of industrial juices increased with age and it was noted that the percentage of children between 2 and 3 old who consume this type of product is very high. Possibly consumers identify these juices as fruit and do not know the nutrient contents, sometimes unhealthy.
DEPRESSION AND GPS: SUICIDE IS NOT A CHOICE

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AIMS: Depression is a common mental disorder and a public health problem. Number of people living with depression has increased 20% between 2005 and 2015. Today, 300 million people are suffering from it. Yet, depression diagnosis rates do not reflect the public based facts. Studies show that the patients who are diagnosed with depression just represent 38% of these patients. Although depression is treatable with cognitive therapy, supportive approach and other therapies or combination of these, a large amount of patients are not able to reach mental health services or have problems to adopt the therapy. Thus, suicide cases have become common as a preventable mortal outcome of depression for patients and the healthcare staff whom are at risk. Previous research showing high levels of attendance in primary care (PC) in the period prior to completed suicide has highlighted the role that PC services and GPS might play a big role for preventing suicide. Aim of this workshop is discussing the role of GPS in finding a sustainable and public-based solution for suicide prevention. DESCRIPTION: A 90 minute workshop will be conducted. -Presenting workshop’s aim and programme (5 minutes) -Meeting and greeting (10 minutes) -Questions about group members and their local approach to depression in PC -Group work: (30 minutes) * Why do GPS have a key role to avoid unfavorable outcomes of depression? * What are the educational needs of GPS to manage depression in PC? * What barriers make GPS unsuccessful to prevent suicidal behaviours despite their contact with patients? * How can we overcome these barriers? - Presenting group works and discussion (30 minutes) - Take home messages (15 minutes) CONCLUSIONS: Take home messages about GPS’ role in suicide prevention will be determined.
STAYING ACTIVE, READING, WRITING AND ACCESSING THE INTERNET IMPROVES THE MENTAL HEALTH OF OLDER PATIENTS?

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Aim. Describe the reading habits and mental activities of people over the 65th and the presence of mental illness, particularly anxiety and depression. Design Descriptive study Scope Urban Health Center, with postgraduate education. Population Study 65th seniors who visited the primary care during the months of October, November and December 2016. Methodology. 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 the 322 persons, 6 refused to participate. Study population 316. Women 213. Perform some activity 85 women, 55 men and 39.90%, a 53.39%. As readers is a mental pathology 27.7% of females and 8.3% of men. In the reader is not mental pathology in 49.50% of women and a 38.45% of men. Women read more books and magazines, male sports journalists. 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 appears that there is a tendency to suffer mental disorder least 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. This study encourages us to be conducted in Primary Health Care Studies and yet more stimulating intellectual habit to all our patients.
TURNING GENERAL PRACTITIONERS INTO RESEARCHERS: HOW RESEARCH SCHOOLS CAN CONTRIBUTE TO MORE AND BETTER PHDS IN GENERAL PRACTICE

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Aims The workshop aims to present how to organize research schools in general practice and to address how such schools can improve the activity and quality of general practice research. We also want to stimulate collaboration between existing schools and to inspire the development of new ones. Description Sweden, Norway and the Netherlands have all established national research schools, which aim to increase the number and quality of doctoral theses in general practice. The schools are organized as networks between the universities in the countries and offer courses, seminars and interactive training sessions (e.g. webinars) to PhD students. Moreover, the schools enable PhD students to build international networks by facilitating research stays at the universities’ partner institutions abroad. Networking between the supervisors is also emphasized. Since the start, we have observed a clear increase in the number and quality of doctoral theses. There are, however, unexploited possibilities for cooperation with other research schools in Europe. At the workshop, teachers and students will present the three research schools. We will discuss both success factors and risks when developing a research school, along with how the schools can collaborate (e.g. student exchange, joint courses and projects). There will be group and plenary discussions on how to establish a research school, how schools can increase quality in general practice research, the success criteria of a research school, and forms of international collaboration. Conclusions The workshop can initiate collaboration between existing research schools in general practice and inspire to the development of new schools.
DOCTOR, I HAVE A NEVUS WITH COARSE HAIR ON IT, WHAT WOULD IT BE?

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Aims Becker nevus (BN), also called Becker melanosis or pigmented hairy epidermal nevus, is a benign cutaneous hamartoma that develops as a light or dark brown macule with well defined but irregular borders and can present hypertrichosis. Although the most common sites are the scapular region or the chest, it can appear on any part of the body. BN is androgen dependent and, in consequence, although it is congenital, it is not uncommon for it to become more pronounced during adolescence, particularly in males. Description A 33-year-old male presented with a history of asymptomatic hyperpigmented lesion that appeared spontaneously at 3 years of age when it used to be small, with no more than 1cm. However, recently it had grown. The lesion that was situated over the right shoulder had extended onto the neck recently. He also complained of increased growth of hair over the lesion. He had no family history of similar cutaneous findings. Cutaneous examination revealed hyperpigmented plaque over right shoulder and neck with irregular borders and with hypertrichosis associated. A clinical diagnosis of BN was made and was explain that no treatment is usually required. Conclusions With this clinical case its expect to remember this skin disease that is not so infrequent. It should be a diagnosis to have in mind when skin complaints are present. BN could be an important differential diagnosis with other similar dermatological diseases.
ENCOURAGING CLINICIANS TO WORK EFFECTIVELY WITH PEOPLE WITH MEDICALLY UNEXPLAINED SYMPTOMS: IS A CHANGE IN UNDERLYING ATTITUDES REQUIRED?

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Aims: Studies suggest that 40 to 50% of primary care presentations and around half of new secondary care referrals can be described as involving medically unexplained symptoms (MUS), not linked to clear diagnoses of organic pathology. The associated increased rates of attendance, investigations and referrals lead to high medical, social and indirect costs, as well as potential patient harm from raised anxiety levels, unnecessary investigations and unhelpful relationships with clinicians. There is an urgent need to improve medical training about MUS and avoiding over-investigation, as current training does not appear to equip doctors with the necessary knowledge and skills. Description: In the first 30 minutes I will give a brief overview of work from our team at UCL, identifying a lack of teaching in this topic at undergraduate and postgraduate levels. I will then present in depth qualitative data describing underlying difficulties and challenges experienced by doctors working with patients with MUS, including Foundation year doctors soon after qualification, GP registrars and junior and senior hospital clinicians from a range of medical specialties. We identified that such patients often aroused feelings of anxiety, frustration and a perceived lack of competence in clinicians, potentially leading to negative attitudes and over-investigation and referral. Very few clinicians interviewed had any significant level of training in this topic - I will also give brief details of courses we have developed. Conclusions: Workshop participants will be asked to discuss these issues in small groups for 30-40 minutes, finally joining together in a large group to suggest a proposed curriculum and methods to train GP registrars to work effectively and confidently in this area.
NOTALGIA PARESTHETICA: THE UNREACHABLE ITCH

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Aims: Notalgia paresthetica (NP) is a neurocutaneous disorder that is still underdiagnosed. It commonly manifests as pruritus and a brownish macula in the patient’s upper back. Pain, burning, and paresthesias with variable intensities have also been reported. To date, no definitive treatment has been described for this disorder. Alternatives, including physical therapies and topical, systemic, and intralesional drugs, have been tested. Description: In 21th of July 2017, a 75-year-old female patient came to consult with dorsalgia and with complaints of itching, stinging, and burning. Her complaints had existed for about twenty years but got worse in the last 6 months. On physical examination, it was observed a hyperpigmented skin lesion of approximately 20 x 7cm under the left scapula muscle. Hyperesthesia complains and dorsal paravertebral muscle spasm were also present. A photo has been taken and sent to Hospital’s Teledermatology. In 26th of July, Dermatologist replied that it was probably a NP due to her osteoarticular column disease. Despite of there were other treatment option, according to the patient age, the Dermatologist recommended topic betametasone 2-3 times per week to symptoms relief. She also recommends strengthening exercises to the cervical and dorsal vertebral region. The patient started hydrostatic and two months later, in a reevaluation appointment she commented a significate improvement of the symptoms. Conclusions: NP is an underdiagnosed pathology that although it may occur with mild symptoms, sometimes produces more severe cases. Family doctors’ knowledge of the disease’s clinical expression is not only fundamental to an early diagnosis and specific treatment, but also on reducing the need of hospital referrals.
EVALUATION OF LEARNING ON DIABETIC FOOT IN HEALTH CENTERS

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AIM To evaluate the learning (level II of Kirkpatrick) of the nurses who complete the training activity on diabetic foot taken place in all the health centers of an area during work hours. METHODS Observational intervention, descriptive and analytical study. Intervention: "First course of diabetic foot for primary care nursing. Presentation of the Diabetic Foot Unit" 8 hours, 14 editions. Population: nurses who finish with apt qualification. Inclusion criteria: be a nurse in the studied area, attend at least 80% of the training and pass the final exam. Indicators: Measurement of students who complete the training activity with apt qualification. Measurement of indicator (knowledge test) before and after the intervention. RESULTS 154 primary care nurses of the area, of which 77 finish the training action with apt qualification. Average mark obtained by the students in knowledge test: 6.5 (out of 10) Average mark obtained by the students in this test after the intervention: 9.1 (out of 10) CONCLUSIONS The intervention improves knowledge about the exploration and treatment of the diabetic foot as well as associated nursing diagnoses. Updating the knowledge of primary care nurses requires an additional effort due to the dispersion of professionals. The characteristics of nursing work in health centers, the lack of compulsory attendance, assistance to emergencies among others, were the factors that determined that only 77 students of the course met the minimum requirements to pass the exam. The increase of knowledge in such a fundamental issue results in the quality of patient care.
BEHIND A PROMINENCE ON THE FINGER

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Aims Giant Cell Tumor of the bone (GCT) is a neoplasm of benign histology that presents with locally aggressive behavior, originating osteolytic lesions. It arises mainly between 20-40 years, with a slight female predominance (F:M - 1.5:1). It corresponds to 4-8% of all primary bone tumors approximately. The GCT's most common symptom is progressive pain with 2-3 months of evolution. In cases of malignant evolution, mortality is around 15-20% where 50% of those patients present lung metastases. Treatment is surgical and follow-up should be done with an affected area and lungs X-ray, every 6 months after surgical excision, during the first 3 years. Description A 75-year-old female patient came to consult due to pain in a nodule on the 5th finger of the left hand that has been growing. She also presents functional limitation in daily activities. She has these complaints for two months, although the nodule had appear about two years ago. On physical examination, at the palmar face of the 5th finger of left hand, there is a nodule with about 1cm, mobilasable, elastic and painful. There weren't inflammatory signs. Ultrasonography revealed a nodular image measuring about 7,5x7,5mm in the probable dependence of GCT. Diagnosis, treatment and prognosis were explained to patient who was forward to Orthopedics' appointment at Santarém Hospital. After a magnetic resonance to verify the extent of the lesion on 10/11/2017, patient is waiting for lesion's excision. Conclusions The complexity of possible diagnoses regarding the initial complaints of the patient reinforces the importance of clinical reasoning based on symptoms and the objective examination what is a daily challenge to Family Doctors.
ARE USER FEES EXEMPTION INFLUENCING ACCESSIBILITY TO PRIMARY CARE?

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Aim: Access to basic health services is a human right. Payments for health services may create a barrier to access. Evidence on how user fees (UF) exemption policies influence the use of healthcare services is scarce and contradictory. We aim to determine if there is a relationship between the health service use and the exemption of UF in primary health care. Methods: A descriptive cross sectional, observational study was conducted in patients registered in a family health unit (FHU). We studied 8596 patients who scheduled medical consultations (MC) by their own initiative between 01/11/2016 and 31/10/2017. We studied the variables age, gender, number of consultations, type of consultation and status of UF exemption (Ex vs NEx). Results: 23,694 appointments were scheduled during this period. 38.1% of patients were Ex, 33.41% of them due to financial insufficiency (FI). The average number of MC was 2.8 per patient. There is a statistically significant difference between Ex and NEx patients and Ex patients appointed on average more MC (3.43 vs 2.43 for NEx). There is also a statistically significant difference depending on what kind of exemption the user has, Ex due to FI have more MC on average (4.04 vs 2.23 for NEx). 25.73% of Ex patients have more than 5 MC/year vs only 10.82% in NEx group. Conclusions: After studying the data provided, we conclude that UF exemption is related to higher use of health services. Ex due to FI are the health care services main users. This may be related to their greater vulnerability to disease. More studies are necessary to evaluate the health services use and their association with UF as well as the special needs in certain groups. Family doctors must be alert regarding the use of health services specially in patients with FI.
HERPES ZOSTER: A CASE REPORT

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Aims: Varicella-zoster virus (VZV) infection causes two forms of disease: varicella and herpes zoster (HZ). HZ results from reactivation of endogenous latent VZV infection within the sensory dorsal root ganglia and is characterized by a painful unilateral vesicular eruption which occurs in a restricted dermatomal distribution. Antiviral therapy is recommended for patients with HZ who present within 72 hours of clinical symptoms or after if new lesions are appearing at the time. Description: Woman, 72 years, refers since 2 days ago malaise, headache and unilateral pain described as a deep burning sensation in right side of forehead and the right eyebrow followed by the manifestation of a rash. In the medical exam we could see erythematous papules spread from the right side of forehead to the right eyebrow avoiding the right eye. No hyperemic conjunctivitis, episcleritis or lid droop. The diagnosis, established based on the clinical presentation, was HZ. It was prescribed valacyclovir 1g orally 3 times daily for 7 days and referenced to Emergency to exclude ophthalmic complications. Conclusions: The management of HZ includes antiviral therapy to hasten healing of cutaneous lesions, to decrease the duration and severity of acute neuritis and reduce the incidence of postherpetic neuralgia. HZ should not be considered simply a self-limited dermatomal rash with pain because it is responsible for severe complications like HZ ophthalmicus that is a serious sight-threatening condition with potential vision loss and that may require intravenous or prolonged antiviral therapy. So it is important that doctors do not underestimate this disease not only due to possible complications but also for the potential chronicity of pain that interferes with patients life quality.
EFFECTS OF A NON-DISPENSING PHARMACIST INTEGRATED IN A PRIMARY CARE PRACTICE IN THE NETHERLANDS - OUTCOMES OF THE POINT-STUDY

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Background: Elderly patients with polypharmacy are at risk of adverse drug events and even hospitalisations. In the Netherlands, 10.4% of acute hospitalisations in elderly is medication-related and almost half are potentially preventable. Aim: To assess the effect of a non-dispensing clinical pharmacist (NDP) integrated in a primary care practice on medication-related hospitalisations. Methods: We conducted a non-randomised controlled intervention study with pre-post comparison (2013 vs June 2014–June 2015). Ten extensively trained NDPS worked in ten primary care practices during a year (intervention group). The NDPS were responsible for pharmaceutical care: they provided clinical medication reviews, answered specific medication-questions, and run quality improvement projects; everything in close collaboration with the general practitioner (GP). We compared high-risk patients (aged 65 years or older and with polypharmacy) in the intervention group to high-risk patients in two control groups: usual care (pharmaceutical care by a GP and community pharmacist) and usual care plus (identical to usual care, yet pharmacists had a pre-set training in performing medication reviews). The outcome was medication-related hospitalisation. Analyses were performed using mixed models. Results: In total, 1536 possible medication-related hospitalisations were found in 11928 high-risk patients. The adjusted relative risk (RR) on medication-related hospitalisations was significantly lower in the intervention group compared to usual care (RR 0.68, 95%CI 0.57-0.82). No difference between intervention and usual care plus was found (RR1.05, 95%CI 0.73-1.52). Conclusion: An NDP integrated in a primary care practice improves clinical outcomes in elderly with polypharmacy compared to usual care.
PROTON PUMP INHIBITORS: REALITY OF A FAMILY HEALTH UNITY

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Aims: Proton Pump Inhibitors (PPIs) are currently the most prescribed class of drugs, widely used in the treatment of dyspeptic symptoms present in upper gastrointestinal disorders such as Gastroesophageal Reflux Disease and Peptic Ulcer. In Portugal, consumption continues to grow, being frequently used in situations for which they don’t have indication. PPIs are generally considered to be effective, safe and well tolerated and with rare adverse effects, however evidence has shown potential complications in prolonged use. Methods: The objective was to evaluate in a sample of 100 patients those who had prescription of PPIs. In this group was evaluated who had clinical indication to do PPIs and in the patients who had not this indication, it was seen who started discontinuation of PPIs. We performed a survey of a sample of 100 patients from a medical file of a family health unit in the period between July and November of 2017 and evaluate who had prescription of PPIs. Results: In 100 patients, 71% had no prescription of PPIs while just 29% had PPIs prescription. Of those who had PPIs prescription only 35% had indication to make this drug while the others performed this therapy without any benefit. Of those who had no benefit in performing PPIs, only 5% started discontinuation while the remaining patients (95%) unduly maintained this therapy. Conclusions: Despite current recommendations that PPIs should be used at the lowest effective dose for the shortest period of time and periodically reassessing the need for maintenance, the consumption of these drugs continue to be high. Therefore, the Family Doctor is extremely important at the time of the decision to prescribe PPI and to discontinue therapy in asymptomatic patients or in those without indication for them.
INTERVENTION TO INCREASE THE REGISTRATION OF THE NURSING METHODOLOGY IN THE CONSULTATION OF THE HEALTHY CHILD IN A HEALTH AREA

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AIM Increase the registry of diagnoses and plans of care in the clinical histories of children from 0 to 6 years old

METHODS Observational intervention, descriptive and analytical study. Measurement of indicators of methodological records before and after intervention. Target population: 25 nurses Inclusion: work in the area during the intervention period Exclusion: to retire before December 2013 Intervention period: February 5nd, 2013 to December 15th, 2013 Data source: OMI RESULTS March 30th, 2013 - children between 0 and 6 years old with an open care plan in 2013 out of the total of children from 0 to 6 years old: 0.03% Intervention: individual meeting with a methodology nurse, two-hour classes with an assessment of the knowledge, difficulties and training needs of the nurse, delivery of outline of the steps of registration and practical class with clinical histories. Number of classes per nurse adapted to the needs. The nurses received the quarterly data of the indicator of children between 0 and 6 years old with a plan of open care in 2013 out of the total of children from 0 to 6 years old. December 30th, 2013: Percentage of children between 0 and 6 years old with an open care plan or at least one follow-up registered throughout 2013: 16.36%. December 30th, 2014: Percentage registered throughout 2014: 22.5% CONCLUSIONS The registry of diagnoses of illnesses and care of children increases and maintains over time despite having finished the intervention The quantitative and qualitative increase of the registries is important for the accomplishment of future works of investigation of nursing in that area of health. Knowledge is improved about the stages of the nursing process, assistant of OMI AP for the nursing methodology, as well as in NANDA, NOC and NIC taxonomies
THE EFFECT OF DRUGS ON CARDIAC ARRHYTHMIAS IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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Background. Cardiac arrhythmias, especially atrial fibrillation (AF) and ventricular arrhythmias are common among patients with chronic obstructive pulmonary disease (COPD). Multiple factors can contribute to the development of arrhythmias including: respiratory or heart failure, hypertension, coronary disease and drugs. Among them inhaled beta agonists are suspected by general practitioners for increasing heart rate and the occurrence of arrhythmias. Aims. To assess the prevalence of cardiac arrhythmias and risk factors including drugs among patients with COPD. Material and methods. A retrospective analysis of 2753 24-hour Holter recordings of patients hospitalized in the Internal Medicine Ward, Medical University of Warsaw in 2004-2016 was conducted. In 302 cases COPD was diagnosed. Results. The prevalence of arrhythmias in the group of patients with COPD was 90%. The commonest arrhythmia was ventricular premature beats (VPB) - 82.6%, then supraventricular premature beats (SPB) - 48.5%. AF accounted for 33.2%. Supraventricular tachycardia was noted in 33.9% patients and ventricular tachycardia in 19.2%. Almost all patients were treated with both muscarinic antagonist and beta agonist. We documented high usage of oral theophylline - 19.2%. Treatment with theophylline was associated with higher proportion of AF and VPB. We found no statistically significant correlations between beta agonists and arrhythmias. Respiratory failure increased the risk of SPB. Conclusions. Although COPD is associated with high prevalence of cardiac arrhythmias general practitioners should not be concerned about the use of high doses of inhaled bronchodilators, but should limit the use of theophylline and monitor oxyhemoglobin saturation in patients with COPD.
EMPATHY IN PRIMARY HEALTH CARE, A LUXURY OR A NEED?

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Aims: Physician empathy is held as an essential factor in primary health care consultations and in patient-doctor relationship (PDR). In this study we aim to review the influence of empathy in the PDR. Methods: A literature review was held in evidence-based medicine databases of scientific articles and studies in humans, published in the last 5 years, written in spanish, english and portuguese, using the MeSH terms "Empathy" AND "Physician-Patient Relations" AND "Primary Health Care". Results: 12 articles were selected out of 45 articles found. Empathy is defined as the physician's ability to understand the patient situation, perspective, and feelings. The empathic process was characterized by a continuum between three phases: empathic listening, comprehension/expression empathy and awareness by the patient of this communicational process. Morse and collaborators, defined four components of the empathy: emotional, cognitive, moral and behavioral. Empathy has been linked to benefits in health care encounters including patient satisfaction, patient enablement, and improved health outcomes, with immediate and long-term effects on the patient. We can measure physician's empathy, with two major scales: Jefferson Scale of Empathy and the Consultation and Relational Empathy (CARE) Measure. Conclusions: Empathic communication in the PDR is a cognitive ability, which involves understanding the patient's feelings, and can be taught and learned. Quality communication is associated with higher patient satisfaction, adherence and a lower probability of malpractice suits. Studies suggest that empathy may protect health providers from burnout. Helping family physicians to be more empathic may help preventing burnout.
COMMUNITY ACTIVITIES FOR DIAGNOSIS AND TREATMENT OF HYPERTENSION IN AFRODESCENDANTS

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Hypertension is significantly higher in Blacks than Whites. In order to overcome inequities, Health professionals need to develop culturally sensitive interventions toward risk burdens in these populations. Brazil has made rapid progress toward universal coverage through development of a community-based approach, with family health teams that include a physician, a nurse, a nurse assistant, and five community health agents, and teams are organized geographically. Professionals are involved in educational activities. These are very important resources that help access to healthcare to the most vulnerable groups, as it’s been extensively used for active search of undiagnosed cases, and promotion of healthy habits in different settings. Aims. The purpose of this study was to describe the results of an outreach programme for prevention of cardiovascular disease to afro-descendent individuals in the poor outskirts of Sao Paulo, leaded by a young doctor during one-year internship in Family Medicine. Description. She was informed that Candomble (sacred house of an old African religion) offered also social activities during weekdays. The health team was allowed to have weekly sessions opened to adults, and an special intervention was designed, considering the characteristics of the population, regarding health, ethnical and social aspects. Conclusion. The pilot project was successful; due to external factors, the main researcher was unable to collect enough data for statistical analysis. Empirical observations indicate that the presence of the health team in the community is a powerful tool to overcome difficulties to access health care to the most vulnerable individuals, and to develop culturally significant activities for health promotion.
RESPECTING PATIENT’S AUTONOMY – A CHALLENGING CASE IN FAMILY PLANNING

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Aims: The autonomy of the patient is a fundamental ethic principle in clinical practice, which should be respected and promoted. It does not, however, mean the patient will choose the best option for her. The family physician is often called to hear, respect and challenge patient’s beliefs, so as they can make an informed decision. Description: This report refers to a healthy woman, low education level, married, two children, working as a bar attendant. Her family system is functional. She has a history of epilepsy, treated with sodium valproate. She uses a subcutaneous progestative contraception, this being the third implant. Because of abnormal uterine bleeding and anemia she asks to have her method changed. She refuses to start on the combined pill - because she has heard it might precipitate a seizure event. She only accepts to start the mini pill, with which she gets amenorrheic after a few months. After six months with the mini pill she complains of weight loss and asks to remove her subcutaneous implant, because she heard from a friend who had recovered weight after removing it. After ruling out a disease for her weight loss, we tried to explain the usually expected weight gain with the implant, but she kept her belief and determination to remove it. After the removal, we suggested starting the mini pill as soon as possible, but she decided to wait for the return of menstruation. After 2 months, she has lost another 2 Kg (BMI 18.2 kg/m2) Conclusion: this patient had a set of beliefs and opinions, both personal and from other people, which were not amenable to be reconsidered by our intervention, much to our disappointment. It takes patience and kindness to educate our patients - but sometimes respecting the freedom of their choice is as good as it gets,
ARterial Hypertension in Young People - A Clinical Case

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Background: 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. Clinical case: 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. Conclusion: 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.
IMPROVING TRANSITIONAL PATIENT SAFETY IN THE NETHERLANDS WITH A MULTI-FACETED INTERVENTION: RESULTS OF THE TIPP-TRIAL

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Aims: With increasing transitions between different healthcare levels, we developed and evaluated the effect of a multi-faceted intervention (TIPP) aimed at decreasing transitional safety incidents (TSIs). Methods: In a controlled before-after trial we assessed the effect before (2014) and after the intervention (2015-2016) in two regions in the Netherlands. Regional primary care practices (PCPs) as well as certain hospital departments received the intervention, whereas other hospital departments and non-participating PCPs served as controls. We implemented a tailored intervention targeting three domains of transitional safety, namely healthcare process, culture and patient participation. Primary outcome between groups was a composite endpoint of safety-proxies (e.g. death, 30-day readmissions) and efficiency-proxies. Within groups we measured the incidence of TSIs, using a record review study in linked records of both hospital and PCPs. Secondary outcomes included reported TSIs, costs, transitional safety climate and patient perception. Results: We found no statistically significant effect of the TIPP intervention on composite endpoints of safety- and efficiency-proxies, as well as on incidence of TSIs (N=1218; 83% versus 82%, p=0.81). Transitional patient safety climate showed a statistically significant decrease in 3 out of 4 dimensions (N= 286; collaboration, diff -0.21; communication, diff -0.22; management, diff -0.17; all p<0.01). Perception of safety by patients improved significantly (38% versus 31% patients with at least one TSI (p=0.002). Costs of the TIPP intervention were covered by the yields of avoided TSIs. Conclusions: The TIPP intervention had no effect on safety- or efficiency-proxies or incidence of TSIs. However, it raised awareness for transitional patient safety in healthcare professionals and improved patient perception. Additionally, we provided measurement tools to map and monitor transitional patient safety and transitional patient safety climate. Significant investments will be needed to use these tools, to successfully improve transitional patient safety and ultimately patient outcomes.
INDIVIDUAL TRAINING INTERVIEW. QUALITY IMPROVEMENT TOOL

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AIM Increase registry of nursing diagnoses and care plans in computerized clinical histories. METHODS Analytical, descriptive and observational intervention study. Measurement of indicators before and after the intervention. Intervention: Individual training activity in the center and working hours. Two hours. Assessment of knowledge, difficulties, resistances and training needs. Design of strategies, objectives and schedule adapted to each professional. Number of sessions variable. Learning with real cases. The student practices the evaluation and the care plan of the case, the recording as an own model of the care plan. A library of own plans of the health area is created by the nurses. Feedback on intermediate results achieved. The results are reviewed periodically and the tutor is available by phone and email for any methodological registration query that arises in the daily work. RESULTS Pre-intervention results: - diabetics patients with care plan 0.69% - hypertensive patients with care plan 0.56% - immobilized patients with care plan 40.57% - children (0 and 6 years old) with care plan 0.03% Post-intervention results: - diabetics patients with care plan 17.98% - hypertensive patients with care plan 12.66% - immobilized patients with care plan 77.66% - children (0 and 6 years old) with care plan 16.36% DISCUSSION The registry of nursing diagnoses is increased, care plans. This quantitative and qualitative increase is important for future nursing research work in primary care. Knowledge is improved about methodology, OMIC AP assistant and NANDA, NOC and NIC taxonomies.
BEHIND AN GAIT ATAXIC - A CLINICAL CASE

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Aims: 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 sensitivity 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. Description: JRTL, 43 years old, previously an opioid drug addict, heavy alcohol consumption habits with a 6 month abstinence, known HIV/HCV co-infection known since 2006. JRTL consults his general practitioner with complaints from lack of muscular strength and paresthesia in both lower limbs and generalized trembling for 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. Conclusion: 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.

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PATIENTS’ EXPERIENCES WITH A NON-DISPENSING PHARMACIST INTEGRATED IN A PRIMARY CARE PRACTICE IN THE NETHERLANDS

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Background: A non-dispensing clinical pharmacist (NDP) integrated in primary care practice provides pharmaceutical care (including clinical medication reviews) in close collaboration with the general practitioner (GP). In the Netherlands, this NDP is a new healthcare provider. Aim: To investigate patients’ experiences with an NDP. Methods: This study is part of the POINT-project, that aimed to assess the effect of an NDP on the quality and safety of pharmaceutical care in primary care. Ten extensively trained NDPs worked in primary care practices during a year. In the current study, we included patients with increased risk of medication errors who visited an NDP for a medication review (intervention group) and matched patients who did not visit an NDP (control group). We collected data about patients’ satisfaction with the NDPs’ care in the intervention group (using questionnaires). We compared patients’ satisfaction with their medication between intervention and control groups (using the TSQM-questionnaire). And, we identified patients’ medication-related goals in the intervention group and scored achievement (goal attainment scaling). We triangulated the findings of the last two data sources. Results: We approached 360 patients; questionnaires were returned by 88 intervention and 81 control patients (response 47%). Patients were overall satisfied with the service provided. No difference in overall satisfaction with medication was found. Yet, in the intervention group less patients reported to experience side effects (10 vs. 21 patients, p-value 0.02). Of all 249 identified goals, 47% concerned side-effects; of which 31% improved during follow up. Conclusion: Integration of an NDP in the primary care team may reduce the side-effects experienced by patients.
DESIGN OF THE FRAIL-AF STUDY: SAFETY OF SWITCHING ANTICOAGULANT MANAGEMENT (FROM VKA TO NOAC) IN FRAIL ELDERLY PATIENTS WITH ATRIAL FIBRILLATION: A RANDOMISED CONTROLLED TRIAL

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On behalf of the FRAIL-AF steering committee. Background: In patients with atrial fibrillation (AF), non-vitamin K antagonist oral anticoagulants (NOACs) are generally preferred above vitamin K antagonists (VKAs) to reduce the risk of thrombo-embolic events. However, frail elderly patients were underrepresented in the landmark NOAC trials, leaving a knowledge gap on the optimal anticoagulant management (VKA or NOAC) in the large group of frail elderly AF patients. As such, it is uncertain if switching VKA-treatment to a NOAC should be performed in these patients. Aim: The purpose of the FRAIL-AF study is to determine whether switching VKA management to a NOAC-based treatment strategy (index) is superior to continuing VKA management (control) regarding the risk of major or clinically relevant non-major bleeding complications in frail elderly patients with AF. Methods: The FRAIL-AF study is a pragmatic, multicenter, open label, registry-based, randomised controlled clinical trial. 2,500 frail elderly (age \textgreater 75 years; Groningen Frailty Indicator \textgreater 4 or \textgreater 4 as an indicator for frailty) currently managed on VKA treatment for non-valvular AF will be 1:1 randomized to switching to a NOAC-based treatment strategy (index) or to INR-guided VKA management (control). Treating physicians will choose one of the four available NOACs for patients in the index group. Patients with renal impairment (i.e. an eGFR <30mL/min/1.73m\textsuperscript{2}) will be excluded. The follow-up period for all subjects is one year. Results: The Medical Ethical Research Committee has approved the FRAIL-AF study, and recruitment started in November 2017. Conclusion: The FRAIL-AF study will determine whether it is safe to switch from INR-guided VKA management to a NOAC-based treatment strategy in frail elderly patients with AF.
METHOTREXATE INTOXICATION

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Aims: Methotrexate is frequently used in the treatment of rheumatologic conditions. The intoxication cases published are related to posologic mistakes or to the suspension of the supplementation with folic acid. Our purpose is to present a patient that, by an interpretation mistake, started to take methotrexate daily. Methods: A 64 year old male patient, former taxi driver, with hypertension, diabetes, dyslipidemia and psoriatic arthritis under weekly methotrexate since several years. In a routine rheumatology consult, methotrexate was adjusted to 17.5 mg weekly. His Reumathologist gave him the correct treatment prescription. However the patient misunderstood and started taking the drug daily, with a week pause when he would take folic acid supplementation. 20 days later he developed a generalized rash with pruritus, globus pharyngeus and mouth ulcerations. He came to see his General Practitioner because of the itching and intense dysphagia. At examination he was hemodynamically stable, eupneic, normotensive and with erythematous skin lesions. The oropharynx was swollen and presented also a fungus infection. He was referred to the emergency department with the hypothesis of Methotrexate Intoxication. There patient was seen by dermatology and otorhinolaryngology that also assumed intoxication with secondary immunosuppression. The laboratory evaluation revealed a 4000 leucocytes, thrombopenia of 97000, ALT and CPR 5,37. Hospital confinement was necessary for IV treatment with fluconazole and steroids. The drug was temporarily suspended. The patient recovered and went home 10 days later. Conclusions: Even in chronically treated patients it is crucial to make a thorough review of the medication in order to guarantee they understood correctly.
NONSPECIFIC SYMPTOMS, WHAT IS THE REAL REASON?

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Aims: Pregnancy and early motherhood have several implications. The aim of this clinical case is to warn that, despite the decrease in the number of pregnancies in Portugal (year 2015, 2295 births of adolescents between 11-19 years old), there is still a need to raise awareness among health professionals in the approach to sexuality at the beginning of the puberty, in order to prevent unwanted pregnancy and sexually transmitted diseases. Description: Female, 15 years old, living in Viana do Castelo, Portugal. Nuclear Family, Stage 6 of Duvall. Graffar Class IV. With any previous disease or medication and without medical assessment for 2 years. At the interval of 6 months, she resorted 5 times to the consultation, due to respiratory and gastrointestinal complaints (vomiting and nausea). In October/2017, she returned, accompanied by her mother, with nausea, vomiting and diarrhea, referring correlation with food intake. In evaluation, several pieces of clothing, scarce speech; abdomen distended, hardened up to about 4 cm supraumbilical, apparently compatible pregnancy in evolution. Immunological test of pregnancy, positive. Referred for urgent consultation of Obstetrics, with a 34 week gestation. Conclusions: At the beginning of puberty is essential, questioning and inform about sexuality. Recurrence to the medical care, can be considered as an alert. In this case, it was a request for help for notice the pregnancy to the family. The patient has risk factors for unwanted pregnancy (family conflict, low socioeconomic level and absence of follow-up). In this consultation, effectiveness, quality and efficiency were decisive in assessing the real reason for consultation, the capacity to give bad news and in the management of individual and family emotions.
COMMUNITY BASED MODEL IN MENTAL HEALTH SERVICES: WHAT IS A GP’S ROLE?

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AIMS: Medical model in mental health (MH) service, which provides institution based MH care, make people with psychosocial disabilities isolated from community, cause stigmatization and consists of large psychiatry hospitals with capacious bed stocks. That model is getting less effective to fight against mental disorders as a public health problem. Providing sheltering options to the patients with or without their families and maintaining their treatment in an environment fit for self-control could be succeeded in community based model (CBM). This model aims a recovery oriented MH service which centralises patients’ needs and abilities, and forces MH services to transform into an accessible, protective and preventive character. Aim of this workshop is to introduce CBM to the participants, discuss GPs’ role in CBM, share relevant experiences and setting goals to put this CBM into their practice. DESCRIPTION: A 90 minute workshop is designed. - Presenting workshop’s aim and programme (5 minutes) - Meeting and greeting (10 minutes) * Questions about group members and regarding MH practices of their country in primary care and other health care services - Group work: (30 minutes) * Why do GPs have a key role in MH care and imlementation of CBM in their practice? * What are the requirements for CBM? * What barriers are there to implement CBM into your practice? * How can these barriers could be overcome? - Presenting group works and discussion (30 minutes) - Take home messages (15 minutes) CONCLUSIONS: Take home messages about GPs’ role in CBM will be determined.
IS THERE MORE COMORBIDITY IN PATIENTS WITH INSOMNIA?

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Insomnia is the most frequent sleep disorder. With the DSM-IV criteria, the diagnosis of insomnia is 6% with an increased risk in women and an increase in complaints as age increases. Insomnia has been associated with multiple pathologies among them: respiratory diseases such as COPD; psychiatric disorders such as anxiety; diabetes and cardiovascular where high blood pressure predominates. AIMS: Describe the prevalence of insomnia in our population. To know the prevalence of chronic pathologies associated with insomnia. METHODS: Total assigned population 16417. Descriptive study in an urban health center in Barcelona. Variables studied by the computerized Medical Record in Barcelona, and analyzed by register in excel. Variables studied: sex, age, chronic pathologies (hypertension, anxiety, diabetes, COPD). RESULTS: Of total population assigned, 16417: 897 (5.46%) were diagnosed of insomnia. We took a randomized sample to be studied. We finally studied 174 patients. 67% women, 55.4%> 65 years old. Associated pathologies: 55.17% (96) present hypertension; 46.3% anxiety; 20% DM and 12.4% respiratory diseases. In the Spanish general population the prevalence of these pathologies is: COPD 10.2%, Diabetes 12%, Hypertension 42.6% and anxiety / depression 40%. CONCLUSIONS: In our population, the prevalence of insomnia is 5.46% close to the prevalence described by DSM-IV. With a higher rate in women and more than half over 65 years, following the distribution described in the guidelines. With our results, we observed a slight increase in the chronic pathologies evaluated in patients diagnosed with insomnia compared to the general population. We should include in the control of these pathologies the approach of insomnia to improve its diagnosis and management.
TOXOPLASMOSIS SEROCONVERSION DURING PREGNANCY

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Aims: Toxoplasmosis is a rare disease in pregnancy. There are some countries where it is not routine screening for seroconversion in pregnancy. We aim to present the case of a seroconversion of toxoplasmosis on the first trimester of pregnancy. Description: A healthy 28 year old patient comes to the second maternal health consult with the laboratory results from the previous consult. It was the 8th week of pregnancy and the only finding was the positivity for toxoplasma IGG and negativity for IGM. We asked for an avidity test that two days later came back positive. The patient was referred to the Obstetrics consult for follow up. There she started prophylactic treatment with spiramycin and was offered the option of amniocentesis at week 16. The results of the microbiologic analysis came back negative for fetal infection. For preventive measures, the patient kept the treatment until the end of pregnancy Conclusion: Although rare, the toxoplasmosis infection in pregnancy is possible and the measures to reduce contamination must be employed as soon as the pregnancy is known. Since the disease is more severe for the fetus in the beginning of the pregnancy preventive measures should be employed as soon as possible.
ORIGINAL STUDY: PREVALENCE OF HEPATITIS C VIRUS (HCV) TESTING IN COHORTS BETWEEN 1945-1975

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CDC recently recommended all adults born between 1945-1965 should undergo one-time testing for HCV. However, in Spain prevalence peak could be considered in people born 1955-1975: there was no clear Baby-Boom after Spanish Civil War, and parenteral drug users increased later. AIM:- To estimate HCV prevalence in 1945-1975 Birth Cohort.- To compare prevalence between 1945-1965 and 1955-1975 cohorts -To identify unknown HCV cases by active screening


RESULTS: Total HCV prevalence in the sample: 1.62%, being 2.11% in 1945-65 cohort and 1.84% in 1955-75 birth year, statistically non-significant difference (p=0.94). Final sample: 430 subjects, in whom clinical history was reviewed. 104 individuals (24.2%) had already serology performed in whom 7 subjects were positive for HCV. Population susceptible to screening: 326 cases; 84/326 cases (25.7%) were initially excluded. 242 individuals who did not have serology were contacted to be invited for the study. In the 120 subjects that could be contacted, 5 refused to participate. Finally 115 (26.7%) became HCV serology of which none was positive. Consequently, screening in those who did not have serology (326) was null

CONCLUSIONS: Despite CDC recommendations, there are few serologies performed. These results are similar to those found in other general population studies, HCV prevalence in Spain: 1.5% (1.2%-1.9%). We did find a higher prevalence of HCV in those born between 1945-1965 that did not become statistically significant, but we had more losses than expected, we believe that expanding the sample could lead to more conclusive results.
MENOPAUSE, CLINICAL AND LABORATORY DIAGNOSIS, ABOUT QUALITY WORK.

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Aims: Menopause is the term used to designate the time of the last menstrual period after one year of absence. It is based on clinical observation, however, diagnostic confirmation should be made through the serum assay of FSH and Estradiol, and diagnostic confirmation is given when FSH value > 40 mIU /ml and Estradiol <20-30 pg /ml. Our goal is to evaluate the quantity and quality of menopause laboratory confirmation. Methods: Dimension studied: technical-scientific adequacy. Study unit: women with [35-60 years], enrolled in the family health unit, with follow-up in family planning consultation in the period: January 2015 - October 2017. Data type: result. Source: clinical process and mim@uf: Business Intelligence system that consolidates the production of information of health primary care providers. Evaluation: internal and retrospective. Data treatment: Descriptive statistics. Software used: Excel. Criteria: registration in the clinical process of (X11) symptom / complaint of menopause. Results: Of the 1120 patients who reported symptoms related to menopause in this period, 87 (7.7%) realized laboratory confirmation, of which 6 (6.9%) had FSH and estradiol only. Conclusions: The results showed that only 7.7% of the users performed laboratory tests, which means that in terms of quantity we are far below expected, and regarding quality, for menopause laboratory confirmation there were requested more analytical parameters than the necessary, implying unnecessary costs for the National Health Service, so it is important to raise awareness to improve the service provided and at a lower cost.
THE ADEQUATE USE OF ANTIDIABETICS IN THE TREATMENT OF HYPERGLYCEMIA IN DIABETIC PATIENTS WITH FAILURE GLOMERULAR FILTRATION

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AIMS: To check the use of anti-diabetic medicaments in diabetic patients with failure of glomerular filtration in a medical center. METHOD: A cross-sectional descriptive study was carried out, where computerized medical records were reviewed at the “Sant Josep” Primary Care Center. The selected patients were older than 14 and diagnosed with diabetes mellitus type 2 and with glomerular filtration lower than 60ml/min and higher than 15ml/min. RESULTS: Of the total of 339 patients selected for having an active diagnosis of type 2 diabetes mellitus and glomerular filtration between 15 and 60 ml/min, 321 met the inclusion criteria, and represented an estimated prevalence of 17.9% of the total number of diabetics. According to sex, we found that 46.1% were male. The time of evolution of diabetes was 11.06 years with a median of 10.2 and a range from 0 to 45 years old. 82.9% of the sample was labeled with good control. The degree of renal failure was mild in 60.1%, moderate in 29.3% and severe in 10.6%. Regarding treatment, 28.8% did not require pharmacological treatment for their diabetes, 50.5% were treated with metformin, 26.2% were treated with insulin, 10.9% with sulfonylureas and 10.6% with IDPP4. And finally, in 25.5% the treatment was not adequate for the degree of kidney failure suffered. 75% of patients were well treated with the chosen drug and well in the prescribed dose. CONCLUSION: In just over a quarter of the sample, the treatment was not adequate for the patient's renal function and that would go up to 35.3% if we only consider those who are treated with drugs. The awareness of professionals about the dangers of some drugs, or not adjusting the dose of them, could improve the prescription.
PARENTAL ALIENATION SYNDROME

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Aims: In family medicine we have the privileged of following an entire family through the life cycle. Sometimes, when separations happen, we are able to help whether the patients want to rejoin or to keep apart. We have a privileged position to identify and act early when one of the parents keeps the other apart from the child. We have the benefit of knowing the entire family and are able to help in. The aim of the Workshop to provide tools to enable the general practitioner to better deal with situations of parental alienation syndrome. Methods define the syndrome, recall topics of the parents and children relationship establishing the differences between parent and couple relationship, children-parent relationship, the need to keep in touch with both parents, setting rules to communicate, the gender equality in both rights and duties. Results and Conclusion we expect to give tools to the general practitioner to better identify and act in this situation in order to focus on the children and family, physical and mental health.
ACUTE INTERSTITIAL NEPHRITIS - A CASE REPORT

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Aims: In primary care the general practitioner, tends to see all clinical cases from the onset, usually without all the elements that help to establish the right diagnose. We aim to present a case report of acute interstitial nephritis. Description: A 76 year old male patient diagnosed with hypertension, diabetes mellitus, treated bladder carcinoma, psoriasis medicated with metformin, linagliptin, telmisartan and amlodipine, comes to an unscheduled visit due to lower limb cramps with a week of evolution. The physical examination showed no abnormalities, we asked for routine lab and gave dietary explanations. He come back 2 weeks later with a rising blood pressure but without the results, we introduced indapamide and set a date for him to bring the results. About a week after he shows the results compatible with acute or rapidly progressive renal disease with high acute phase parameters (Creatinine 7.27 mg/Dl, Urea 186 mg/Dl, ACP 1.16, SR 100 mm/1sth, K+ 5.4 mmol/L). We sent him to the emergency room with nephrology care to investigate underlying cause. He was admitted and investigated, started prednisolone and did a kidney biopsy. He stayed admitted for 2 weeks with gradual improvement of renal function. The biopsy showed acute interstitial nephritis. Conclusions: We selected this case because it shows how even minor symptoms can mean serious disease; it reminds the need for careful evaluation and follow-up despite of apparently healthy subjects.
DOCTOR, I HAVE A COLD AND I SWEAT A LOT EVERY NIGHT.

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Backgrounds and aims: Twenty-seven years old man, with no history of interest, who came to our health center because of a cold which had started three months before. He had already been evaluated by several doctors in the emergency departments and he had been diagnosed of acute respiratory infection. He had taken antibiotics and inhaled bronchodilators without any improvement. Most important symptoms he had were: dry cough, high fever, body tremors and sweating at night. Methods: We ordered chest radiography and blood test. In the blood test we found high CRP values, leukocytosis and neutrophilia. However, the most important thing were radiological findings: we found a tumor located in the mediastinum. Based on these findings, we sent this patient to the hospital. Results: In the hospital, doctors in respiratory medicine asked for a CAT/PET, and they saw malignant tissue in the mediastinum. After that, they ordered a biopsy: the histologic diagnosis was mediastinal choriocarcinoma. Testicular ultrasound was normal. After that, the patient was transferred to oncology department for treatment. At this time, he is not doing well on the treatment and he is waiting for autologous bone marrow transplant to increase the dose of chemotherapy drugs. Results: One of the most important functions general practitioners have, is the diagnosis and monitoring the patient. In this case, the patient had already gone to see several emergency doctors who didn't follow up with the patient. If he had seen his family doctor from the start, perhaps he would have been diagnosed in less time because the doctor would have seen that treatments for respiratory infections didn't work; in this case the family doctor would have ordered X-rays long before.
DEVELOPING COMMUNITY HEALTH THROUGH SOCIAL THEATRE TECHNIQUES

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AIMS: Help colleagues to improve non-verbal communication skills and to develop tools to work with the community through social theatre techniques. DESCRIPTION A 90 minutes length workshop addressed to 25 participants. A theoretical introduction to the work of Augusto Boal in Brasil and practical applications of its method in community health and preventive medicine. To be continued with practical exercises that will allow for the uncovering of new communication skills through developing all 5 senses: to be able to feel what you touch, to listen to what you hear, to use various senses simultaneously, to look what you see. Then, group dynamics that will improve body consciousness, attention and creativity and will provide doctors practising family medicine with some tools to be able to do social interventions in the community where they work CONCLUSIONS The potential of forum/social theatre has been recognized in policy making, where important perspectives have been brought forward by various citizens Dra. Lucia Calvo Domínguez. Almeria. Spain. Trainee Doctor in Family Medicine. Diploma in “Health Care and Management in Tropical countries” at Swiss TPH. MSF working experience in Democratic Republic of Congo and Ethiopia. International course “Theatre of the oppressed” at C.T.O Rio de Janeiro
PARENTS’ BELIEFS AND ATTITUDES TOWARDS FEVER IN PEDIATRIC AGE

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Fever is a common sign in children and a source of anxiety for caregivers, being often associated with unfounded fears and myths. As such, it is often subject to excessive procedures and consumption of health resources. AIMS To assess the knowledge and attitudes towards fever from caregivers of children surveilled in primary health care (PHC). METHODS Study design: Cross-sectional descriptive study. Setting: 2 Family Health Units, Lisbon region, Portugal. Participants: Parents/caregivers of the users between 0-17 years old who came to the routine appointment during March 2017. Methods: We applied a pre-tested, not validated, questionnaire. RESULTS There were 158 questionnaires. Faced with suspected fever, 81% of caregivers quantify it with a thermometer. 36% consider fever above 37.5 degrees and 34% above 38. Faced with fever, 79% give acetaminophen and 10% admit to give cold water bath. 72% had fever in the last year, with 38% appealing to PHC and 31% to the hospital. 76.5% consider fever a natural response to fight infection. 53.2% believe that fever can last longer than 3 days without meaning serious illness. However, 24% consider fever dangerous and should be treated even if it has not yet reached 38 degrees. 68.4% consider to medicate a child even if comfortable with temperature above 38 degrees, 81% believe that the onset of teeth can cause fever. It was found that lower levels of maternal schooling, unemployed and younger parents were associated with worse results in the survey. CONCLUSIONS This study reveals the persistence of ignorance and unfounded fears about fever, which will inevitably condition unnecessary interventions and excessive consumption of health resources. These results remind us of the importance of health education as a foundation for PHC.
ASSOCIATION BETWEEN ESTIMATED GLOMERULAR FILTRATION RATE AND OTHER CARDIOVASCULAR RISK FACTORS WITH CARDIOVASCULAR DISEASE AND MORTALITY IN A MEDITERRANEAN DIABETIC POPULATION. ESCARVAL RISK STUDY.

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Estimated glomerular filtration rate (eGFR) is a clinical marker to evaluate renal function and has also been found to be a major risk factor for cardiovascular diseases (CVD). In a general population, Mediterranean countries have been considered as having low CV risk compared with other countries in Europe. Aims The aim of the study is to analyze the association between eGFR and other cardiovascular risk factors and the incidence of cardiovascular morbidity and mortality in type 2 diabetic patients from a Mediterranean European region. Methods ESCARVAL-RISK is an observational cohort study in primary care including 17955 participants of both sexes, aged 30 years or older with a diagnosis of DM2, with no previous cardiovascular events who attended a primary healthcare center for routine health services. For measuring the association between CV events or mortality and eGFR and other variables, the odds ratio were calculated with their confidence intervals, adjusting with logistics multivariable models. The ROC curve was also calculated, estimating the area under the curve with its 95% confidence intervals. For the statistical analysis SPSS v.18 and R v3.2.5 programs were used. Results Incidence of CV events was 7.5%, as 1348 patients suffer from one of the composite end-point variables in the follow up period, higher for patients with eGFR < 60 ml/min/m² (12.3% vs 6.7%; p<0.001). Conclusions In a Mediterranean diabetic population low eGFR is associated to a higher incidence of cardiovascular morbidity or mortality once adjusted to other classical risk factors. Low eGFR identifies diabetic patients at very high risk of cardiovascular disease who should be targeted for aggressive risk factor modification.
JUST A REGULAR DAY IN PRIMARY CARE

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Aims: Barbara Starfield described primary care as "the provision of first contact, person-focused, ongoing care over time that meets the health-related needs of people, referring to hospital only those problems too uncommon to maintain competence". We intend to describe and reflect on the family physician role importance, as the first line, in the care of various types of population groups. Methods: We described 4 case reports that happened in the same morning on a primary health care center. Results: A 80-year-old man presented to show test results. At the end his wife said: "One more thing, my husband felt bad during the Mass". The consultation restarted and a new atrial fibrillation was diagnosed. A 64-year-old woman complaints of acute abdominal pain. The physical examination revealed the clinical diagnosis of acute appendicitis. She was sent to the Emergency Department and underwent emergency appendectomy. A 35-year-old newly mother with back pain. She was deeply sad and anxious. When questioned about the real reason for the consultation, she said "sometimes I think of having a car accident with my baby inside, but I don't want to have thoughts like this". She declined urgent support from psychiatry and, after the safety of her child was guaranteed, she was medicated for a postpartum depression. A 30-year-old woman requested "routine exams". The physical examination revealed a BMI of 17 kg/m². When questioned about low weight we identified a image disturbance and found signs compatible with anorexia nervosa. Conclusions: One advantage of primary care is greater accessibility to the community across social gradient, ages or diseases. We offer access to preventive, promotive and curative care, which lead to a healthier population.
GIANT UNICAMERAL BONE CYST IN THE HUMERAL DIAPHYSIS IN A TEENAGER. A CASE REPORT.

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AIMS: 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 the second decade of life and most frequently are found in the metaphysis of long bones. We present a case of aneurysmal bone cyst of the humeral diaphysis in a young girl and its management. METHODS: A 16-year-old female presents to her Primary Medical Doctor complaining of a persistent, progressive pain and gradually increasing swelling in the left limb, during the last year. There was no history of trauma. Clinical examination revealed diffuse swelling and tenderness of the left arm. Routine laboratory analyses were all normal. Plain radiograph of the left limb revealed an osteolytic and markedly expansive lesion in the humeral bone. Computed tomography (CT) and magnetic resonance (MRI) images showed a large well-defined cystic lesion with thin cortex and internal septa, in the humeral 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. If symptomatic sholud be treated to prevent further complications and avoid its unlikely but posible malignization.
ANXIETY IN PALLIATIVE CARE – A PRIMARY CARE APPROACH

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Aims: Summarize recommendations for anxiety approach in palliative care. Methodology: Search for review articles databases (Medline and Pubmed), with the terms "Anxiety" and "Palliative Care". Results: In palliative care, physical functioning, symptoms, psychological/emotional wellbeing and social interactions are critical domains to increase overall quality of life. Although the estimated incidence of anxiety/depression in these patients is 20-40%, recent Cochrane review found that treatment often rely on off-label strategies. Anxiety is manifested through psychological, motor and autonomic symptoms. Differential diagnosis with depression and confusion is essential. Evaluation validated scales should be used and precipitating causes (physical or psychological change) should be investigated. Nonpharmacological interventions include cognitive or behavioral therapies, psychotherapy, interdisciplinary approach, massage and aromatherapy. The first line drugs are benzodiazepines. In acute anxiety, lorazepam and midazolam are preferred. In chronic anxiety, treatment with SSRIs (selective serotonin reuptake inhibitors) is recommended. Severe sudden anxiety is an emergency. It can mask uncontrolled pain, pulmonary embolism, internal bleeding, substance withdrawal or even the emotional trauma associated with the death of another patient. Sedation may be necessary. Conclusions: Anxiety is a dynamic and heterogeneous symptom, requiring investigation of potential organic and psychological causes. Emotional disturbances should be valued and treated, to improve life quality despite the underlying untreatable condition. As health professionals, we must be alert to the emergence of hopelessness in these patients and set aside time to clarify concerns of the patient and family.
CARDIOVASCULAR RISK FACTORS PREVALENCE AND SCREENING FOR
PATIENTS WITH SEVERE MENTAL ILLNESS IN A PORTUGUESE PRIMARY CARE
PRACTICE – A CROSS-SECTIONAL OBSERVATIONAL STUDY

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Aims and Background People who experience severe mental illness (SMI), including schizophrenia and affective psychosis, have a mortality rate 2 to 3 times higher than the general population and cardiovascular diseases account for most of this excess. There is controversy on who is responsible for the physical health of patients with SMI, whether psychiatrists or family physicians. In some countries primary care should take the lead in monitoring the physical health of people with SMI but in Portugal this is undefined. Our aim was to evaluate the prevalence of cardiovascular risk factors and its screening in patients with SMI in our primary care clinic accordingly to the existing recommendations.

Material and Methods We conducted a cross-sectional study including all patients signed up in our clinic with an active diagnose of schizophrenia or affective psychosis in 2016. Clinical records were reviewed searching for lipid profile and fasting glucose tests, BMI, blood pressure measures and smoking habits quantification in the studied year. Results We identified 103 patients with SMI. The prevalence of lipid disorder, overweight and obesity and tobacco abuse, among these patients was 35.9%, 33.0% and 48.5%, respectively and it was higher than in the general population of our practice (p < 0.05). Among the total of 103 patients, 74 had at least one medical appointment in 2016. Of these, 91% had BMI recorded, 92% had blood pressure and smoking habits measured, and only 58% and 51% had fasting glucose and lipid profile tests, respectively. Conclusions In the studied population the prevalence of some cardiovascular risk factors is higher for patients with SMI. The screening for lipid disorder has the lowest rate despite being one of the most prevalent risk factors.
TEACHING AND LEARNING FROM MEDICAL ERRORS TOWARDS A PATIENT SAFETY CULTURE IN PRIMARY CARE: A SELF-FEEDING EDUCATION INITIATIVE

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Aims: Several studies have shown that training of young physicians in patient safety issues is sub-optimal. The aim of this workshop is to acquire knowledge and teaching capacity on how to recycle medical errors experience as educational start point to improve patient safety. Also, it is hoped to generate an educational course on patient safety culture changing, aiming to shape a better professional behavior in General Practice. Description: Thematic components of the workshop include a review of the literature related to medical errors, patient safety and teaching issues that systematically emerge in primary care. It is our intention to offer case study analysis through a simultaneous quick course for basic communication skill acquisition. Finally, it is in our planning to enhance educational technique use e.g. role-playing to enable learning from error analysis, group discussion on scenarios, audio-visual material trying to decompose error complexity and to attempt a backward repairing process. It is expected to familiarize with the concept of patient safety through the impact of errors on three levels (patients, health system, community). It is also welcoming achievement to enhance teaching from medical errors analysis and to reconstruct attitudes and behaviors regarding patient safety in primary care based on pragmatic cases. Conclusions: Medical errors provide a good chance for teaching. To what extend learning from medical errors can be extremely feasible and effective in a primary care teaching environment is to be concluded. Prioritizing patient safety is not enough if not applying practical tools and easy ways to use learned experience.
MANAGING MENOPAUSE IN THE PRIMARY HEALTH CARE

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Background and Aim: Menopause is defined as the cessation of menses for 12 consecutive months without any other medical cause. Caring for the postmenopausal patient is challenging. Women experience physical and psychological changes resulting from hypoestrogenism. There is a lot of information about menopause, thus the objective of this review is to outline the assessment and orientation of women on menopause, in the primary health care. Methods: A literature and critical review by searching clinical guidelines, reviews, clinical trials, books and relevant articles in Pubmed, National Guideline Clearinghouse, The Cochrane Library, Medscape and Scielo on menopause assessment, in English and Portuguese, in the last 5 years. Results: Women often experience a range of symptoms, including hot flashes or flushes, insomnia, weight gain and bloating, mood changes, mastodynia, depression, vaginal atrophy and prolapse of reproductive or urinary tract organs. The menopause can also increase the risk of developing certain other problems, such as osteoporosis and cardiovascular-related disease. The hormone replacement therapy helps with vasomotor symptoms relief and bone protection, but must be weighed against its adverse events. But other non-hormonal therapies may be tested. Therefore, our goal is to outline the importance of a systematic approach, in order to identifying and confirm menopause diagnosis and to initiate symptomatic and preventive treatments of future complications. Conclusion: The general practitioner plays a key role in assessment of menopausal woman. It was found that implementation of a well centred approach would allow patients, with menopause, to be successfully managed in the primary care setting.
CASE WARFARIN – GPS’ AND NURSES’ OPINION ON MODERN MONITORING OF THE TREATMENT

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Despite increasing use of direct oral anticoagulants (DOAC) warfarin is still commonly used. According to Drug Consumption Statistics (FIMEA, Finland), the consumption of warfarin from year 2013 to 2016 is steady (16 DDD/1000 persons/d). During the same period, the use of DOAC increased 6.5-folds (5.5 DDD/1000 persons/d). In Finland, approximately 1.6% of the population uses warfarin. An INR (International Normalized Ratio) test to control the therapeutic level is taken every third week, 17 times a year per patient, on average. Phone call to or from a nurse to patients has been a typical way to deliver the test result and the medication dosage for the following weeks. The process is time- and resource-consuming. Since autumn 2016 in the health center of Vantaa city a software robot (Forsante, Valuecode Ltd.) calculates warfarin dosage for the following weeks, suggests the next INR follow-up and communicates these decisions to patients. In addition, software robot makes the respective entries in the Patient Data Repository. The software robot saves personnel’s time by performing the routine tasks relating to warfarin treatment. It is also likely, that it improves the patient safety. In December 2017, we will conduct a web-based survey on all the personnel, GPs (n = ca. 110) and nurses (n = ca. 250) in the health center of Vantaa city. Opinions on modern monitoring process of warfarin treatment are inquired. In the conference, the results of the survey will be presented, with the comparison to the results of our earlier survey in 2010 (unpublished). The hypothesis is, that today’s process of warfarin monitoring is easier and more efficient than the previous one.
SURVEILLANCE ALGORITHM FOR GASTROINTESTINAL PREMALIGNANT LESIONS IN PRIMARY HEALTH CARE

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Background/Aims: Continuity of care is a core value of Family Medicine. Regarding prevention of gastrointestinal (GI) cancer, the role of the family doctor is essential not only to the promotion of screening programs in high-risk groups, but also to the surveillance of premalignant lesions. This work aims at gathering and raising awareness about essential concepts for high-quality gastric and colorectal surveillance programs. Ultimately, it proposes to develop an evidence-based algorithm to guide clinical decision-making in the Primary Care setting. Methods: A literature review was conducted regarding international guidelines, reviews and original studies, from 2010 to 2017, written in English, using PubMed and ClinicalKey data sources. Results: The proposed algorithm focuses on gastric and colorectal premalignant lesions and respective surveillance intervals. Adequate gastric mapping with biopsies is the basis of gastric endoscopic surveillance. If extensive atrophy and/or intestinal metaplasia is detected, reevaluation should be offered every three years. Gastric dysplasia demands a thorough reassessment (immediate if high grade dysplasia), with shorter intervals and distinct management. If colorectal adenomas are identified, post-polypectomy surveillance intervals are decided through risk stratification - low-risk and high-risk - based on the number of lesions, its size, histology and method of resection. Quality baseline colonoscopies, based on specific criteria, should be guaranteed and influence reassessment intervals. Conclusion: As early detection and management of GI premalignant lesions and cancer improve survival, involving Primary Care in the coordination of efficient and quality GI surveillance algorithms may be relevant to an effective cancer prevention.
PRIMARY HEALTH SISTEM ACCESS CIRCUIT FOR REFUGEES EAP SAGRADA FAMÍLIA, MANRESA ICS

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AIMS Due to the arrival to Manresa of people under the condition of International Refugees in October 2016, from the ABS (Primary Health Center) Manresa-4 we detected the need to establish a “Primary Health Service Access Circuit”, in order to be able to attend the health demands from this new population. This circuit had to be coordinated and in collaboration with the Foster-Home DIANOVA and the ABS team. METHODS The ABS directive, in order to attend this demand proposes that all the persons under this condition should be assigned to the same UBA (Primary Health Unit). The main purpose of this action is to facilitate the interaction and communication between the medical team and the foster-home. RESULTS We detected 7 patients that were curing a latent TBC infection. We gave service to 46 persons, the majority was males in their middle age, and from this group 13 persons were under 15 years of age. This population represented 9 families, with background of 10 different countries. Some persons from these group arrived with previous important diseases like HIV, different types of Cancer and allergies. Although, the main problem or complain that they express was concerning the stress level resulting from the traumatic event of the War. CONCLUSIONS The actions taken to establish the Primary Health Access Circuit is highly valorized by our ABS, because we believe that do to this early organization we had been able to attend this demand, especially to these persons that are under a social/health risk. We identify, due to this intervention, that the need for a more specific formation in this field, for the Health workers and the difficulties in the derivation for evaluation by the Mental Health Unit are 2 mayor cadencies.
MOLLUSCUM CONTAGIOSUM, WHAT A ITCH!

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Aims: Molluscum contagiosum (MC) is a poxvirus that causes a chronic localized infection, consisting of flesh-colored papules with central umbilication on the skin. Is a common disease of childhood but it is also associated with immunodeficient states which can develop severe and long-lasting infections. MC is usually self-limited in immunocompetent individuals Description: Boy, 7-year-old came to a consult due to pruritic scattered skin lesions in the trunk, axilla and superior limbs. In the medical exam there were dome shaped papules on the skin, 2 mm in diameter, with a shiny surface and central indentation or umbilication. The diagnosis, established based on the clinical presentation, was MC. It was decided to do curettage after the application of a topical anesthetic to reduce discomfort Conclusions: In immunocompetent patients, individual lesions disappear spontaneously, however we can decide treatment for alleviate pruritus, minimize autoinoculation as well as transmission to others, cosmetic concerns and prevent scarring, secondary infection, or bleeding of the lesions. Cryotherapy, curettage, cantharidin, and podophyllotoxin are first-line therapeutic options. Curettage is the preferred therapy for MC in immunocompetent individuals, however may be a less favorable option for immunocompromised patients because of an elevated risk for infection. There is the possibility of the development of small scars so that should be discussed with patients prior to proceeding. The discomfort and minor bleeding associated with this procedure can be disturbing for some children, so topical anesthetics should be applied prior to curettage to reduce discomfort and facilitate therapy. This treatment is very efficient however may be time-consuming and therefore difficult to children
ANTIPLATELET THERAPY IN DIABETIC PATIENTS

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Aim(s) and background: Cardiovascular Diseases (CVD) are among the leading cause of worldwide morbidity and mortality. Antiplatelet therapy (e.g. with aspirin) is not recommended for people with Diabetes who do not have CVD. This study is designed to evaluate compliance with aspirin prescription criteria in diabetic patients without cardiovascular events, in two Family Health Units (FHU). Material and Methods: Observational, cross-sectional, descriptive study, convenience sampling, inclusion criteria: patients monitored in diabetes consultation in 2 family health units, who attended scheduled consultation in the period from 04-04-2016 to 13-05-2016. Exclusion criteria: Atherosclerotic cardiovascular disease (ASCVD): acute coronary syndromes (ACSs), history of myocardial infarction (MI), stable or unstable angina, coronary or other arterial revascularization, stroke, transient ischemic attack, or peripheral arterial disease presumed to be of atherosclerotic origin. Analyzed: sex, age and antiplatelet therapy. Data source: electronic clinical process. Results: Questioned 368 diabetics, excluded 51 by ASCVD, including 317 users, 45.1% male, age distribution between 28 and 91 years. 77% non-mediated with aspirin, 23% medicated with aspirin without indication. Conclusion: It is critical to always question patients about this medicine because it is over-the-counter and many patients take it without a prescription. The patient should be educated and discontinued when there is no therapeutic indication, explaining the side effects, such as gastrointestinal bleeding. Family physicians should be aware of all the medications their patients take and constantly review each patient's need to prevent polypharmacy, interactions, and side effects.
ALTERNATIVE DIAGNOSIS TO RECURRENTS

Aranzaz Sanchez de Toro Girones¹, Sara Isabel Roncero Martin¹, Sonia Falla Jurado¹, Almudena Carrasco Angulo², Mario Garcia Aroca³, Francisco Angel Guirao Salinas¹, Ana Cristina Menendez Lopez¹, Lázaro De Castro Peral², Palestino Abdellabar Paredes², Ana Belén Martorell Pro², Carlos Javier Cervantes Garcia², Mª del Valle Benedito Curier², Mª Luisa Armero Guillen², Yolanda Romero Castro²

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Aims: A 64-year-old man consulted for right submandibular complaints of more than one year of evolution with an increase in symptoms in the last month, despite treatment with correct analgesics. Currently refers pain at the level of the dental arcade junction and hemilengua right without another accompanying clinic. Descriptions: Physical examination: - ORL: An increase of right submaxillary gland painful to the touch. On the right lingual base, whitish induration compatible with glandular calculus is palpable. Complementary examination: - Ortopantography: image with increased density in right submandibular region. Clinical Trial: Calculus salivary submaxillary right. Differential Diagnosis: Glandular neoplasia, malignant pathology of Cavum, oral leukoplakia .... Conclusions: The patient consulted during the last year on multiple occasions in his family doctor cataloging it as recurrent pharyngotonsillitis, without exploring or palpating the oral cavity, even if the complementary tests requested were not reviewed. Currently the patient is in revisions with ENT after extraction of the calculation pending of biopsy results to rule out glandular pathology.
PREVENTION OF IRRITANT CONTACT DERMATITIS COSMETIC PRODUCTS.
CLINICAL CASE PRESENTATION.

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INTRODUCTION AND OBJECTIVES: Berloque Dermatitis is a non-immunologic acute skin irritation which produces pendentlike streaks of pigmentation on the neck, face, arms and trunk. It is a phototoxic reaction induced by the effect of long-wave ultraviolet radiation on oil of bergamot, on its only phototoxic component, 5 methoxypsoralen, contained in some cosmetical products. This reaction induces an intensification of melanogenesis. It has a favorable evolution but hiperpigmentation probably will stay even more 6 months. METHODS: CASE REPORT: 58 -year-old man. Hypercholesterolemia. He presents his General Practice Doctor (GP Doctor) many very pruritic skin lesions and some blisters on right hemiabdomen, right knee and left forearm ten days ago. He claims to have been mowing on a very sunny day. No pets. No foreign travels. He is not on any new medications, but he state he recently started to use a new perfume. Clinical examination revealed Linear brownish lesions on a erythematosus base and blisters in right stomach vacuum, lateral and posterior region of right knee and left forearm. It was concluded the best treatment option for this patient would be metiprednisolone 1 mg/60g cream TDS (8hry) until lesions clear, Prednisone 30 mg/24 h for 5 days and Cetirizine 10 mg/12 h. He should avoid sun exposure and use high SPF sunscreen . RESULTS: After one week of treatment, patient’s skin showed a significant improvement and although the pruritus and blisters disappeared, hiperpigmentation were still perceptible. CONCLUSIONS: This case represents a rare type of dermatitis because most fragrance formulations are currently bergamot-free, but we should not forget this disease. It will not be so difficult to get into a diagnosis if we take into account these risk factors.
THE RELATIONSHIP BETWEEN ILLNESS PERCEPTION AND RISK OF ANXIETY AND DEPRESSION IN THE DM PATIENTS ADMITTED TO THE PRIMARY CARE

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Aims: Depression and anxiety disorders are more common in Diabetes Mellitus (DM) and associated with low quality of life, worsening of diabetic self-care, uncontrolled blood sugar, and an increased risk of diabetes-related complications. Illness perception is an important determinant of treatment success and may be associated with mood disorders. The aim of this study is to determine the association of illness perception with depression and anxiety risk in diabetic patients.

Methods: Participants of this cross-sectional study were 330 Type 2 DM patients older than 18 years of age who applied to family health centers. Survey was consisted of sociodemographic and clinical information form, the Hospital Anxiety and Depression Scale (HADS) and Illness Perception Questionnaire (IPQ-R). Patients being treated for a psychiatric disorder were excluded.

Results: While in 84 of the participants (25.5%) were found anxiety risk, 123 of participants (37.3%) were found in depression risk. Patients at risk for anxiety and depression were detected to be incompatible in follow-up behaviors. A statistically significant relationship was found between illness perception and anxiety and depression risk. According to the results of the study, while anxiety and depression were associated with higher scores in the negative subcategories of the illness perception, were founded lower scores in the positive subcategories.

Conclusions: During planning management of DM, psychiatric evaluation may contribute optimal treatment and care for these patients. Depression and anxiety in diabetic patients affects patient’s adaptation to the treatment and the perception of disease. It is believed that considering the presence of disease and depression/anxiety in these patients increase treatment compliance and success.
HOW MUCH DO PATIENTS KNOW ABOUT PROTON PUMP INHIBITORS? A CROSS-SECTIONAL STUDY IN TWO PRIMARY HEALTHCARE UNITS

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Aims: Proton pump inhibitor (PPI) prescription has been well studied worldwide, however there is a lack of characterization of patients knowledge of this drug class. The authors proposed to study patients knowledge of PPIs.

Methods: Observational and cross-sectional study in two Portuguese primary healthcare units. An anonymous questionnaire was applied to a convenience sample of 381 patients. Measured variables: age, gender, education, nationality, chronic medication, use of PPIs, comorbidities, knowledge of PPIs. A cut-off of at least 75% correct answers was set to define good knowledge of PPIs. 6 questions covered PPI posology, indications, way of administration and side effects. Results: Most patients were female (65.1%), Portuguese and had at least a 12th grade education (64.6%). Average age was 50.9 ± 16.3 years. 177 patients listed previous conditions, hypertension (50.9%) and depression (25.4%) being the most frequent. 214 patients reported chronic medication use. 25.7% denoted regular use of PPIs. Most answered Don’t Know when asked whether PPIs were indicated when more than 3 drugs were taken (49.6%), whether PPIs can be taken for periods of 2-4 weeks according to symptoms (69.6%) and whether other drugs are indicated for heartburn (54.6%). Only 23 patients (6%) showed good knowledge of PPIs. No correlation was found between education level and number of correct answers, or association between regular PPI use and good knowledge of PPIs (p=0.145).

Conclusion: Despite a high education level, patients showed poor knowledge of PPIs. Improved perception of patients knowledge of PPIs is important as they are among the most prescribed drugs in Portugal. The results are worrying, as long term inadequate use of PPIs can lead to adverse effects.
VENOUS INSUFFICIENCY IN PREGNANCY - WHAT OPTIONS?

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Aim: Several physiological and hemodynamic changes occur during pregnancy increasing the incidence of venous disease. Varicose veins are present in 13% of primiparous women, 30% in secundiparous and up to 57% in multiparous. We intended to review the therapeutic approach of lower limb (LL) venous insufficiency in pregnancy. Method: A literature review was held in evidence-based medicine databases of scientific articles and studies in humans, in the last decade, in spanish, english and portuguese, using MeSH terms "venous insufficiency" AND pregnancy. Result: We obtained 36 articles which 5 are selected after the abstracts reading. Therapy can be divided into pharmacological, non-pharmacological and surgical. Pharmacological approach includes phlebotonic agents such as rutosides, hidrosmine, diosmine, calcium dobesilato, chromocarbe, Centella asiatica, among others, and sclerotherapy. Rutosides appears to be safe and effective in reducing symptoms but the existing study had a small sample. Sclerotherapy, by injecting a sclerosing agent with a vessel retraction effect, is contraindicated in pregnancy. The non-pharmacological approach includes: compressive methods, reflexology, water immersion, rest in left lateral decubitus, elevation of LL and foot massage. Compressive techniques should be done for symptomatic relief. Reflexology and water immersion are the most promising. Vascular surgery should only be used in exceptional circumstances. Conclusion: There are no clear recommendations about the best approach to varicose veins in pregnancy. The most used treatments are compression and elevation of the feet, however they do not interfere in the natural disease history. Rutosides are useful in venous insufficiency but their safety has not been fully clarified.
PERICARDIAL EFFUSION

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AIMS Learn to distinguish symptoms and signs of heart failure in an apparently healthy patient. DESCRIPTION A 56-year-old man, with no relevant medical history, went to the medical center due to progressive exertional dyspnoea until minimal efforts during the last 2-3 weeks, with a feeling of retrosternal oppression and abdominal distension. The previous night he had an episode of nocturnal paroxysmal dyspnoea. He also referred catarrhal symptoms at the beginning of the process, so he was taking antibiotics without feeling any improvement. The examination showed good general condition, with adequate blood pressure, without fever. At auscultation, he was tachycardic at about 110 beats. Minimal edema on his legs. Because of the initial clinical suspicion of heart failure, an electrocardiogram was requested that showed sinus tachycardia and generalized decrease in voltages; and analytical with enzymes of myocardial damage and NT-proBNP was normal, and it showed a discrete leukocytosis. The chest radiography showed a marked increase of the cardiac silhouette in "tent". Given the high clinical suspicion of pericardial effusion, an echocardiography was requested in the emergency department showing a very severe pericardial effusion with data of hemodynamic compromise. CONCLUSIONS Although the patient was clinically stable, it was decided to contact the intensive care unit to perform urgent pericardiocenteses due to the echocardiographic data of cardiac tamponade with extraction of 1200 cc of amber liquid. Subsequently the patient entered to cardiology unit for study. After carrying out a complete study with a negative result, the patient was discharged with ibuprofen and colchicine because it was probably a secondary effusion due to pericarditis.
SCREENING FOR FAMILIAL HYPERCHOLESTEROLEMIA IN PRIMARY HEALTH CARE SETTING

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Introduction: Familial Hypercholesterolemia (FH) is an inherited disorder that leads to early cardiovascular morbidity and mortality. Early diagnosis and treatment can reduce the cardiovascular events in patients with FH. This autosomal dominant disorder is underdiagnosed and undertreated. Dutch criteria for FH are not routinely used in daily general practice in Bulgaria. The aim of the study was to establish patients with the Familial Hypercholesterolemia in primary health setting. Methods: A cross-sectional study, among 30 randomly selected GPs who have been trained with a focus on early detection of patients with FH, was performed in the period of September 2016 - September 2017. Dutch Lipid Clinic Network diagnostic criteria for FH were used for detection of patients from the electronic medical records. Exclusion criteria: patients with secondary hypercholesterolemia. Additional information about the demographic, health status and risk factors to cardiovascular disease (CVD) in the patients was obtained. Descriptive analysis of quantitative variables is going to be carried out via SPSS Statistics. The study is part of a multidisciplinary project, supported by MU Plovdiv, under the project N14/2016 year. Preliminary results: The preliminary results revealed that 251 patients covered the Dutch criteria for FH. Taking into account the number of newly registered patients suspected for FH the disorder is underdiagnosed in general practice. 29% of the cases were categorized as define FH. The assessment of the additional risk factors indicated that the most frequent registered risk factors were high blood pressure and smoking. Conclusions: Establishing an accurate diagnosis of FH could be of great importance for early prevention in daily practice.
EQUIP WORKSHOP: MEASURING QUALITY FOR QUALITY IMPROVEMENT IN PRIMARY HEALTH CARE – NEW APPROACHES AND NEW TOOLS

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Aims: Participants will learn more about how to use quality indicators on a single practice for quality improvement work, and the challenges concerning quality indicator data will be addressed. Description: 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, many goals, values and problems in primary care are very difficult to measure. Questions arise on which indicators should be used, how they are collected, stored and used for quality improvement work and what is the validity and relevance of the data. EQUIP position paper on measuring quality in primary health care is a statement on how data should be gathered and used for quality purposes. In the workshop, it will be introduced as a background paper for discussion. Workshop agenda: 1. A new EQUIP position paper draft on measuring quality in Primary Health Care will be introduced 2. Methods for gathering and illustrating quality indicators on a single practice are demonstrated by using two examples from Finland 3. In small groups, the participants will explore and brainstorm ideal quality indicators for primary care on a single practice level for quality improvement work 4. Reports from groups 5. Summary and conclusions Conclusions: The results can be used by all participants and will also be used to improve the updated EQuiP position paper on measuring quality
GENERAL PRACTITIONERS’ CHALLENGES IN PROVIDING CARE TO PATIENTS IN SMALL AND DISADVANTAGED AREAS IN BULGARIA

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Aim General practitioners (GPs) in Bulgaria are irregularly distributed and concentrated mainly in large cities. The National Health Insurance Fund (NHIF) defines “unfavorable” general practices according to criteria such as working in more than two settlements, more than 20 km away from a medical institution, having a high percentage of unemployed. Out of the 1033 unfavorable practices, only 812 (78.6%) are operating, and their number is constantly decreasing. The aim of the study is to reveal the challenges GPs face in small and disadvantaged areas in Bulgaria. Material and Methods The study was conducted among ten GPs in unfavorable areas in the districts of Varna, Dobrich, Shumen, Razgrad, Burgas, Smolyan and Kardzhali, through in-depth interviews. The respondents’ average age is 47. Each of them works in 3 to 32 settlements. Results The biggest problem in unfavorable practices is transport, being responsibility of the GP itself. Settlements within practices are scattered at a distance of up to 40 km, which makes ambulatory care and home visits difficult to perform, especially in winter. Due to lack of pharmacies in and near the villages, GPs supply patients with medicines. Distance from laboratories and specialized medical centers hinder disease monitoring. GPs also serve uninsured patients and are paid for it neither by NHIF, nor by the poor patients. Conclusions Despite the additional financial incentives from the NHIF, the shortage of GPs is a serious problem in small and remote settlements in Bulgaria, especially in villages. Poor road infrastructure and distance from other medical facilities impede both physicians’ work and patient access to medical care.
A MODEL OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER AND INTERSEX HEALTH ISSUES IN UNDERGRADUATE AND POST-GRADUATE CURricula

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Background and Aims: As Family Medicine/General Practice (FM/GP) is a medical specialty of primary care that provides continuing and comprehensive health care for the individuals of all ages and genders in the context of the family and community, having information about health concerns and expectations of Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) community is important in order to give a better care. LGBTQI individuals need to learn the health risks from their physicians, but there are some barriers to care that impact their health status. Those barriers can be eliminated by specific education without homophobia and giving respect to privacy. The aim of the workshop is to draw a road map to develop a common and standard model of education on LGBTQI health issues that can be used in undergraduate and post-graduate curricula in Europe. Description: The workshop will start with a review of literature on specific health needs and expectations of LGBTQI communities and related guidelines, and sharing the outcomes of joint meetings and workshops with LGBT organizations and LGBT Working Group of Ankara Medical Chamber and the experience with the curriculum used at the Department of Family Medicine in Ankara University, School of Medicine. After getting feedback from the audience, the answers to the questions below from each country will be noted: 1. What are the main topics, aims and learning outcomes of LGBTQI Health Issues? 2. What is the place of LGBTQI Health Issues in undergraduate and post-graduate medical curricula in your country? Conclusion: The workshop will end with all participants engaging in drafting the main components for a LGBTQI Health Issues module course description in order to be developed further and be piloted at medical schools.
A DANGEROUS DIET

Aranzazu Sánchez de Toro Gironés¹, Sonia Falla Jurado¹, Sara Isabel Roncero Martín¹, Almudena Carrasco Angulo², Mario García Aroca², Ana Belén Martorell Pró², Mª Luisa Armero Guillén², Mª del Valle Benedi Curiel², Palestino Abdeljabar Paredes², Anjara Ropero García³, Mónica Rodríguez Martínez¹, Francisco Antonio Guirao Salinas², Carmen Alcaraz Conesa², Carlos Pérez Sánchez²

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Aims: A 55 year-old woman who consults in emergency of primary care. After capture of three tablets of furosemide as part of slimming diet, the morning of the consultation begins with crisis of spasms and rigidity of extremities. The situation deteriorates beginning three hours later with parestesias perorales, myalgias and muscular cramps, weakness and widespread rigidity. Description: It presents general poor condition, affected by widespread intense pain. Sweaty, conscious and faced. Right Neurologicamente ptosis palpebral, hiperreflexia and tetania widespread. It is derived to the hospital. It is realized analytical that stands out hipocalcemia of 6.9 mg/dl and Creatinina 1.67 (previous normal). Clinical judgment: Tetania by furosemide Conclusions: After diagnosis, supplementary treatment begins and it joins ICU. There precise morphine for control of the pain and intravenous calcium in the shape of calcic gluconate to 1.5/mg/kg/h during 12h up to its standardization. At 8 a.m. of the revenue, it presents an entire Calcium of 8.7 mg/dl with improvement of the clinical motorboat that ends up by disappearing. We go on to oral Calcium supplements, suspending intravenous treatment and raisin to plant. In plant, clinically it stays asymptomatic and it is discharged by oral calcium 500mg two times a day and control with analytical in external consultations. There was explained to the patient the importance and danger of the slimming diets, being necessary to be prescribed by specialists with programmed control panel and supervised treatments.
THE VALUE OF RHEUMATOLOGICAL EXAMINATION IN GENERAL AND FAMILY MEDICINE - A CASE OF SYSTEMIC SCLEROSIS

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Aim: The family doctor encounters patients in the early stages of potentially serious diseases and poorly defined clinical conditions. The aim of this study is raise awareness between Family Physicians for the diagnosis of Systemic Sclerosis.

Methods: Case study. Clinical case of a fifty-two-year-old caucasian woman. During 2016, she had recurrent visits to her family doctor with complaints of arthralgias of the wrists, interpreted as tendinitis. In January 2017, she complained with asthenia and peripheral polyarthralgias with inflammatory pattern. The inflammatory markers and rheumatoid factor were negative. She was referenced to Rheumatology appointment. In March, due to exacerbation of arthralgia, she resorted to emergency service. The diagnosis of rheumatoid arthritis was hypothesized, starting with 5mg of prednisolone, without clinical response. Two days later, she returned with polyarthralgias involving both shoulders, wrists, metacarpophalangeal (MCF) and proximal interphalangeal (PIF), with an inflammatory rhythm, morning stiffness of 30 min, asthenia and weight loss. She also referred darker skin and dysphagia for solids. The rheumatologic examination showed arthritis in all MCFs, thickening of the skin in the fingers, hands, forearms, face and neck. The laboratory exams showed positive ANAs. Results: It was proposed hospitalization, being confirmed the diagnosis of Systemic Sclerosis.

Conclusions: The clinical diagnosis of systemic sclerosis can be a challenge, with a risk of delay in the diagnosis, which can lead to serious physical, psychological and family complications. This case intends to alert to the importance of the vast spectrum of clinical manifestations which the family doctor must face, being essential the continuous updating of knowledge.
PRESCRIBED VERSUS PERFORMED: THE REALITY OF AN HEALTH CARE CENTRE

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Aims: The family doctor is the first contact of the patient with the national health care system, providing open and unlimited access to the patient. In primary health care system, an efficient management of the resources (financial and human included) is needed in order to contribute to the sustainability and equity of the health care system. The aim of this study is to determine the costs associated with the medical exams and therapeutics that are prescribed by the doctor but not performed by patients; to know the reasons why patients didn’t perform it; to characterize the non-compliant population and to estimate the number of unnecessary duplicated consultations. Methods: Cross-sectional analytical study. Population: All the expired prescriptions or non-performed in one year. Variables: gender; age; schooling; tax exemption; reasons why patients didn’t perform; associated costs. Data collected from questionnaire given to patients, electronic clinical process and from the price table provided by the National Health System. Results: Included 372 cases. The prevalence was higher on females and on people aged 40-79 years-old. The majority of the population was tax exempted. There were 284 new duplicated consultations (33 hours of consultation) that could be avoided. The major reason to non-compliance was forgetfulness. The total of expenses with the medical exams and therapeutics prescribed but not performed was 11027,57EUR. Conclusions: This small sample show us the impact of the avoidable consultations on family doctors working days. It is fundamental the awareness of the patients for the conservation and fulfillment of the deadlines of the prescription in order to decrease the financial and human resources costs in health care system.
SUBCLINICAL HYPERTHYROIDISM: A FAMILY PHYSICIAN’S PERSPECTIVE

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Introduction Subclinical hyperthyroidism (SCH) is defined as a subnormal serum TSH concentration with serum free thyroxine (FT4) and free triiodothyronine (FT3) in the reference range. Subclinical hyperthyroidism is more common in the elderly patients. The prevalence of subclinical hyperthyroidism in the worldwide community ranges from 0.7% to 12.4% (1). Case report A 69-year-old woman is found to have abnormal thyroid function tests when screened by her family physician. She has a history of hypothyroidism, hypertension, dyslipidemia, congestive heart failure, asthma and sjogren's syndrome. She has no family history of thyroid disease. Discussion In this report we describe a patient with hair loss, fatigue and tachycardia with physical symptoms. After physical examination, she was firstly diagnosed with hypothyroidism. At every routine medical visits no blood samples for thyroid hormones had taken afterwards subclinical hyperthyroidism clinic was misdiagnosed. Subclinical hyperthyroidism and it’s related clinical appearances may be reversible and the clinical appearances can be prevented by timely treatment. This case report is a unique sample to determine the importance of laboratory analyzes to support clinical examination.
OTORHINOLARYNGOLOGICAL PATHOLOGY IN GENERAL AND FAMILY MEDICINE - EPIDEMIOLOGICAL STUDY

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Aims: Determine otorhinolaryngological (ENT) pathology prevalence, identify ENT symptoms motivating medical consultations and hospital referrals in selected health units (HU) of north Lisbon in the year 2016. Methods: Retrospective observational study, with analysis of consultation episodes with ENT problems in primary care (PC) consultations. ICPC2 codes from SCinico, M1, MIMUF and ALERT programs were searched. Data was processed in Excel, after approval from ARSLVT Ethics Committee. Results: The selected HU serves 224244 patients (61.8% women, 7.7% <10 years and 35% elderly). There were 22,625 consultations for ENT reasons (61.3% women, 20.3% <10 years and 22.6% elderly). The proportion of ENT motif consultations (total consultations = 320925) was 7.1%. The main diagnostics were upper respiratory infections (43%), acute tonsillitis (11.9%), allergic rhinitis (9%), acute/chronic sinusitis (6%) and acute otitis media/myringitis (5.7%). The main reason for all ages is the respiratory infection. In the subgroup <2 years, otitis was the main diagnosis (25.2%). Followed by tonsillitis in the age group 2-10-year-old (17.3%). The main diagnostic in elderly was vertigo/dizziness (8.8%). There were no differences in the analysis by sex. 523 patients were referred to secondary care: hearing problems (15.7%), voice complaints (11.5%) and tinnitus (9.6%). The proportion of hospital referral in total ENT visits was 2.3%. Discussion: More investigation is lacking in Portuguese PC. In this sample, the prevalence of ENT problems is similar to the literature. Most are treated in PC, so it is important to promote training. The collected data is integrated in a ENT formation for PC, organized by the Faculty of Medicine of Lisbon in collaboration with the authors.
"IT TAKES TWO TO HAVE A BABY": MALE USE OF FAMILY PLANNING IN 3 PORTUGUESE PRIMARY CARE UNITS

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Background/Aims: Family Planning (FP) represents a key component in Reproductive and Sexual health department for both men and women, dealing with family making decisions and sexual issues. Although men involvement is crucial to improve these outcomes, there is an inequality between the number of male and female FP consultations, in which mostly women are users. This study evaluates men involvement in FP and frequent sexual complaints that should be accessed in FP consultation, in 3 primary care health units. Methods: Cross sectional descriptive study that evaluates the number of male FP consultations in 2017 in 3 Portuguese primary health care units, the number of male pathologies registered in regular adult consultation using ICPC-2 classification (W-Pregnancy, Delivery, FP and Y-Male Genital Apparatus) in September 2017. The assessment tools used were MIM@UF (internal health unit statistics program) and Excel. Results: The total number of users in the study units is 33263, with 15218 men. The total number of FP consultations in 2017 was 3232, with a male use of 0.155%. It is verified that only during the month of September, the number of complaints associated to male FP were 2727 (ICPC-2 Y) and and to general FP 3820 (ICPC-2 W). Conclusions: In this study, the level of male involvement was extremely low. The ICPC-2 coding is poorly adapted to couple issues and men family planning reality. Health care should provide focus on fatherhood and men’s health, focusing on STD's and the beginning of sexual activity. The family planning counseling should emphasize on the role, responsibility, and importance of effective communication with their partners surrounding the contraceptive decision-making process, essential to have a healthy relationship and a healthy pregnancy.
GASTROSCOPY IN PATIENTS WITH POSITIVE FECAL OCCULT BLOOD TEST (FOBT) ON COLORECTAL CANCER (CRC) SCREENING – A SYSTEMATIC REVIEW

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Purpose: CRC screening consists of FOBT every 2 years in individuals over 50 years of age. The presence of a positive test involves the performance of a colonoscopy. However, the role of simultaneous gastroscopy is controversial. Aims: To review the existing evidence on the impact of performing gastroscopy concurrent with colonoscopy on the reduction of mortality from gastrointestinal neoplasia in patients with positive FOBT by CRC screening. Methods: Bibliographic research was done in October 2017 of norms of clinical orientation (NCO), systematic reviews (RS) and open clinical trials (RCTs) in the National Guideline Clearinghouse, Guideline Finder, Canadian Medical Association, The Cochrane Database, DARE, Bandolier, Medline. Mesh terms used:“Colonoscopy” AND “Gastroscopy” AND “Gastrointestinal Neoplasms”. The Strength of Recommendation Taxonomy scale of the American Family Physician was used to assign the Levels of Evidence (LE) and Strength of Recommendation (SR). Results: We obtained 224 articles, of which we selected 10: 1 systematic review (RS) and 9 observational studies. According to RS, due to inconsistent results between the studies, there is insufficient data to support the use of gastroscopy routinely. The observational studies performed show results of gastric neoplasia around 1% in the studied cohort, being the interpretations and conclusions very different and contradictory between them. Conclusions: The performance of EGD concomitant to colonoscopy allows the diagnosis of upper benign or pre-malignant upper GI pathology. However, its cost-effectiveness raises much disagreement. Based on the current evidence, concomitant gastroscopy and colonoscopy on CRC screening after FOBT positive is not recommended (SR B). More rigorous studies are needed.
MAN COMPLAINING ABOUT LOW BACK PAIN: WHEN UNDERNEATH A COMMON SYMPTOM THERE IS AN UNCOMMON CANCER

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Aims: Care-seeking for low back pain is a significant proportion of caseload for primary-care. Etiological, vertebral fractures of osteoporotic cause, tumors and stenosis of the spinal cord are common diagnosis. According to duration of symptoms, low back pain is classified as acute, subacute or chronic. Etiology and duration of symptoms are essential to optimize therapeutic strategy. Description: On January 2017, 54 years old male, heavy drinker and smoker, was complaining about low back pain and fatigue on a consultation with his family doctor. On physical examination, only a low body mass index and low back discomfort were present. Blood tests and imaging were executed. With anemia, leucopenia and serum protein electrophoresis with a characteristic curve there was a strong evidence of multiple myeloma. He has been followed on Oncology and was submitted to Chemotherapy and Radiotherapy. Conclusions: Multiple myeloma diagnosis is frequently incidental. Bone pain, pathologic fractures and bone lesions, spinal cord compression, infections and anemia are common presentations. Before the blood tests, as a heavy smoker, metastatic bone disease (primary lung cancer) was considered. Another differential diagnose would be Waldenstrom Macroglobulinemia, much more uncommon than Multiple Myeloma. Although the disease remains incurable, different drug therapies are valuable, as are autologous stem cell transplantation, radiation, and surgical care in certain cases. Being incurable, the role of family doctor is not only with the patient himself, but also with his family.
UNCONTROLLED ASTHMA OR SOMETHING ELSE?

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Background & Aim: The thymus is an endocrine lymphatic gland, located in the anterior mediastinum, which normally involute throughout life. Thymoma is the most common primary mass of the anterior mediastinum, with an incidence of 1.5 cases per million. About 1/3 of the patients don’t present symptoms and the diagnosis is made based on imagiologic random findings, 1/3 have symptoms resulting from compression of adjacent organs and 1/3 have associated autoimmune problems such as myasthenia gravis. Method: we collected the clinical history directly from the patient and from her clinical process. Results: 53 years female, belonging to a recombinated family, highly functional. Personal history of asthma, rhinitis and depression. Followed by pneumologist because of uncontrolled asthma characterized by symptoms of irritative cough, wheezing and chest tightness, with negative allergic study and a normal physical exam. Treated with budesonide / formoterol without any clinical improvement. Due to the maintenance of symptomatology, chest tomography was required and showed an oval nodular image in the thymic locus. Therefore, the patient underwent surgery to remove the thymus and became asymptomatic without the need of inhalation therapy. The histologic result revealed a Mixed Thymoma AB without invasion of thymic capsule and so, there was no need to undergo oncological treatment. Conclusions: there are many diagnosis that could possibly explain the symptoms described in this case, many of them with very different treatment and prognosis. We pretend to underline the importance of doubting the diagnosis when patients don’t react as expectable to appropriate therapy.
AN OVERVIEW OF THE NEW PRIMARY HEALTH CARE UNITS IN PORTUGAL - THE USF TYPE B - A PROMISE IN QUALITY OF CARE

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Aims: The last Portuguese reform of the primary health care system formally began in 2005 as one of the most successful reforms of public services in the last decades. The foundation for this reform was based on the low level of satisfaction of the general population, professionals and policy makers, manifested by low accessibility, inefficiency, bureaucratic overload and lack of incentives to improve productivity and quality of care. The creation of the Family Health Unit (USF-Unidade de Saúde Familiar, in Portuguese) became the substance of this revolution. A form of upgrade of these units - the USF type B - suited a different purpose where health centers respond with autonomy and flexibility with a focus on customized medical and nursing care. Methods: Acknowledging the USF type B as an individualized and independent organizational organism, our group developed a SWOT analysis in order to present an overview of this new structural paradigm. Results: Several values are portrayed such as community orientation, organizational and management flexibility, teamwork, autonomy, accountability, continuous quality improvement, contractualisation, differentiated payment linked to performance and constant evaluation. However, there are many difficulties implied as well: infrastructural deficit, professionals’ burnout, lack of human resources, inept computer software support, inadequate use of provided services by the population, political influences and evaluation based on health indicators ill adjusted to clinical practice. Conclusion: We expect to generate debate, contrasting with a diversity of organizational systems experienced by all the participants of this venue, hoping to integrate the Portuguese primary care system within the European concept for this level of care.
PLACEBO AND PAIN

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AIMS: Understand the mechanisms behind placebo analgesia, analyse its use in clinical trials regarding therapeutically effectiveness as well as in clinical use and the circumstances where its use is ethically justifiable. Description: The placebo analgesia has shown to be connected with the activation of the endogenous opioid system. There are two well proven psychological mechanisms that explain the placebo effect: the expectation theory and the classical conditioning model. The main ethical limitation to the use of placebos is the illusion created to the patient. The WHO advocates that the use of a placebo is not justifiable if we already have an accepted and approved treatment for a particular disease. The attention shown by doctors and researchers regarding the placebo effect lies on its cost-effectiveness and ability to be used as an active drug due to its modulation of drug-like mechanisms, which suggests a similarity between the psychosocial and pharmacodynamical effects. This placebo effect can be induced in a medical appointment without the administration of a treatment, since the relationship between the patient and the doctor has an important influence on the therapeutic result. However, its clinical use has to follow a few rules: it cannot be used in convenience of the doctor, to punish the patient, or it can only be used in situations where there is a considerable evidence of its necessity. Conclusion: Over the years, the placebo effect has been associated with a negative connotation and there is still much to be learned about it. It is important to direct our attention to this effect, that way it will be possible to discover new therapeutic approaches and to improve the relationship between the patient and the doctor.
THE DIABETES IN A PRECARIOUS SOCIAL CONTEXT...AN ALMOST IMPOSSIBLE MISSION

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Aim: The type 2 is the most frequent type of Diabetes and affects about 1 in 10 Portuguese. People who live in a deprivation situation have a bigger risk of developing the disease and twice the risk of their complications. The family doctors have the duty to pay attention, to support and to act with all the resources they have. Description: A 56-year-old woman, with an IQ deficit, depressive disorder, followed in psychiatry consultation. She belongs to a poor social context, without family support. Diagnosed in 2012 with type 2 Diabetes with a first HbA1c of 6,7% and was medicated with Metformin 1000mg, she was followed ever since in a Diabetes trimestral consultation in our health care center, accompanied by a social worker. Due to the increasing values of HbA1c she was referenced to an endocrinology consultation, but she refused. Towards a difficult disease control, the therapy was changed and in 2015 she was taking Metformin 1000+Sitagliptin 50mg (bid) + Metformin 850mg (id). In January of 2016 she came back to a consultation with the following analytic changes: glucose 442mg/dL; HbA1c 12,3%. The case was discussed in a reunion with an endocrinologist who suggested to send once more the patient to a Diabetology consultation. A therapeutic plan including weekly injections of GLP1 agonists in the health care center was done. To make this plan work, a cooperation among doctors, nurses and social workers is crucial. DISCUSSION: Patients with cognitive deficit and a precarious social context deserve a special attention by the health practitioners. Once chronic diseases control is a challenge in these cases, the family doctor, as the main mediator, have to take a role of coordinator and to grant articulation in order to provide better health care in frail people.
FEVER OF UNKNOWN ORIGIN AS THE DIAGNOSTIC CHALLENGES FOR GENERAL PRACTITIONERS

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Background. The fever is a common symptom of many diseases encountered in routine daily practice of general practitioners. Fever of unknown origin (FUO) remains one of the most difficult diagnostic challenges. The cause of classic FUO can be various diseases. Aims. The aim of the study was to determine main causes of FUO, to assess the usefulness of the evaluation pattern of the fever and general symptoms, and to define the role of general practitioners in the diagnostic process. Material and Methods. 161 patients (81 female and 80 male) with FUO participated in the prospective study, conducted at the Czemiakowski Hospital in Warsaw. The average age of the patients was 57 years. We performed a detailed comprehensive history, detailed symptoms (age, arthritis, weight loss, shivers, night sweats), physical examination and carried out a wide spectrum of tests. Results. The most common causes of FUO were infection (37%), autoimmune diseases (27%) and neoplasm (16%). Only in 8 patients a definitive diagnosis was never established. In the autoimmune diseases the longest duration of fever, arthritis (93%), the lowest average age (50 years) and more common female sex (63%) were observed. In the autoimmune group were diagnosed vasculitis and lupus erythematosus. Among patients with infection were cases of tuberculosis, atypical pneumonia, lung abscess and bronchiectasis. Hematology disorders were dominated in the group with neoplasm. Conclusions. Most of the reasons of FUO is very difficult for diagnosis for physicians of first contact. The role of the general practitioners is to refer the patient to the appropriate specialist medical center (pneumology, rheumatology, hematology).
REFUGEE HEALTH AND GUIDELINE

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Aim: The aim of this project is to enhance the capacity of countries who accept migrants and refugees in addressing their health needs, safeguard them from risks, and minimize cross-border health risks. This workshop will focus on addressing both the early arrival period and long-term settlement of refugees in host countries. Description: More and more people are moving without any safe conditions. There are an estimated 1 billion migrants in the world today of whom 250 million are international migrants and 763 million internal migrants - one in seven of the world's population. 65 million of the world's internal and international migrants are forcibly displaced today. This rapid increase of population movement is an important public health problem not only for refugees but also for the citizens of the host countries. An adequate health care is needed for both sides while we all living in the same world. Role plays will be performed to gain inside look and groups will be divided to discuss the paradigms in different countries. Conclusions: One of the most fundamental rights is stated in the right to health and in the 1946 World Health Organization (WHO) Constitution, "not just the absence of illness and disability, but the person's physical and spiritual well-being" (World Health Organization, 2006). In the planning of health services, everyone is equal and without discrimination universal principles such as the provision of specialized services to risky groups must be observed.
ELEMENTARY PIGMENTED LESIONS

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Background: The term "spot" is generally used to denote various types of pigmented lesions present on the skin. Dermatologically, these lesions can be subdivided in two major groups: melanocytic lesions and non-melanocytic lesions. Aim: To carry out a review of the differential diagnosis of pigmented, melanocytic and non-melanocytic lesions, based on clinical and dermatoscopic criteria, as it is a challenge in the family physician. Material & Methods: Three methods were applied: dermatoscopy, "the ugly duckling spot" and the ABCDE rule, which corresponds to the criteria Asymmetry, Irregular Broadside, Heterogeneous Color, Upper Diameter to 6mm and Evolution giving the lesion greater probability of malignancy. These methods were applied purely to pure melanocytic lesions. Results: In September and October 2017, all the patients observed in the Dermatology consultations were evaluated. Six types of non-melanocytic pigmented lesions were selected - basaloma, venous lake, seborrhic keratosis, blue nevus, histiocytobroma and radiotherapy tattoo - and 2 melanocytic pigmented lesions - melanocytic nevus and melanoma. Conclusions: Although non-melanocytic pigmented lesions don't have melanin, they often mimic melanocytic lesions, and an experienced clinical eye that can detect that differentiation is essential. It is agreed that dermatoscopy reinforces the ability to correctly classify lesions but most family health units do not have a dermatoscope and their use implies differentiated nosological knowledge. However, methods such as the ABCDE rule and the "ugly duckling spot" are essential in clinical practice of primary care, as well as the recommendation of regular self-examination of the entire skin and prevention of sun exposure.
VIOLENCE DIRECTED AT THE PHYSICIAN FROM THE PATIENT PERSPECTIVE

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Aims: The aim of this study is to investigate how the violence that health workers are exposed were experienced by the patient's eyes and whether there is a relationship between these thoughts and the level of aggression of the individuals participating in the study. By this way, an action plan can be drawn up to improve the conditions for patients as well as healthcare workers. Method: Research’s universe constitutes individuals over the age of 18 years old. The target population is at least 384 volunteers with a calculated sample population of 80% power, 95% confidence level and 5% confidence interval, and it was decided to reach voluntary individuals in the multicenter survey with at least 100 per center. It was planned to apply “Socio-demographic Data Survey” and “Continuous Anger-Anger Expression Style Scale” to volunteers who will be randomly selected from Primary Health Care Centers. The collected data were evaluated with the SPSS 22.0 program. Results: This is an ongoing project. A survey of 50 people has been applied, yet. The average age of the participants is 39.6 (min: 14-max:67). 40% of the participants are male, 80% of them are married while 98% live with the family. 34% live in the city, 62% live in the towns and 4% live in the villages. The income of 40% of the participants is below 1500 TL (below the hunger limit). 38% of those surveyed witnessed violence in the health center. %12 of them justify the violence against health workers. Thirty-two percent of respondents thought that violence was caused by the aggression of violent individuals, while 28% indicated that they had no choice. The scores of the anger and outburst rage subscales were found to be higher than those who did not find violence in health (p <0.05). Conclusion: There is a moderately significant relationship between these thoughts and aggression levels of the individuals participating in the study.
PAROXYSMAL EVENTS IN CHILDHOOD: A DIAGNOSTIC CHALLENGE

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Aims Children misdiagnosed as epileptic are not rare, and studies describe that as high as 47% of this misdiagnosis are in fact non-epileptic paroxysmal events. Non-epileptic seizures are paroxysmal episodes that resemble an epileptic seizure without anomalous neuronal activity. Description A 18-month male, born at term with low birth weight (2430g), with normal growth and development, with no other medical antecedents besides sleep fragmentation disorder. At 11 months he began paroxysmal events, one every 2 weeks, with sudden onset and ending, lasting less than 1 minute. During these episodes he presents cry, stare eyes or ocular retroversion, spastic face followed by hypotonia and sleepiness. According to the mother, episodes are more common when he laughs, is euphorically or sleeps poorly. Suspecting epilepsy, despite normal EEG, the Family Doctor referred to Neuropediatrics that hypothesize breath-holding spells (non-epileptic paroxysmal event). Episodes became more frequent and by the age of 15 months the mother reported around five episodes per day, including during sleep. During one medical appointment, one episode was observed and filmed by the Family Doctor: staring gaze, hypotonia, right deviation of the eyes, with complete recovery in 45 seconds, followed by angry cry and sleepiness. Seeing the video, the Neuropediatrician decided to try therapeutic proof with valproic acid 20mg/kg/day, with fast unexpected response, and with subsequent dosage increase to 28mg/kg/day there were no more episodes. Conclusions This case has the particularity that the use of the video was important to initiate therapeutics and continue the investigation. It illustrates the challenge that the differential diagnosis between epileptic activity and non-epileptic paroxysmal events can become.
THE USE OF SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRI) IN ELDERLY PATIENTS: RISKS AND PARTICULARITIES

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Aims: The SSRI are the first-line agents for treatment of depression in older adults. According to WHO, unipolar depression occurs in 7% of the general elderly population. They have a greater number of risk factors and the morbidity-mortality of depression is also greater at this age. With the fast population aging, this is a growing problem in primary health care, so the doctors should know the practical issues related to the use of SSRI in the elderly, in order to reach best therapeutic results, without compromising safety. Methods: Classic review on websites of evidence-based-medicine, with the terms: SSRI, depression, geriatric and elderly. Results: About 1 to 17% of the elderly suffer some side effect with SSRIs: nausea, vomiting, dry mouth, diarrhea, anorexia and dizziness, sleep disturbances, tremor and anxiety. Hyponatremia is dose-independent and occurs in 0.5 to 1%. The risk of upper GI bleeding is also increased, and the association with proton pump inhibitors reduce this risk. There has been an association with the SSRI and development of arrhythmias and femur fractures. Conclusion: Overall, the side effects of SSRIs are rare. It seems important to carry out a study with electrocardiogram and ionogram at the beginning of the treatment, and eventually repeat it after 2 to 4 weeks. Elderly patients may benefit from fall prevention strategies and early treatment for osteoporosis, in some cases. Doctors should take special attention with patients who already have some baseline bleeding risk, and also with those who are receiving antiplatelet and anticoagulant therapy. Finally, it may be useful to have a list of drugs whose effectiveness is changed when used in association with SSRIs.
OSTEOPOROSIS: THE PRIMARY CAUSE OF VERTEBRAL COMPRESSION FRACTURES.

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AIMS: Determine the prevalence of Vertebral Compression Fractures (VCFs) in patients with osteoporosis (OP) to promote preventive activities from Primary Care physician and. Specialist in Orthopaedic Surgery and Traumatology

METHOD: Retrospective analysis of 152 patients with a diagnosis of OP, we studied the VCFs prevalence. We analyzed the Association of OP and VCFs by age. Each patient was analysed by reviewing the medical records. RESULTS: -Of the 152 patients with OP: 136 women and 16 men. Ratio of women OP/men OP: 8.5/1. -Of the 136 women with the diagnosis of OP, 9 cases of VCFs: Women OP-VCFs Prevalence: 6.6% -Of the 16 men with MRI in the diagnosis of OP: 1 case of VCFs: Men OP-VCFs Prevalence: 6.2%. -Association of OP and VCFs by age: In women: .90-100:30P (2.2%) y 1VCFs (0.7%). .80-90:47OP(34.5%) y 2VCFs (1.7%). .70-80:39OP(28.7%) y 2VCFs (1.7%). .60-70:36OP(26.5%) y 4VCFs (3.4%). .50-60:11OP(8%) y 2VCFs (1.7%). -In men: .90-100:20OP(12.5%) y 1VCFs(6.25%). .80-90:8OP(37.5%) y 0VCFs (0%). .70-80:6OP(37.5%) y 0VCFs (0%). .60-70:1OP (6.25%) y 0VCFs(0%). .50-60:1OP(6.25%) y 0VCFs(0%).

CONCLUSIONS: Although the ratio of prevalence of OP woman / man is 8.5 / 1, the incidence of VCFs is very similar in men and women around 6%. The age group with the highest prevalence of osteoporosis is found between 70 and 90 years. Which justifying the implementation of a Health Improvement Plan, including Education Program for Health aimed at groups and the development of preventive activities in Primary Care consultation and Specialist in Orthopaedic Surgery and Traumatology
STOPPING A HARMFUL MEDICATION - A CASE REPORT

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Aims: It is frequent, especially for young doctors, to find in their appointments, patients taking medication for years, for a disease they don't specifically know and that isn't registered on their clinical process. Description: This case is about a woman of 72 years old. She has hypertension, dyslipidemia, spondilarthrosis and urolithiasis. As chronic medication: losartan 100 mg + Hydrochlorothiazide 25mg id, simvastatin 20 mg id, amiodarone 200 mg id and acetaminophen 1000 mg id. Our patient was not used to come annually to her doctor as recommended, but this year she decided to come to our appointment, due to the worsening of her pain. As we made the medication review, we noticed that she was taking amiodarone since 10 years, and she didn't know why. During examination: BP 143/78 mmHg, radial pulse: 78 bpm, regular and rhythmic, and no alterations to the cardiac auscultation. Her cardiovascular risk according to SCORE was 3%. After a meticulous search of her file we just find an EKG dated 2 year ago with sinus rhythm. We could not find a reason that would justify taking that medication. Our major concern was to provoke an alteration of the cardiac rhythm, as a rapid ventricular answer, once we stopped amiodarone. One the other hand, by maintaining this medication, we were not sure that the exam would reveal any pre-existing pathology. In that way, we decided to stop amiodarone and replace it by bisoprolol 2,5mg. We asked for 24-hours EKG that didn't reveal atrial fibrillation, and the echocardiogram just showed left ventricular hypertrophy. Conclusion: With this case, we enforce the importance of making systematic medication review, especially at advanced ages, and at the light of new evidence.
ABDOMINAL AORTIC ANEURYSMS: A CASE REPORT

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Most abdominal aortic aneurysms (AAA) are asymptomatic and are accidentally found in routine imaging tests. They are in 95% of cases caused by a degenerative atherosclerotic process. Other etiologies, which are rare, are trauma, syphilis, S. de Marfan, and inflammatory causes. A 61-year-old male, with a history of dyslipidemia, COPD, smoking, BPH, AF and hypertension, went to the FHC due to low back pain with a 9/10 intensity, without irradiation, without relief or aggravation and without other accompanying symptoms. No history of trauma or stress, and he attributed the symptoms, which he already knew, to the eventual renal lithiasis, that was never confirmed in complementary exams. At the objective examination, there was a positive renal Murphy on the left, and the remaining observation was negative. Renal ultrasound, besides excluding renal lithiasis, revealed an aneurysmal dilatation of the abdominal aorta with a cranio-caudal extension of 170 mm and a cross-section of 130 mm, as well a mural thrombosis, therefore he was immediately referred to ER of Santarém Hospital. The patient remained hemodynamically stable. He performed Angio-CT that confirmed the presence of AAA with 183 mm in length and dilatation of the limb of the left kidney due to the possible compressive effect of the aneurysm. The patient was then transferred to the Vascular Surgery service, where he performed EVAR. This case aims to alert to the danger of patients labeled with diagnoses and symptoms that often cover up serious and potentially fatal situations, as well to sensitize health professionals to this pathology, by controlling cardiovascular risk factors, especially in patients older than 65 years, male, smokers, with dyslipidemia and hypertension.
EVALUATION OF PARENTS OPINIONS ABOUT THEIR CHILDREN AND THEIR OWN WEIGHT, EXPECTATIONS

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Introduction: Obesity is an important public health problem on a global scale. When the studies are examined, it is seen that the overweight and obesity prevalence increases gradually in our country and that the obesity of childhood reaches to 6.5% and the overweight rate to 14.3%. It is very common for most parents to have worries about their children's body weight and appearance or appetite. There are studies in the literature that show that parents are not aware that their children are overweight and that they do not perceive this as a health threat. Materials and Methods: This study had taken from Mustafa Kemal University Faculty of Medicine Pediatrics and Family Medicine policlinics who have children between the ages of 0 and 17. Questionnaire families to be implemented in the study are asked about their children’s thoughts about their weight. The percentages of the children's height and weight are determined and the overlap of the children's thoughts about the weight of the children to be included in the questionnaire that the parents fill in before the examination will be compared. It will be assessed how much the parents are thinking about their own weight how much they range according to the BMI calculation and how much they fit in with their subjective thoughts. This study was planned as a cross-sectional study. The data on the completed questionnaire were entered into the SPSS statistics program. The frequency and distribution of the obtained data will be evaluated and compared with demographic data. In comparison between groups; chi-square test for categorical variables, Student's t test and / or Mann-Whitney U test for continuous variables will be used. For all statistical data, p <0.05 will be considered significant. Results: This study is going on and will be finished at the end of January, if you accept our presentation we want to share our results at the congress. Conclusions: Parents are the ones who will be most helpful in preventing obesity and providing healthy and adequate nutrition for children. It is important to assess the parental concerns of children regarding their body weight, appearance and appetite. In this way, it is ensured that the children are fed correctly.
QUALITY EVALUATION OF ANTIBIOTIC PRESCRIPTION IN ACUTE BACTERIAL TONSILLITIS

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Aims: Acute tonsillitis is defined by an acute inflammatory process of pharyngeal tonsils, and in most episodes they are of a benign and self-limiting viral etiology. The objective of this study is to evaluate the quality of antibiotic prescription in pediatric acute bacterial tonsillitis, according to Portuguese guidelines. Methods: Dimension: technical-scientific quality. Unit of study: users under the age of 18, belonging to the file of all physicians between 2017/01/01 and 2017/07/31 (first evaluation) and 2017/09/01 and 2017/11/01 (2nd evaluation). Data source: computerized clinical process in MedicineOne and PEM. Registration and data processing: Excel 2016. Internal, retrospective evaluation with selective sample of institutional basis. Evaluation criteria: "acute tonsillitis" problem coded in SOAP "A" medicated with antibiotics and if amoxicillin was prescribed as a first line, at a dosage of 50 / kg / day of 12 / 12h (maximum up to 1gr / day) in a period of 10 days. Results: 2 evaluations (n = 185 and n = 72). Amoxicillin as first line 47.8% and 67%. Correct dosage 37.8% e and 46.2%. Duration of correct treatment: 4% and 23%. Conclusions: Following the first evaluation, the results were discussed and presented at a meeting of the health unit, and a summary of the Portuguese guidance standard was given to each physician. There was improvement of results in this second evaluation, however, they remain lower than theoretically desired. Quality improvement is fundamental and through discussion of the new data with thematic approaches on resistance to antibiotics and encouragement of good practice, we expect more satisfactory results in a third evaluation.
WHAT A CERVICAL PAIN HIDES

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Aims: 39-year-old woman who consults for pain in cervical area accompanied of odinofagia that it imputes to the efforts done in the childbirth (5 previous days). It recounts that he needs to hold the head to go to bed and to get up of the bed. Description: Column: without deformity not dismetrias, inflammatory not signs, not limitation of the mobility although painful to the cervical extension. Not apofisalgia. Neurological: only bilateral RCP flexor stands out. Complementary explorations: Cervical radiography: merger C3-C4 with loss of the space to articulate with affection of both saucers you will articulate. Cervical RMN: spondylodiscitis cervical C3-C4, with affection of both vertebral bodies and of the disc, prevertebral formation of soft parts (inflammatory / infectious or abscess), which diminishes the air light of the pharynx, with small component epidural at a height of C3-C4. Clinical judgment: Cervical spondylodiscitis C3-C4. Conclusions: Before the clinic and flexor bilateral Babinsky (affection of 2nd motor neuron) and the precedent of the days previous to anesthesia epidural for the childbirth, I realize column radiography of urgent form. After value merger C3-C4 with loss of the articular space, I decide to transfer by urgent way to hospital for complementary tests achievement. Later completed study we contacts with neurosurgeon of main hospital who accepts the transfer but it requests before the transfer blood cultivation thinking about Staphylococcus, since the most probable focus is the postnatal phlebitis and after lumbar puncture, and he advises not to administer antibiotics not to spoil cultivation in case of surgery.
DYSPNEA THAT DOES NOT IMPROVE WITH INHALERS

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INTRODUCTION Sixty years old woman who visited her family doctor for worsening of her basal dyspnea for the last three weeks. By her background, her doctor prescribed Ventolin two inhalations every 8 hours and Symbicort which had already been prescribed. The next week, she consulted again because the dyspnea had progressed to minimum effort. Background: EPOC, obesity, smoker. METHODS Good general condition. Afebrile. 95% oxygen saturation. Heart auscultation was normal but respiratory auscultation had generalized reduction of the vesicular murmur and crackling crepitations. Rest of physical examination without significant disruptions. RESULTS - Blood test: PCR 6.9, rest is regular. - Arterial blood gases: pH 7.456, pO2 77.5, pCO2 49.4, HCO3 29, lactate 0.8, high AaO2. - Chest x-ray: normal. - D-dimer 3184. After that, CT angiography of the pulmonary arteries were performed with findings compatible with bilateral segmental pulmonary thromboembolism that affected branches of the pulmonary arteries for lower lobes. CONCLUSIONS We must not categorize a patient by their underlying pathology. Although first thing we think about in this case, is an exacerbation of her EPOC disease, we have to pay special attention to the current symptoms. Therefore, a good anamnesis is necessary without getting rid of our patient by attributing the new problem to their underlying pathology without ruling out other options. Many times high demand we find in Primary Care makes general practitioners pay less attention their patients.
THE PALLIATIVE PATIENT AT HOME – SOLUTIONS FOR APPROACHING COMMON SYMPTOMS IN A SOCIOECONOMIC DEPRIVED POPULATION

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Aims: Patients who benefit from home-based palliative care are usually those with advanced complex conditions or life-limiting diagnosis. Most common symptoms among palliative patients (PP) are pain, fatigue, dyspnea, constipation, nausea/vomiting, insomnia, anxiety, anorexia, bed sores and agitation. However, effective treatment will successfully alleviate, and may even eliminate, the majority of symptoms. An important problem among socioeconomic deprived populations is the lack of access to specialized healthcare professionals/units and the inability for the patient/family to afford most of first line treatment choices due to its usually high cost. Also, it majorly depends on the GP the management of these disorders while considering such impeding limitations. Description: This workshop will have different moments. Discussion groups to debate concerns and personal strategies in approaching PP with socioeconomic difficulties in a home care setting and share experiences based on participants' practice. PowerPoint presentation about how to approach common symptoms, including not only international and consensus recommendations but also off label use of several drug groups and non-pharmacological techniques - always allowing participants' feedback. Case report discussion to practice newly acquired competences. Conclusions: Palliative care provided in the home setting is associated with a reduction of symptom burden, increased patient and caregiver satisfaction, decreased utilization of resources and costs. Participants should leave the workshop with a better understanding of the several options for managing symptoms of the PP at home with low income and poor resources and new confidence in approaching these issues.
INTERVENTION PROJECT ON DATING VIOLENCE FOR HIGH SCHOOL STUDENTS

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Aims: Describing an intervention on dating violence applied to adolescents from an high school of the North of Portugal. Methods: The intervention included high school adolescents, from 3 classes (10th, 11th and 12th grade), randomly selected. The adolescents underwent 3 training sessions on DV, weekly, lasting 1.5 hours. The first session was started with a dynamic presentation. Then, cards with sentences about myths and truths in the DV were distributed and analyzed, later discussed in a group. The second session began with a brief review of the previous one and with a new dynamic in which the trainer selected some students with a ball, who completed the sentences: "The boys are ..." and "The girls are ...", allowing the discussion of gender inequality in DV. This was followed by a brief theoretical presentation on the subject and a story, "White Knight", was distributed and analyzed, which allowed reflection on how power and control relations are allowed in courtship and are escalating in gravity. Some characteristics of relationships (Respect, Confidence, Jealousy, Power, Control and others) that adolescents classified as healthy or unhealthy were presented. Finally, the teenagers watched a video campaign against DV. In the third session the doubts and comments the students had put anonymously were clarified. Strategies were discussed to conclude, with safety, a violent relation and how to deal with situations of DV in the pairs. Finally, the adolescents presented posters about DV, of their own, to inter-peer message transmission. Conclusion: There was an enthusiastic and adequate participation and there was relevant questions and reflections. Although short, the intervention gave rise to a school campaign for the prevention of DV yet.
SOCIAL MEDIA AND THE ORTHOPAEDIC SURGERY; AN ANALYSIS OF INSTAGRAM USAGE

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Introduction Social media was blowed up in popularity in recent years. It is a strong fresh tool for communication. It has been increasingly used for medical issues especially including orthopaedics. Methods In this study we have made a search for the hashtags like #orthopaedics,#orthopaedicsurgery, #orthopaedic, #orthopaedicsurgeons,#orthopaedist, #sportssurgery etc. We chose the images which were loaded at last six months. Results The mean number of hashtags was six per post. Many posts were uploaded by the patients especially at acute period of their diseases. Approximately 87% of the images were uploaded by the patients and relatives. Additionally, most of the images expressed are for to announce their disease their friends or to gets knowledge about the diseases from the other patients who suffer from the same problems. Conclusions As a result social platforms maybe suitable options for the patients like rehabilitation groups or therapy groups. Also a good and free option for the doctors to announce their specialities to the patients.
AGGRESSIVENESS OF MEDICAL CARE IN END OF LIFE – A QUALITY OF CARE CONCERN, AN EQUITY DILEMMA

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Aims: Aggressive or intensive medical care focuses mostly or exclusively on disease-modifying treatments at the expense of good symptom management and/or advance care planning. This study intends to investigate socio-demographic, clinical and community healthcare service factors associated with aggressive end of life (EOL) care in cancer patients. Methods: We analyzed all deceased patients of a central Lisbon county area whose death occurred between January 1st and December 31st of 2016. Aggressive EOL was defined by the following indicators occurring during the last 30 days of life: emergency department (ED) visits, hospital admission, chemotherapy use and death in hospital. We also studied the pattern of general practitioner (GP) home visits, contact with district nursing home care and place of death. Results: Of the 209 deceased patients, 55 had cancer as their primary diagnosis; 50.45% were men and mean age at death was 76.07 years. The majority of patients died in a hospital setting (58.2% in a nursery unit or ICU, 9.1% in the ED), for only 21.8% of patients died at home and another 9.1% in a nursing home. The three most common diagnoses were gastrointestinal cancer (30.1%), lung cancer (20.0%) and haematological cancer (18.1%). Number of hospitalizations was remarkably high. Chemotherapy use was highly dependent on cancer type and disease burden. GP visits were surprisingly low as was district nursing care support. Conclusion: In the last month of life, most patients received aggressive medical care. Increased EOL home care would reduce the demand for acute care services as well as improve quality of life. Community healthcare services, in particular community palliative care, is a crucial measure for increasing quality and equity of care for these patients.
DEPRESSIVE SYMPTOMS IN THE ADULT WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Aim and background: Systemic lupus erythematosus (SLE) is an autoimmune disease with the potential to affect multiple organs. Neuropsychiatric complaints are common among patients, depressive symptoms (DS) and cognitive disfunction being the more frequent. We aim to conduct a systematic review on DS in SLE. Material and methods: A systematic review of the literature was done using a PubMed search for articles published between 2010 and November 2017, with abstract available, using the MESH terms ‘depression’ and ‘lupus erythematosus, systemic’. The search retrieved 125 articles. After reading the abstracts and applying the inclusion and exclusion criteria, 51 articles were chosen for the review. Results: DS have a high prevalence in SLE with an impact in multiple aspects of the patients’ life, including lower adherence to lupus therapeutics, incapacity/laboral nonattendance, higher costs and worse quality of life (QoL). Aspects like recent diagnosis, presence of cutaneous disease, incapacity and presence of pain/fatigue are among the risk factors for DS. Physical exercise and psychotherapy showed positive results. Very few patients are medicated and there are no studies evaluating medication effect. Conclusions: DS are a frequent complaint in SLE with a great impact in the QoL of these patients. Underdiagnosis and undertreatment remain a problem. There is a need for a multidisciplinary approach when evaluating these patients to try to minimize the burden of this problem. More research is needed to better understand this phenomenon.
THE IMPORTANCE OF INVESTIGATING THE SECONDARY CAUSES OF ARTERIAL HYPERTENSION.

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AIMS: A 49-year-old patient goes for intense headache to primary care consultation, about five days of evolution with a loss of 20 kg of weight. Blood pressure was taken, objectifying figures of 240/140 mmHg and a heart rate of 130 bpm. Before these findings, antihypertensive treatment was established and the patient was referred to the Hospital for assessment by Internal Medicine. METHODS: - Analytics normal. - Urine 24h: Metanephrine 808 mcg / 24h, normetanephrine 6416 mcg / 24h. - Normal abdominal mapping. - Echocardiogram: left ventricular hypertrophy. - Abdominal CT: cystic lesion in an interaortic-cavo situation. Given the presence of a very nonspecific interaortocaval lesion by imaging, it was decided to request a corporal PET-CT. -PET-CT: intense tracer uptake is observed at the retroperitoneal level, in the interaortocave space, producing dopamine metabolites. The lesion is compatible with paraganglioma. With these last results, the patient is scheduled for surgery. RESULTS: Clinical judgment: Paraganglioma inter aorto-cava. CONCLUSIONS: Paragangliomas are relatively uncommon tumors that can manifest in many ways, especially as hypertension, episodes of palpitations, sweating, headaches and anxiety ... or increasingly as an incidental finding. Opportune diagnosis and an adequate treatment can prevent the great variety of potentially catastrophic cardiovascular complications. Finally, it is worth noting the importance of suspecting, and therefore deriving for its study, from Primary Care to all young patients with de novo arterial hypertension or hypertension resistant to treatment, suspecting a possible secondary hypertension.
COMMUNICATION SKILLS TEACHING IN THE FACULTIES OF MEDICINE IN THE NORDIC COUNTRIES. A RESEARCH PROJECT: COM-NORD

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AIMS To analyse the characteristics of communication skills teaching (CS) in the Faculties of Medicine (FM) in the Nordic countries. METHODS 1) STUDY. Observational, descriptive, comparative and cross-curricular study 2) POPULATION. All the Nordic FM (a total of 21) 3) INCLUSION CRITERIA. Teaching the Degree of Medicine during the academic year 2017-2018 and Providing the necessary information through the university website and/or via e-mail/phone 4) COLLECTION OF DATA. All FM web pages will be accessed and a comprehensive review of the curriculum and teaching guides will be carried out. With the aim of contrasting and confirming the data, two of the authors will carry out a documentary, systematic and independent research in two different time frames 5) STUDY VARIABLES. 1- Presence of CS subjects: We considered by presence the existence of this education in any of its ways without fixing a minimum of credits out of the total assigned to the subject. 2- Type of teaching: exclusive or combined. This variable is equivalent to specific competence and cross-curricular competence, respectively. 3- Type of subjects: core or optional. 4- Credits. 5- Duration of the subject. 6- Academic year 6) ANALYSIS OF THE DATA. Averages, SD and ranges for quantitative variables and absolute frequencies and percentages for qualitative variables. For the bivariate analysis: the Fisher test and the Mann-Whitney U test. Cohens coefficient to calculate the effect size 7. LIMITATIONS. Impossibility to access the curriculum or teaching guides of some FM. Selection bias, there will be two persons responsible for analysing each teaching guide. Findings will be contrasted later on USES OF RESULTS The results can be useful as a source of information to develop the curriculum of Medical Degrees
KNOWLEDGE AND ATTITUDES ON DATING VIOLENCE IN HIGH SCHOOL STUDENTS

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Aims: This study aimed to evaluate the knowledge and attitudes of high school adolescents regarding dating violence (DV). Methodology: Cross-sectional evaluation of high school adolescents from two classes of 10th, 11th and 12th years, randomly chosen. The CADRI (Conflict Inventory in Adolescent Dating Relationships), EAVN (Attitudes Scale on Dating Violence Scale) surveys were completed and an analysis of demographic data was performed. Results: A total of 138 adolescents participated, 51.4% female, with a mean age of 17 (± 2.3) years. 72.8% reported dating/having a boyfriend or girlfriend, beginning on average for 12.9 (± 2) years. 75.5% of adolescents used abusive conflict resolution strategies, such as provoking, jealousy, speaking with an aggressive tone or reminiscing about something negative in the past. 33% resorted to severe violence (sexual or physical violence) and 40.6% of adolescents were victims of severe violence, such as kissing without consent or knocking, pushing, kicking, punching. The boys have an higher legitimation regarding the psychological, physical and sexual violence perpetrated by boys and girls, with statistical significance (p <0.05) for the legitimization of sexual violence, either masculine or feminine. In the 12th year of school, symptoms of depression/anxiety, sexual relations and exposure to domestic violence are significantly associated with abusive conflict resolution strategies (p <0.05). Males, 12th year of school, consider violence in acceptable courtship, aggression to colleagues, friends with history of DV, sexual relations and exposure to domestic violence are significantly (p <0.05) associated with severe violence. The legitimation of masculine sexual violence is also significantly associated with lower parental schooling and with adolescent students (p <0.05). There was also a significant association between maternal unemployment and feminine physical and sexual violence and between males and sexual feminine violence and friends with a history of DV and male physical and psychological violence (p <0.05). Conclusions: In the sample studied, physical and sexual violence were described in one-third of adolescents, and 75.5% reported abusive conflict resolution strategies. Male gender, the existence of violence within the family, the acceptability of violent behaviors and their presence in the peer group are recognized as risk factors. It is urgent to develop screening and intervention strategies to combat DV, with special attention to boys.
THE SILENCE CONSPIRACY

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Aims: One of the Family Doctors missions is giving aid and comfort in illness for their patients and families throughout their life. Description: Man, 73 years old, married, two children (one of them, died about 3 years ago for acute leukemia). Recent history of metastatic lung neoplasm, with loss of life quality, confined to the home due to severe pain in the hip region, respiratory distress for small effort, progressive fatigue and recently pressure lesion in the sacro-coccygeal region. The only caretaker of this patient was his wife that was physical and emotional fatigued also because she had not yet mourned the deceased son and had unresolved feelings. No one talked about this situation between each other, everyone suffered alone. The patient were in denial of his illness, reluctant to receive any support or advice from his medical team. Over time, the patient lowered his defenses, started a relationship of trust, which was crucial for the acceptance of his illness. Conclusions: The "silence conspiracy" does not bring benefits to patients or to their families. One adequate care by Family Doctor has a great impact, not only because we can be useful to others just by providing a good healthcare system’s support but also by listening and offering comfort.
PREVENTION IN PRACTICE - ADDING THE NEEDS OF A HEALTHY ENVIRONMENT

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BACKGROUND AND AIM OF THE WORKSHOP: Comprehensive prevention is made up of medical components as well as of elements which originate from the needs of the environment. Optimizing health depends on both individual health-promoting behavior and preserving resources essential for life and good health, including, in the context of planetary health, a stable climate and limiting overconsumption. We aim to familiarize the participants with these concepts and to discuss how their elements can be applied to the individual daily practice of most or all physicians. WORKSHOP ORGANIZATION: Overview of the subject, parallel small group sessions, joint discussion and conclusions. EXPECTED RESULTS (LEARNING OBJECTIVES) OF THE WORKSHOP: Enlist the participants’ input in order to integrate social and environmental concepts of prevention and planetary health into daily practice. IMPACT OF THE WORKSHOP FOR DAILY PRACTICE: Meet the need often expressed by patients for guidance by the family physician, how to best lead a healthy lifestyle.
LANGUAGE BARRIER IN A CLINICAL DEMAND AT AN EMERGENCY DEPARTMENT IN SPAIN: CASE REPORT.

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Illness is a parallel process to health. It's important to know about how the disease affects all aspects of a patient's daily life. We will analyze a case where language barrier between the doctor and the patient is a determining factor in health care. 66-year-old woman from the United Kingdom who is living permanently in Spain since one year. Married without children. Retired school teacher. Not spanish speaker. No cardiac or pulmonary pathology known. One day she went to Primary Care doctor with scattered sibilants and increased dyspnea. Treatment was started and she was referred to Lung and Allergy Specialists. Few days later came the first appointment. It was with Allergy Specialist and any allergy component was discarded. That same day she was referred to Hospital Emergencies without any explanation she could understand. After a few hours, when the resident doctor came to see her, she was very nervous and angry. In that moment, it was decided to take a conciliatory attitude and establish a communication line in the patient's native language. After a review of her clinical history, the explanation of its disease, its current situation and the study we were going to do, she started to participate. Finally study was completed and treatment was given. She let Emergency Department with positive reinforcement to continue treatment and the motivation to complete lung study. In a situation where doctor and patient do not share the same language, both of them should try to achieve a minimum of communication. If in addition of being in a situation of maximum fragility, the communication between the doctor and the patient is not adequate, the suffering is greater. Diseases aren't relieved only with drugs, also with understanding and listening.
CONTRAINDICATIONS TO COMBINED HORMONAL CONTRACEPTIVES - THE REALITY OF A FAMILY MEDICINE CENTER

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Aims: In the context of specific health conditions, combined hormonal contraceptives (CHC) may increase the risk of various diseases. This study intends to characterize the contraceptive habits of women in a family medicine center (FMC) and to identify cases in which CHC is not recommended. Methods: This is a observational and descriptive study. It was performed a random sampling (95% CI) of women aged 15-49 enrolled in the FMC. It was collected the following data: age, BMI, smoking habits, health conditions and contraceptive use (excluded if last updated before 2014). The medical eligibility criteria (MEC), in which the analysis was based, integrate the Consensus on Contraception of the Portuguese Society of Gynecology. Results: The sample consisted of 343 women with mean age of 33.8 years old. Seventy (20.4%) presented medical records prior to 2014 and 81 (23.6%) were not using any contraceptive. The most frequente methods were: oral CHC 29.7%, oral progestative 7.6% and vaginal ring 2.9%. The majority of women with CHC (N=112) used Ethinylestradiol + Gestodene. No MEC Category 4 situation was found. For MEC Category 3 it was identified the following: 6.3% aged >35 and smoked 1-15 cigarettes/day, 1.8% controlled hypertension and 1.8% migraine without aura. Discussion/Conclusions: The 2016 portuguese National Health Survey revealed that 37.5% of women did not use any contraceptives, 23% were using it without medical surveillance and the CHC is the most used method - facts that are in agreement with the results of this study. The authors did not identify any situation with MEC Category 4 and only 9.9% of women presented a Category 3 comorbidity. A safer contraceptive method should be proposed for this last group of women.
THERAPEUTIC APPROACH OF DYSLIPIDEMIA - ARE WE REACHING THE TARGET?

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Aims: The therapeutic approach of Dyslipidemia is based on the evaluation of Cardiovascular Risk (CVR), using, when appropriate, the SCORE (Systematic Coronary Risk Evaluation) risk charts. For each degree of CVR, target values of lipid profile are defined. The purpose of this study was to assess the achievement of those targets in patients with dyslipidemia according to their CVR. Methods: An observational and descriptive study was carried out. From the population of patients with dyslipidemia enrolled in one family medicine center, a sample was randomly selected (95% CI). The variables in study were: gender, age, lipid profile and medication. Results: The sample consisted on 338 patients, 59.5% female, with a mean age of 64.1 years old. About 27% did not present criteria for CVR assessment and 37% were excluded because the lipid profile data was prior to January 2016. The remaining 156 patients were evaluated for CVR: 8.3% Low, 35.3% Moderate, 29.5% High and 26.9% Very High. The total cholesterol target was achieved in 26.5% of the patients (23.1% in Low group and 27.3% in Moderate group). The LDL target was reached in 36.5% (38.5% in Low group, 32.7% in Moderate group, 50% in High group and 28.6% in Very High group). About 78% had adequate HDL levels. Hypertriglyceridemia was verified in 30.1%. The majority of patients were not medicated and the most prescribed drugs were atorvastatin 10mg (18.6%) and simvastatin 20mg (16.0%). Discussion/Conclusions: It was verified a low percentage of patients achieving the therapeutic target of total cholesterol and LDL, about one-third overall. The authors conclude that there is a need for a more demanding approach in the treatment of Dyslipidemia.
EVALUATION OF THE EFFECTIVENESS OF AN INTERVENTION PROJECT ON DATING VIOLENCE IN HIGH SCHOOL STUDENTS

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Aims: This study aimed to evaluate the effectiveness of a brief intervention on the capacity of adolescents to deal with dating violence (DV). Methods: Longitudinal interventional study with three groups (10th, 11th and 12th years), randomly selected, to be submitted to intervention (three weekly sessions of 1.5 hours), with the objective of sensitizing adolescents to prevention and training them in the recognition and looking for help in DV situations. In the beginning of the intervention, the CADRI (Conflict Inventory in Adolescent Dating Relationships) and EAVN (Attitudes Scale on Dating Violence) surveys were completed, the latter also at the end of the intervention. Results: 69 adolescents, 58% boys, with a mean age of 16.8 (±1.1) years participated. Fourteen adolescents were excluded because they did not participate in the third session and because the surveys were incorrectly completed. 81.2% reported dating/having a boyfriend or girlfriend, starting on average for 13 (±2) years. 78.2% of adolescents used strategies to solve abusive conflicts, 34.5% used severe violence (sexual or physical violence) and 47.3% of adolescents were victims of severe violence. The boys had higher legitimacy regarding psychological, physical and sexual violence, with statistical significance (p <0.05) for the legitimation of male psychological violence. In the completion of the EAVN, after the intervention, there was a decrease in the legitimacy of female sexual violence in girls, but without statistical significance; in boys, there was a non-significant decrease in the legitimacy of male psychological violence, but there was an increase in the legitimation of sexual and physical violence, with statistical significance for male sexual violence. Conclusions: An high percentage of adolescents use abusive conflict resolution strategies and severe violence. In spite of the active participation of adolescents in the various dynamics during the intervention and of having been described as positive and enlightening, the EAVN fulfillment addresses issues that are still considered by the adolescents as humorous. The authors believe that the results obtained are related to this fact and to the short duration of the intervention. The age of onset of dating relationships points to the need for even more precocious intervention.
TRAF - THROMBOEMBOLIC RISK AND ATRIAL FIBRILLATION PREVALENCE STUDY

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Aims: Atrial Fibrillation (AF) is the most common cardiac arrhythmia and is associated with an increased risk of stroke. Adequate treatment, according to the thromboembolic risk, has been essential in the prevention of cerebrovascular events. Our aims were: determine the prevalence of AF in a population of Primary Care patients; identify thromboembolic risk factors; calculate the thrombotic risk through the CHA2DS2-VASc tool; identify current antithrombotic therapy and assess its suitability as recommended by the European Society of Cardiology. Methods: observational, descriptive and cross-sectional study. Population: users of a Primary Health Care unit with a diagnosis of AF. Variables: age, gender, BMI, thromboembolic risk factors, CHA2DS2-VASc score and antithrombotic prescription. Data analysis: Excel 2017 and SPSS. Results: the prevalence of AF was 1.20% (n=102), higher in males (59%) and increasing with age (x=74.8 years), 30.35% were obese. The three main comorbidities identified were: hypertension (77.68%), heart failure (35.7%) and diabetes mellitus (25.89%). All the cases had a high thromboembolic risk (CHA2DS2-VASc>=1). 89.3% had antithrombotic therapy; 37.14% with vitamin K antagonist, 2.82% with antiplatelet agent and 49.34% with new oral anticoagulants. Conclusions: the prevalence of AF, as well as the frequency of major comorbidities are in agreement with most of the Portuguese studies. We concluded that despite the most patients are under oral anticoagulation, 13.52% are not medicated or are not under an adequate antithrombotic therapy. These results will enable physicians to modify their practices, leading to an increase in the proportion of adequately anticoagulated AF patients, which represents a step forward in the prevention of AF-related stroke.
THE ROLE OF THE GP IN COUNSELLING UNWANTED PREGNANCY

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Aim. In different European countries differences exist in legislation on unwanted pregnancy, but in almost all countries the GP plays an important role in counselling and referral. In many countries women have recurrent unwanted pregnancies and prior abortions resulting in more need for health care. Our objectives are firstly to provide insight into the elements of counselling by GPs regarding unwanted pregnancies, and secondly, to discuss the relationship between GP-reported elements of counselling and whether women change their minds concerning their wish for pregnancy termination or vice versa. Description. The focus in the first half of the workshop is to show results of European primary care studies concerning unwanted pregnancy, and the role of the GP in counselling and contraceptive advice after the unwanted pregnancy. The focus will be on determinants related to the woman's final decision concerning the unwanted pregnancy and changes in contraceptive before versus after unwanted pregnancy. The second half of the workshop will be a discussion between participants on GP's role and determinants of outcome of unwanted pregnancy and subsequent contraceptive use. Conclusion. The workshop provides an opportunity to learn from European studies concerning the role of the GP in unwanted pregnancy and subsequent contraceptive advice. The focus is on participants' personal and professional reflection on attitudes and approach of unwanted pregnancy.
MUSCULOSKELETAL MANIFESTATIONS IN TYPE 2 DIABETICS

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Aims: Determine the prevalence of musculoskeletal manifestations in diabetic patients in a clinical file. Methods: observational, transversal and descriptive study. Research of patients coded by ICPC2 with diabetes mellitus type 2 (T89) in the MedicineOne program. Then diabetic patients diagnosed with skeletal muscle such as ICPC2 (L), N93 (carpal tunnel syndrome), T92 (gout) and T99 (crystal arthropathy) were selected. Results: 1233 patients from the file, 97 (7.87%) are diabetic type 2. Of the diabetic population, 54% are males, with a mean age of 76 years. The prevalence of skeletal muscle disease was 21.65% for L92 - painful shoulder syndrome (n = 21), 12.37% for R87 - bursa / tendinitis / synovitis (n = 12), 15.46% for L95 - osteoporosis (n = 15), 2.06% for N93 - carpal tunnel syndrome (n = 2), 10.31% for L92 - gout (n = 10) and 44.33% for R89, R90 and L91 - osteoarthritis (n=43) Discussion: This study demonstrated a considerable prevalence of skeletal muscle disease in diabetic patients. In the literature, it has been described that the pathology most commonly associated with diabetes is the hands and shoulders pathology. The most observed pathology in this study was osteoarthritis (which also includes hand arthropathy). This study highlights the importance of the recognition, diagnosis and treatment of musculoskeletal complications to improve the quality of life of diabetic patients.
CARPAL TUNNEL SYNDROME: DIAGNOSIS AND THERAPY

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Aims Carpal tunnel syndrome (CTS) is a set of typical signs and symptoms caused by compression of the median nerve at the wrist as it passes through the carpal tunnel. It is the most common entrapment neuropathy of the upper extremity. The objective of this review is emphasize the diagnosis and therapy in the context of Primary Health Care. Methods A Pubmed search for articles published in last 5 years was conducted, using the terms (Mesh): “carpal tunnel syndrome”, “diagnosis” and “therapy”. The articles about acute CTS were excluded. Results The main symptoms are pain and paresthesias in the distribution of the median nerve. A complete examination of the upper extremity, including neck, should be conducted. Most patients with early and mild CTS will not have physical examination findings; in more severe disease, permanent sensory and motor deficits can be present. The diagnostic accuracy of provocative maneuvers for CTS varies widely. Electrodiagnostic studies and ultrasonography are useful to confirm CTS in atypical cases and exclude other conditions. Electrodiagnostic studies also can evaluate the severity and prognosis, and should be obtained before surgery. The conservative treatment options includes: splinting, corticosteroids and physical therapy. Surgical treatment should be offered to patients with severe CTS, nerve damage on electrodiagnostic studies or in case of unsatisfactory improvement of symptoms with conservative therapy. Conclusions Provocative maneuvers for CTS varies widely; however they are simple to perform. Ultrasonography may be used as a diagnostic test for CTS, but more studies are needed. The evidence of effectiveness of the different treatment approaches, particularly conservative modalities of treatment, is limited.
CONTRACEPTION IN WOMEN WITH EPILEPSY

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Aims: Epilepsy is a common neurologic disorder which affects many childbearing women. Some antiepileptic drugs (AED) have reported teratogenic effects, so effective contraception in these patients is mandatory. The aim of this review is to define which are the most appropriate contraceptive methods in women under AED, based in the current evidence, excluding emergency contraception. Methods: The authors searched guidelines, systematic reviews (SR), meta-analysis (MA) and randomized controlled trials (RCT) on the following international databases: National Guideline Clearinghouse, NICE Guidelines Finder, The Cochrane Library and MEDLINE/Pubmed, published between January 2010 and October 2017, using the MeSH terms “contraception” and “epilepsy”. Furthermore, one guideline was added manually. Results: For this review were selected four guidelines and one SR. All of them pointed out there are no differences between the methods if the AED used is non-enzyme inducing (NIAED). On the other hand, refer that combined hormonal contraceptives (CHC), progestogen-only pill (POP) and progestogen implants (PI) are not recommended with concomitant use of an enzyme-inducing antiepileptic drug (EIAED). Most guidelines recommend intra-uterine devices (IUD) and depot injections of progesterone (DIP) as suitable choices at that situation. Discussion: Women with epilepsy medicated with NIAED may use any contraceptive method, since there are not known interactions between them. EIAED have cytochrome-inducing properties which interfere with the metabolism of estrogen and progesterone, decreasing the efficacy of CHC, POP and PI. Thereby, these methods are not recommended in women undergoing treatment with EIAED. In this case, the most secure options are IUD and DIP.
AN UNSPOKEN CAUSE OF DEPRESSION: CASE REPORT OF DOMESTIC VIOLENCE

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Background: Domestic violence is an epidemic problem that is present in society across all socio-economic, cultural and educational groups. Family physicians experience difficulty in managing these situations, torn between a passive, supportive attitude and action to empower victims with community’s support. Case presentation: 49-year-old female nurse, attended to an appointment with tiredness, irritability, anhedonia, tendency for social isolation, insomnia and depressive humour. She related to recent changes in her family. Antidepressive therapy was started and follow-up visit was arranged. One month later, she maintained the depressive symptoms and after an extensive interview she admitted to had been a victim of physical and psychological abuse by her husband, after multiple episodes of intimidation, emotional, verbal and psychological abuse. This situation negatively influenced her professional and personal life, mostly her relationship with their 7-year-old son. Given the desperate situation of the patient, a new appointment was scheduled to watch over the situation. The perception of a high risk condition led the healthcare team to build a strategic plan for domestic violence and empowerment of the patient. Currently, she has legal and psychological support with coercion measures that imply the restriction of contact between the victim and the aggressor. Discussion: This case explores the role of the family doctor in the management of domestic violence. A more active approach, aiming to empower victims, promoting their safety, making them aware of their rights, and providing appropriate referral to community resources with specialized help for these situations is required. Integrated effort by the healthcare team is essential for an effective victim support.
VERTIGO, A FREQUENT PATHOLOGY THAT IS SOMETIMES THE MANIFESTATION OF A SERIOUS ILLNESS.

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AIMS: 79-year-old woman consultation in Primary Care for general malaise and dizziness with instability in the march. Neurological examination: paresis of the third cranial nerve. Positive Romberg on the right with almost impossible progress (increase in the base of support). It is derived to a hospital service for the study of central vertigo. METHODS: -Analytics: normal. -Negative tumor markers. -TAC cranial: a lesion compatible with possible stroke. -Cranial magnetic resonance: an infiltrative lesion of cerebellar protuberances and peduncles. Lumbar puncture, thoraco-abdomino-pelvic CT and study of autoimmunity: normal. The neurologist recommends administering methylprednisolone boluses for three days. The patient presented a sudden worsening, in addition to starting a picture compatible with septic shock. New blood cultures are extracted that are positive for Listeria Monocytogenes. Specific treatment with Ampicillin is initiated. Finally, the patient died in a situation of respiratory insufficiency and sepsis. RESULTS: Clinical judgment: Rhombencephalitis due to Listeria Monocytogenes. Differential diagnosis: Peripheral vertigo, primary neoplasms, intracranial hypertension, brain metastasis, cerebrovascular accident (ischemic or hemorrhagic). CONCLUSIONS: Before the appearance of a vertiginous picture in a patient it is essential to discern if the vertigo is of peripheral or central origin. A rhombencephalic syndrome in an adult patient must include in the study tests that rule out the presence of Listeria monocytogenes. It's associated with a high morbidity and mortality despite antibiotic treatment. The RNM study is the ideal exam in brainstem syndromes. The CT scan may not show the lesions. The treatment of choice is ampicillin.
VITAMIN

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Aim: It has been estimated that 90% or more of our required vitamin D comes from exposure to sunlight. Anything that interferes with the penetration of solar ultraviolet radiation into the skin, such as increased melanin pigmentation and sunscreen use, will diminish the cutaneous production of vitamin D3. As a way of life at rural; individuals are also exposed to the sunlight because of working in agriculture. The aim of this study is to find out the vitamin D levels of the patients who suffer from pain/aches. Methods: The patients who suffer from pain/aches and who accept to participate the study were evaluated with the SPSS 22.0. A cross-sectional study design was performed. Results: The patients who accepted to partpicate the study has been evaluated between November 2016-November 2017. 636 patients who suffers from pain. he mean level of vitamin D was 15,77pmol/l and %76 of them were women. Conclusions: The vitamin D status should be considered at the primary care with or without pain at least once a year. The detection time for the level of vitamin D is recommended as the beginning of winter. Prevention of vitamin D deficiency not only preserves bone and muscle health but also may help prevent many chronic diseases and preserve overall health and well-being. Replacement of vitamin D should not be perfomed before detecting the level due to prevent the toxicity.
GREEN NAIL SYNDROME: A CASE REPORT

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Aims: Nail color changes (chromonychia) include black, white, red, green, blue and yellow dyschromias. This can be a useful diagnostic clue to underlying skin or systemic diseases, drug exposure, tumors, trauma, infections or exogenous agents. The aim of this report is to highlight the importance of chromonychia on diagnosis and present an alternative treatment on green nail syndrome. Description: A 63-year-old woman, housekeeper, presented with dark-greenish discoloration and distal onycholysis of the right thumbnail with some months of evolution. No signs of paronychia and other fingers’ nails appeared grossly normal. She denied any trauma history and no daily medication. She was referred to Dermatology and meanwhile cut off the detached nail plate, kept the nail clean and dry, prevented repeated immersion and applied aloe vera daily. Two months later her nail looked normal. Green nail syndrome (chloronychia) is characterized by green-black nail discoloration. P. aeruginosa is the most commonly identified organism. It’s associated with exposure to water or moist conditions. Treatment is challenging and often refractory. Usually consists of cutting off the detached nail plate, brushing the nail bed with a 2% sodium hypochlorite solution twice daily, prevention of repeated immersion by wearing cotton and latex gloves and antibiotics (sometimes multiple courses) administered topically and/or orally. Conclusions: This case presents a successful treatment of chloronychia with aloe vera. Despite not reported for treatment of chloronychia, the antimicrobial properties of aloe vera proved to be effective in other bacterial infectious diseases. Its role in the treatment of chloronychia requires further research.
PRIMARY PULMONARY TUBERCULOSIS, A FREQUENT DISEASE IN OUR ENVIRONMENT, MAINLY IN THE IMMIGRANT POPULATION.

PATRICIA MONTES ROMERO, FRANCISCO ESPÍNOLA GONZÁLEZ, JOSE ÁNGEL CUENCA GÓMEZ

EL EJIDO, Patricia Montes Romero, Francisco Espínola González, José Ángel Cuenca Gómez, Spain

AIMS: Natural patient of Senegal, from 14 months ago in Spain, with goes to consultation of Primary Care for constitutional syndrome with weight loss of 10-15 kg in two months. He began a month ago with irritative cough with scant expectoration, intense malaise and nocturnal distemper. The exploration revealed light crepitations in the middle and upper third of the left hemithorax and right base without other findings of interest. The treatment with Amoxicillin of 1g was prescribed. A week later he presented with nocturnal blood expectoration, so he decided to go to the hospital emergency department. METHODS: -Radiography of thorax: heterogeneous infiltrate was found in all left hemithorax, condensing, more in middle and lower lobe with air bronchogram and cavitated infiltrate in left upper lobe. In addition, infiltrating condensed right upper lobe with air bronchogram. -Biochemistry: highlights PCR of 6.53 mg / dl. -Vascular serologies for HIV, HBV, HCV and syphilis, negative. -Mantoux: 20mm (positive). Therefore sputum culture is requested. -Cultivation of sputum: acid-alcohol resistant bacilli. Result compatible with tuberculous infection. Respiratory isolation is performed for a minimum of three weeks. We declared the disease. Treatment was started with Isoniazide, Rifampicin, Piracimbamide and Etambutol. RESULTS: Bilateral pulmonary tuberculosis. CONCLUSIONS: In Almeria, pulmonary tuberculosis is a frequent pathology, mainly due to the high proportion of immigrant population. For diagnosis, the most common approach is the Mantoux tuberculin. The treatment of active tuberculosis disease is based on the combination of several drugs. It is important to emphasize that in cohabitants with a smear-positive patient, a tuberculin test must be performed.
DRUGS TO AVOID: PRESCRIPTION PROFILE OF A PORTUGUESE HEALTH CENTER

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Quaternary prevention has become an essential component of prevention concept and for that we need to assess the harm-benefit balance of new drugs and their indications. Based on rigorous procedure that includes a systematic and reproducible literature search, Prescire® identified 74 drugs that can be more harmful than beneficial in our daily prescriptions. With quality improvement in mind, toward our patients safety, we decide as a team to identify which drugs from this list are we using and monitor their prescriptions yearly, assessing our spends with the drugs identified. Regarding the total prescriptions in 2015, we found 33 drugs which represent 158,703,20 euros in total expenses, 96,338,73 and 62,364,45 respectively patients and SNS (Nacional health system) where IDPP4 (52,527,25), Olmesartan (24,750,20), Escitalopram and Citalopram (18,125,22), Venlaxin (8,687,96) and Bupropriom (8,554,38) lead the list. In 2016, we found 31 drugs, meaning that at least 2 drugs, were exclude from our prescriptions (Piroxicam and Moxifloxacin) with a total expenses of 135,359,50 euros, 82,373,18 and 52,986,32 respectively patients and SNS (Nacional health system) where IDPP4 (42,010,85), Olmesartan (20,537,04), Escitalopram and Citalopram (17,451,23), Fenofibrate, bezafibrate and ciprofibrate (8,777,66) and Bupropriom (8,127,9) lead the list. Although our main focus being the patient safety and to improve our rational prescription as a team, we report our data in euros to better understand our expenses prescribing drugs with no proven efficacy that can provoke severe adverse effects instead of prescribing drugs based on strength evidence and with fewer potential adverse effect. With that in mind, we can say that thinking about our daily prescription saved 23,343,70 in 1 year.
KEY FEATURES OF INFORMATION SYSTEMS FOR COORDINATED PRIMARY HEALTH CARE ORGANIZATION

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Aims: To identify key attributes advisable for the information system to be implemented in coordinated primary care organization.

Description: As a result of reviews conducted with primary care physicians and members of governing body of Medical and Diagnostic Centre in Siedlce, we described some features of information system which could be of use for coordinated care. Electronic health records are crucial for PHC physicians working in a coordinated care settings. Ideally, they should facilitate evaluation and forecasting of utilization of resources, allow control of the clinical outcomes, simplify communication and accelerate information flow inside the organization - connecting patients, specialists, labs, providers and payers and be available in every place of work. Allowing patient online registration and scheduling of visits as well as ability to combine clinical and financial information and user-friendly system likely to be quickly implemented are additional pros of the information system which should be taken into consideration while making decision. Every information system should also assure data security and personal privacy of patients.

Conclusions: There are a range of helpful attributes identified for information systems to be used by coordinated primary health care organization. The information system which has most of the mentioned functions would be the one most likely to improve the efficiency of the PHC organization. Such features as for example ability to connect physicians, specialists, stratify patients and flag these at risk which should be scheduled for quicker visit could also have potential to improve patient’s health.
WHEN THE PHYSICAL EXAMINATION AND THE IMAGE TEST DISAGRE

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In the beginning of medicine, physical examination was the biggest weapon a physician could rely on. Times have changed and nowadays there are other tools such as echography and computerized tomography (CT). However, a physician should never forget the basis. We report a case of a 65 years old male, Caucasian, retired, in the stage VIII of Duval's family cycle. As relevant past medical history he presented arterial hypertension, dyslipidemia, acute myocardial infarction with revascularization in 2006, abdominal aortic and iliac aneurisms. The patient presented to a family physician with dyspepsia, bloating and epigastric pain; physical exam revealed epigastric pain and the patient was treated symptomatically. Five weeks later he had his symptoms exacerbated, with nausea, anorexia and weight loss; further examination with abdominal echography was made but no changes were reported; endoscopic study showed gastritis with intestinal metaplasia and the patient was treated symptomatically. Three weeks later he presented the same symptoms, over 10% of total weight loss and a physical exam with a tender epigastric mass. A CT was requested and reported a pancreatic mass with 8x6cm, necrotic, with gastric thickening and hepatic nodular lesions. The patient was referred to the Portuguese Oncology Institute and diagnosed with metastatic pancreatic adenocarcinoma with peritoneal carcinomatosis. A high grade of clinical suspicion is required for diagnosis of pancreatic adenocarcinoma. The present case reinforces the importance of physical examination in high quality clinical practice - although an abdominal echography is highly sensitive for pancreatic masses above 3cm, this echography was normal. It was the physical examination that lead to a new image study and a diagnosis.
RAOULTELLA PLANTICOLA - THE NEW KID IN THE BLOCK!

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Background and aim: Raoultella planticola is an Enterobacteriaceae that is predominantly considered an environmental bacteria common in water and soil. It rarely causes infections in humans and there are only 3 reported cases of urinary tract infection in adults with R. planticola, all in chronically ill or immunocompromised patients. Case Description: A 46-year-old female presented herself with complains of dysuria, polyuria and lower abdomen discomfort. She had no history of chronic or underlying disease and medical record showed that she was treated with amoxicillin for a urinary tract infection with Escherichia coli, 6 months prior to this episode. Both the physical exam and the blood workup were normal. The urine culture was positive to R. planticola that was only resistant to ampicillin. The patient was treated with fosfomycin with improvement of symptoms and the post-treatment urine culture was negative. Conclusion: According to literature, R. planticola infection is predominantly encountered in young children or the elderly, usually in an immunocompromised situation. Here we describe a urinary tract infection with R. planticola in an adult without chronic disease. To our knowledge this is the first case reported in this setting. This shows that we need to acknowledge R. planticola as an emerging pathogen, not only in debilitated or predisposed patients but also in previously healthy ones. Also the apparent broad susceptibility of R. planticola to antibiotics poses the question - are we underdiagnosing R. planticola with the empirical antibiotic treatment of common infections?
HEAT-NOT-BURN TOBACCO: IS IT ONLY A SMOKESCREEN?

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Aim and background: With the increasing public awareness of health problems from tobacco smoke, the industry is investing in novel ways to reduce them for both active and passive smokers. One of the latest systems is the 'heat-not-burn' tobacco (HNBT) which is advertised as less harmful than traditional cigarettes. We aim to review the literature for an assessment of the advantage of the HNBT over combustion cigarettes. Material and methods: We have done a systematic review of literature by conducting a search for 'heat-not-burn tobacco' in PubMed library for articles published before October 2017. The search led to 29 articles from which 12 were selected for review after applying the exclusion criteria. Results: The studies show that HNBT systems increase nicotine blood concentration similarly to combustion cigarettes while the concentration of other substances, such as carbon monoxide, tar or nitrosamines increase by a lesser degree. Although the HNBT system is designed to avoid second-hand smoke, its smoke still contains harmful compounds, especially, nicotine. Conclusions: According to the available studies, the HNBT delivers lower concentrations of harmful substances to both active and passive smokers which could in turn reduce the health problems in the population. Unfortunately, many of the available studies are subsidized by the tobacco industry and more independent studies are needed for an unbiased conclusion. Nevertheless, as family doctors, we always thrive for the cessation of tobacco use as a benefit, not only for the individual but for all household members and HNBT may be considered as an option to facilitate the transition from combustion cigarettes to abstinence.
USE OF ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS ON PREVENTING ASPIRATION PNEUMONIA: AN EVIDENCE-BASED REVIEW

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Aims: Aspiration pneumonia is a common cause of morbidity/mortality and is secondary to ageing, stroke, heart and pulmonary diseases. Some approaches (positioning, oral hygiene) are used to prevent it but there is few data on the efficacy of pharmacologic interventions. Recent studies show ACE inhibitors improve swallowing and cough reflex and this study reviewed the evidence about its use on preventing Aspiration Pneumonia Methods: We searched on Pubmed and Cochrane Library for meta-analyses (MA), systematic reviews, randomized controlled trials, guidelines and classic reviews, using MESH terms 'angiotensin converting enzyme inhibitors' and 'aspiration pneumonia'. Strength of Recommendation Taxonomy of American Academy Family Physicians was used to assign levels of evidence (LE) and strength of recommendation (SOR) Results: 16 articles were selected out of 38 articles: 4 meta-analyses (MA), 9 case-control trials and 3 classic reviews. Three MA found benefit on using ACE inhibitor to prevent aspiration pneumonia and one MA stated this evidence was limited. All case-control trials found evidence to support the use of this drug on this context (LE=2). The classic reviews corroborated these results Conclusion: This review attributes a moderate recommendation (SOR B) for use of ACE inhibitors on prevention of aspiration pneumonia: improves efficiency of cough reflex (increasing P substance) and swallowing reflex. However, most studies were done on Asian populations and there is not enough data to assume a clear evidence of benefit of using ACE inhibitors, in this context, on other populations. This is a rising problem for General Practitioners working with the elderly and is worth investing on more quality studies, with homogeneous methods and conducted in other relevant populations.
MONDOR DISEASE. CASE REPORT

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CASE REPORT Clinical presentation: A 44-year-old female without past medical history complained of a 2-days painful lesion in the upper outer quadrant (UOQ) of the right breast. She had been doing arms toning and strengthening exercises some days ago. Physical examination showed two cord-like soft tissue structure in the UOQ of the right breast crossing up to the nipple. There were no inflammatory signs or armpit adenopathies. Imaging Studies: Mammography: simetric: No suspected malignancy. Breast echography: solid benign nodule of 4.2mm in UOQ and an elongate echo-free image suggestive of venous structure Doppler ultrasound: anechoic tubular lesion in the subcutaneous region of the right breast compatible with fibrous venous segment. The diagnosis was superficial thrombophlebitis.

DIFFERENTIAL DIAGNOSIS: Infection, breast cyst, breast cancer.

DISCUSSION: Sclerosing thrombophlebitis of the subcutaneous veins of the anterior chest wall, known as Mondor disease, is a rare disease more frequent in women with age incidence between 30-60 years. The etiology is unclear but may be associated to traumatisms, breast cancer, pregnancy, giant-cell arteritis, reumatoid arthritis, phyiscal exercise or jellyfish bite. It's a benign and self-limited condition with complete resolution within 2-8 weeks. Its significance lies in the clinician’s recognition and differentiation from primary, recurrent or metastatic carcinoma, or breast abscess. The diagnosis is based in clinical examination and imaging studies to rule out systemic conditions. Biopsy is rarely required. Mondor’s disease has also been described in other locations as cervical area, extremities, groins or penis. Complications have been described in very few cases such as painful fibrous band limiting articular movement or local cutaneous necrose.
WALDENSTRÖM MACROGLOBULINEMIA: A CASE REPORT

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AIMS In Primary Care the key to a correct diagnosis often relies on trust and proximity between patient (P) and family doctor (FD). This case report shows the importance of empathy and communication when the P is not willing to accept a diagnosis and plan of care. DESCRIPTION Female, 58 years, divorced. She lives alone and has two sons abroad. She has arterial hypertension. In June 2016, she goes to the emergency room because of lipotymia and has fever; she does cerebral CT scan and chest X-ray, which were normal, but has normochromic normocytic anemia (Hb 9.1g/dL). Then P goes to her FD to show this results and complain about general weakness; she has a normal physical exam. Her FD asks for endoscopy exam and blood tests. She maintains fever and goes to another doctor, who starts an antibiotic for cystitis, although she has no symptoms besides fever. In July, she brings the results which revealed anemia with morphological changes in the red blood cells; FD asks for protein electrophoresis which showed an increase of total proteins and gamma fraction. P is advised to go to a hospital appointment, which she refuses. She goes to a private doctor who gives her an iron supplement and antibiotics for a long period of time. She then reappears to her FD 6 months later, maintaining anemia. She now accepts to go to the hospital, where she got the diagnosis of Waldenström macroglobulinemia. CONCLUSION Sometimes the most difficult part in our practice is not the diagnosis but the communication with the patient. Sometimes our patients are not prepared to receive bad news. Empathy and trust are essential in a good relation between P and FD to prevent delays in diagnosis and treatment.
THE ROLE OF A FAMILY PHYSICIAN WHEN DEALING WITH FRAIL OLDER PATIENTS

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Experts estimate that the share of older people aged 65 years, which was 87.5 million in Europe in 2010, rose to 152.6 million by 2060. An elderly patient with multiple concomitant chronic illnesses will thus become an everyday visitor of a family medicine practice. The number of fragile old people will also increase. Patient views are and will be important. Family physicians are in dilemmas about how to take into account the autonomy of such patients. Aim To find out how primary health workers and family physicians perceive their role in health care of frail older patients Methods Qualitative interviews with primary health workers and family physicians Results Some typical quotes from the elderly: 71-year-old patient: "I do not go around doctors. So I say: I do not go to the last force. And I'm afraid I would be sent to the hospital or something like that. It's better that I do deny every problem as if he (doctor) sent me for an investigation in hospital." 86-year-old patient: "I had this kind of memory before, but now ... I can not remember immediately. The last time I could not remember the president's name. " 84-year-old patient: "Well, and I said I will not go to surgery.... I'm old, I will die. " 86-year-old patient: "I'm working hard because I do not hear it." The approaches of family physicians are still under process of qualitative analyses. Conclusion The approach of the family physician involves the somatic treatment of diseases, multimorbidity and polypharmacy, communication with the elderly, organization of care including home visits and home care organization, prevention (falls prevention), cooperation of relatives and prevention of the burnout of caregivers.
DIABETIC PATIENTS WITH DEPRESSION: ARE THEY CONVENIENTLY TREATED?

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Aims: Type 2 Diabetes mellitus (DM2) and depression are chronic diseases with high prevalence and there is a bidirectional interaction between them. The first line therapy for diabetic patients with depression should be the selective serotonin reuptake inhibitors (SSRIs). This study aimed to evaluate the adequacy of depression prescription in patients with DM2, in a primary healthcare centre. Material and Methods: Study: observational, descriptive, cross-sectional in September 2017. Population: DM2 patients. Inclusion criteria: patients with depression. Exclusion criteria were: absence of data. Variables: age; body mass index; antidepressant drugs and duration of diabetes. Data source: medical records (MIM@UF®, SClinico ®). Statistical analysis: Microsoft Excel 2010®. Results: This study included 109 patients, mean age was 67.4 ± 10.9 years and 19.3% were normal weight. The depression prevalence among DM2 patients was 13.9%. The female diabetic population revealed higher prevalence of depression and the age range with more representativeness (38.9%) was from 70 to 80 years old. The most frequently used drugs were SSRIs (68.1%) and tricyclic antidepressants (11.9%). Conclusions: The most often used treatment in this diabetic population was the first line drugs (SSRIs). Sertraline was the most used drug, followed by escitalopram because of higher safety profile. Second line drugs were used in 31.2% patients, either for treatment continuation, for being initiated before the DM2 diagnosis or because of the existence of comorbidities. Thus, it is essential to remind that depression treatment in diabetic patients should be chosen according to the drugs security profile since efficacy is similar between classes. Keywords: Type 2 DM, depression, treatment
PRIMARY HEALTHCARE PROVIDERS MAY PLAY A ROLE IN MILD NEUROCOGNITIVE DISORDER

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AIMS/BACKGROUND In DSM-5, mild neurocognitive disorder (MND) is classified as a cognitive disorder that do not lead to a substantial functional decline, do not compromising daily activities, critical thinking and reasoning skills. The aim of this review is to develop a preventive and therapeutic plan in order to improve cognition and quality of life, ultimately delaying the progression to dementia. METHODS A literature review was conducted regarding international studies, from 2007 to 2017, on PubMed, Medscape and Uptodate data sources. Papers included were written in English. RESULTS Annual prevalence estimates for MND range from 12% to 18% in persons older than 60 years and its prevalence increases with age. Primary care should ensure the early detection of cognitive impairment. There is no effective pharmacological treatment for MND. The main focus should lie on non-pharmacological measures, providing lifestyle interventions and long-term support to the patients, their families and caregivers. Measures to improve cognition and delay progression to dementia include physical activities, healthy diet, vascular risk factors control, cognitive exercises, promotion of independence in daily activities and sleep hygiene. Social isolation can be avoided through referral to senior community centres with daily programs including a large set of activities. CONCLUSIONS Primary care professionals should work as a team in providing suitable care to patients with MND. There is evidence suggesting that lifestyle interventions may have a positive effect. The authors challenge primary healthcare providers to carry out preventive and therapeutic measures to patients with MND, which can be integrated into an individual, family and community care plan.
TWO CAUSES OF SKIN HYPOPIGMENTATION, ONE CHILD - A CASE-REPORT

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Aim: Report a clinical case of a rare skin disease and common fungal skin infection coexistence. Description: Hypomelanosis of Ito (HI) is a rare condition characterized by areas of skin hypopigmentation along the lines of Blaschko (present as streaks, patches or spiral-shaped), also described as a neurocutaneous syndrome due to its multiple associations with neurological findings (developmental delays, seizures and musculoskeletal symptoms). Other non-cutaneous characteristics may occur. The cause is unknown but several cases are associated with genetic mosaicism and sporadic gene mutations. HI is not usually inherited, however, <3% of the patients have a family history of HI-type skin lesions. Pityriasis versicolor (PV) is a common, benign fungal infection, localized to the corneum stratum and caused by organisms in the genus Malassezia, also associated with hypopigmentation. Differential diagnosis with other hypopigmented lesions should be made. We report a 11-year-old boy who presented with multiple areas of skin hypopigmentation: an hypopigmented, well-defined, area in his right scapular area and his medial thoracic region, and several hypopigmented lesions, with not so well-defined borders, on his upper limbs and torso. His gestation was uneventful as well as his neurodevelopment. There were no reports of seizures or other non-dermatological manifestations of HI. The patient initiated therapeutic for PV, with follow-up consultation by his dermatologist and family physician. Conclusion: The authors emphasize the importance of skin examination and search for non-dermatological manifestations. Inter-professional collaboration is required, as skin conditions may have an important impact on self-esteem and quality of life, requiring an early and appropriately treatment.
ERYTHEMA NODOSUM AND POLYARTHRALGIA: MANIFESTATIONS OF A SARCOIDOSIS

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Aims: Sarcoidosis is a systemic inflammatory disease of unknown etiology, associated with the formation of non-caseous granulomas in any organ. There is great variability on clinical presentation, so it's important that the Family Doctor knows how to recognize the situations in which this diagnostic hypothesis should be placed, for early orientation. Description: Male, 41 years old, healthy. In March, he reported pain and flushing on his feet, and it was recommended treatment with NSAIDs. Ten days later, edema of the tibiotarsal joints was targeted, and he did a week of treatment with flucloxacillin. In April, he reported polyarthralgia and multiple red, tense and painful nodules, located to his legs. Erythema nodosum was hypothesized and acetylsalicylic acid was indicated. The initial analytical study was normal. Thorax CT appears with multiple mediastinal lymph nodes, and with a nodule (10 mm) with granulomatous characteristics. Tuberculosis blood test was negative. The patient was referred to secondary health care, in the hospital, because diagnosis of sarcoidosis was suspected. Angiotensin-converting enzyme (ACE) was normal. Immunological study revealed lymphocytic alveolitis, and flow cytometry showed a high CD4/CD8 ratio. He started inhaled corticosteroid because of his cough, and he will continue follow-up twice a year. Discussion: Erythema nodosum may be the first symptom of a systemic disease. Sarcoidosis is a diagnostic of exclusion, best supported when there is a biopsy revealing non-caseous granuloma, in patients with compatible clinic and radiological findings. Bronchoalveolar lavage can also support the diagnosis, without biopsy, if there is lymphocytosis >15% and a CD4/CD8 ratio>3.5. ACE is elevated in 75% of cases, but it is not very specific.
REVALENCE OF OBESITY AND ITS RELATIONSHIP WITH FAMILY STRUCTURE AND FUNCTIONING: PRELIMINARY RESULTS OF OBESIFAM STUDY.

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Background&aim: Multifactorial origin of obesity includes family factors proved in pediatric age. The aim is to explore the prevalence of obesity and its relationship with medical history, social profile, structure and family functioning in adults. Material&method: Preliminary results of a cross-sectional descriptive study. From January to June 2017, 97 randomly chosen adults from center database were contacted by phone to be interviewed, weighted and measured. Variables: obesity (body mass index -BMI-), family structure stages of the life cycle (De la Revilla classification), family functioning (APGAR test), medical history, family diseases and different socioeconomic variables. Descriptive and analytic statistics. Results: Obesity prevalence 30.9% (CI95% 21.7-40.1). Having more weight was associated with being older (p0.001), lower level of studies (p0.04) and lower home income (p0.01). People with diabetes, hypertension and arthritis had higher rates of obesity (p0.015, p0.003, p0.024 respectively). Also, contraction phase of the life cycle was associated with higher rates than extension (p0.04). There was no link between obesity and family functioning. Obesity prevalence was greater in people living alone (50%) than with living with relatives (27%) but not statistically significant. Obesity was associated, in a multivariate regression model, with Spanish nationality (OR 0.09 CI95% 0.009-0.9) and secondary (OR 0.27 CI95% 0.084-0.86) and university studies (OR 0.142 CI95% 0.04-0.049), adjusted by family structure. Conclusions: In our environment we found a prevalence of obesity slightly lower than what studies had shown before. It was related with higher age, less studies, lower incomes, suffering from diabetes and hypertension and the contraction phase of the life cycle.
MANAGEMENT OF TINNITUS IN PRIMARY CARE: AN UPDATE

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Background & Aim: Tinnitus is the perception of sound in proximity to the head without an external source, described as buzzing, ringing, pulsating or hissing. It is considered persistent if present for more than six months and is a very frequent symptom in primary care. It represents a significant healthcare burden, negatively affecting the patient's quality of life (QoL), being associated with anxiety and depression. We aim to bring the management of tinnitus into primary care, using the most actual evidence that could help to diagnose, treat and establish red flags that points to the need of referral to secondary or tertiary care. Method: A literature review was conducted, using tinnitus international studies and guidelines. Results: Primary tinnitus is idiopathic and may or may not be associated with sensorineural hearing loss, while secondary tinnitus is associated with a specific underlying cause or an identifiable organic condition. The diagnosis is based on history and physical exam. Audiometry and tympanometry can be useful. Pulsatile tinnitus needs more detailed investigation, including imaging studies. Patients should be referred to specialists if suspicion exists regarding vascular or neurological abnormalities, intracranial hypertension, after brain injury and unknown cause. Although there is no cure for primary tinnitus, some therapies have shown to provide symptomatic relief. Secondary tinnitus is addressed through the identification and treatment of the specific underlying condition. Conclusions: The primary care physician is often the first contact of patients with tinnitus. He is essential in both diagnosing and understanding the burden of tinnitus in the patient QoL and is in a privileged position to guide him through the adequate treatment.
COMMUNITY HEALTH CENTRE MODEL: A SPECIAL FOCUS ABOUT GP’S TRAINING AND ITS NEW OPPORTUNITIES

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Aim(s) and background The health professionals training is often settled inside hospitals and primary health care facilities, which are characterized by a weak inter-sectorial collaboration. The workshop aims to exchange training experiences inside the Community Health Centre (CHC) which are based on inter-professional learning environment and to describe new skills for GPs who will works in a CHC model. Material and methods A clinical scenario will be presented and a standard definition will be given, based on the International Federation of Community Health Centre (15 minutes). Participants will be split in two groups. The focus of the groups will be explicated, then the discussion will start (30 minutes): The first group will be focused on existent training programs for GPs inside a CHC model, sharing experiences and critical points. The second group will be focused on new GPs training needs to be settled in a CHC context, and how to promote a training innovation. Restitution and shared analysis (15 minutes) Results Expected results were about innovative training objectives, methods, contexts and scenario organized as a report of the two group discussions, and its comment in the final collective analysis. The report will be send to participants, to European Forum of Primary Care (EFPC) Advisory Board and EFPC-CHC working group. The expected results were focused on inter-professional collaborative learning and working, on clinical and organizational skills. Conclusions Conclusions will be several: 1. To start a net of interested people and put them in contact with EFPC-CHC working group. 2. To identify critical points. 3. To start to develop a training curriculum about a CHC context, with the possibility to involve EURACT 4. To promote the CHC model
A CRITICAL ANALYSIS OF VARIATIONS IN PROVISION OF PRIMARY HEALTH CARE FOR CHILDREN AND YOUNG PEOPLE IN EUROPE

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Aim To familiarise participants with approach and findings of MOCHA, Models of Child Health Appraised, a Horizon 2020 European Commission funded research project examining primary child health care in 30 EU and EEA countries. Description EU countries have varying primary care systems for children whose differences have been little studied in terms of impact on health. Methods -A mixed methods approach including systematic literature reviews, statistical modelling and interviews of parents and children in 5 countries (DPEX), in addition to 34 survey questionnaires of national agents in each of the 30 countries. We have explored the categorisation of child primary care, the interface with other services, school and adolescent health, equity of provision, electronic records and databases, quality of care measured at both macro and micro system levels. We will present 4 linked interactive sessions covering 1) the development of the child centric appraisal model and suggested refinement of the PHAMEU/Krinos primary care framework. 2) findings of the systematic review and meta-analysis comparing primary care paediatrics and family practice models in relation to prevention, age at diagnosis and effective care of chronic and complex disease in children and young people. 3) Thematic analysis of interface issues for children with complex physical and mental health needs. 4) policies and use of electronic health records and the potential impact of infrastructure affecting delivery of primary care to this population. The workshop will both share and shape findings with the participants in order to inform the last year of the project and highlight the most appropriate policies regarding models of care and their implementation for children and young people in Europe.
BIOPSICHO_SOCIAL FACTORS RELATED WITH FAMILY STRUCTURE.

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Aim(s) and background: The family is the basic relational unit in our society. Its structure, functioning and stage of life cycle have been related with health variables in children. The aim was to describe (in adults) families' structures and stages of life cycle, the prevalence of perceived family dysfunctioning and its distribution among the different structures. Material and methods: Preliminary results of a cross-sectional descriptive study in a health center. From January to June 2017, randomly chosen adults of the center database were contacted by telephone in order to be personally interviewed. The variables were family structure and stages of the life cycle (De la Revilla classification), perceived family functioning (familiar APGAR test), personal medical history, family diseases and socioeconomic variables. Descriptive and analytic statistics. Result: n=97 Age 53.9 (SD 16.6). Men 52.6%. Nuclear family (not extended) and people living alone were the most common structure. 84% of participant had relative(s) in the same city. Most common stage of life cycle are end of extension (20%) and end of contraction (17%). Perceived family functioning median was 9 (over 10). Only 5 families were dysfunctional. The multivariate regression model showed an association between living alone with age (OR 1.06 CI95% 1.006-1.1), history of mental illness (OR 6.2 CI95% 1.5-26.1) adjusted by home incomes. There were no statistically significant differences in family perceived functioning between different family structures. Conclusion: Nuclear family was the most common structure in our health center. People perceived that their families had an adequate functioning. The profile of a people living alone was an old people with history of mental illness and low home incomes.
AN ATYPICAL CASE OF POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME (PRES)

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Aims: The posterior reversible encephalopathy is a syndrome characterized by headache, depression of consciousness, visual abnormalities, nausea/vomiting and focal neurological signs. Generally is observed in acute hypertension and is often correlated with radiological abnormalities, vasogenic edema, that involves the occipital and parietal lobes. Description: We describe a case of posterior reversible encephalopathy syndrome in a 57-year-old woman with history of cocaine consumption. The angio-TC revealed multiples areas of arterial stenosis with involvement of the brainstem compatible with an atypical case of PRES. The patient was hospitalized and progressive improvement with the treatment was verified. Conclusions: A variant of this syndrome with predominant involvement of the brainstem has rarely been reported. The association with the cocaine is also rare. We intend to alert to the importance of controlling arterial hypertension and its causes, like the consumption of cocaine, as well as the potential complications of this syndrome if not recognized and treated timely. Appropriate treatment is expected to ensure a full recovery. However, permanent neurological abnormalities as ischemia or bleeding can occur.
EXCLUSIVE BREASTFEEDING IN A PRIMARY HEALTH CARE UNIT

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AIMS World Health Organization (WHO) recommends exclusive breastfeeding (BF) up to 6 months with a goal of 50%. In our country, this rate is far below this goal. It is known that educational measures as long as health care support in the first 4-6 weeks can improve the rates of BF. The objective of this study was to determine the prevalence of exclusive BF among babies up to 4 months in a primary health care unit. In this study, the limit of 4 months was based on current parenting license in our country, which is of 4 months. METHODS This study determined the prevalence of BF in babies born between January and July of 2016 in a primary health care unit. This unit has 13942 patients. Data was obtained through consultation of patient personal files. Data results were analysed using Excel. RESULTS We obtained 34 babies. There were 14 without records whether they were breastfed or not. Only 35% were exclusively breastfed. In the first month, 50% of babies were breastfed, but with 4 months only 17% were exclusively breastfed. CONCLUSIONS Although the sample is very small, this results show that BF rates are insufficient and some measures from health care practitioners should be presented in order to improve this results. Perhaps a more detailed study on the causes of BF cessation in this health care unit would help to understand this low rates.
FORMAL LOW BACK PAIN INTENSITY ASSESSMENT IN PRIMARY HEALTH CARE: A QUALITY IMPROVEMENT CYCLE

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AIM International Association for the Study of Pain (IASP) recommends formal pain intensity assessment as a standard of good primary health care (PHC) practice. Low back pain (LBP) is one of the commonest reasons for encounter in family medicine. Formal use of pain assessment tools is historically low, with expected impact in the quality of care delivered to patients. Aim: to assess and improve the use of pain assessment tools in patients with LBP in PHC practice. METHODS Setting: Community. Context: 3 PHC units, Lisbon region, Portugal. Target Process: Quality of low pain assessment. Interventions: Electronic medical records internal audit, 3 months before (n= 374) and after (n= 548) an educational intervention oriented towards local PHC providers (1 hour clinical session + delivering of printed pain assessment scales to all the consultation rooms as reminders). Inclusion criteria: all consultations to patients >= 3 years recorded as ICPC-2 L03, L84, L86 in S or O from SOAP clinical notes during 4 months of 2016. Quality criteria: evidence in clinical record of the use of at least one out of four pain assessment scales by the PHC provider (visual analogue, numerical rating, verbal descriptor or face scale). RESULTS Before the intervention, 0.27% of the consultations fulfilled the quality criteria; after it about 21% met them. The most used scales were the numerical (84.5%), faces (10.3%) and verbal descriptor (5.2%). CONCLUSIONS With a small amount of resources involved it seemed possible to obtain significant improvements in the quality of LBP assessment in PHC teams. A further investigation line on the reasons for doctors low adherence to pain assessment scales was identified, bringing potential to produce useful knowledge to optimize good practices on LBP care.
A RARE CAUSE OF COUGH - ABOUT A CLINICAL CASE

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Aims: The present case serves to alert the family’s doctor to a comprehensive approach to the patient. Description: FM, male, 24 years old, non-smoker, employed in warehouse, current sick leave, with AP of allergic rhinitis (pollen and mites), developed in September 2016 a chronic dry cough with nocturnal aggravation, times to the SU where Rx was performed. He also performed tx with atb, antihistamines, inhaled and oral corticoid, antitussive and PPI, but without improvement of symptoms. It was referenced for Pulmonology, where he performs several exams without evidence of organic pathology. The 7/11/2017 returns to the consultation of pneumology, accompanied by the mother, with aggravation of the cough for 3 days, mother with notion that cough is aggravated when talking about possibility of return to work and the note of the most anxious child when it insists on the subject. The FM confession that before getting sick by cough felt very overwhelmed at work, discouraged and with income from non-matching requirements of the employer. Referencing to Psychiatry. Psychogenic cough is a rare cause of chronic cough. In contrast to cough of organic origin, in which the physical cause can be diagnosed, clinical or laboratorial evidence of disease is not observed in psychogenic cough. The cough is persistent, high, dry, being its main characteristic of interruption during sleep. Frames of respiratory infection, depression and stress at work are risk factors for the onset of psychogenic cough. Psychogenic cough is a diagnosis of exclusion and for its correct orientation it is necessary to treat the underlying problem, which is why psychological and / or psychiatric support is often important.
AGAIN HERE DOCTORA. FREQUENT AND ELECTRONIC PRESCRIPTION

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By attendance to primary care we mean average of ordinary consultations per habitant and year according to the type of health professional in the health areas. As for the electronic prescription (since 2015 in Murcia), it tries to decongest care activity and reduce bureaucracy. Main objective: to quantify the frequency with which they come to consultation. Secondary: Quantify specialized referrals and the frequency of analytics Descriptive, observational and transversal study Questionnaire 13 items, previously validated. Sampling to exhaustion: 145 questionnaires voluntarily completed by patients. Statistical analysis G-STAT 2.0. Chi square, considering p significant <0.005. Average age of 51.3, women (65.07%), Spanish (72%) work 52.05%, 40% attend the consultation more than once a month, and quarterly 25.34%, increasing the frequency in the area. Analytics: 48.63% quarterly, do we access the patient's request or are the controls for drugs and chronic pathology? Specialized more than one year ago, 40.41%, 39.04% attend quarterly, chronic disease follow-up. Gynecology 15.75%, traumatology 15.05%, ophthalmology 11.64% (more at older age p = 0.0002). Electronic prescription: 32.19%; 30% good performance, 6.85% had to request an appointment for a problem with it and although 34.93% prefer the traditional, 35.62% do not know its existence. There is still work to be done by the professionals to continue establishing the electronic prescription, due to its advantages; as well as insisting on the Health Education of the patient and the professional, to reduce the analytical, appointments, unnecessary revisions, always fulfilling the programs for avoiding economic repercussion.
YOU CHECK, I DECIDE

SONIA FALLA JURADO¹, Sara Isabel Roncero Marín¹, Aránzazu Sánchez del Toro Gironés¹, Marta Martínez Pujalte¹, Ana Cristina Menéndez López¹, Lázaro De Castro Peral¹

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Reasons for consultation in Primary Care: related to modifiable cardiovascular risk factors (CVRF), smoking, high blood pressure (HBP), hypercholesterolemia and diabetes mellitus (DM), and thyroid. Main objective: to confirm the relationship between BMI and systolic and diastolic BP, and between BMI and daily drugs. Secondaries: measure TA, glycemia and heart rate. Quantify the number of patients with hypertension, hypercholesterolemia, diabetes and diseases of the thyroid gland. Descriptive, observational and transversal study. Individual data. Questionnaire with 13 items, previously validated. Exhaustion sampling (145 questionnaires). The first 8 items answered by the patients and the other 5, interviewer’s exploration (Weight, Size, BP, blood glucose and heart rate). Statistical analysis G-STAT 2.0. Pearson’s correlation coefficient. Average age of 51.3 years, females 65.07%, Spanish people 72%, work 52.05%. HBP 26.03%, dyslipidemic 17.81%, diabetics 17.81%, thyroid disease 9.59%. Average of 2.7 drugs per day. BMI of 27.92 (overweight). Statistically significant relationship, Pearson’s r, between BMI and number of drugs / day (0.0030), BMI and SBP (0.0005), BMI and DBP (0.0006), as well as between DBP and heart rate (0.0004). 39.73% dieting, 82.88% without problems losing weight, then why do they have a BMI of 28? Re-insisting on the importance of overweight in the BP. Chronic HBP is the main modifiable CVRF. The reduction of systolic blood pressure (SBP) and diastolic blood pressure (DBP) to levels below 140/90 mm Hg is associated with a reduction in cardiovascular complications. Again it is necessary from primary to insist on Health Education, in such simple things as food.
PREVALENCE OF ANTIDEPRESSANTS IN A RURAL HEALTH CENTER

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AIMS: The main aim is to know the prevalence of antidepressant use in a primary rural population in Cordoba and the profile of patients and relationship with the psychiatric patology. METHODS: An observational, cross-sectional prevalence. Everybody older than fourteen years old attending to rural center. RESULTS: Out of a total of 1271 users, 118 patients had prescribed antidepressants (prevalence of 9.28%). 78% of them were women. The average age was 59.53 years (range 15-93). 53.4% did not present a diagnosis coded. Who did have a diagnosis; 17.8% is anxiety-depressive disorder; 11.9% depressive syndrome, 0.8% parasuicidal gesture and 16% has another type of diagnosis. 31.4% of patients had been treated for psychiatric. None of patient has been used the tests 2.5%. In relation to the consumption of antidepressants, the most commonly prescribed subgroup are the selective serotonin reuptake inhibitors, with the individual prevalence of each drug being: 10.2%: Fluoxetine; 22%: Paroxetine; 16.1%: Citalopram; 7.6%: Escitalopram; 5.8%: Sertraline and 0.8%: Vortioxetine. Of the other groups of drugs 7.6% take amitriptyline; 0.8% take clomipramine; 5.1% of patients take bupropion; 17.8%: Trazodone; 7.6%: Take mirtazapine. 10.2% of patients take venlafaxine. 5.9% take Duloxetine and 2.5% of patients take Desvenlafaxine. 77.1% received treatment only one antidepressant drug, 19.5% with 2 antidepressant drugs and 3.4% of them 3 drugs. In addition, 36.5% of patients received treatment anxiolytics, of them: 33.1% take only one anxiolytic and 3.4% take 2 anxiolytics. CONCLUSIONS: These results indicate high rates of consumption, and suggest the need to implement strategies for reducing the use of psychoactive, and improve coordination between psychiatrists and primary care doctors.
MANAGEMENT OF THE DEMAND AND APPOINTMENT SCHEDULE IN PHYSICIAN PRIMARY CARE CONSULTATIONS IN AN URBAN CENTER. STUDY PROTOCOL.

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Aims and Background: Good management of the demand for primary health care improves availability for the patient and efficiency on the use of time. The aim of the project is the evaluation of the management of the consultation on demand in our centre. Material and methods: Design: Project for a descriptive cross-sectional study. Place: Urban Primary Health Care Center, Public Health System. Population and sample: Primary Care physician consultation length on request, excluding the planned consultation and the consultation simultaneous to emergency care. Source of data: Electronic Medical Records Sample size: Fifteen different Primary Care Physicians with assigned clusters of patients will be studied by evaluating three different shifts during a month: short duration morning shift, long duration morning shift and afternoon shift. Evaluation: Healthcare quality will be evaluated measuring the deviation from standards in scientific references. Variables: Quality Indicators: Predictable Administrative Demand, Unpredictable Administrative Demand, Predictable Clinical Demand, Unpredictable Clinical Demand, Last minute added appointments, Entrance delay, Appointment delay, Frequency of use, Assistance Pressure. Statistical analysis: Qualitative variables will be described by comparative graphics and data tables with relative frequencies and absolute frequencies. Quantitative variables will be presented by measures of central tendency, dispersion and position. Applicability: knowledge of the demand and appointment schedule will help managers to plan resources on an efficient way. Ethical issues: access permission to electronic medical records has been signed by the the competent authority.
LEADERSHIP IN PRIMARY HEALTH CARE TEAM IS NEEDED TO FIGHT THE ISSUES AND INEQUALITIES CAUSED BY BABY MILK/LACTOSE ALLERGY

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Introduction. In Latvia Family doctors take care of most of babies of the country since their first days after birth, as paediatricians are rarely available. Environmental changes and poor situation in countries might be the challenge to fight allergies. Aim. To evaluate baby milk/lactose allergy in primary health care, its course and development. Methods. 92 patients of age 0-2 years were included in the epidemiological, longitudinal, cross-sectional study. Since January, 2016, in the family physician’s practice out of 1432 registered patients, whereof 467 were children [0-18 yrs] all new-borns, neonates and toddlers were monthly evaluated for milk/lactose allergy and their development, also involving children’s parents in consultation. Results: 40 girls and 52 boys were included in the study. Since January, 2016, 17 babies were diagnosed with milk/lactose allergy, whereof [58.8%] 10 had been diagnosed in 2017. 15 allergic children had positive blood occult test results. No anaphylaxis or severe oedema was observed. In 2017, only 6 mothers of allergic babies went on with breastfeeding. Out of 7 allergic babies, who were diagnosed in 2016, 4 were boys and 3 girls; in 2017 - all milk/lactose allergic babies were only boys, mostly more severe than in the past year. Allergic babies’ mothers were more exhausted, needed more care, financial resources for diet, treatment and diagnostic procedures, support, understanding, effort and time during the consultation. Conclusion: Leadership is needed in primary health care team to conquer all the obstacles and inequalities caused in the family, when baby milk allergy enters the house of a patient. More evidence needs to be done to evaluate, why in only 1 year there is 17.6% more of milk allergies and all of them are only boys.
ALTITUDE MOUNTAIN SICKNESS - CASE REPORT

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Aims Acute mountain sickness (AMS) presents as headache, nausea, fatigue, dizziness or sleeplessness as a result of hypoxia at altitude. 3 or more points on the Lake Louise Scoring System (LLSS) constitutes AMS. Gradual ascent provides the best protection and acetazolamide (ACZ) reduces its incidence. Symptomatic treatment with analgesics and antiemetics is often sufficient. Coca leaves and pills (SP) with acetylsalicylic acid (ASA), caffeine and salofen are broadly used with satisfactory reports although there is no clear evidence on the matter. Description 29yo man, living at sea level, flies to 3860m. Started ACZ 1 day prior departure. 3h after arrival begins a mild headache treated with paracetamol. Progressively felt tired, loss of appetite, dizziness, palpitations and shortness of breath particularly up the streets (LLSS 4). Symptoms relieved with rest and with the descent to 2800m the next day. At 4000m the symptoms returned, no response to paracetamol or antiemetic. Started chewing coca leaves. After 1 glass of wine at dinner, woke up nauseated and breathless. Lied still during the day, with no improvements and gasping even for plane movements. Already despondent, tried 1 pill of SP. An hour later the symptoms began to ease. Next day was asymptomatic. Consulted a doctor who checked normal BP and heart rate and prescribed ASA if needed. Stopped ACZ and did ASA 4-5 times for mild headache during the rest of the trip with good recovery. Conclusions AMS may be incapacitating, so an acclimatization period should be taken into account and appropriate medication should be taken to remote locations. ACZ should be encouraged, being aware that it may be insufficient. Local knowledge can be useful but further studies should be carried with those types of treatments.
DYSPNEA, A COMMON SYMPTOM WITH DIFFICULT DIAGNOSIS

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Aims Patient 79-year-old woman with a personal history of: HTA. Obesity. Anemia of chronic disorders. SAHS. Bronchial asthma. Permanent pacemaker by A-V Block. Methods She goes to the Emergency Department of H. de Poniente for a case of dyspnea of rest, cough and whitish expectoration of a week of evolution, without fever, having undergone antibiotic treatment with Levofoxacin for 6 days without improvement. The previous week she went to the emergency department due to a centrothoracic pressure irradiated to the neck and both arms without a vegetative corage classified as musculoskeletal pain. Refers to influenza vaccination the previous day. Results In the exploration there was crepitantes until half left field and dispersed sibilantes. Additional tests are requested with the following findings: ECG: Pacemaker pace at 85 bpm. Chest x-ray: Left pleural effusion. Known cardiomegaly. Without condensation or filtrated. Analytical: high acute phase reactants. Normal troponin I In the hospitalization plan performed an echocardiogram showing severe pericardial effusion with subsequent predominance, with echocardiographic data of hemodynamic compromise, Given the location of the effusion (posterior predominance), risk - benefit was assessed, and in view of the hemodynamic stability of the patient, it was decided not to perform pericardiocentesis betting on conservative treatment with depletive treatment, and NSAIDs at high doses for treatment of triggering pericarditis with a favorable response. Conclusions Dyspnea is a very frequent symptom that characterizes different pathologies, so a correct anamnesis and exploration can guide us towards the main cause, so that we can ask for the complementary tests that can guide us towards the definitive diagnosis.
OVERMEDICALIZATION AND QUATERNARY PREVENTION: WHAT GP’S NEEDS AND WANTS TO KNOW

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Aim Overmedicalization and Quaternary Prevention (OverMed\(^4\)) are topics of growing interest. GPs need to have a core of skills and know-how in order to face with his big issues. Several initiatives are already existing but it's not enough especially when GPs need to face a scenario without clear evidence or when it need to join a discussion with a patient, a community or a colleague. At the WONCA Italy conference, held in September 2017, the crisis of doctor-patient relationship elicited by the overmedicalization were stressed, as the same for the new clinical knows about specific medical situation. Now it's time to move on particular needs for the GPs description 1. Minutes from italian conference will be presented with a short premise about OverMed\(^4\) definition. (20') 2. Participants will be invited to share their own needs on its topic (clinical knows, , evidence finding, , inter-professional collaboration, etcetera). (20') 3. Participants will be invited to share their own local training experience about overmedicalization and quaternary prevention. (20') 4. Needs and experience were collected and discussed all together with the aim to find almost five cluster of needs and five of training experience (30') Conclusion We expected to start a mapping of training experiences regarding OverMed\(^4\) (pre-graduation and post-graduation) throughout Europe nowadays. Then we will collect GPs needs and to find ways of filling actual gaps. This will then be then shared with WONCA SIG. We believe that such a large problem will be faced by a growing movement of health professionals who will lead the over-medicalized general practice to a more human and ethical working context, able not only to manage disease, but also to promote health within communities.
EXERCISE AS A NON-PHARMACOLOGICAL “POLYPILL” – A CASE REPORT

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Aims: Physical activity has a beneficial effect on reducing the cardiovascular risk (CVR) and decreasing all-cause mortality. In diabetes it is one of the three therapeutic pillars, along with diet and drug therapy. It improves glucose tolerance, increases insulin sensitivity and decreases glycated hemoglobin (HbA1c), along with positive effects on other CVR factors. Description: We report the case of a 45-year-old man with obesity, smoking habits, dyslipidemia and type 2 diabetes mellitus. In July 2016 he weighed 118kg (BMI: 38.5 kg/m²), and had an HbA1c of 6.7%. He was being treated with metformin 1g 3id and fenofibrate 267mg id. He had stopped smoking a month ago. In this consultation, the metformin was switched to metformin+vildagliptin 850/50mg 2id. In October 2016 he repeatedly visited the health center for insomnia and anxiety, in relation to the change of the place of work, and consequent increase in daily expenses, which culminated in his litigious dismissal. In April 2017 he weighed the same and the HbA1c dropped to 5.9%. On its own initiative and due to economical reasons, he stopped all the medication and started daily walks and 1h training programs and cycling 3 times a week. In August he reported no hypoglycemia episodes, lost 8kg and the HbA1c decreased to 5.7%. Conclusions: Physical activity is already described as a “polypill” for the prevention and therapy of many chronic diseases, available at low-cost and relatively free of adverse effects. Thus, its implementation at the primary healthcare should be a priority in various levels of prevention. It should also be noted about 50% of patients with chronic diseases do not take medication as prescribed, being economic inadequacy one of the reasons, for which is important to be aware.
THE OTHER SIDE OF THE CLINICAL INTERVIEW. NON VERBAL EXPRESSIONS IN THE CONTACT STAGE.

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Due to in our medical consultation we treat patients of different origins, culture and educational level, we set out to analyze non-verbal expressions of the patient, in the first stage of the clinical interview: contact stage, in order to improve our quality of care. We understand by clinical interview the process of doctor - patient communication, which aims to achieve the solution to a health problem. Cross-sectional, observational study to analyze non-verbal expression forms. 15-item questionnaire, previously validated. Were included all patients (713) who attended a primary consultation during the month of July 2017. Statistical analysis T of student and chi square, considered significant p <0.05. G-stat 2.0 Average age 46.68. Men 30.58%. Women 69.42%. Spanish people 65.92%. They greet 49.37%. They thank 48.81%. They arrive late 11.36%. Without appointment, not urgent 9.96%. Open the door without calling 6.17%, answer or play with the phone 3.37%. They enter demanding 4.77%. They don’t remove their sunglasses 2.1%. Chew gum 1.82%. Not attending the appointment is significantly associated with younger age (p = 0.0009). There is no statistically significant relationship between nationality or sex with being late, not attending or going without an appointment. Despite the direct approach of the professional, looking for the patient in the waiting room, inviting him to take seat and listening before writing, only half of the patients greet, if we do not induce him, or show his gratitude. It is also true that only a small percentage (4.77%) come demanding. Our task would be to get enough empathy with the remaining percent for a good clinical interview.
PREScribing Exercise for the Management of Gestational Diabetes: An Evidence-Based Review

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Background and Aims: Nowadays, the incidence of Gestational Diabetes is increasing. As family doctors, it is of extreme importance that we understand the negative impact this disease can have on both the mother and the baby. We should be able to offer the best medical advice available. Even though physical exercise can be recommended for low-risk pregnancies, its impact on the management of Gestational Diabetes is less understood. The main purpose of this presentation is to review the available recommendations regarding the practice of physical exercise during pregnancy, for women with Gestational Diabetes, from the date of diagnosis up until delivery. Methods: In November 2017, we performed a systematic review on PubMed and Cochrane databases, using the MESH terms “Gestational Diabetes” and “Exercise”, with publication dates from 2007 to 2017. We assigned a level of evidence to each article using “The Oxford 2011 Levels of Evidence”. Results: Of the 215 articles obtained, 20 matched the eligibility criteria. The following aspects were taken into account: impact of exercise on glycemic control and on maternal/fetal outcomes and also the type, frequency and intensity of exercise we can prescribe. The most recent studies, including systematic reviews of randomized trials, demonstrate that physical exercise has a positive effect on glycemic control, but its impact on maternal/fetal outcomes isn’t as clear. Conclusion: As family doctors, we can advise our patients to engage in moderate intensity exercise in order to improve glycemic control and to promote adherence to a healthy lifestyle. Still, we need further studies to demonstrate the relationship between exercise practice and maternal/fetal outcomes on Gestational Diabetes.
PIRIFORMIS SYNDROME - A FORM OF NON-DISCOCGENIC SCIATICA

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Aims Piriormis syndrome (PS) is a neuromuscular disorder characterized by neural compression through or around the piriormis muscle, being a form of non-discogenic sciatica. Although it is well described in the literature, it still lacks validated and standardized diagnostic and therapeutic criteria. The present work intends to review the available literature regarding this entity, namely in its pathophysiology, clinical presentation, diagnosis and therapeutic approach. Methods A literature and critical review by searching reviews, clinical trials, books and relevant articles in Pubmed, National Guideline Clearinghouse, The Cochrane Library, Medscape and Scielo, using the Mesh term "piriformis muscle syndrome". Results PS is a neuromuscular disorder characterized by compression of the sciatic nerve in the infra-piriormis channel. Classically it presents as a sciatica, or causes pain in the gluteal region that radiates along the lower limb. At physical examination, the palpation of the MP should trigger the complaints. There are also several maneuvers described in the literature that aid the diagnosis. As for the diagnosis, there is no enlightening clinical criterion or complementary exam. The course of the disease is generally favourable after analgesic and/or anti-inflammatory therapy and physiotherapy. Conclusions Given the high prevalence of sciatica in clinical practice, it is important to consider this diagnosis in its approach, not only to avoid exhaustive investigation using imaging tests for the study of presumed discogenic sciatica, but also to properly diagnose this syndrome. PS should be suspected in any patient with sciatica without concomitant low back pain.
BARRIERS TO CLINICIANS’ ADHERENCE TO PAIN ASSESSMENT TOOLS IN PRIMARY CARE

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AIMS Chronic pain is a major concern in primary health care (PHC). Pain severity evaluation is essential to proper treatment. Research suggests that many clinicians do not use pain assessment tools in their daily practices, being a relevant topic, not studied in Portugal, the identification of the reasons to this non-compliance. Aims: To describe physician self-reported perceived importance and barriers to the use of pain assessments tools in PHC practice. METHODS Study design: Cross-sectional, descriptive. Setting: 3 PHC practices, Lisbon region, Portugal. Population: PHC physicians, including Family Medicine (FM) specialists and residents. Sampling: census (N=31). Data collection: Self-administered pre-tested anonymous questionnaire: demographic variables, self-reported practice with pain assessment tools, opinion on their importance and barriers to their use. RESULTS Response rate 71%; 86% female; mean age 37 (standard deviation=9.53); 77%FM specialists. Although 96%described pain severity quantification as an important or very important quality standard of clinical practice, and 82% rated as important or very important the use of pain assessment tools, 41%reported their rare use, only 5%stating a regular use. Short consultation times (68.2), patients limitations on understanding the scales (45.5) and fear of exacerbation in self-characterization of pain (36.4) were the main reasons pointed out for not using them in the practice. About 22%reported lack of experience with scales. CONCLUSIONS Practitioners are aware of the value of pain assessment tools, but many don’t use them regularly in their practices mainly for contextual reasons. This small study suggests the need of replication and, probably, further educational interventions to improve pain management in PHC.
CHARACTERIZATION OF THE FREQUENCY OF THE PRECONCEPTIONAL CONSULTATION BY PREGNANT WOMEN IN A PRIMARY HEALTH CARE UNIT

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Aims: Pre-conceptional care contributes to improved health outcomes and should be performed in all women and couples planning to become pregnant. Our aim was to evaluate the frequency of these consultations by women before a pregnancy. Methods: Observational and descriptive study conducted in a Primary Care Unit, in October 2017. Population: pregnant women [classified with ICPC-2 W78 (pregnancy) and W84 (pregnancy high risk) codes] at the date. Inclusion criteria: adult pregnant women in the shared surveillance program with the maternity. Exclusion criteria: coding errors. Variables: age, gravidity and parity, education, employment status and medical consultations at the health unit in the last 12 months. Data source: digital clinical records. Results: 32 pregnant women were included, aged 21 to 39 (mean of 31.4 years). Considering pregnant women with preconception consultation (n = 18), the vast majority are primiparous (72.2%), have an education equivalent or higher than high school (68.75%) and are employed (82.3%). Approximately two-thirds have had consultations in the last 12 months at the health unit. Regarding the group of pregnant women without preconception consultation, the results are similar except the difference in the number of primiparous women, who account for 42.9% in this group. Conclusions: In the sample studied, the frequency of the preconception consultation was not related to variables such as age, education, employment, or regular use of consultations in the health unit. However, it is observed a lower frequency of these consultations in pregnant women with previous pregnancies. It is important to point out the importance of pre-conceptional care in all women of reproductive age, even in multiparous women.
INVESTIGATION PROTOCOL TO STUDY THE IMPACT OF FUNCTIONAL RESPIRATORY TEST IN PRIMARY HEALTH CARE – SPIROMETRIC CHANGES IN A POPULATION FROM FARO

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Aims Prevalence estimates of Chronic Obstructive Pulmonary Disease (COPD) in Portugal are of 14.2% in patients of 40 years or older, with a high rate of underdiagnosis (86.8%). Respiratory morbidity indicators, derived from electronic coding in Primary Health Care (PHC), show low prevalence of COPD, possibly related to difficult access to spirometry (required for the diagnosis), which may contribute to underdiagnosis. The pilot project for implementation of a spirometry network in PHC aims to improve access to the test, while identifying early cases of COPD, enabling appropriate treatment and improving the prognosis of the disease. The purpose of this original study is to describe the number of patients from the Faro Health Care Unit and extensions, submitted to spirometry, with altered results (COPD, obstructive, restrictive or mixed pattern). To explore the relation between tobacco consumption, age, gender with the result of spirometry; and explore the most prevalent class of COPD. We aim to present the protocol of this investigation to discuss it and, if necessary, to improve it. Methods Collection of information through a questionnaire filled out by users and results provided by spirometry. Setting up a database and statistical analysis, using SPSS, with subsequent critical analysis. Results We pretend to present the results of this investigation after the conclusion of this study. Conclusions (yet to determine) Our aim is to identify users of the Faro health center and extensions performed spirometry with results compatible with COPD, obstructive pattern, restrictive pattern, mixed pattern, and which users selected by Family Doctors for spirometry fulfill the majority of the selection criteria established by the pilot project.
GALACTORRHEA, HOW TO MANAGE? - THE APPROACH IN PRIMARY HEALTH CARE

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Aims: Galactorrhea is nonlactational milk production which is usually defined as milk production one year after pregnancy and cessation of breastfeeding. It can also occur in nulliparous and postmenopausal women, and even in men. The primary health care is often the first place where patients with this symptom go. So it is important for the Family Doctor to know the evaluation and management of galactorrhea. This work has the point to be a fast and practical tool for family doctors in the approach of a patient with galactorrhea. Methods: Classic review on evidence-based-medicine website Pubmed with the terms Galactorrhea and Diagnosis Description: Galactorrhea should be distinguished from pathologic nipple discharge, which can involve breast tumors. It is very important a complete anamneses including pregnancy history, medication, symptoms related to hyperprolactinemia and symptoms related to mass effect of a pituitary adenoma. Physical examination can confirm a diagnosis of galactorrhea. Then it is important to evaluate prolactin level. If elevated, doctors should check thyroid-stimulating hormone and creatinine. If hypogonadism is suspected, reproductive hormones should also be checked. If no cause of hyperprolactinemia is found by history, examination and the other tests, a brain magnetic resonance imaging should be performed. If the patient prolactin level is not elevated, then no further evaluation is needed. Conclusion: Galactorrhea is a symptom that can cause concern to the patient. The causes of this symptom can be physiologic but also because other conditions as a pituitary adenoma. A clear and systemized algorithm of action can help the family doctor with the management of this condition in order to approach all the possible causes.
JUGULAR VEIN THROMBOSIS: A CASE REPORT.

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Aim(s) and background Patient, 57 year old woman, with personal history of: Smoker 8 cig / day. Chron's disease. Usual treatment with Infliximab. Consultation in the health center for holocranial headache that does not yield with analgesic treatment and subacute appearance of left latero-cervical bulomb, painful on palpation, with redness and local temperature increase. Upon suspicion of infected bladder cyst, it is referred to Otohinolaryngology giving antibiotic and analgesic treatment. In his first visit to the specialist, the tumor has disappeared although there is still pain on palpation. Fibroscopy is performed in which no pharyngeal or laryngeal pathology is observed. Cervical CT was performed to complete the study, evidencing a partial thrombosis of the left jugular vein, from its third third to the innominate vein. Material and method At this time, the patient is referred to Internal Medicine to complete the study and rule out associated coagulopathy. Results MRNA Angiography highlights lesions in white matter of probable vasculo-ischemic etiology. Analytics highlighted ANA 1/320 homogeneous pattern + weak positive AL + high CRP. Given the findings, with the suspected diagnosis of antiphospholipid syndrome and possible systemic lupus erythematosus and waiting for the rest of the specific analytical results, anticoagulation with Acenocoumarol was decided and ambulatory follow-up continued. Conclusions Although infrequent, in the differential diagnosis of cervical mass we must include and take into account the jugular vein thrombosis. Given its finding, we must rule out iatrogenic injury parenteral drug consumption, various hypercoagulable states, autoimmune diseases, idiopathic forms or neoplastic disease. Whatever the cause, we must anticoagulate.
EARLY ONSET DEMENTIA-CASE REPORT

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Aim. A case report from a patient suffering from vascular dementia, early onset. Method. Data obtained from the medical documentation of the patient. Case Report. Woman M.J. at age 54, she regularly visits her doctor. The smoker is normally fed, normoglycemic, with occasionally marginal elevated levels of lipids in the blood. She was operated because of the corticotropic pituitary adenomas 1992, which was manifested by hypercorticism and extremely high values of arterial pressure stabilized after surgery. She is operated due to aneurysm of abdominal aorta in 1998. Proper appearance, competent communication, employed. Due to the rationalization of jobs in the company, the present health disorders and 34 years of service, it was sent in July 2015 to the assessment of working ability. She disappeared from the hospital the same day. After a multi-hour search, she was found disoriented, scared, absent from what had happened. Inspected by a psychiatrist, neurologist and vascular surgeon, a detailed neuropsychological and other (laboratory, ultrasound, radiological) examination was performed on the next day. Early onset dementia was diagnosed, and in November 2015 supplemental diagnosis (PET CT) determined vascular dementia. The procedure for exercising the right to disability pension was initiated, 2 times denied. In April 2016, the "giant" aneurysm of the left ACI was discovered by the MSCT angiography. She died of sudden death in her home in December 2016. All the time she was sick and incapable of self-employment in everyday activities. Conclusion. At all times of life, strict control of vascular risk factors is required, as well as assessment of cognitive status in younger people with significant cardiovascular disorders.
IMMUNE-MEDIATED MYOPATHIE: CASE REPORT

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Aims: This case shows the importance of a detailed history and physical examination in the investigation of muscular complaints, which etiology can range from benign and common causes to more rare and serious diagnoses. Sometimes complementary studies need to be asked. Description: Female, 43 years old searched for a doctor consultation because of myalgias of the lower limbs, bilaterally and generalized, with about 3 months of evolution and progressive aggravation. Associated there was pelvic girdle muscle weakness, with some limitation of the locomotion for long paths. There was no introduction of new medication and infectious complications at the onset of the condition. We requested an analytical study that demonstrated LDH of 1117 U/L, VS of 51 mm/hr, high-sensitivity CRP of 2.54 mg/L and CPK of 2796 U/L. The patient was referred to the emergency department and was hospitalized for study. During the hospitalization, it was performed electromyography (tracings compatible with myopathic inflammatory process) and muscle biopsy (suggestive of acute necrotizing myopathy). She began corticotherapy with improvement of the symptomatology and regression of the markers of muscular cytosis. Conclusion: Autoimmune myopathies are a heterogeneous group of acquired muscle disorders characterized by muscle weakness, increased levels of creatine kinase and electromyographic findings of myopathy. Necrotizing autoimmune myopathy manifests as a subacute limb proximal muscle weakness and persistently increased CK levels. Weakness is predominantly proximal and more prominent in the lower limbs. Myalgia may or may not be present. Although the main symptom presented by the patient were myalgias, the time of evolution and intensity of the condition motivated the investigation.
THE IMPACT OF NOCTURNAL LEG CRAMPS ON QUALITY OF LIFE

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Aim: Nocturnal leg cramps (NLC) are sudden, involuntary, painful muscle contractions. They are common among people over sixty years of age. In an Australian study with voluntary people recruited from newspaper, night cramps were associated with impaired quality of life and quality of sleep. The aim of the present study was to explore whether the alteration of the quality of life was associated with the frequency of NLC in a population of patient consulting general practitioners. Method: We carried-out a cross-sectional study in Geneva. Study participants were dichotomized in two groups: group A with less than 2 episodes of NLC/week and group B with more than 2 episodes of NLC/week. We compared the SF36 and the PSQI between the 2 groups. Results: 113 questionnaires were completed. Group A had a better result than group B in terms of physical functioning (mean A = 75.54, B = 65, p-value 0.02) and pain (mean A = 66.80, B = 54.50, p-value 0.01) in the SF36 questionnaire. Group A also had a lower PSQI score than Group B, which was less sleep disturbance (mean A = 4.98, B = 5.80, p-value 0.28). Conclusion: We observed an association between the frequency of NLC and quality of life in two components of the SF36. Further research are needed to assess a causality between NLC and quality of life alteration. First Authors: Armita Zaim & Céline Kaiser Second Author: Dr Hubert Maisonneuve
INFLUENCE OF SLEEP OBSTRUCTIVE APNEA TREATMENT ON CARDIOVASCULAR EVENTS

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Introduction and Objectives: Sleep obstructive apnea (SOA) is a known risk factor for cardiovascular disease and cardiovascular events. This paper aims to review the evidence about the treatment effects of SOA in reducing cardiovascular events and global mortality. Methods: Bibliographic research was based on international databases selecting systematic reviews (SR), meta-analyses (MA) and randomized clinical trials (RCT), published in the past 5 years, using the MeSH terms: [sleep apnea, obstructive, treatment],[cardiovascular events] and [mortality]. Results: There were selected 3 MA and 1 RCT with satisfactory quality. The selected studies, evaluated the influence of SOA treatment with continuous positive airway pressure (CPAP). The positive effect of CPAP is evident in diminish the daytime somnolence, confirming a significant reduction in Epworth Sleepiness Scale (ESS) and the repercussion in the quality of life. On the other hand, without achieving the limits of statistical significance, it seems that the CPAP therapy was associated with a trend of decreased risk and delay in the occurrence of cardiovascular events. In cardiovascular and non-cardiovascular mortality, CPAP treatment may contribute to the reduction of these events. Discussion: The available evidence is not consensual about the effects of CPAP in SOA treatment on the occurrence of cardiovascular events and cardiovascular and non-cardiovascular mortality. These effects may be associated with a reduction in blood pressure. These studies demonstrated a tendency to reduce these outcomes, although studies with good quality are needed. On the other hand, the studies analyzed mainly the treatment of CPAP, however other interventions (educational and behavioral) or surgical treatment could be evaluated.
HOW CAN WE STUDY OBSTRUCTIVE SLEEP APNEA IN PRIMARY HEALTH CARE?

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Background and Aim: Obstructive Sleep Apnea is a very prevalent respiratory disorder with important repercussions. Sleep problems are frequently treated in primary health care (PHC). In this way, it's important to discriminate the functions of existing questionnaires. Methods: Portuguese original studies, classical literature based on research in the database PubMed medical sites based on evidence using key words: obstructive sleep apnea, primary care, Epworth, Berlin Questionnaire, Stop Bang. The inclusion criteria were articles in English and Portuguese in the last 10 years. Results: Sleep disorders are among the 10 main reasons for medical appointments in PHC. The Epworth Sleepiness Scale (ESE) is a simple and validated instrument to assess daytime sleepiness in the clinical context of sleep disorders. This consists of a questionnaire with 8 daily situations in which the patient is proposed to give a score from 0-3, reflecting the probability of falling asleep. The Berlin Questionnaire (BQ) is a method of screening for OSA, includes 10 items into 3 categories related to rhonopathy and apnea, daytime sleepiness and arterial hypertension (HTN) / obesity. Information about gender, age, height, weight, neck circumference and race are also requested. The Stop Bang consisting of 8 yes/no questions, considering: snoring, apnea, daytime tiredness, therapy for hypertension, BMI> 35kg/m², age> 50, cervical perimeter, male. Conclusion: ESE questions daytime sleepiness, however QB and Stop-Bang are OSA "screening" tools. Although BQ remains the most accurate questionnaire in the prediction of OSA diagnosis, it is not an adequate screening tool for a high-risk population under specific consultation, but may be used in PHC.
PATIENTS WITH MULTIMORBIDITY IN THE PRACTICE OF GENERAL PRACTITIONERS

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Aim. To examine the representation of patients with multimorbidity in the total number of medical examinations, their gender, age and distribution by the most common multimorbidity, and reasons for visiting the doctor. Method and material. The study was conducted in the Health centre Lazarevac and Health centre Miadenovac by monitoring the work of 2 doctors in the period 10/01/2017–10/31/2017. The data were obtained from the medical records of patients. Results. 1675 patients were examined, the daily average of 38.1 per a doctor. 66.0% of them were with multimorbidity, out of which 51.8% were women. The highest number (64.2%) of patients with multimorbidity was 65 and over, while the age of 30-64 was 35.5%. The majority of patients have a cardiovascular disease (97.1%), a metabolic disorder (82.3%), and 3 or more comorbidities (81.3%). 63.4% patients came for examination alone and the most frequent reason is the prescription of chronic therapy (57.0%). 16.8% patients came to their doctor only for an advice, 10.8% were examined due to the worsening of some of the chronic diseases, and 12.0% due to another acute disorder, while 3.7% reported only for vaccination against seasonal flu. Conclusion. There is a high proportion of patients with multimorbidity in the daily work of general physicians. People of both sexes are extremely diseased, very rarely younger than the age of 30, with the largest number being older than 64 years. The most common multimorbidities are cardiometabolic disorders, and the most common reason for visiting a doctor is prescribing chronic therapy. A significant number of patients who come only for advice, as well as the fact that they come alone, should be used to create a better ally in the control of multimorbidity among our patient.
ADULT’S STILL DISEASE: DIFFERENTIAL DIAGNOSIS

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Aim (s) and background Patient of 55 years, a native of Morocco, who has lived in Spain for 14 years. Allergic rhinoconjunctivitis as the only antecedent of interest. No treatment. He went to Primary Care consultation for daily fever of up to 39°C, predominantly in the evening, accompanied by myalgia, headaches and odynophagia for 4 weeks of evolution. It does not refer any other symptomatology, nor recent trips abroad, nor insect bites. His Primary Care doctor rules ATB and antipyretic, without improvement, so he decides to refer to Internal Medicine. Material & method From Internal Medicine they decide admission in Hospital for study of Fever of Unknown Origin, where he has treated empirically with Doxycycline, without improvement, and different complementary tests were performed. Leukocytosis. Elevated RFA and discrete alteration of the hepatic profile. Abdominal CT: Splenomegaly slight. Rest of exams: Hemogram, Biochemistry, Serology, Blood cultures, Urine cultures, Autoimmunity, Mantoux, Biopsies, M.O. aspirate and image tests was Normal. Results After discarding infectious, tumor or autoimmune process through exhaustive study, Still’s disease is suspected and corticosteroid treatment is started at a dose of 1 mg / kg, with clinical and analytical improvement of the patient, which is why we proceed to discharge with periodic check-ups in primary care and Internal Medicine. Conclusions The Still’s disease is an inflammatory pathology, of unknown etiology characterized by fever, arthritis and daily skin rash on the trunk. Differential diagnosis is extensive, including infectious, autoimmune, tumor, rheumatic or even adverse drug reactions. Its diagnosis is partly exclusion, so in the presence of symptoms in the absence of other pathologies we should suspect it.
RESISTANT HYPERTENSION? – A CASE REPORT

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Framework: Resistant hypertension (HT) should be considered in patients whose arterial blood pressure (BP) remains above target values despite treatment with three high dose antihypertensive agents, one of them being ideally a diuretic. Often, this HT can be misdiagnosed, when it is secondary to factors related to lifestyle, or to obstructive sleep apnea syndrome (OSAS), or when there are target-organ lesions, which should be evaluated and detected initially. Case study: 80-year-old man, with a personal history of DM type II, dyslipidemia, Obesity (BMI = 30.9), ischemic stroke and HT considered resistant for several years. Although some causes of secondary HT and target organ lesions were excluded, the patient always had BP values > 180/90 mmHg, despite lifestyle intervention and optimization of ARBs, CCB and diuretic medication. The patient was referred to a hospital cardiology appointment in 2015, for evaluation and orientation to an eventual renal denervation. At the cardiology clinic, following the study protocol of secondary HT, the patient was referred to the pulmonology / Sleep clinic, where he was diagnosed with OSAS, and initiated CPAP with moderate compliance to the treatment. There was an improvement in the patient's tension profile after initiating OSAS treatment. We registered a progression in the Ambulatory Blood Pressure Monitoring (ABPM), non-dipper pattern, from HT grade III in 2015 to HTA grade I in 2016, which was maintained in 2017. The patient remains on surveillance and currently has BP values below 150/90 mmHg. Conclusion: Resistant HT is a challenge for clinicians. It is important to exclude all possible causes of secondary HT. The family doctor is in a privileged position to detect signs suggestive of OSAS or other associated pathologies.
THE USE OF COMPRESSION STOCKINGS DURING PREGNANCY - AN EVIDENCE-BASED REVIEW

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Introduction: During the daily clinical practice, the question of the prescription of elastic compression socks during pregnancy is consensual. Circulating blood volume increases during pregnancy. Pregnancy or childbirth up to 6 weeks is considered a risk factor for the development of venous thromboembolism (VTE). The incidence is five times higher in pregnancy. One of the prevention strategies is the use of elastic stockings. Objective: To review the current evidence on the use of compression socks during pregnancy. METHODOLOGY: MEDLINE research and clinical evidence-based clinical guidelines, randomized controlled trials, systematic reviews, meta-analyses and classic reviews, published between 10/10/2007 and 10/1/2017, using the MESH terms “pregnancy” and “stockings, compression”. The SORT - Strenght of Recommendation Taxonomy of the American Academy of Family Physicians was used to assign the level of evidence (LE) and force of recommendation (FR) Results: 4 out of 98 articles were selected: one systematic review, one guideline and two classic reviews. Inclusion criteria are pregnant women over the age of 18 years. Overall, there was no evidence to support its use as prophylaxis for VTE in low-risk women. The guideline states that the use of elastic compression is effective in reducing the risk of VTE in long-haul flights in the general population, but it is not known whether the risk is increased in pregnancy. CONCLUSIONS: the benefits of using them are not consensual (FR C); there is insufficient evidence to advise this prophylaxis to low-risk women (FR A); there is evidence for use in high-risk women (FR A) There is still a need for more high-quality studies, homogeneous methodology and relevant samples that support this evidence.
THICK DROP

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49 year-old man, without drug allergies, hypertension, originally from Senegal, resident in our country. He came to the Emergency Room referring clinics of fever up to 40°C in the last 24 hours, with diarrhea without pathological products. He refers a recent month-long trip to Senegal, without antimalarial protection treatment. Physical examination: BP: 115/63mmHg. HR: 114bpm. RR: 14rpm. Axillary temperature: 38.2°C. Oxygen saturation (21%): 97%. Soft and depressible abdomen, no hepatomegaly, diffuse discomfort on palpation, negative Murphy’s sign, no signs of peritoneal irritation, increased peristalsis. The following complementary explorations were practiced: - Blood analysis, with normal leukocytes and thrombocytopenia of 113 10e9 / L. Total bilirubin 1.61mg / dL. - Rx. thorax: normal, no condensation image. - Antigenic determination for malaria: positive. - Microscopy with Giemsa: Plasmodium falciparum trophozoites. Parasitemia index 1.5%. - Clinical trial: uncomplicated malaria by Plasmodium Falciparum. Given the non-availability of artemisinin in our hospital, we initiate therapeutic alternative: - Quinine 10mg / Kg VO, 1-1-1, 7 days. - Doxycycline 100mg, 1-0-1, 7 days. In plant of hospitalization the patient presents good clinical evolution, so he was discharged with outpatient treatment. Conclusion: It is important to always keep in mind the diagnosis of malaria in a fever in a patient returning from a trip in an endemic area. Although in our country we do not have the mosquito transmitter of malaria, it is important to take into account malaria in the differential diagnosis so that we do not miss it.
WHAT WE SHOULD NEVER FORGET. BEWARE OF SIDE EFFECTS.

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Case description: A 62-year-old man with a history of diabetes mellitus, high blood pressure, moderate chronic obstructive pulmonary disease (COPD), atrial fibrillation treated with sintomat and amiodarone and intermittent claudication. The patient consulted his family doctor for a clinic compatible with biventricular heart failure, his basic diuretic treatment was modified, an urgent blood test was performed for the next day, detecting microcytic and hypochromic anemia and thyroxine (T4) * 85.7 pmol / L (10.29 - 23.16) Thyroid hormone stimulation (TSH) * 0.010 mUI / L (0.27 - 4.2). The patient was referred to the emergency department where thyroid ultrasound was performed, which was normal and a new blood test was performed, which was shown as negative antithyroid. Orient the case as hyperthyroidism induced by amiodarone. The treatment was started with carbimazole, which was then changed to reality and added to the corticosteroids with good response. Exploration and complementary tests: Blood test (TSH, free T4, PCR, thyroid autoimmunity, PCR, VSG,...) thyroid ultrasound. Gammmagraphy. Clinical judgment: Hyperthyroidism due to amiodarone. Differential diagnosis: Jod basedow, graves basedow, multinodal goiter. Final comment: Amiodarone is a drug that acts at the thyroid level. In a patient with alteration of thyroid hormones and who is or has been in treatment with Amiodarone, as a family doctor we must take this drug into account as one of the causes that trigger it.
DEVELOPING SCORING SYSTEM TO MEASURE INFANT QUALITY OF LIFE IN INDONESIA

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Background. Quality of life of an infant is quite rare to be measured. The main concern is growth and development, though it is actually part of the whole well-being of an infant. There are developed questionnaires to measure QoL, but sometimes does not match with the Indonesian situation. This study aimed at developing questionnaires to measure quality of life of an infant. Method. The developing started with focus group discussion FGDs among mothers adn then continued with setting a questionnaire. Then, we implemented Delphi technique among primary care physicians and paediatricians about item in the questionnaire. Finished with validation test among mothers again. Result. The FGDs identified five domains of the Infant QoL, which are physical well-being, health status, emotional function, social function, and cognitive function. Then the Delphi technique established 55 questions, divided into 7 questions for physical well-being, 14 questions for emotional and health status, 6 questions for social function and the rest measured the cognitive function. The questions were favourable and unfavourable events happening in the recent one month. Mothers and caregivers should rate their children. Each component were validated among 100 mothers and the Cronbach alpha for each component ranged between 0.6-0.8. The situation to develop the questionnaire is Jakarta, which is a melting pot for many ethnicities of Indonesia. Conclusion A questionnaire has bee developed and validated. We still thought that the questionnaire need to be improved because the questions is quite long and the setting to develop is urban Indonesia. We haven't proved yet in the rural situation.
BOOKLET BOOKS AS COMMUNICATION TOOL IN DEMENTIA HOMECARE

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Background: The growing trend in dementia care is to keep patients in their home environment as long as possible. In the long-term dementia treatment, a family physician takes care for the patient’s health and the burnout prevention of family members. The doctor helps in patients successful integration to everyday life by providing practical advice through the educational booklets that are offered to the patients family. Booklets are the effective way for patients and relatives to become familiar with the specificity of communication with the patient in dementia, furthermore facilitating patient care.

Aim: A series of six dementia booklet books from the Living with Dementia Every Day collection is designed to help families in providing dementia care in their home environment. In the booklets, the relatives can find the starting points for the conversation with the patient, ways to organize day-to-day activities and ideas how to redirect activities in times of threatening conflict. Moreover, the booklets contain practical tips and information.

Methods: The booklets present in a coherent manner the tools that could be used by relatives for an effective communication with the patient. Knowing the concepts of communication such as the importance of strengthening the patients personal story, improving his or her orientation in time and place facilitates the patients everyday life, while the vocabulary and use of colors and images encourage conversation by providing associations for recollection of memories that relaxes the everyday atmosphere in the family.

Conclusions: Dementia booklets are an useful and practical tool in dementia care that a doctor can use to advise and support the relatives of a patient with dementia in homecare.
TRANSIENT GLOBAL AMNESIA, CONCERNING A CASE

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Aim To present a little approach in the diagnosis and management of transient global amnesia (TGA) in the Emergency Department (ED) reporting a case. Description She is a 57-years-old woman teacher. Personal background: removed pheochromocytoma. She was working at school and was stressed nearly to talk to one child’s mother. Suddenly, she felt like a heartache and later, confusion. No fever, no fainting and no brain injury. Her family took her to Hospital because after that, she did not remember anything. She was all the time doing repetitive questions. At the arrival, arterial tension (AT) 180/110, EKG with sinus rhythm at 70 beats per minute, PR<0'20s and no alterations of repolarization. At neurological examination, only presents disorientation and repetitive questioning. Captopril restored the AT. The analysis was without changes. Computed Tomography (CT) was sought, showing no injuries in brain. She rested in observation area 24h and was discharged with normal AT and total recovering. Of course, she did not remember the episode. Conclusions TGA is a temporary anterograde amnesia that occurs in middle-aged people and do not usually last more than 24h. It can be caused by strenuous activity, stressful events, coitus or migraine. Although the pathophysiology is still unknown, some imaging studies have revealed certain evidence. The importance of this episode is to distinguish it from a brain vascular disorder, such as an ischemic or haemorrhagic accident, which early diagnosis would mean to save a life. Due to this, it is necessary to request a CT to dismiss a stroke. Other possible diagnosis could be toxics, complex partial seizures or central nervous system infections (this last one can also be mortal but disposable with analysis). Keep TGA in mind.
RELATIONSHIP BETWEEN BIRTH WEIGHT AND BMI PERCENTILE IN AGES BETWEEN 10-13 YEARS OLD IN THE LIST OF PATIENTS OF A FAMILY DOCTOR

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Introduction: There are studies in the literature that report a correlation between birth weight, namely low birth weight (<2500g) and childhood obesity. Objective: To evaluate whether there is a correlation between birth weight and the BMI percentile found in ages between 10 and 13 years old in general and within 3 different groups: group 1 - born with less than 2500g; group 2 - born with >2500 grams; group 3 - children born preterm (<37 weeks). Methodology: Type of study: observational, descriptive, retrospective, institutional based; Population: Children with ages between 10 and 13 years old, who are part of the list of patients of a family doctor, and whose birth weight, pregnancy duration and current BMI percentile data is recorded; Data source: electronic clinical chart; Variables: Birth weight, pregnancy duration, current weight; Data analysis: descriptive statistics, non-parametric tests, scatter diagrams, in SPSS. Results: 51 children were included within the three groups as follows: n1 = 2, n2 = 44 and n3 = 5. For the whole sample, with a = 0.05, the p-value of the spearman correlation coefficient is p = 0.759. In the individual groups, group 1 has a small sample, in group 2 p = 0.5 and in group 3 p = 0.638. Conclusion: We conclude that in groups 2 and 3 there is no correlation between the variables (p>a). In the group of children with low birth weight, we could not draw conclusions. Although the sample is small, we can conclude that there is no statistically significant correlation between birth weight and BMI percentile between the ages of 10-13 years old, even when it comes to term newborns.
BENZODIAZEPINES PRESCRIPTION IN PATIENTS WITH SLEEP APNEA SYNDROME
- A QUALITY IMPROVEMENT

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Aims: Sleep Apnea Syndrome (SAS) has a high prevalence in the adult population. Despite the contraindication, there is a frequent prescription of benzodiazepines (BZD) to the treatment of insomnia in these patients. Our aim was to determine the BZD prescribing rate in patients diagnosed with SAS and, after presenting the obtained results and sensitizing the prescribers, improve that rate. Methods: unit of study: patients from a primary care health unit with the diagnosis of SAS and BZD prescription. Retrospective and internal study, with an educational intervention. 1st evaluation: 2016/07/01 to 2016/12/31. 2nd evaluation: 2017/01/01 to 2017/06/30. Quality criteria: reduction of the BZD prescription rate in the SAS diagnosed population. Data analysis: Excel and SPSS. Results: the prevalence of SAS in the adult population was 1.2%, higher in males (68%) and increasing with age (x=62 years). In the 1st evaluation, 13.5% had prescribed BZD. Alprazolam was the most prescribed. In the 2nd evaluation, 8.34% maintained the BZD prescription and diazepam was the most prescribed BZD. Conclusions: Despite the 38.22% reduction in the BZD prescription rate in SAS patients, we believe that a greater effort should be made by the prescribers in an attempt to improve the results, especially in the prescription of long-acting BZD.
ALARM SIGNS IN THE COMMUNITY ARE RECOGNIZED? - ONE INTERVENTION IN A NURSING HOME

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The dimensions of the family's doctor include to know the community and the available resources. Aim: Improvement of knowledge about alarm signs and symptoms to send to health care. Due to the increase in the number of elderly people, community support is crucial in maintaining their quality of life. It's essential to inform and train the professionals who are dedicated to this population. Description: In the area of Arquis Nova’s Family Health Unit, it was demonstrated by a nursing home the need of training their professionals. Both parties agreed to carry out training in the area of disease prevention associated with health care, hand hygiene, use of personal protective equipment, as well as warning signs and symptoms of referral to health care, addressing Stroke, AMI and others. Methods: A previous questionnaire was completed with questions discussed during the training, for later comparison. The total number of professionals was 18, and the questionnaire was carried out to 14 female employees, excluding director, nurse and absentees. Before the presentation, only 1 participant was right on all issues. The average of correct answers in all questionnaires was 5.8 and the wrong answers were 2.1. After the training, 6 of the participants answered correctly to all the questions. The average of correct answers in all questionnaires was 6.8 and the wrong answers were 1.1. Conclusions: There was an improvement of knowledge in 5 of the questions after the presentation. Although on average the participants had 8 years of experience in that institution, only half had training in the area of health care. The accomplishment of this activity also made it possible to clarify several existing doubts and to improve the health knowledge of the population.
DIFFICULT DIABETES: A CASE REPORT

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AIMS Diabetes mellitus (DM) is a disease with therapeutic optimization sometimes difficult to achieve. There are several causes of poor metabolic control and the family doctor must be aware of the ones that can be corrected. DESCRIPTION Man with 52 years old, lives with wife and son (conflictual conjugal relationship). He is retired (graphic printer, fireman). He has DM and a paranoid personality. He has immoderate alcoholic habits. He maintains regular follow-up in a primary health care unit, with good metabolic control (HbA1c 5.1% in September/2014). In March/2015 he complains about asthenia. Between March and September, metabolic control aggravates despite successive adjustment of insulin therapy, with weight loss and glycosuria (HbA1c 13.8%). There is an increase in alcohol consumption, with trauma in that context. In March/2016, he comes to the health care unit with poor general condition, glycosuria and ketonuria; he is referred to the emergency service and is hospitalized with diagnosis of alcoholic hepatitis and decompensated DM. In April, he returned to the family doctor, maintaining high levels of blood glucose (> 500 mg/dL); the improper insulin delivery technique is evaluated. The patient reaches metabolic control in August/2016 (HbA1c 5.9%). CONCLUSION Questioning patients about adherence to therapy are not enough. It is necessary to evaluate the technique of insulin administration, especially before considering therapeutic intensification or investigation of underlying pathologies. In this case, the unlearning of the correct use of the insulin administration pen may have been related to the increase in ethyl consumption.
RURAL ROTATION IN PUERTO MONTT, CHILE

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The rural area is still one of the most frequent environments where primary care is developed today. The rural doctor must be versatile, know how to manage resources, attend to urgently with scarce means and know how to proceed coherently. In this rotation we are interested in knowing the peculiarities of the rural doctor in a different environment to ours. Puerto Montt is a medium-sized resort located in southern Chile, at the beginning of Patagonia. Puerto Montt is a municipality that has grown in the last 20 years, and in this context several sectors of the population have been isolated geographically. For this reason, a rural health team integrated by multiple professionals was created to bring health to the patients of isolated populations. The rural health team of Puerto Montt conducts a family and community health focus integrated within the Chilean public health system. They work in the form of multidisciplinary teams that have a doctor, dentist, midwife, nurse, nutritionist, kinesiologist, psychologist, social worker, educator, pediatrician and paramedic.

Learning objectives:
- Learn the characteristics of healthcare in the rural environment and the use of the diagnostic and therapeutic means available in the consultation, thus increasing the clinical resolution capacity with less material means.
- Learn to consider uncertainty as an inherent part of the decision-making process in the practice of rural medicine.
- Understand the peculiarities of the family in the rural environment with respect to the urban area and their correlation with different health problems, as well as assessing the subjective experience of the disease.
DEPRESCRIPTION - WAYS AND MEANS OF MANAGING IN PRIMARY CARE

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Abstract text Background: Deprescription is usually defined as an approach to drug discontinuation. Its major aim should be the withdrawal of all prescriptions deemed inadequate, therefore eliminating unwanted, troublesome and/or cost-ineffective medications. Some strategies have been found to decrease the incidence of adverse drug reactions, also improving medication adherence rate, thus reducing patient’s and health care systems’ economic burden. Many tools to minimize medication-related problems are available, but few guideline procedures in Primary Care can be found. Multiple methods to reduce polypharmacy include patient and physician continuing education and regulatory intervention at different levels and should be tried for deprescribing. Aims of the Workshop: 1. Introducing deprescription and its importance in Primary Care; 2. Approaching concepts on therapeutic cascades; 3. Providing evidence overview on how to stop unnecessary/potentially harmful medications and possible surrogates as a means to deprescribe; 4. Providing Family Doctors the resources to help tackle these issues with patients. Methods: Brief theoretical introitus followed by discussion on daily clinical situations and strategies to manage deprescription. Results and Conclusions: Sharing ways and means of initiating and managing deprescription in Primary Care, promoting it within Family Doctors and patients.
EMERGENCY CONTRACEPTION (THE MORNING AFTER PILL)

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Key words: Primary care, emergency contraception, birth control
Aim: To describe the use of the emergency contraception in the urgencies consultations of an urban - rural primary care center. To value the frequency of use of this contraceptive method for the above mentioned center. Background: The center is located to 20 Km from distance of the Regional Hospital. In the insole of the center there are a matron, 3 pediatricians, 10 family doctors and 12 nurses. It realizes programmed attention and relies on an equipment that they realize the spontaneous consultations of the center, in addition it realizes attention continued out of the labor schedule, (21:00 to 8:00 am) and the weekends 24 hours.
Material & method: During 2015 67 doses of emergency contraception were delivered, the month with more administrations was an October with 10 doses followed by March and May with 8 in every month. A mode of 16. Maximum age 46 years and minim 15. During 2016 57 doses were delivered, in February and May 8 requirements in every month, followed of July by 7. The minimal age during 2016 was 15 years and the maxim went of 51. During this time a total of 124 was registered. 42,7 % of the users already had taken the emergency contraception for more than one time. Conclusions: The emergency contraception should not be used as basal method of contraception. The sexual education must begin to early age to avoid abuses of this type of methods. The primary care like door of entry to the sanitary system is the manager to realizing this education.
MANAGING HEADACHE DURING PREGNANCY

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Background and Aim: Headache prevalence is higher in women, peaking at reproductive years, so it can be a cause of obstetric morbidity. The majority of pregnant women with migraine history, detect a decrease in frequency and severity of episodes. Still, some report a worsening of symptoms or migraine de novo. Though unusual, it's essential to consider secondary causes of headache (e.g. pre-eclampsia, subarachnoid hemorrhage, cerebral venous thrombosis). In this period, inadvertent exposure to teratogenic agents can lead to irreversible fetal malformations. When non-pharmacological strategy (e.g. sleep hygiene) is inefficient, the use of medication should be weight and taken account of all benefits and risks. Methods: We searched for meta-analysis, reviews, clinical practice guidelines, clinical trials, randomized controlled trials, observational studies and systematic reviews, published in the last 10 years, in Portuguese or English, through MEDline, Cochrane Library and TripDatabase, using the MeSH terms "pregnancy" and "headache", combined with "treatment" OR "management". Results: Concerning symptomatic treatment, Paracetamol is the safest option in all stages of pregnancy, rated as category B by FDA. NSAIDs can be safely used in 1st and 2nd trimester (Category B) and are contraindicated (CI) after 30th week (Category D). Many studies have showed no increased risk of fetal abnormalities under a limited use of triptans, mainly Sumatriptan. Weak opioids only for sporadic use. Ergot alkaloids are CI. Opt for β-blockers or tricyclic antidepressants to prophylactic care (CI-antiepileptic). Conclusion: Ignoring adequate diagnosis and treatment, could lead to unnecessary risks and suffering. Primary care doctors should be prepared to counsel and manage this condition.
DIABETES DIET AND EATING GUILT FREE: A PRACTICE REPORT

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Aim and background: Diabetes is a chronic disease with severe morbidity outcomes. Its prevalence has been rising over the last years in Europe. In Portugal, it currently affects around 1 million people between 20 and 79 years old. Having a healthy diet is critical for the control of diabetes, but it is common for patients to feel deprived, unaware of how to balance their meals. This may interfere with adherence to nutritional recommendations. We hereby present our experience with a workshop taken place in our Primary Healthcare Center. Description: In order to celebrate World Diabetes Day, we organized a workshop directed to patients with diabetes type 2, who had received an invitation or were present at the health center at the time. The event was divided into two parts: a concise presentation explaining diabetes, its complications and management strategies, with special focus on nutrition, and a culinary workshop where we exemplified how to cook an entire meal (appetizer, soup, main course and dessert), suitable for a person with diabetes. In the end, the participants took the recipes home, based on examples provided by the Portuguese Diabetes Association. Conclusions: A balanced diet is of utmost importance to control diabetes. Regrettably, time family physicians have during appointments is limited to give patients an adequate insight on their disease and make all the appropriate recommendations. This kind of interventions may be a way to address these issues, increasing motivation and adherence to the proposed measures, especially in a underprivileged population like ours, with a lack of educational resources. It also contributes to a better quality and efficiency of care. This event may even be a starting point to structure a work group on healthy eating in the future.
MENINGOENCEPHALITIS TOXOPLASMOTICA-CASE REPORT

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Aim and background: Mental changes, headache, aphasia, weakness on one side of the body can be manifestations of cerebral toxoplasmosis. Presentation of patient with toxoplasmosis. Method: Data for this article have been obtained from the medical records of patients. Presentation of case: 54-year old male patient. In November 2013, he contacted a general practitioner for a 15-day speech impediment. In the physical finding, dysarthria, semiprophy of the left hand and light disorientation were noted. Referred to the neurologist, who at the MSCT examination of brain noted that it was 3 expansive focal changes susceptible to metastatic. Patient was sent to the neurosurgeon and underwent surgery in December 2013. The patient with diagnosis of Plasmocytoma extramedulare based on PH findings was sent to the hematologist for further treatment. The revision of the PH findings was made(august 2014.), which indicated an inflammatory reaction. In addition to the existing eosinophilia, there was a suspicion of parasitic infection and the patient was sent to specialists for infectious diseases. Based on the findings in blood and CSF(IgG AI) was detected meningoencephalitis toxoplasmatica(september 2014.). The patient was treated initially with a Sulfamethoxazole-Trimethoprim and later with combination of Pyrimethamine and Sulfadiazin. Control MSCT without new changes(october 2015.), eosinophils were declining. The patient is now without neurological consequences. Conclusion: Prevention of toxoplasmosis: protect against toxoplasmosis infection by avoiding the consumption of insufficiently processed meat, coming into contact with contaminated material(cat ejection), fruits and vegetables must be monitored before consumption, washing hands.
Developing Module of Rural Health for 3rd Grade Medical Students: Lesson Learnt of Five Year Experience

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Background. Rural community is often marginalised and had less access to health care since few doctors are willing to work in such areas. It is important for Indonesia, as well as the global community, as half of the Indonesian population live in rural areas. Each year more and more people migrated to urban. Access to health care is one concern despite of the economic driven. An elective module about rural health in the medical education was developed where we expected to attract more students working in rural areas for their careers. This study shares lesson learnt of five year experience in running the module. Method. The module was launched in 2011 for the last semester students who fulfilled already their clinical clerkship. This was a 4-week module in which students had to stay in remote Timor Island for two weeks to identify risk of tropical infectious diseases and recommend community’s management based on their observation about culture and habit. Observation and qualitative approach among the students were applied in this study. Result. From 2011-2015 the number of participants in general increased though there was up and down in numbers. Students liked the rural situation which was very different from the hectic Jakarta, as the capital. They also enjoyed the hospitality of the rural Timorese where they found very rare happening in a big city as most of the students were raised. Students learnt about the different social determinant of health that contribute to the disease. However we found less than 10% of the students pursuing specialisation other than community medicine, where they could work for rural health. Conclusion. A module related with rural health is developed to attract students. However less students would chose it for their future.
SCLEROSIS MULTIPLE, IN ORDER TO REALIZE THAT OTHER DISEASES ARE RELATED WITH IT

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Aims Approach of a neurologic disease from Primary Care, where you can figure alarm symptoms out and what to do in its diagnosis and treatment. Description 22 years-old woman, who comes to consultation with a resolved anterior uveitis episode with losing strength in right low member. Personal background: repetition anterior uveitis, myringotomy and smoker. No other personal or familiar background. At examination, everything was normal but modest lack of strength in right low member 4/5. Blood test and urine are demanded but were normal. CT is also requested, which was normal. Internal Medicine is contacted to admit the patient. Brain and cervical magnetic image (MRI) is sought. The inform settles down there are injuries in medular cordon at C2-C6 and in medular cone, in the same way bulomedular region, where is located the biggest one. The treatment given was prednisone 30mg and it got well. Conclusions Sclerosis Multiple is a neurological disease which affects young-adult population specially. The importance of this case is to remember that a good anamnensis and clinical examination from Primary Care is necessary, considering that Multiple Sclerosis has a clinical diagnosis. Although is true that the MRI is needed to confirm the disease, it should not be forgotten that there are many symptoms of other diseases associated to Sclerosis Multiple, like uveitis in this case, that may be the clue to think on this pathology. Also, from Primary Care, once the patient is treated, it can be seen if there are relapses or a stable situation of the disease. It is even more important to take care of the patient paying attention at the process is going through, than see how many regions are affected.
CAN WE PROPERLY APPROACH SARCOPENIA AND FRAILTY SYNDROME IN THE ELDERLY?

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Aims and background: Frailty and sarcopenia are common in the elderly and associated with adverse outcomes in health. A recent systematic review using the European Working Group on Sarcopenia in Older People criteria found that the prevalence in the community was 1-29%, depending on age and geographic area. We aim to review the diagnostic criteria and eventual constrains to screen these conditions in clinical practice. Material and Methods: Search for the MeSH terms “Sarcopenia” and “Frail Elderly” in databases (English and Portuguese languages), in people aged more than 65, in the last 10 years. Results: For the quantification of muscle mass we can perform bioelectric impedance analysis, computed tomography, magnetic resonance imaging, dual energy X-ray absorptiometry and the most accessible and inexpensive that is anthropometry. The Foundation for the National Institutes of Health Biomarkers Consortium Sarcopenia Project recommended two alternative gender-specific measures, the appendicular lean mass (ALM)-to-body mass index ratio and crude ALM. The measurement of muscle strength can be performed by handgrip strength and knee flexion/extension testing. To assess physical performance we can evaluate gait speed, the Short Physical Performance Battery, the 6-min Walk, the Stair Climb Power and the Timed get-up-and-go tests. It is urgent to identify who is at risk and to tailor individual strategies to reduce physical impairment in the complex phenomenon of aging. This requires expertise, specialized equipment, time and team collaboration. Conclusions: As Family Doctors provide preventive care to elderly, the identification of the frailty syndrome and sarcopenia should be important targets for interventions against disability.
HEMOGLOBIN LEPORE SYNDROME: REPORTING A PORTUGUESE CASE STUDY

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Aims: Hemoglobin (Hb) Lepore Syndrome consists in a typically asymptomatic haemoglobinopathy, caused by a rare autosomal recessive genetic mutation (prevalence of 0.28%) in which crossover occurs between Beta and Delta chains, resulting in an Hb with two alpha chains and two alpha-beta. Their three variants share electrophoretic and clinical characteristics with Beta-Thalassemia Minor (Hb 11 to 13 g/dl with microcytosis and hypochromia) and generally do not require specific treatment. Homozygosity is rare and is associated with severe anemia in the first years of life and elevated stroke risk. The main goal of this work is to alert the Family Doctor to the recognition of the disease, based on a reporting of a Portuguese case study. Description: A 7-year-old boy with adequate global development was submitted in November 2016 to an elective surgery for cryptorchidism. The pre-op study revealed an Hb of 11.9 g/dl with microcytosis and hypochromia. After discharge, his Family Doctor ordered a specific study to his anemia which excluded the most common causes of anemia such as feropenia and made clear the necessity of an electrophoresis. The study revealed Hb Lepore and following the diagnosis, her grandmother until then with anemia of unknown cause, was also diagnosed with the same pathology. Conclusions: Although it is a non-frequent hemoglobinopathy, the Family Doctor should be alert in cases of microcytic hypochromic anemia in the absence of iron deficiency, especially in the same family. This case study also highlights the importance of Family Doctor in the first approach to pathology and its favourable position in the management of genetic transmission disorders, using a family assessment instrument such as genogram.
USE OF OXYGEN INHALATION THERAPY IN THE TREATMENT OF ACUTE HEADACHE: WHAT’S THE EVIDENCE?

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Aims: The headache is on the top 10 of the most disabling diseases in Europe, reaching about 90% of the population each year. Due to its high impact (personal and socioeconomic), its adequate control is a priority in Primary Health Care, in which is often discussed the efficacy of Oxygen Therapy as an easy, inexpensive and low-risk method to control pain crisis, under the premise of promoting vasoconstriction. The aim is to review the latest scientific evidence of this treatment on the improvement of patients with headache. Methods: Research of Guidelines, Meta-analyses, Systematic Reviews and Original Studies in the Medline, National Guideline Clearinghouse, NHS Evidence, Canadian Medical Association, The Cochrane Library, DARE, Bandolier and Evidence Based Online Medicine databases in November 1, 2017 using the MeSH terms “Oxygen Inhalation Therapy” and “Headache”. Were included articles in English and Portuguese, published from January 1, 2007 until that day. The Strength of Recommendation Taxonomy (SORT) scale was used. Results: In a total of 33 articles, 6 were used (3 original studies, 1 meta-analysis and 2 guidelines). Two of the original studies conclude symptomatic improvement with the use of oxygen therapy, parallel to what is concluded in the meta-analysis and both guidelines. Conclusions: However the benefit is better established for cluster headache than for other headaches, studies are peremptory in stating that because of their low risk and cost, their use is justifiable despite limited evidence. In summary, and despite some inconsistency in the results, it is considered that there is evidence of his benefit with Strength of Recommendation B and so can be used by general practises to manage this high impact disease.
WHEN ALL BEGINS WITH A HYDROCELE

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Aims: Hydrocele is defined as an accumulation of peritoneal fluid around the testicle, presenting with unilateral or bilateral scrotal edema, acute or chronic. Usually it is painless, although the sensation of weight and pain may appear in masses of greater volume. Hydrocele may be caused by epididymitis, orchitis, trauma, obstruction of lymphatic vessels or even tumors. The main goal of this work is to report a very unusual case study in which, once again, the Family Doctor was essential for the diagnosis, and show to the scientific community a case of an unusual presentation of a common disease. Description: 49 years old man with history of acute myocardial infarction in 2013, dyslipidemia and tobacco habits. He asked for an urgent consult to show a bilateral increase in testicular volume. Family Doctor assumed the diagnosis of hydrocele and requested scrotal ultrasound which confirmed the clinical suspicion and lead to re-direction to a Urologist. While waiting for a schedule, and due to progressive intensification of the symptoms, he returned to his Family Doctor showing signs of peripheral bilateral edema and sclerotic jaundice. An etiological study was started which revealed Chronic Hepatitis C associated with portal hypertension. During the treatment, noticing that his albumin levels started to decrease, the Nephrotic Syndrome installed, pushing the doctors to make a renal biopsy that confirmed Membranous Glomerulonephritis secondary to Hepatitis C virus infection. Discussion: Although this is not a common presentation of Hepatitis C, this case highlights the importance of the holistic approach towards the patient, reinforcing the role of the Family Doctor in the coordination and management of care.
PELVIC CONGESTION SYNDROME: A NEW ANSWER FOR OLD SYMPTOMS

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Aims: Pelvic Congestion Syndrome (or Pelvic Vein Incompetence) is a chronic disease that affects 15% of all women and causes with pelvic varicose veins in association with high estrogen levels, resulting in chronic pain aggravated by standing, sexual intercourse and menstrual period. Although the treatment options are still not totally clear the big challenge is the diagnoses. Alerting the family doctors community for this problem is the main goal, exposing the treatment options that proved to be efficient. Methods: Research of Guidelines, Meta-analyses, Systematic Reviews and Original Studies in the Medline, National Guideline Clearinghouse, NHS Evidence, Canadian Medical Association, The Cochrane Library, DARE, Bandolier and Evidence Based Online Medicine databases in November 1, 2017 using the MeSH terms “Varicose Veins” and “Pelvis”. Were included articles in English, Portuguese and Spanish, published from January 1, 2007 until the day of the research. Results: The syndrome diagnose is based on typical symptoms, complete anamneses and a compatible image (like ultrasound, CT scan or MRI, with transvaginal duplex ultrasound being the Gold Standard). Early treatment options include pain managing using nonsteroidal anti-inflammatory drugs, ovarian function suppression and alternative therapies such as physical therapy. In resilient cases surgery may be needed (80% well-succeeded). Conclusions: With multiple differential diagnosis for Pelvic Congestion Syndrome, its diagnosis in Primary Care isn’t easy and is not rarely neglected. Family doctors should be alert for the problem to provide attempted diagnose and treatment, helping many women improving their life quality.
MYTHS AND FACTS ABOUT VACCINATION AMONGST PORTUGUESE FAMILY DOCTORS

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Aims: Vaccination is of paramount importance to save lives and has permitted to prevent more disease cases than most medical treatments. In Portugal, the National Vaccination Program was created in 1965 and has been under constant updates, to vaccinate a larger number with the most adequate vaccines promoting both individual and group protection. Many myths and misinformation exist amongst the population, especially in parents, who direct their questions to their Family Doctors (FD). The aim of this investigation is to test the FD’s knowledge regarding the most common myths and contraindications (CI) to vaccination. Method: anonymous, self-administered questionnaire with 38 questions of true/false/don’t know answer, applied to a convenience sample of FD, specialists and residents, present at 3 internship meetings. The surveys were distributed in person and the data analysed using Excel 2016. Results: There were included 78 questionnaires. The sample was mostly composed by female doctors (65.38%), the mean age of 32.3 years old. The majority were Trainees (73.08%). A total of 1.21% answers were not responded to. In 7.42% of questions they did not know the answer and 11.27% of answers were wrong. Therefore, 80.09% of answers were correct. The 3 affirmations with the highest percentage of wrong answers were: Egg allergy isn’t CI to the yellow fever vaccine; The combined vaccine against diphtheria, tetanus, pertussis and poliomyelitis can cause Sudden Infant Death Syndrome; It is CI to vaccination the coadministration of allergen-specific immunotherapy. The 3 affirmations with the highest percentage of wrong answer were: After a non-severe hypersensibility reaction, a new dose can be administered in a primary care facility; Vaccines have side effects that can, in some cases even kill; Low birth weight (<2000g) is a CI to the administration of the hepatitis B and Bacillus Calmette-Guérin vaccines. Conclusions: The overall knowledge regarding vaccination is satisfactory, with 80.09% of correct answers. Unfortunately, some misinformation still exists amongst FD, some of which very serious, like not being able to refuse that a specific vaccine can be related to an increase in Sudden Infant Death Syndrome. In order to keep overall vaccination rates high, training regarding the latest updates, doubts and how to answer them should be given to FD.
SUPERIORITY OF PAROMOMYCIN OVER METRONIDAZOLE IN DIENTAMOEBA FRAGILIS TREATMENT

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Background: Dientamoeba fragilis is a pathogenic intestinal protozoa with a global distribution and high prevalence in various European countries. A few small samples size studies have analysed the effectiveness of the different therapeutic options. The aim of this study is to evaluate therapeutic response to antiparasitic drugs and to assess associated factors of persistent post-treatment D.fragilis infection Material and Methods: A retrospective cross-sectional descriptive study was carried out in the area of Vallés Occidental (Barcelona, Spain) during the 2013-2015 period. Patients with a positive D. fragilis microscopic examination of three centrifuged SAF-fixed stool samples and with a control in the next 3 months were included. Association between persistent D. fragilis infection and independent variables (socio-demographic, parasite coinfection and treatment regimen) was studied using multivariate logistic regression analysis Results: D. fragilis infection was identified in 1155 (8.3%) of 13983 stool samples analyzed. Sixty-four percent (739/1155) had a post-treatment control in the next 3 months. Fifty-three percent (397/739) of these cases were patients less than 15 years old. Blastocystis hominis coinfection was found in 33.6% (248/739). Eradication rate of paromomycin in adults was of 82.7% (105/127) resulting superior to metronidazole eradication rate 66% (316/479) (p<0.001). Association of mebendazole with paromomycin or metronidazole did not improve treatment outcome. However, this superiority was not observed in children under 5 years of age. No association was observed between D. fragilis persistence and age, sex or parasite coinfection Conclusion: Our results suggest paromomycin as a first-line treatment of D. fragilis infection in patients over 5 years old
DO WE STILL USE CALCITONIN?

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Aims: Calcitonin is a drug that was frequently used in the past to treat osteoporosis, as it inhibits bone resorption and is also a moderate analgesic. There is evidence it helps prevent fractures of the vertebrae. This study analyses the current use of calcitonin in a region of Spain. Methods: An analysis was carried out of all the dispensing of this medicine in Cantabria (population of 581,769 inhabitants) over 2016, evaluating the final repercussions on expense and total number of prescriptions, and the characteristics of the patients who were prescribed this medicine. The pharmaceutical consumption was calculated using the spending, the total number of prescriptions, the daily dosage defined for each 1000 inhabitants/month (MDI), and this allowed us to compare consumption between different areas. Results: Calcitonin equaled 0.017% of the total spending of this medical group, and 0.001% of the total number of prescriptions written, thus occupying the 982nd position on the chart of total pharmaceutical spending. The daily dosage defined for each 1000 inhabitants/month (DIM) equals 0.01. 12 patients are prescribed this medicine, with an average age of 62.8±15.4, 75% of whom are female. 91.7% received the prescription from the orthopaedic department, and 8.3% from primary medical care. The main reason was due to fractures to the radius (41.7%), followed by vertebral fractures (16.7%), tendon injuries in the hand (16.7%), and fractures to the fibula (8.3%). 58.3% were associated with Sudeck’s atrophy. Conclusions: The use of calcitonin is very rare, and is used mainly for fractures associated with Sudeck’s atrophy; none for osteoporosis. The typical patient profile is a 62 year-old female. It is mainly the orthopaedic department who prescribe this treatment.
EVALUATION AND CONTINUOUS QUALITY IMPROVEMENT OF THE REGISTRY OF RETINOPATHY IN PATIENTS WITH DIABETES

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Purpose: The result of the annual assessment of retinopathy in patients with diabetes mellitus should be recorded in the clinical trial. Aim: To evaluate and improve the quality of records related to the screening for diabetic retinopathy. Methods: All patients diagnosed with non-insulin-dependent diabetes (T98) from one family doctor list were retrospectively analysed; period of time: 1st evaluation: Jan2017 (year 2016), 2nd evaluation: Nov2017 (year 2017). Evaluation criteria: (a) all users must have at least one annual registry for the evaluation of diabetic retinopathy at the appropriate site; b) exception to the criterion: none; Intervention: educational; Corrective measures: Analysis and interpretation of results; strengthening the importance of DR screening records; participation in clinical meeting "Medical Forum for a Multidisciplinary Vision of Diabetic Retinopathy" with presentation and discussion of the results. Timeline: Dec2016: Detection of the problem, realization and presentation of the protocol of quality; Jan2017: Collection and analysis of data, presentation of results; Feb-Nov2017: Intervention; Nov2017: Reassessment, analysis of data and presentation of results. Results: In the first evaluation, 92 users were included and of these, 33.7% met the established criteria. A total of 103 users were included in the re-evaluation, of which 52.4% met the criterion, with an 18.7 percentage points increase in compliance rate, which was statistically significant. Conclusions: The intervention led to increased registrations. As limitations: the inclusion of only one clinical file and the absence of an organized screening on the region. Future reassessments are suggested, covering all other clinical files and by reorganizing the screening for diabetic retinopathy.
USE OF GLP-1 AGONISTS IN DIABETES

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Aims: Diabetes is the illness that consumes the highest amount of spending on pharmaceutical resources; 1,764,197,587 euros, and Glucagon-like peptide 1 analogues are being used more and more. This study analyses all the prescriptions for GLP-1 agonists written in one region of Spain over the course of a year. Methods: The analysis of all the prescriptions for GLP-1 agonists distributed over 2016 in Cantabria (581,769 inhabitants), evaluating the final repercussions on spending. Exenatide, Liraglutide, Lixisenatide, Albiglutide, and Dulaglutide were analysed. The pharmaceutical consumption was calculated using the spending, the total number of prescriptions, the daily dosage defined for each 1000 inhabitants/month (MDI), and this allowed us to compare consumption between different areas. Results: GLP-1 agonists equal 10.48% of total spending, amounting to 1,849,148.39 euros, and comprise 2.7% of the total number of prescriptions for diabetes. In order, by cost, was Liraglutide (4.49% and 1.6% of the prescriptions), Exenatide (2.67% and 0.67% of the prescriptions), Dulaglutide (1.54% and 0.36% of the prescriptions), Lixisenatide (1.29% and 0.38% of the prescriptions), and Albiglutide (0.47% and 0.13% of the prescriptions). The dosage/1000 inhabitants/month for Liraglutide is 8.21, and for Exenatide, 0.26, for Dulaglutide, it is 9.01, for Lixisenatide it is 1.03, and for Albiglutide it is 2.32. Conclusions: The GLP-1 agonists are medicines that are used more and more to treat diabetic patients, making up almost 10% of the total pharmaceutical spending on diabetes. Liraglutide (792,209.44 euros) and Exenatide (472,388.85 euros) are the ones that are used the most, in 54th and 94th position in the total pharmaceutical spending.
ACUTE GOUTY ARTHRITIS – A CASE REPORT

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Introduction: Uric gout is a painful and incapacitating disease, with an estimated prevalence of around 1.6% in Portugal, being more prevalent in men. It can manifest itself in an acute form, with sudden self-limited arthritis crisis, or chronically, resulting in the deposition of crystal aggregates inside and around the joints with progressive joint destruction. Case Summary: 80-year-old male, caucasian, married. With prior diagnosis of bilateral hip osteoarthritis; Obesity (BMI 30.1); Dyslipidemia; Hyperuricemia (Uric Acid: 11.2 mg/dL in 2016; 9mg/dL in 04/05/17; 7.7mg/dL in 25/05/17); Hepatic steatosis; Spine degenerative changes; Stage 3 chronic renal insufficiency (GFR 32.7); Benign Prostatic Hypertrophy and left ventricular hypertrophy. Regular medication: Pernixol; Tamsulosina 0,4mg; Adalat; Alopurinol 300mg; Enalapril+Lercanidipina 10+10; Zolpidem, 10mg; Venlafaxina, 75 mg; Fenofibato 267 mg. During an appointment on October 4th 2017, the patient complains about edema and joint pain in the right hand and foot, having started 3 days before. No prior trauma. Upon observation, positive Godel sign on the right inferior limb; tibiotarsal blush and heat; pain and edema in the proximal interphalangeal and metacarpophalangeal joints of the 2nd and 3rd fingers of the right hand. The patient was prescribed with Indocid 12/12h for 5 days, and Tramadol+Paracetamol 75+650 SOS. Discussion: Uric gout is an underrated disease due to the short duration and low cadence of its arthritis crisis in a primordial stage. If the hyperuricemia is not corrected, it can incapacitate in the long term. It is then important that the family doctor be familiarized with this disease, prescribe proper treatment and control the risk factors, thus contributing to prevent the pathology from progressing.
ENDOCRINE HYPERTENSION - A CLINICAL CASE OF CONN’s SYNDROME

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Aims: Arterial hypertension (HT) is a medical condition affecting 26.9% of the Portuguese population but only 5-10% have secondary causes. Certain phenotypical traits of the patient and clinical features of the disease, such as young age and treatment-resistant HT, should alert the clinician to secondary causes, such as primary hyperaldosteronism (PA). The main manifestations are arterial hypertension and symptomatic hypokalaemia, caused by increased production of aldosterone. Description: We present the case of a 33-year-old female with smoking habits, past history of recurrent pyelonephritis and HT (diagnosis at 32 years old and insufficiently controlled with an association of old and not adequately controlled with an ACE inhibitor and a diuretic). Further investigation showed only a 29mm nodule in the left adrenal gland; all other exams were normal. Based on the diagnostic hypothesis of endocrine HT, the patient was referred to an endocrinology consultation. Later investigation showed hypokalemia and increased RAR that was symptomatic, and confirmed the hypothesis of Conn’s Syndrome. The patient underwent left adrenalectomy through retroperitoneoscopy, with normalization of blood pressure and electrolytes in the immediate postoperative period. Conclusions: Due to the high cardiovascular risk of patients with secondary HT and the rapidly progressive end organ damage it’s essential early intervention to prevent long-term complications. Thus, this case shows the importance of an high clinical suspicion regarding certain characteristics of patients presentation with HT, specifically due to the potential curative treatment of this subtype of AH.
THE PREVALENCE OF CARDIOVASCULAR DISEASE IS ELEVATED IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

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Objectives To evaluate the prevalence of cardiovascular disease (CVD) in patients with type 2 diabetes mellitus from a rural primary care area. Methods Cross-sectional study that included patients with type 2 diabetes from a rural primary care area. Data was collected from October 2014 to September 2017. CVD was defined as previous stroke or coronary heart disease. In addition, the following cardiovascular risk factors were studied: age, sex, hypertension, smoking and obesity (defined by a body mass index≥30 kg/m2). Statistical analysis was performed with SPSS v 15.0 for Windows. Results are given as mean ± SD or with percentages. Results 124 patients with type 2 diabetes mellitus were included in this cross-sectional study. Mean age was 69.0 ± 11.6 years, 61.3% of subjects were males. 14.5% of patients presented coronary heart disease and 9.7% had a previous stroke; thus CVD was found in 24.2% of the patients. Regarding the prevalence of cardiovascular risk factors, smoking was present in 11.3% of patients, 75.8% of patients were hypertensive, 50.8% had dyslipidemia and 36.3% were obese. Conclusions The majority of patients with type 2 diabetes mellitus followed in a rural primary care area present an elevated prevalence of cardiovascular risk factors (obesity, hypertension and dyslipidemia). The prevalence of established cardiovascular disease in this specific population is also significant, especially regarding coronary heart disease.
ANTIHYPERTENSIVE TREATMENT IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

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Objectives To evaluate the prevalence of hypertension in patients with type 2 diabetes mellitus and to analyze patient’s clinical profile, the degree of blood pressure control and the associated antihypertensive treatment. Methods Cross-sectional study that includes patients with type 2 diabetes mellitus in primary care. Statistical analysis was performed with SPSS v 15.0 for Windows. Results are given as mean ± SD or with percentages. Results: 124 patients with type 2 diabetes mellitus were evaluated. 75.8% had a diagnosis of hypertension. Mean age was 69.3 ± 11.6 years (61.3 % males). Systolic blood pressure was 128 ± 12.5 mmHg and diastolic blood pressure was 73 ± 8.5 mmHg. 80% of patients achieved a target blood pressure <140/90 mmHg. Of those patients with a hypertension diagnosis, 100% were under antihypertensive treatment: ACEIs 33.1%, ARBs 33.1%, diuretics 45.2% and calcium channel blockers 23.4%. Mean number of hypotensives were 1.7 (monotherapy 36 %, dual therapy 30%, triple therapy triple 26%, other combinations 8%). Mean HbA1c was 6.9 ± 1.0%, achieving a good metabolic control (defined by HbA1c <7%) 59% of patients. Conclusions Patients with type 2 diabetes mellitus have an elevated prevalence of hypertension, mostly well-controlled. In these patients, for the management of hypertension, at least two different antihypertensives were used, being the most used drug the inhibitors of the renin-angiotensin system.
PRESENCE OF MICROALBUMINURIA IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

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Background: Type 2 diabetes mellitus (T2DM) is a prevalent chronic condition that affects approximately 15% of subjects. Several microvascular complications are associated with 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 patients with T2DM. Methods: Cross-sectional study including patients with T2DM followed in a primary care setting. Data about age, sex, body mass index (BMI), hypertension, antihypertensive drugs, systolic blood pressure (SBP), diastolic blood pressure (DBP), HbA1c, associated antidiabetic treatment, lipid profile 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: 21.1% of patients with T2DM had microalbuminuria. Patients with microalbuminuria, in comparison with those patients without microalbuminuria, were older (mean age 75.4 years vs 67.9 years, p<0.01), and were receiving more hypotenstives drugs (1.59 vs 2.17, p= 0.039), although they were not more frequently diagnosed of hypertension In addition, no differences were found regarding BMI, SBP/DBP, HbA1c, associated antidiabetic treatment, or LDL, HDL and triglycerides concentrations. Conclusions: Microalbuminuria is not an uncommon finding in T2DM. Factors associated to microalbuminuria are older age and a higher use of antihypertensive drugs.
CLINICAL CHARACTERISTICS AND ASSOCIATED ANTIDIABETIC TREATMENT OF TYPE 2 DIABETIC PATIENTS IN A RURAL AREA.

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Objectives To evaluate the clinical characteristics of patients with type 2 diabetes mellitus (T2DM) followed in a rural area and to analyze associated treatment. Methods Cross-sectional study including patients with T2DM followed in a rural area. Data about age, sex, body mass index (BMI), associated antidiabetic treatment and glycated hemoglobin (HbA1c) was collected. Statistical analysis was performed with SPSS 15.0, for Windows. Results are expressed as mean ± SD. Results 124 patients were included in this study. Mean duration of T2DM was 6.2 ± 4.8 years, mean age was 69.0 ± 11.6 years (61.3% males). Mean weight was 79.6 ± 15 kg and mean BMI was 31.0 ± 5.4 kg/m². All patients were under antidiabetic treatment: oral antidiabetic drugs alone 75.8%, oral antidiabetic drugs + insulin 19.4%, insulin alone 4.8%. Mean number of oral antidiabetic drugs was 1.33 ± 0.7 (monotherapy 66.9%, dual therapy 25.4%, triple therapy 7.6%). Most frequently used drugs were metformin (83.1%), DPP-4 inhibitors (26.6%) and sulfonylureas (18.5%). Regarding insulin therapy, the most used regimen was basal insulin + rapid-acting insulin (41.4%), together with basal insulin alone (41.4%) or premix insulin (17.2%). Mean insulin dose was 59.7 ± 33.3 IU. Mean Hba1c was 6.9 ± 1.5. 59% of patients presented adequate metabolic control (defined by HbA1c <7%). Conclusions Most patients with T2DM have an elevated age, are obese and are mostly men. These patients are predominantly treated with oral antidiabetic drugs (metformin mainly). The metabolic control that show these patients may be considered adequate, achieving almost 60% of patients HbA1c <7%.
EFFECT OF THE STRUCTURED HOME BLOOD PRESSURE MEASURING EDUCATION PROGRAM ON THE MEASUREMENTS OF THE BLOOD PRESSURE

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Aim: Home blood pressure monitoring is recommended in recent ESC and ESH guidelines. The aim of this study is to investigate the effect of the structured home blood pressure measuring education program on measurements of the blood pressure, given to hypertensive patients. Method: This is an interventional study. A questionnaire was applied face to face to the participants who have a home blood pressure device and were invited to follow up and make 5-7 days blood pressure measurements at home in the way as they always do, without any changes in the medication they use; and were asked to bring their devices to the second visit. At second visit, participants had brought their home blood pressure measurement follow up, we wanted to the participants to measure their blood pressure by their own devices; while the researcher observed the measurement with a checklist, then measured the participants blood pressure by a mercury calibrated sphygmomanometer and gave information about the participants’ devices, gave the patient a structured face to face education about true home blood pressure measurement technics. Patients were asked to do the 5-7 days blood pressure measurements without any intervention of treatment and were asked them to bring their own devices to the third visit. At third visit the researcher made the measurement again. Measurements were compared before and after education. Results: None of the participants’ devices were calibrated and 16 (%29,6) of the devices were not on the recommended devices list. After the education; patients’ office measurements made by their own devices decreased from 138±15.6/80±11.5 to 129±11/73±8.9 and their 5-7 days home measurements decreased from 130±12.6/76±9.5 to 124±12/72±8.4 and they are statistically significant (p<0.01). After the education; the checklist score, contains patients’ measurements evaluation, was increased then 5.3±1.39 to 9.9±0.23 and it is statistically significant too (p<0.01). Conclusions: The education about affected the measurements of patients, patients became more knowledgeable about blood pressure measurement, with true measurements unnecessary drug use can be prevented.
INSPIRING THE YOUNG TO BECOME FAMILY MEDICINE DOCTORS: A TOOL WHICH TRIANGULATES PASSION, SKILL AND NEED

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Aim A reflective recruitment tool to guide career choice from school children to junior doctors, highlighting the value of family medicine (FM). Description FM Recruitment is a major issue globally. A UK report shows that medical students do not know what FM is. Work suggests schools offer fertile ground to address this to attract pupils with aptitudes for FM. Self-reflection is key to career decisions. Although challenging, school children can confidently discuss their skills and weaknesses. More can be done here to promote FM. Participants will have the opportunity to explore improving FM recruitment. Navigating career choices is difficult. We offer a tool to promote FM and support decisions at individual, school and university level; even beyond. The workshop is interactive. A pre-guided reflective process will discuss careers, exploring individual and institutional needs. The tool will be presented. It conceptualises a triangulation point which bases career satisfaction on one’s passion, having the skills, and contributing to unmet societal need. Participants use the tool to explore their individual views and how the diversity of FM meets the 3 points. We conclude by agreeing how the tool can be used across Europe to (i) identify and guide school students with aptitudes for FM (ii) mentor medical students and junior doctors to combat negativity to FM in the hidden curriculum (iii) revitalise individuals. Conclusion We have been slow to address the FM recruitment and retention crisis. It is time to act. The challenge is where to start. The tool is easy to use and adaptable to all audiences. It could help develop a passionate, reflective and adaptable workforce for future FM.
ADHERENCE TO MEDICATION IN TYPE 2 DIABETES MELLITUS PATIENTS: A CROSS-SECTIONAL STUDY

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Background: Type 2 Diabetes Mellitus carries an enormous burden for the patients, their families and the overall health care system. Despite the impressive progress in the treatment of diabetes in the last years, the health outcomes remain below our expectations. Poor adherence is one of the obstacles in therapeutic control of diabetes. Aim: The aim of our study is to evaluate the medication adherence in patients with type 2 Diabetes Mellitus and to assess its impact on the clinical outcomes. Methods: We conducted a cross-sectional study involving patients with type 2 Diabetes Mellitus from a Primary Care Setting in Porto, Portugal. A convenience sample of patients, regularly attended this setting, answered anonymously a survey delivered by their family physician. Adherence was assessed by Treatment Adherence Measure questionnaire. Other evaluated variables were demographic and psychosocial factors and clinical outcomes (weight, height, glycated haemoglobin and blood pressure). Results: Eighty-five patients completed the study (54.1% of females) with a mean age of 61.3 years (± 13.8 years). The proportion of patients presenting good adherence to medications was 62.3% (CI95%: 51.8-72.9%). Lowest adherence is more common in depressive patients (p=0.004), living alone (p=0.009), or without marital partner (p=0.039), and it’s associated with higher hemoglobin glycosylated levels (p=0.004). Conclusions: The adherence to medication is a significant problem in diabetic population, leading to lower glycemic control rates. We identified several determinants associated with poor adherence, allowing specific intervention in primary care, both in patients’ education and in therapeutic approach, able to improve health outcomes in these patients.
LONELINESS IN THE ELDERLY: A CROSS-SECTIONAL STUDY IN AN URBAN REGION OF PORTUGAL

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Background: Loneliness is a subjective, complex and multi-dimensional feeling, with impact on mental health, determined by intrinsic factors, as personality or loss of autonomy, and by extrinsic factors, as poor social networks and affective pattern deficits. Aim: to evaluate the prevalence of loneliness in patients of a Family Medicine Practice, prospecting its relation with sociodemographic factors, family function and polymedication. Methods: We conducted a cross-sectional study, in a sample of elders (65+ years old) living in an urban city of North of Portugal. We applied a self-administered questionnaire including the University of California in Los Angeles Loneliness Scale, measuring loneliness, the Family APGAR scale, and socio-demographic characterization. The number of chronic consumed drugs was collected from the clinical file. Results: The prevalence of moderate to severe loneliness was 36.0% (CI95%:28.3-44.2%). Loneliness perception increased with age, regardless of the gender, and with the presence of family dysfunction (OR=2491.0; p<0.001), the dissatisfaction with income (OR= 96.6; p<0.001) and living alone (OR=19.6; p<0.001). On the other hand, being married or living with a partner, and maintaining a professional activity were protective factors. The perception of loneliness was associated to polymedication, with higher levels of loneliness matching with a higher prevalence of polymedication (p<0.001). Conclusion: Loneliness is common in elderly population, with association to low income and family dysfunction. Our results may contribute to define new ways of leading with this problem, which reflects directly in health consumption as measured by polymedication. Thus, prevention of loneliness assumes as a health priority in this population.
EARLY DETECT DEMENTIA FOR EARLY PALLIATIVE INTERVENTION - ATTENTION CONTROL DEFICIT AS A DIFFERENTIAL PREDICTOR

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Aim Palliative care has been proved to be beneficial in dementia through holistic approach with better symptoms control and overall quality of life (Evers MM, 2002). Early palliative intervention could provide a broader continuous care in the community. However, it is a tough task of early detection of dementia, to differentiate dementia from normal aging. Attention is an important cognitive function for the formation of memory. Early stage Alzheimer's disease (AD) is accompanied by reduced number of neurons in forebrain and medial-temporal lobes, which are also related to attention and memory function. The Attention Network Test (ANT) is designed to evaluate alerting, orienting, and executive attention within a single 30-min testing session. According to prior studies, variations of the flanker task (developed by Eriksen and Eriksen, 1974) involving cognitive conflict and could discriminate AD and non-AD. Thus performance variability in the reaction time maybe a good predictor for cognitive decline. This study is aimed to evaluate the reliability of attention control deficit as a predictor for early dementia. Based on that early palliative care for dementia could be more feasible. Method The performance of flanker task and Clinical Dementia Rating (CDR) was observed twice with an interval of one year. Intra-individual variability in an attention control task of reaction time is measured. The strength of association was determined based on the Pearson correlation coefficient. Result Totally, 87 subjects were included (28 normal aging, 33 mild cognitive impairment, and 26 mild AD) with equivalent age, sex, education. Neutral stimulus mean reaction time variability has significant correlation with CDR one year later (r=0.499, p<0.001). The result provided a reliable estimate for individual subjects, and the subjects' efficiency within each task was correlated. Conclusion Attention control deficit could be a reliable predictor to differentiate advancing stages of AD. Intra-individual variability in reaction time is more sensitive than the mean in reaction time in predicting cognitive decline. Furthermore, attention control instability could predict normal aging converting to MCI. These findings are helpful for early detection of AD, therefore early palliative care intervention.
COMPOUND DOCUMENTARY FILM FOR BEREAVEMENT CARE IN HOSPICE

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Aim: End-of-life care and bereavement care are core issues of palliative care. How to alleviate acute emotional distress and long term grief of the bereaved family members is challenging. There are many different types of bereavement care activities in palliative care. Among them, images play an important media, during watching, that creates innovative perception of the past and in turn promotes healing power. In this study, we use memory-creating programs as method of collecting data, to explore how image recording could apply in palliative practices. Method: Under patient's or family's agreement, we collect films, photos, mementos, and letters. Meanwhile, we started interview and record patient's daily activities. Then compound documentary films, memorial films, were produced. Based on those materials, life review and narratives were integrated. Our team watched the films with the bereaved family to recall lives of their beloved ones. Result: In this study we found that, life review witness patient's splendid moments and outline their life stories. Through images, the bereaved family re-exam their shared lives and transform them into new attitude toward life and death; underwent grief journeys, the films help the bereaved family express their yearnings, and in turn gave the film meanings and establish connections between family and their beloved ones. Through this process, the bereaved family was finally healed. Conclusion: Continuous care and accompany by palliative team provided healing power. Utilizing compound documentary film, the disruption due to death was reconnected. Furthermore, grief of loss were healed and transformed into new connection and hope.
THE IMPORTANCE OF THE EMERGENCY SERVICE IN THE RURAL AREAS- A CASE REPORT

Bojana Jovanović

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Aim: Point out the importance of emergency service in rural areas away from Emergency Center. Background: Shock is a state of inadequate general tissue perfusion and a reduced inflow of oxygen to the tissues compared to needs. Treatment of a patient in a state of shock must be rapid, as each delay leads to its further progression, and is in direct correlation with mortality. Description: The general practitioner in the primary care ambulance in Umka, a rural area in Belgrade, receives a call due to injury of a man while cutting the wood 5 km from the ambulance. The patient, aged 57, lay on the ground, with a traumatic décollement in the length of 20 cm in the left tibia, followed by plentiful bleeding. The patient was somnolent, with cold-sweated skin, tachypnoea, tachycardia, hypotensive. The doctor called for an ambulance, conducted hemostatic methods, ordinated oxygenogen and commenced rapid parenteral compensation of intravascular volume by crystalloid solutions. The patient with stable vital parameters was transported to the Emergency Center. Conclusions: In rural areas that are away from the nearest emergency medical service point, the existence of improvising emergency service at the nearest primary health center, where the general practitioner, if necessary, can go out and provide medical assistance, has an important role, especially in cases where the timing of medical assistance is closely linked to survival. This is a way of providing the approximately equal conditions to people who live in rural areas, and which does not significantly affect the quality of health care in the primary health care institution itself if patients with a stable state of health wait for the doctor who goes out to provide assistance first to those who are in danger of life.
THE PLANNING OF END OF LIFE CARE IN PATIENTS WITH CHRONIC HEALTH CONDITIONS BELONGING TO A PRIMARY CARE CENTRE: “THE RECORD OF WHAT HAS BEEN SAID”.

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Aim: To know the existence of recorded information about the communication with health professionals, family and end-of-life preferences of patients with chronic health conditions (PCHC) belonging to a Primary Care Center. Methods: Cross-sectional, observational, descriptive study that includes 91 patients with chronic health conditions belonging to our Primary Care Center (November 2016). Inclusion criteria: PCHC defined as a patient with functional deterioration or poor socio-family situation, with more than 2 pathologies of the Charlson comorbidity Index and more than two hospital admissions in the previous year. Variables analyzed by reviewing the OMI-AP / Selene medical record: age, sex, living alone or accompanied, Charlson Index, Barthel and Pfeiffer Scale. Variables on communication: self-perceived quality (SPQ), health care satisfaction (HCS), communication with health professionals (CHP) with family (CF), end-of-life preferences (ELP), knowledge about advanced health care directive (KAHCD), knowledge about prognosis (KP). Measurements: Kappa index (IK), frequencies and compliance index or record of the described variables. Results: Interobserver concordance (IK: 0.40-1.00) between moderate and very good. Average age 78.4 ± 10.2 years, 49.5% women. Coexistence: Living with family 64.6%; with caregiver 21.5%; alone 13.8%. Charlson Index > 4 points: 15.4%; 3-4 points: 48.4%; 2 points: 34.1%. Pfeiffer severe 37.4%, mild-moderate 8.8% and absent 3.3%. Barthel: total dependence 2.2%, severe 4.4%, moderate 9.9% and mild 35.2%. Compliance index or variables record: 38.5% recorded about communication with health professionals (CHP), and 17.6% about communication with family (CF). In 4 of the variables, the record was <5% (SPQ 4.4%, HCS 1.1%, ELP 3.3%, KP 4.4%). None of our patients showed record of information about the advanced health care directive, (KAHCD 0%). Conclusions: The recording of socio-health communication and preferences at the end of the patient's life is scarce, despite this clinical information being relevant. - Failure to include this information in the clinical notes is a limitation of the study, being an opportunity for improvement. - We will focus future improvement measures, promoting communication strategies for the holistic approach to the patient at the end of life.
IN VolVING PAtIENTS IN IMPROVING THE ORGANISATION OF PRIMARY HEALTH CARE SERVICES.

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Description Collecting patient experiences is considered to be essential in planning and improving medical care and practice organization. Commonly, feedback from patients is collected using a quantitative approach by means of questionnaires. Although questionnaires are easy to distribute to large numbers of patients and enable us in getting a rapid overview of general opinions, they often lack specific information on reasons (e.g. for low scores) and on specific views and preferences (e.g. for change). Also qualitative options for consulting patients by means of dialogues are available and could offer the opportunity to get deeper insight in patient views compared to quantitative methods. This workshop starts with an introductory lecture on common options for qualitative feedback, their (dis)advantages and complementary tools that can be used. In small groups the planning of a qualitative approach for collecting patient feedback in your own practise will be discussed. Finally, the planning of a qualitative approach and the use of the tools will be evaluated. Aims To introduce GPs to a qualitative approach (using dialogue) for collecting patient feedback in primary health care, to demonstrate the additional value of this approach and to show it's feasible. 1.Providing defined pieces of information about collecting patient experiences by dialogue and tools for planning the qualitative consultation of patients. 2.Providing the opportunity to practise the planning of a qualitative approach and a possibility to incorporate one's own ideas. 3.Providing a platform for discussing the feasibility of collecting patient feedback and suggestions on supplementary tools. Conclusions Qualitative collecting of patient experiences using dialogue can be useful and is feasible.
EFFECTS OF A SHORT-TERM RATIONAL PHARMACOTHERAPY COURSE ON THE KNOWLEDGE OF PRIMARY CARE PHYSICIANS

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Aim: Minimizing the costs of prescribed drugs is an essential component of the rational use of medicines. The practice of costly-prescribing represents an example for each of a cause and a consequence of irrational use of medicines. This study aimed to assess the effect of a short course of rational pharmacotherapy on the knowledge of high-performing primary care physicians [PCPs]. Methods: We randomly recruited 72 PCPs who had a mean of >3-fold higher prescribing performance compared to that of an average PCP in Turkey during the year of 2016. These high-performing PCPs received a two-day RP course that covered RP’s principle concepts featured with acute (sinusitis) and chronic (essential hypertension) indications, where each of these were assessed by pre-test and post-test. Results: Overall test score showed a 95% increment compared to the baseline (p<.0001). For principle RP concepts subdomain, the score significantly raised from 18.4 ± 7.3 to 47.2 ± 5.3 (p<.0001). Hypertension knowledge of the participants also revealed a significant 25% increase at the post-test (p<.0001). Sinusitis knowledge score of the participants increased to its 2.5-fold from 7.2 ± 5.6 to 17.8 ± 4.6 (p<.0001). While no physician could define "summary of product characteristics" at the pre-test, 93.1% gave the right answer at the post-test. Conclusion: Preliminary results of our study shows that this short course of the RP training nearly doubles the knowledge of the participating PCPs, especially for basic principle and sinusitis subdomains. Though intermediate- and long-term outcomes are not achieved yet, current short-term findings suggest promising results of this RP training to increase dissemination of RUD among PCPs.
COLORECTAL CANCER IN PRIMARY HEALTH CARE

Bojana Jovanovic1

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Background and aim: The colorectal cancer is the second most common malignancy in older males in Serbia. The number of patients is constantly increasing. Early diagnosis greatly influences on survival and significantly reduces the cost of treatment for these patients. Material and method: Case report. A 69-years old male came to the general practitioner because of a pain in his throat and fever. On examination was found pharyngitis, but the laboratory analysis showed in addition to the presence of a bacterial infection, a severe anemia. A patient denied the existence of any type of bleeding in the near future, and eight months earlier his blood analysis were in normal range. He was sent to do the Fecal Occult Bleeding Test (FOBT) which was positive. On colonoscopy was found tumor 1x2 cm in ascending colon. He was operated and histopathological findings showed adenocarcinoma, without signs of metastasis. Conclusion: Increase of patients suffering from carcinoma of the colon and the presence of non-invasive low-cost screening method (FOBT) obliges the physician to devote more attention to timely detection of the disease, especially among the seemingly healthy populations older than 50 years. Encouraging healthy patients to regular basic laboratory analyzes of blood image and performing FOBT, as well as education on changing nutrition and lifestyle bad habits, represent the duty of every general practitioner in the fight against colorectal cancer.
BREASFEEDING AND MASTITIS

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Aim: To indicate the importance of training women in the lactation period. Regular breast emptying is the only way to prevent mastitis. Education is very important to overcome the misconceptions that exist among young women which are the result of insufficient information and often, the wrong advice from the closest ones. Method: We examined and interviewed 9 women in the period of lactation who had mastitis more than once. Results: Repeated episode of mastitis is more likely to occur in mothers of children older than 6 months. Often they don’t empty breasts after breastfeeding because they feel that there is no need since the baby is large enough. They do not adhere to the principle that each successive breastfeed should be on the other breast. Most mothers breastfed babies on request which is often on every hour or two. They don’t treat wounds on nipples and areola. They do not change their habits after mastitis. They think it would be easier to stop the lactation than to introduce habits that will prevent new mastitis. Conclusions: The general view is that breastfeeding is the absolute best way to feed the infant. Mothers are generally referred to this attitude, but often from ignorance, their actions endanger this process. Education on the principles of successful breastfeeding should start at the maternity clinics. The role of general practitioner is not just in treating mastitis, but also in preventing new episodes through identifying and correcting the bad habits of young mothers in the breastfeeding process that potentially endanger their and their baby’s health.
EARLY PERIODIC SCREENING AND DIAGNOSIS PROGRAM OF CERVICAL CANCER IN OUR HEALTH CENTER

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Introduction: Early periodic screening and diagnosis program of cervical cancer is accepted in our health system, so early precancerous lesions are captured. Matter and methods: Analysis of all cytologies performed in our health center in "El Rincón de la Victoria", Málaga (Spain) from 2010 to 2015. We recorded age, pathological smears, infection, cellular alterations, reparative phenomena and aspect of cytology. We used the statistical program R. Results: A total of 5742 cytologies were done, the average age (micro) was 40.4 years, with a standard deviation (sD) of 11.73 and a confidence interval (CI) q 0.30 (95%). There were 303 pathological cytologies (5.28%): - Infectious 210 (3.66%): bacterial 47 (0.85%), Gardnerella 39 (0.68%), fungi 119 (2.07%) and Trichomonas 3 (0.05%). - Epithelial abnormalities 93 (1.62%): ASCUS 43 (0.75%), CIN1 45 (0.78%), CIN2 3 (0.05%), CIN3 1 (0.02%) and NSIL 1 (0.02%). There were 1032 atrophic smears, 271 inflammatory and 44 haemastics The rest were normal: 4092. We studied the average age with respect to pathology and the result was: We found statistical significance for the presence of pathology (micro= 36.70) and absence of it (micro= 40.65) CI (2.73-5.15) and also there was statistical significance for the presence of infection being micro= 36.66 for presence and 40.59 for absence of it IC (2.51-5.33) p<0.001. There was statistical significance for the appearance of cellular pathology (micro= 36.79) and for the absence of it (micro= 40.5071), IC (1.4512-5.9716) and there was statistical significance for inflammation (micro= 42.33) and absence of it (micro= 40.35), IC (0.76-3.19) p <0.001. Conclusions: Women that had pathological smears (infections or cellular alterations) had an average age of 36 years, and the average age of women that had results inflammatory were 42 years.
THE RESIDENT’S OPINION

MARIA DOLORES LOPERA ARROYO¹, ELISA CANO BERNAL¹, JOSE MARIA FERNANDEZ GONZALEZ¹

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AIMS To guarantee a complete formation of the residents of family and community medicine. To foment the confidence of the residents in their relations for an adequate relation between both based on the respect, admiration and enthusiasm for the specialty. METHODS Take a professional skills assessment questionnaire that includes both the automatic tests and those related to their values, teaching profile and attitude with patients and residents. The same questionnaire is filled in by the tutor and resident in order to compare both results. A section of suggestions is included in the questionnaire, which can include any topic that you think may benefit from the training of your tutor. RESULTS The questionnaire was completed by tutors and residents of Family and Community Medicine, independent of their year of residence, with 29 being the number of residents. In the results obtained the significant differences in the results are appreciated, standing out in the opinion of the residents, the lack of empathy of some of their providers with family and relatives. In the comments section also the many residents agreed on the lack of encouragement in the research topics, noting that many of the cases coincide with the time to self-assess this point. CONCLUSIONS We consider fundamental in the training of our future Family Physicians who trust in the complete received training and encourage the use of the four years of residence to the maximum of each one’s abilities. We find it interesting that each tutor receives the opinion contrast between his self-evaluation and the evaluation of their residents with the sole purpose of helping the tutor in his capacity for improvement from a constructive point of view.
RELATIONS BETWEEN SERUM VITAMIN D LEVELS AND DEPRESSION: THE KOREA NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY 2008-2014

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Aims: Vitamin D has been known to play a role in depression, although it is controversial. This study aimed to investigate the association between vitamin D and depression in Korean adults. Methods: This study was used a cross-sectional data of Korea National Health and Nutrition Examination Survey 2008-2014. A total 43,345 adults were included in this analysis. Depression group defined as adults who is suffering from depression. Results: The prevalence of depression was 1.4% and 3.9% in Korean men and women, respectively. In logistic regression models, no significant associations were observed between vitamin D concentration and prevalence of depression in Korean adults. Conclusion: This study found no association between vitamin D and depression. Further high-quality research is needed.
CONTINUING EDUCATION FOR GENERAL PRACTITIONERS WORKING IN RURAL PRACTICE; A REVIEW OF THE LITERATURE

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Aims To review the literature on CME/CPD for general practitioners (GPs) in rural areas, focusing on studies which have examined impact on doctor performance or patient outcomes. Methods A search of the peer-reviewed English language literature and a review of relevant grey literature (e.g. reports, conference proceedings) was conducted. Results We identified 27 articles that met the study inclusion criteria. The educational delivery approaches examined include regional CME/CPD small-group learning programs, workshops and distance learning, and while the experience/satisfaction has been reported, few studies of high quality report that these approaches impact on patient care or physician performance. Distance learning programmes found it difficult to recruit doctors while none impacted on performance of doctors or patient outcomes. Conclusion Distance learning programmes did not impact on doctor performance or patient outcomes among GPs who work in rural practice. More work needs to look at CME which is practical and ongoing for doctors who work rurally as these doctors have a unique set of challenges.
QUALITY, EFFICIENCY AND EQUITY - HOW IT IS ADDRESSED IN RURAL MEDICINE
- THE VOICE OF EURIPA IAB

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Gindrovel Dumitra 6, Markus Herrmann 7, Kateřina Javorská 8, Joyce Kenkre 9, Sody Naimer 10

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2 Chair, EURIPA, France
3 Scientific Board chair, EURIPA, Italy
4 Executive Secretary, EURIPA, United Kingdom
5 IAB, EURIPA, Slovakia
6 IAB-Romania; National Society for Family Medicine in Romania, EURIPA, Romania
7 IAB-Otto-von-Guericke-Universität Magdeburg, Institut für Allgemeinmedizin, EURIPA, Germany
8 IAB, EURIPA, Czech Republic
9 International Expert; University of South Wales, Wales, EURIPA, United Kingdom
10 IAB-, EURIPA, Israel

Background/aim: EURIPA is a representative network organisation founded by rural family doctors to address the health
and wellbeing needs of rural communities across Europe irrespective of location, culture or resource. It represents a
growing network of rural practitioners and organisations across Europe working together to disseminate good practice,
initiate research, develop rural education, and influence policy. The purpose of the IAB (International Advisory Board) is
to be a direct contributor to EURIPA's main goals as well as to develop cooperation between rural family doctors and
primary care experts across all European countries. By working together within EURIPA we support not only our
members in their scientific projects, but also share practical information suitable for the everyday diagnosis and
treatment of our rural patients as well as supporting our colleagues and their patients in the most remote areas. Thus,
the purpose of this workshop (WS) is to present the most urgent issues regarding quality, efficiency and equity of care in
rural and remote areas in countries of EURIPA IAB members. Methods: The 5-minutes presentations of EURIPA IAB
members will be followed by a discussion panel which will be guided and summarised by moderators. Results: Our WS
will allow for the identification of problematic and common issues regarding quality, efficiency and equity of care in
European rural and remote areas. The WS will provide useful insights into perceived priorities for future EURIPA
projects. Conclusions: The WS may inspire participants faced with the challenges of rural medicine to tackle the
differences between rural and urban areas with focusing on quality, efficiency and equity of care in rural and remote
areas.
SIGNIFICANCE IN DISCOVERING AND DIAGNOSING CHRONIC RENAL INSUFFICIENCY KIDNEY FAILURE

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Patient 55 years old, not any complaints, brings laboratory analysis Lab results: urea 8.6 mmol/l, creatinine 159 mmol/l Patients referred to nephrologists Ultrasound diagnosis has been done: signs of reduced parenchyma left renal (cyst size 27.3mm): reduced the cortex of the right renal (kidney) During hospitalization has been found: Intravenous urography revealed left kidney dysfunction and renal insufficiency. Dynamic scintigraphy showed terminal reduction of parenchyma of the right kidney, reduction of the left part of the medullar Control laboratory data showed improvement: urea 8.3, creatinine 117 mmol/l. Patient is stable and on medical nutrition diet. Hbi a syndrome caused by chronic, progressive and irreversible impairment of renal function with changes in biochemical composition of the plasma-dominated azotemia. Screening, primary prevention in the practice of family physicians, allows early discovery of the first symptom hbi, as well as further progression and complications of this chronic disease. Keywords: hbi, diagnosis,uz diagnosis,uz diagnostic,screening
ARE YOU CONSCIOUS OF IMPLICIT BIAS?

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Aims Why should we as family doctors be conscious of implicit bias? What is it, and how might it affect our practice? The term refers to the way in which we make unintentional, snap judgements of the people we meet. Our judgements are influenced by our background, our education, the media and our own experiences. Implicit bias is highly relevant to family medicine practitioners in various ways. It may explain why we forget to think about HIV infection in elderly patients - we often assume they are not sexually active. When a patient who is on methadone presents with low back pain; how often do we assume they are drug seeking? Although first impressions are a normal part of human interaction, unfair or prejudiced judgements need to be reflected upon and challenged to facilitate the treatment of patients with fairness and respect. If we do not acknowledge and reflect on our own biases as family practitioners, we can potentially perpetuate the unfairness and bias that many marginalised patients experience in wider society. Description Introductory presentations to explain the subject, including a quiz, examples relevant to primary care and some entertaining exercises to challenge the participants biases. Followed by discussion reflecting on our own implicit bias and prejudice amongst this pan-European group. Results An opportunity to reflect on your own implicit bias and prejudices. Participants will have a heightened awareness of implicit bias. -Obtain perspectives on issues of equality and diversity within this pan-European group. Conclusions Implicit bias is an unintentional facet of human nature. Here, we will encourage family doctors to reflect on their own biases, and work to minimise the effects these have on our future interactions with patients.
CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN THE ELDERLY

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Introduction: Chronic obstructive pulmonary disease is a progressive chronic inflammatory lung disease and a major cause of disability. It is the third leading cause of death in the developed world. Patients with severe chronic obstructive pulmonary disease have a limited life expectancy. Aims: The main cause of chronic obstructive pulmonary disease is cigarette smoking. Long-term exposure to other lung irritants may cause this disease. A genetic disorder that causes low levels of a protein called alpha-1-antitrypsin deficiency can also cause the disease. Methods: 70 patients were enrolled, age greater than 65 years, with severe chronic obstructive pulmonary disease (forced expiratory volume in one second <0.75l and at least one admission for hypercapnic respiratory failure). We extract coughing, sputum production, wheezing, shortness of breath, chest tightness, comorbidity and limit to perform routine activities. Results: All patients had a follow up during a period of six months. Among them 56(80%) patients had coughing with sputum production and wheezing. Shortness of breath and chest tightness was reported at 14(20%) patients. Comorbidity was present at 52(74.28%) patients. At some point, most of patients 63(90%) had difficulty to perform daily activity and needed assistance. Conclusions: Patients with end stage chronic obstructive pulmonary disease have significantly impaired quality of life and emotional well-being.
AN EXPERIMENTAL ULTRASOUND SCREENING FOR THE EARLY DIAGNOSIS OF DEVELOPMENTAL DYSPLASIA OF THE HIP (DDH) TARGETED AT INFANTS WITH RISK FACTORS, CONDUCTED BY THE FAMILY PHYSICIANS.

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This study aims to demonstrate the accuracy of a hip ultrasonographic screening in infants at high risk between 6-14 weeks of life, conducted by the family physician with expertise, compared with the Gold Standard method of positive diagnosis established by the radiologist. Methods: We made a targeted ultrasound screening of 588 infants at high risk. The inclusion criteria were both: anamnestic risk factors after Dimeglio, along with the clinical examination of the infant, with limb length discrepancy, thigh fold symmetry and any limitation of hip abduction with the following positive maneuvers as Barlow, Ortolani or Galeazzi. Each baby was examined ultrasonographic, the first time in six weeks, and those found positive were sent to a radiologist and re-examined within 12-16 weeks. We used both ultrasonographic Graf's classification and the femoral head cover(FHC) after Tejseren method. All the data obtained were introduced into our smart software with a diagnostic algorithm for DDH. Results: The incidence of DDH in our targeted ultrasound screening was 2.72%. The sex ratio showed the female predominance 4:1. The left hip was involved two times more often, with 20% bilateral involvement. We obtained after Graf's classification the follow results: normal(type1a-93.5%, type1b-3%), immature(type2a=1.3%), dysplastic(type2b-c=1%), subluxated(type 3=0.68%), and dislocated(type4=0.34%). Regarding the major risk factors the distribution was as follows: hereditary(31%), pelvic respectively breech presentation(20%), abdominal delivery(14%), postural syndrome(5%), premature birth(5.0%). The screening had the sensitivity 80%, specificity 98.2%, and accuracy 97% with 95%CI:96.04% to 98.69%, p<0.01. Conclusions: Ultrasound screening has a high accuracy for DDH but depends on the physician expertise. The targeted screening can increase the rate of early diagnosis and treatment of DDH, without a permanent disability, if had treated in the first trimester using splinting. Ultrasound examination of the hips should be performed routinely, along the clinical examination, or at least for unstable hip joints.
AM I IN BANKRUPTCY? THE ESSENTIALS OF MEDICAL FINANCE

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AIMS: to help participants to understand the essentials of finance management in medicine through a case based learning. Participants should be able to discuss at the end of the workshop on: - direct and indirect costs - break-even point - loans, credits and mortgages - setting prices - opportunity cost - profit or loss - bankruptcy DESCRIPTION: this is a case-based learning approach. Participants are given a case-study as follows: imagine that you run your own practice. You are offered a contract to work for a nursing home situated 30 km far from your practice. This nursing home has 500 residents. You should be the doctor at charge of the entire nursing home, providing care 24 hours per 7 days a week including holidays. You are required to see all patients at least once every 2 weeks, and you should take care of them if they get ill. In addition, you should take decisions in case of exacerbation: either to see the patient in the nursing home, or to refer the patient to the hospital using an external emergency service. You will be paid a fixed fee for the basic services (day care from 8 AM to 16 PM) plus an extra fee per visit out of hours plus an extra fee per phone call out of hours. You have to negotiate the contract with the nursing home. You are asked to calculate the minimum price that you can accept to agree with the contract. CONCLUSIONS: Participants must understand how to calculate costs and how to make decisions based on the cost calculation. They must know when to reject a contract if the payment offered does not cover costs. Other aspects can also be covered by the workshop, such as human resources management, tax paying systems and healthcare services organisation.
USE OF PROTON PUMP INHIBITORS (PPIs) AND DEMENTIA RISK: CAUSE FOR CONCERN?

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Aim and Background: Dementia is a progressive disorder characterized by deterioration in cognitive ability and capacity for independent living. It has a substantial and rising burden on patients, their families, and the healthcare system. PPIs are generally considered to be effective and well tolerated. Nevertheless, concern on the potential long term complications of PPIs use are increasingly emerging. The aim of this work is to review the most recent information about the relationship between PPIs use and risk of dementia. Material and Methods: Review of the literature published in the PubMed database, in the last 10 years, using the Mesh terms proton pump inhibitors and dementia. Results: PPIs were shown to enhance the production of amyloid-beta and modulate its degradation by lysosomes in microglia, in animal models. This leads to higher levels of amyloid-beta in brains of mice, similar to the extracellular deposition of amyloid-beta peptides seen in the pathogenesis of Alzheimer’s disease. Moreover, low vitamin B12 status has been associated with cognitive deficit and long-term use of PPIs could cause vitamin B12 malabsorption. In humans, only a limited number of observational studies have investigated the association between PPIs use and risk of dementia. Data from those studies are conflicting. Conclusions: Observational studies can only provide a statistical association and does not prove causation. Randomized, prospective clinical trials are needed to evaluate and establish direct cause and effect relationships between PPIs use and incident of dementia. Best current strategies for mitigating the potential risk of long-term PPIs are to avoid prescribing them when they are not indicated and to reduce them to their minimum dose when they are indicated.
A SIMPLE CASE OF NASAL OBSTRUCTION?

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Background: Nasopharyngeal carcinoma has an incidence in Western Europe of about 1/100,000 inhabitants. One of the risk factors for this pathology is the exposure to wood dust, being considered a professional disease associated with carpenters, a frequent profession in the Vale do Sousa region. Justification: This case demonstrates the importance of a suspicion for this pathology whenever there is an occupational exposure. Case description: male, 38 years old, carpenter, resident in Paços de Ferreira. History of obesity and hypertension. On 22.02.2013, he reported a frequent sneezing and nasal obstruction. He was medicated with nasal corticosteroids and antihistamines. On 09/09/2013 he mentioned persistence of the nasal obstruction. An x-ray of the perineal sinuses demonstrated opacity suggestive of left maxillary sinus polyp, and was referred for otorhinolaryngology (ORL). He had his first ORL consultation on October 20, 2014, when a CT scan of the perineal sinuses revealed a diagnosis of nasal polyp. He was discharged for medical treatment. In a forward consultation in 09/14/2015, a left cervical adenopathy of about 4 cm and painless palpation was observed with 3 months of evolution. We asked for an aspiration biopsy that was inconclusive. He was referred to an excisional biopsy that revealed lymph node metastasis. He was then referred to the IPO Hospital in Oporto, in November, 2015, where was diagnosed with a low differentiated carcinoma of the nasopharynx. Discussion: Although it’s impossible to confirm, the nasal polyp diagnosed in 2013 could have been the starting point for carcinoma. Whenever complaints of chronic nasal obstruction arise in a patient with a history of occupational exposure to wood, a carcinoma of the nasopharynx must be excluded.
A STRANGE CASE OF PNEUMONIA!

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Introduction: Invasive pneumococcal disease (IPD) is a notable cause of morbidity and mortality although it's overall incidence has been decreasing due to the widespread use of the pneumococcal vaccines. IPD is defined as an infection confirmed by the isolation of Streptococcus pneumoniae from a normally sterile site. We describe a case report in this context. Description of Case: Female, 25 years old, firefighter, with a history of overweight and active smoking. She comes to the emergency of Tâmega and Sousa Hospital Center with a 3-day course of dry cough, thoracic pain in the right rib cage and fever (axillary T. max 39.5 °C), with partial response to antipyretics. Pulmonary auscultation with preserved vesicular murmur and without adventitious noises. Imagologically, thorax x-ray with heterogeneous hypotransparentnece of the middle third of the right lung field and chest CT with: "massive consolidation with air bronchogram (...), suggesting an infectious process, coexisting thin blade of right pleural effusion. Admitted the diagnosis of community acquired pneumonia, having empirically started antibiotic treatment. During hospitalization, it was verified a good evolution with blood cultures isolating streptococcus pneumoniae with antigenuria to legionella and HIV negative. Notification was made on the platform SINAVE due to compulsory disease. Discussion: Disease severity is not always clinically reflected. Family Physicians, who daily contact with acute illnesses, should be awake to identify red flags, with early referral to secondary care. Instructing the patient to identify signs of worsening of the disease, demonstrating availability for a short-term reassessment are strategies to facilitate the diagnosis and eventually reduce the morbidity and mortality.
Socio-Demographic Correlates of Satisfaction Level of Primary Health Care Personnel in GjiRan, Kosovo

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Aims: For a successful attainment of medical encounter, it is important for both medical staff and patients to fulfill their expectations. There is evidence that staff satisfaction is associated with patient satisfaction, quality of care and better health outcomes. Methods: We interviewed all medical staff found in three PFMCs and fourteen FMCs and seven AMC's in GjiRan commune for a total of 142 persons. A self-administered questionnaire (adapted from the Dartmouth-Hitchcock Medical Center instrument was used tapping different aspects of working conditions of the general practitioners, family doctors and nurses working in GjiRan region. Binary logistic regression was used to assess the association of satisfaction level with socio-demographic characteristics of participants. Age-adjusted and multivariable-adjusted odds ratios (ORs) and their respective 95% confidence intervals (95% CIs) were calculated. Results: Age-adjusted analysis showed that the place of work and the work experience were significantly associated with the satisfaction level: health professionals working in PFMCs were almost 5 times more likely to be satisfied compared to FMA's counterparts (OR=4.8, 95% CI=1.3-16.1). Upon multivariable adjustment, there was a significant association between satisfaction level and profession, with family doctors being 4 times more likely to be satisfied compared to nurses (OR=4.0, 95% CI=1.3-12.1). Conclusions: In conclusion, profession, work experience and work place were significant predictors of satisfaction level of health care personnel in this region of Kosovo. There is an obvious need to increase self-confidence and self-esteem of nurses working in general practice, as an effective intervention in order to meet health needs of the population in Kosovo.
THE SHORT TERM HEALTH RELATED QUALITY OF LIFE (HRQOL) IMPACT ON PATIENTS AT THE INTERNAL MEDICINE CLINIC.

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Aims Health related quality of life (HRQOL) of patients at the clinic is important because physician must care not only patient’s physical problem but also mental or role-social problem. However, it is not fully investigated. The aim of our study is to assess the short term HRQOL outcomes in patients with visiting internal medicine clinic using the EuroQol 5 Dimension (EQ-5D) score. Methods We conducted a prospective cohort study in large community teaching hospital in Japan between January 2017 to May 2017. 70 undiagnosed patients who visited our clinic were included. Primary outcome is the comparison of the EQ-5D score. We collected patients data by interview. We compare the EQ-5D score between first visit, visit after 1 month, and 6 months. Additionally, we performed subgroup analysis, in patients who diagnosed as infection and connective tissue disease. A paired-t test was used to compare EQ-5D score at each visit, and p value less than 0.05 was considered statistically significant. Results Of 70 patients, 44 (62.9%) were female and the median age was 45.0 (IQR: 40.1-49.9). The median EQ-5D score at first visit and 1 month after diagnosis were significantly improved [0.66 (IQR: 0.50-0.81) vs. 0.88 (IQR: 0.70-1.00), p=0.00]. However, the median EQ-5D score at 1 month and 6 months did not change [0.88(IQR: 0.70-1.00) vs. 0.87(IQR: 0.66-1.00), p=0.00]. In the subgroup analysis of patients with infection, EQ-5D score has significantly improved during the first month but was not improved following period. In the subgroup analysis of patients with connective tissue disease, EQ-5D score was not statistically improved neither during first month nor next 5 months. Conclusions EQ-5D score statistically improve during first month, however, it did not improve next 5 months.
THE POLYURIA-POLYDIPSIA SYNDROME IN YOUNG MEN WITHOUT OTHER RISK FACTORS. CLINICAL CASE PRESENTATION.

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INTRODUCTION AND OBJECTIVES: Diabetes insipidus is a syndrome resulting from the body alteration of water due to a deficiency in the production or action of antidiuretic hormone. It is characterized by an elimination of daily urinary volumes greater than 3.5 liters, secondary polydipsia and general symptoms (asthenia, weight loss, constipation, personality alterations). Central DI can be familiar (idiopathic) or secondary to a TBI, surgeries or tumors. Nephrogenic DI may be due to genetic, pharmacological or metabolic alterations. Urinary osmolality will be <300 mOsm and sodium levels will be slightly elevated. With water restriction Test, urinary osmolality should increase in a healthy individual. Later, ADH is administered. If urinary osmolality was corrected, it would be confirmed to be Central DI and if it wasn’t, it would be Nephrogenic DI. MeSH THERMS: Central diabetes insipidus, antidiuretic hormone, osmolality. METHODS: CASE REPORT: We present the case of a 45-year-old man, not known drug allergies, no CVRF, occasional smoker. Tonsillectomy in childhood. Presented to his GP Doctor because he used to drink about 10 liters of water a day and pass a large amount of urine without interrupting at night. These symptoms appeared abruptly a month ago. Non TBI nor drug intake. BMI 22.5. 3 kg loss weight. Renal, liver, hepatic, thyroid functions, ions and glucose were requested and they all resulted normal. Diuresis in 24 h: 14 l. Serum osmolality 320 mOsm and urinary osmolality 60 mosm. He was referred to endocrinology due to the suspicion of diabetes insipidus. Hormonal profile (LH, FSH, prolactin, testosterone, GH, IGF-1 and ACTH) was normal. Water deprivation: Na 154, serum and urinary osmolality with similar values. Diabetes insipidus was confirmed. ADH was administered and osmolalities corrected (S Osm: 328 mOsm U Osm: 466 mOsm). Head MRI: No abnormality discovered. Started treatment with desmopressin 120 mcg every 12 h. RESULTS: The patient currently has a diuresis of 2300 ml, carrying out annual follow up and a daily life without limitations. CONCLUSION: It highlights the importance of the General Practitioner and the management we should have on endocrinological pathology in order to do the correct referral and assessment of the patient.
PREVENTION OF IRRITANT CONTACT DERMATITIS COSMETIC PRODUCTS.
CLINICAL CASE PRESENTATION.

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INTRODUCTION AND OBJECTIVES: Benoquer Dermatitis (fitofotoeratosis) is a non-immunologic acute skin irritation which produces pendantlike streaks of pigmentation induced by the effect of long-wave ultraviolet radiation on a phototoxic component of oil of bergamot, 5 methoxypsoralen, contained in some cosmetic products. This reaction induces an intensification of melanogenesis. It does not require prior sensitization. It has a favorable evolution but hyperpigmentation probably will stay some weeks. METHODS: CASE REPORT: A 58-year-old man presents to his General Practice Doctor (GP Doctor) many very pruritic skin lesions and some blisters on right hemiabdomen, right knee and left forearm after being mowing with no t-shirt 5 hours ago. No pets. No foreign travels. He was not on any new medications, but he used a new perfume those morning. No dyspnea. Clinical examination revealed linear brownish lesions on a erythematous base and blisters in right stomach vacuum, lateral and posterior region of right knee and left forearm. Normal sounds on cardiopulmonary auscultation. It was concluded the best treatment option would be metiprednisolone 1 mg/60g cream TDS (8hrly) until lesions clear; Prednisone 30 mg/24 h for 5 days and Cetrizine 10 mg/12 h. Avoid sun exposure, those perfume and use high SPF sunscreen. RESULTS: After one week of treatment, patient’s skin showed a significant improvement and although the pruritus and blisters disappeared, hyperpigmentation were still perceptible. CONCLUSION: This case represents a rare type of dermatitis because most fragance formulations are currently bergamot-free, but we should not forget it. It will not be so difficult to get into a diagnosis if we take into account these risk factors (sun, grass, perfumes).
THE STANDARDS OF DEFINITION OF FAMILY MEDICINE / GENERAL PRACTICE AND ITS LEGISLATION IN THE EUROPEAN UNION CRITERIA

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Aim: To review the standards of definition of family medicine / general practice and its legislation in the European Union criteria. Material and methods: Family medicine / general practice composes at the core of health systems in most countries and determines the quality of health at the individual and community level. The European Definition of General Practice / Family Medicine by the WONCA Europe (The European Society of General Practice/ Family Medicine) developed the characteristics of the family medicine discipline after 2002. In this evaluation study, updates on the definition of family medicine were reviewed. At this point, in addition of updated definitions, significant characteristics in the primary care legislation in the European Union were synchronously evaluated. Results: The European Union and its institutions largely have left its decisions about primary health care services to the member countries themselves. This has led to widespread decision-making authority and major differences in national primary level health services in member countries. Conclusion: The core competences and characteristics of family medicine / general practice needs to updated and improved according to the European Union criteria.
ERYTHEMA MULTIFORME IN A PRIMARY HEALTH CARE DEPARTMENT: A CASE REPORT

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Aims Erythema multiforme (EM) is an acute and self-limiting immune-mediated hypersensitivity reaction presenting as acrofacial target lesions with or without mucosal involvement. EM has several different aetiologies and the management consists of treating symptoms and removing the cause. The purpose of this case report is to show how we could improve our practice in the primary health care departments through the technology and to show the importance of the inter-professional collaboration in the patient management. The accessibility to primary health care is equally necessary to an early referral, if needed. Description A 23-year-old female patient with retinoblastoma undergoing surgery in infancy, presented to her family physician with small, itching, polymorphous macules lesions on both hands. There were no mucosal involvement. She did not describe any prodromal symptoms and she had not received any recent medications prior to that appointment. Given the doubt in the diagnostic, the family physician contacted the dermatologist through the teleconsultation protocol and the diagnosis of EM was established. Conclusions EM is a condition distressing to patients due to its visual impact or associated symptoms, and could be a challenge for physicians due to the differential diagnosis with life threatening pathologies (Steven-Johnson Syndrome and Toxic Epidermal Necrolysis). In that case, the uncertain diagnosis was easily solved through teleconsultation and it allowed a brief diagnostic and the institution of appropriate therapy. Through teleconsultation with her family physician, the patient waited for her appointment at the Dermatology Hospital Department with less anxiety.
THE CAUSE OF RECURRENT ABDOMINAL PAINS... FAMILIAL MEDITERRANEAN FEVER (FMF)

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AIM: We often encounter abdominal pain cases in daily practice in the primary care setting. Proper questioning and evaluation of abdominal pains that may be caused by a wide variety of reasons will save our patients from unnecessary invasive procedures. With this case presentation, we wanted to remind in what ways we can encounter FMF in daily practice. DESCRIPTION: Familial Mediterranean Fever (FMF) is an idiopathial disorder of autosomal recessive inheritance characterized by attacks of fever, peritonitis, synovitis and pleuritis. The disease is characterized by attacks that limit itself. Some patients may also represent skin lesions, vasculitis and amyloidosis CASE: A female patient of 8 years old applied for abdominal pain and vomiting. Her physical development was normal. The examination revealed abdominal tenderness, defense and rebound. She was referred to the emergency service of a state hospital with the preliminary diagnosis of appendicitis. The patient's history was deepened. It was understood that the patient often complained of abdominal pain and applied to emergency service with severe abdominal pain three or four times a year. The patient was referred to Kayseri Erciyes University, Paediatrics Department with the pre-diagnosis of FMF. The patient applied three (3) weeks later and explained that she was diagnosed FMF as a result of the examinations and that she was prescribed colchicine Conclusion: For our country, FMF must necessarily be excluded no matter to which ever fever syndromes the patient's clinical picture matches other than FMF. There are a large number of patients who apply to health-care institutions for acute abdominal symptoms and undergo unnecessary surgeries, such as appendectomy, for this reason before FMF is diagnosed.
THE ASPECTS OF MEDICAL FACULTY STUDENTS TO ACADEMICAL FAILURE IN İZMIR KATIP ÇELEBI UNIVERSITY FACULTY OF MEDICINE

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Aims: They are many studies related to academic success and it's thought that there are several factors related to academic failure. We aimed to investigate the aspects of students who were having 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. 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 believes 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 advisers. Students indicate that they decide to continue the course according to the instructors' methods of teaching. Conclusions: Medicine faculty education is the way we have new medical doctors. So the quality of it is important. Providing advices by their experienced advisers to the students can contribute on academic success. Lectures which make students fell as doctors shall be increased in the curriculum for motivation.
NUTCRACKER SYNDROME: A RARE CAUSE OF MICROSCOPIC HEMATURIA -
CASE REPORT

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Aims Microscopic hematuria (MH) is a common finding in primary care. Although most cases are caused by a benign condition, malignant etiologies must be excluded. Description A 54-year-old, white, female patient presented with episodic flank pain and MH. The patient’s previous medical history included hypertension controlled with valsartan and hydrochlorothiazide. Physical examination was normal. Urinalysis showed constant 6-15 red blood cells per high-power field with no proteinuria. Blood analysis showed creatinine of 0.87mg/dl and hemoglobin of 12.7 mg/dl. No alterations were found in kidney and bladder ultrasound. Abdomino-pelvic Computed Tomography showed left renal vein (LRV) duplication with entrapment of both branches, the anterior in the aortico-mesenteric space and the posterior between the aorta and the vertebral column. This caused a narrowing of the branches caliber, a prestenotic dilatation of the branches and left ovarian and uterine vein varices suggesting reflux and consequent pelvic congestion. Clinical findings resembled Nutcracker Syndrome (NCS), which was set as prioritized diagnosis. The patient remained under surveillance.

Conclusions NCS describes a collection of signs and symptoms secondary to compression of the LRV, most commonly between the superior mesenteric artery and aorta. Although NCS prevalence is unknown it seems to affect more often women aged 20 to 40. Clinical manifestations include asymptomatic hematuria, gonadal varices, flank pain, proteinuria and pelvic congestion syndrome. Several imaging methods such as doppler ultrasonography, CT, magnetic resonance and retrograde venography are used to diagnose NCS. The treatment options depend on the patient’s clinical presentation and can range from surveillance to surgical approaches.
A VERY RARE CASE OF CONJUNCTIVITIS

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Aims To make an in-depth study of a rare and severe corneal parasitosis, frequent in contact lenses users due to bad hygiene caused by Acanthamoeba, amoeba which survives in soil, air and water, with difficult differential diagnosis for non specific clinic. Description Bilateral conjunctivitis and pain in 22 years old woman wearing corneal lenses; initial treatment: antihistaminic eyedrops. As symptoms persisted, we send her to specialist's consults which suspected corneal parasitosis. Tear microscopic examination: dry lacrimation causes fern-like structures. There are 4 grades; the first and the second are diffused in the most part of healty subject, the thirth and the fourth with or without ferns, are diffused among subjects with dry conjunctivitis. Microvilli Cytological examination. Final diagnosis: immunoreactive and bacterial phlogosis as a reaction to soft lenses exposition complicated by acanthamoeba previous infection which caused epithelial distress in both eyes. Topical therapy with antibiotics, Polyhexanide and eyedrops. Acanthamoeba keratitis is a rare corneal infection, first diagnosed in 1973. Almost 85% of cases are caused by improper use of contact lenses. Onset: foreign body sensation and/or eye irritation with or without conjunctival hyperaemia, with no pain. Intermediate stage: intense photophobia, tearing and pain. Advanced stage: severe pain, colligative necrosis and perforation of the eyeball. Conclusion Acanthamoeba keratitis if lately diagnosed and if unsuccessfully treated, can cause blindness. The use off label of anti-amoebic agents, biguanides and diamidine, has determined patient’s recovery. Prophylaxis: no wash lenses with tap water, no use them in the pool or at sea, frequently replace the lens holder.
YOUNG WOMAN WITH ACUTE CORONARY SYNDROME AND NORMAL CORONARY ARTERIES.

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A 42-year-old woman presented at the emergency department because of 24 hours persistent chest pain. She had a history of high blood pressure, polycystic kidney disease and Systemic Lupus Erythematosus with secondary Sjögren syndrome. GCS 15/15, BP 140/100 mmHg, HR 80 bpm. Tachypnea SpO₂ 100%. First EKG: anodine. 1-hour later EKG: II, III, aVF, V4, V5, V6 ST-segment elevation. Cardiac markers: First determination: Trop HS 1.26 ng/ml, CK 626.3 U/L. Second determination: Trop HS 3.32 ng/ml, CK 537 U/L. Transthoracic echocardiogram: non dilated LV. LVEF 58% by Simpson method. Normal cardiac contractility including apical segment. The rest of study was normal. Primary angioplasty: no lesions in coronary arteries. Left ventriculography was normal. 24-hours urine catecholamines and metanephrines: high in respect of laboratory levels. Abdominal magnetic resonance: 7 cm right suprarenal mass. MIBG gammagrapy: absorption of the contrast agent by a right suprarenal mass described in magnetic resonance, without other focus of absorption. Diagnosis: pheochromocytoma. Acute myocardial schema caused by secondary catecholaminergic discharge. With anamnesis, EKG and cardiac markers, initial clinical suspicion was STEMI. Coronariography dismissed that possibility. Echocardiography and ventriculography ruled out Takotsubo syndrome. Magnetic resonance and MIBG gammagrapy confirmed the diagnosis of pheochromocytoma. Pheochromocytoma is a malignant neuroendocrine tumor that produces catecholamines and proceed from adrenal medulla cells. It is called “the great simulator” because their clinical manifestations can simulate a lot of clinical entities like endocrine diseases (hyperthyroidism, carcinoid syndrome) or cardiovascular disorders (ischemic heart disease, Takotsubo syndrome or cardiac insufficiency).
AN INSISTENT HEADACHE

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A 43-year-old male smoker of 1 daily packet with no other medical history of interest who visits the Emergency Room with retroocular pain and right facial pain of one week of development (several previous consultations). He reports worsening when he lies down and moves his head. Occasional tearing. Previous respiratory clinic. Physical exploration: TA: 116/76. Temperature: 36.2. Saturation: 98%. Head and Neck: rhythmical and symmetrical carotids without murmurs. Percussion pain in the right frontal sinus. Cardiopulmonary auscultation and abdomen without alterations. Extremities: No signs of deep vein thrombosis. Peripheral pulses were symmetrical. Neurological physical exploration: Superior functions and language are preserved. Normal gait. Romberg negative. Cerebellar exploration: no findings. Force 5/5. Sensitivity was conserved. Reflexes were present and symmetrical. Plantar cutaneous: bilateral flexor. Cranial nerves: no findings. Isochoric and normoreactive pupils. Negative meningeal signs. Complementary tests: Blood analysis: blood count with leukocytosis with mild neutrophilia. X-ray paranasal sinuses: Right maxillary sinus occupation. After treatment and worsening (fever), he returned to medical office CT was requested, where he reported right pansinusitis without extranasal alterations. Diagnosis: complicated pansinusitis. Action plan: Reassure and explain their condition to the patient. Antibiotic, anti-inflammatory, analgesic, corticosteroids and nasal irrigations with saline solution. Conclusions: Sinusitis, due to its high incidence in the population and the spectrum of medical professionals involved in its clinical management is an entity whose updated knowledge is necessary to try to alleviate all the possible complications it can initiate.
ISCHEMIC STROKE UNDER IMMERSION

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Aim (s) and Background: The disbaric pathology is little known for its low prevalence. The objective is to know the neurological complications of decompressive disease, disbaric disorders and the applications of hyperbaric oxygen therapy. Material & method: The case presented here is a 36-year-old patient who, after performing several apneas 30 meters deep while diving, suffers from an arterial embolism, in which he presents visual alteration, headache, dysarthria and instability. In cranial tac appears: subacute ischemic lesion in the left cerebellar hemisphere. Angiotac and transcranial Doppler bubbles: discard left-right communication. The clinical evolution was partially favorable and it was antiaggregated. Results: There are different disbaric disorders: otorhinolaryngological, intrathoracic hyperpressure syndrome, decompressive, musculoskeletal, respiratory, systemic and neurological diseases (the nervous tissue being rich in fat can harbor a large amount of microbubbles that if they access the azygos vein in the epidural space can infarct metamers (usually D9-L1), producing motor and sensory weakness and loss of sphincter control, being able to increase the pressure of the right cardiac cavities, including the right-left opening with cerebral arterial circulation. same, reason why it is concluded in a gaseous arterial embolism. Conclusions: The treatment must be urgent, the patient must remain supine, in Treendelenburg (to avoid cerebral edema), we would need equipment with inspiratory demand regulator to denitrogenize tissues and pure oxygen in mask with reservoir bag. Avoiding glucosa serums, and temperature control.
HIDRADENITIS SUPPURATIVA A CHRONIC INFLAMMATORY DISORDER

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Aim(s) and Background: Hidradenitis suppurativa is a chronic inflammatory skin disorder characterized by the development of inflamed nodules, abscesses, and sinus tracts. Involvement occurs primarily in the axillary, mammary, and inguinal areas. Material & method: A 49-year-old woman with a history of hypertension with good pharmacological control, smoker of 20 cigarettes / day, works as a cleaner, consulted 8 times in the last year for monthly recurrence furunculosis in the axilla, inguinal and submammary region that does not respond to topical or different oral treatments (cultivation of boil exudate and guided treatment according to antibiotic therapy was carried out): amoxicillin clavulanic, doxycycline, ciprofloxacin, chlorhexidine soap and nasal mupirocin daily. Results: Some differential diagnosis are acne vulgaris, papulopustular rosacea, perioral dermatitis, acne keliodalis nuchae and pseudofolliculitis barbae. Medical treatment may be administered to calm inflammation prior to surgical intervention in cases in which the margins of nodules or sinus tracts are difficult to define. The choice of an anti-inflammatory agent before surgery depends upon disease severity. For mild-to-moderate disease (Hurley stage I or II), systemic anti-inflammatory antibiotics, with or without short courses of prednisone, are used. Severe disease (stage III), systemic glucocorticoids or cyclosporine have been used to settle inflammation. Biologic agents, including tumor necrosis factor-alpha (TNF-alpha) inhibitors, may also be used to calm inflammation in patients with severe disease prior to surgery. Conclusions: sometimes, biologic agents could be the solution, it is important to know about them like an option in this case, for helping patients in severe disease.
ICHTHYOSIS OR DRY SKIN

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Aim(s) and Background: Ichthyosis vulgaris is caused by loss of function mutations in the filaggrin gene and is inherited in an autosomal semi-dominant fashion with incomplete penetrance. Ichthyosis vulgaris is characterized by a reduction of keratohyalin granules or absence of the granular layer. There is a marked seasonal variation in severity, with improvement in warm and sunny weather with high degree of ambient humidity and worsening in dry and cold weather. It is associated with an increased risk for: asthma, allergies, and atopic dermatitis. Material & method: This case deals with a male from Senegal with an important language barrier, 30 years, with no personal history of interest, who consulted due to a marked skin dryness that he describes of years of evolution, with worsening in recent months. He works as a greenhouse farmer. Live with 6 friends. The key in this case is the adequate anamnesis and physical examination to identify lesions: extension, characteristics of them. In addition to knowing the patient’s work, lifestyles and customs. Results: We refer the patient to dermatology where the study was completed and after the beginning of treatment, very favorable evolution. It is important that the general practitioner know how to recognize ichthyosis and perform a general evaluation, as well as an initial treatment that improves the quality of life of his patients. With the psychological implication that in some cases, like this entails. Conclusions: Treatment with emollients, humectants, and/or keratolytics is typically sufficient to ameliorate symptoms.
BASEL CELL CARCINOMA: RED FLAG IN MEDICAL CONSULTATION

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Aim (s) and Background: Basal cell carcinoma is a common skin cancer with low metastatic potential. Individuals with a history of BCC are at increased risk for subsequent lesions. Multiple epidemiologic observations provide insights into the etiology: more common in caucasians, higher in men 30 percent, older people and closer to the equator is higher incidence. Both environmental and genetic factors contribute to the development of basal cell carcinoma. Exposure to ultraviolet radiation in sunlight is the most important. Others: chronic arsenic exposure, radiation therapy, long-term immunosuppressive therapy, and the basal cell nevus syndrome. Material & method: A 65-year-old male consulted due to an itchy lesion on the lower right limb of years of evolution, which in recent weeks bleeds. In our examination, we observed a rounded lesion with irregular edges, bleeding at the touch, ulcerated, indurated that did not respond to topical corticosteroid treatment that the patient had used without prior consultation. He was referred to dermatology due to the suspicion of a basal cell carcinoma, which was confirmed and removed without incidents. Results: a skin biopsy is usually performed to provide histologic confirmation of the diagnosis. The differential diagnosis varies with the subtype of basal cell carcinoma: Early nodular variants, larger lesions, superficial, morphoeiform. Conclusions: This case makes us reflect on the importance of visual training of the family doctor to recognize injuries that may be a red flag to the inspection in the consultation. There are studies about oral vitamin B3, for the prevention of nonmelanoma skin cancer. Although promising, further studies are needed to evaluate the effects of long-term treatment.
PORTUGUESE NATIONAL HEALTH SERVICE

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Aims Offer an overview of the Portuguese National Health Service (NHS) structure, focusing particularly on the primary care network, and its main features: coverage, operating hours, community intervention projects, multiprofessional teamwork and articulation with secondary health care. Description Portuguese NHS was founded in 1979 to provide health care access to all residents in the country. Although the NHS is mainly financed through taxation, a user fee has been instituted. However, in an attempt to maintain equal access, unemployed or economically disadvantaged users, oncological and haemodialysis patients, pregnant women and children were exempted from these fees. Health Centres are organized into small teams consisting of a doctor, a nurse and sometimes a resident, which are assigned a list of approximately 1900 patients, though, depending on the area, the number can be much higher. Family doctors (FD) deal with a variety of comorbidities and acute and chronic health problems. They also take care of pregnant women, do family planning and resolve some pediatric issues (surveillance and acute problems). FD evaluates the necessity to refer to secondary health care. During the recent economic crisis, the recruiting of new healthcare professionals has been drastically reduced. As a consequence, patients are often unable to get appointments promptly enough, and end up resorting to the emergency department, more often than it is recommended. Community teams work on school health, oral hygiene, social assistance and support to vulnerable groups. Conclusion While overall health indicators for Portugal have notably improved in recent years, they still hide significant health inequalities, mainly in the access to healthcare and budgetary control measures.
WHITE COAT HYPERTENSION AMONG CLINICALLY DIAGNOSED HYPERTENSION PATIENTS IN A MULTI-ETHNIC COHORT

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Aims Essential hypertension (EH) is usually diagnosed by Clinic Blood Pressure Measurement (CBPM). However, a proportion of them may have White Coat Hypertension (WCH) and at risk of misdiagnosis. This research aimed to determine the prevalence and predictors of WCH among patients who were diagnosed as hypertension by CBPM at the point of diagnosis. Methods Multi-ethnic Asian subjects were recruited to undergo both Home Blood Pressure Monitoring (HBPM) and 24-hour Ambulatory Blood Pressure Monitoring (ABPM) at the point of diagnosis of EH at a community-based primary care clinic using CBPM. They were classified as WCH or EH if the HBPM or ABPM was normal or elevated respectively based on Hypertension Clinical Practice Guidelines, Ministry of Health, Singapore. The survey also collected data on Demographic variables including gender, ethnicity, smoking, and scores from the Hospital Anxiety and Depression Scale (HADS). These categorical and continuous variables were computed, audited and analysed to identify the factors associated with WCH. Results 190 patients were screened, of which 58 (mean age 55.9 years old; 44.8% males; 79.3% Chinese, 15.5% Malays, 5.2% Indians) were recruited and completed the study. 31 (53.4%) had WCH by HBPM and 29 (50%) by ABPM. Factors associated with WCH included Malay ethnicity compared with Chinese and Indians (p=0.02) and higher HADS anxiety score (p=0.02). Conclusions WCH was detected in 50% (by HBPM and 53.4% (by ABPM) of subjects with newly diagnosed EH, and was associated with Malay ethnicity, and higher HADS score.
COMPARATIVE STUDY OF REFERRALS TO TELEDERMATOLOGY BETWEEN RURAL AND URBAN AREAS

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Aims To evaluate the degree of resolution of a teledermatology service in the Bages County, comparing urban and rural areas. Methods Longitudinal descriptive study of referrals to a hospital dermatology service as a result of a previous referral to a teledermatology program in the Bages County during 2015 and 2016. Results Both in urban and rural areas there was an increase in referrals to the teledermatology service in 2016 compared to the previous year. However, the number of referrals to the face-to-face dermatology service after a teledermatology consultation decreased significantly. This effect is more pronounced in rural than in urban areas. Conclusions The teledermatology service established in the Bages County increases the resolution of primary care teams, especially in rural areas.
CASE REPORT: COLON CANCER DIAGNOSED BY EFFICIENT ANAMNESIS AND PHYSICAL EXAMINATION

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Aims: In daily practice of family medicine lots of diseases are diagnosed only with anamnesis and physical examination which are essential diagnostic tools. By examining the person via bio-psycho-socio-spiritual approach, a deep anamnesis and an efficient physical examination decrease the risk of a wrong or misdiagnoses. We aimed to report a case, whom were quested a consultation with a malignancy doubt and diagnosed colon cancer then operated. Case Summary: 82 year old woman, consulted to family medicine outpatient clinics with the complaints of appetite loss, abdominal pain and constipation continuing for 1 year and 12 kilograms weight loss in last 6 months, but no comorbidities or treatment. She explained that two months ago she hospitalized in an internal medicine service for her appetite loss and debility complaints and was given 7 units erythrocyte suspension and had rectal bleeding at the same period. In her physical examination, vital signs were normal, BMI: 18.2, a mass lesion nearly 7*5 cm size was palpated on her right lower quadrant of abdomen. There were no other pathological examination results. Only abnormal laboratory result was her hemoglobin level: 8.6 mg/dl. A consultation requested from General Surgery Department with colon cancer doubt. After the investigations conducted by surgeons, they operated her with pre-diagnosis of caecum cancer. Conclusions: To determine life-threatening clinical conditions, alarm symptoms of patients should be evaluated with medical history and physical examination. Patients should be referred to the related clinical unit and should be followed up to learn about the course of illness.
HOW TO COLLECT AND ANALYSE RELEVANT RESEARCH DATA WHEN PIONEERS DEVELOP NEW TYPES OF HEALTH PROFESSIONALS - NURSE PRACTITIONERS IN SWISS PRIMARY CARE AS A CASE IN POINT

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Background: Retiring GPs, a lack of successors, and an increasing demand due to the ageing population create a shortage of workforce in primary care throughout Europe. Developing new types of health professionals is a potential solution. For example, nurse practitioners (NPs) are being introduced in Swiss primary care and it is yet to be determined how independently they can work. However, pioneer projects present challenges for research. It is unclear how relevant data can be collected and analysed and which research methods are applicable. Aims: Our goal is to collect and analyse valid data during pilot projects to determine the role and independence of NPs in Swiss primary care. Moreover, we aim to prepare policy briefs and organize stakeholder dialogues in order to implement a promising model. Methods: We iteratively use mixed methods research in pilot projects of rural family practices in Switzerland. We gather quantitative data from health insurance companies and trust centres. To measure the independence of NPs we code supervision by the GP in otherwise unused boxes of electronic medical records. Furthermore, we perform qualitative interviews and focus group discussions with health professionals, patients, and politicians to assess expectations, satisfaction, and legal aspects. Results: Initial results show that expectations regarding the role of NPs in Swiss primary care considerably vary among involved persons. Also, they show that levels of supervision are difficult to specify and novice NPs go through a rather unstable process to achieve independence. Conclusions: Established quantitative datasets in primary care are sufficient to determine the impact of NPs on the level of practice and health system. Adapted data collections are necessary.
BARRIERS FOR FAMILY DOCTORS IN REQUESTING HIV DIAGNOSTIC TESTS

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Introduction HIV is today one of the most significant infectious diseases worldwide, especially in developing countries. Portugal has made significant improvements in the last 20 years in prevention, early diagnostic and treatment. Between the years 2000 and 2016, there has been a decrease of 70% of new cases per year, and there are now around 45,000 portuguese known to be infected. Still an estimate 9,000 people are still undiagnosed even though there is free access to screening blood tests. In 2014 an update in Portuguese screening rules dictated that family doctors should screen every adult between 18 and 64 years of age, but there is still a low number of tests prescribed and in health centres the quick screening tests are used in a very low number also. Objectives To determine if Portuguese family doctors have any particular reasons for not prescribing HIV screening tests in a healthy adult population. Methods The investigation will the done by asking Portuguese family doctors in various regions to fill a questionnaire with a predetermined number of questions, as to ascertain if there are any reasons for not prescribing HIV screening tests. Conclusions/Discussion This investigation is still on-going and for that reason there are still no results to discuss. However the investigators would like to point out that in a country such as Portugal, there are still many social inhibitions even in family practice to speak about HIV and to approach it's screening like any other chronic disease. Considering the availability of free screening tests and free or inexpensive consultations with family doctors, it would be expected that more people should be diagnosed in an early stage of HIV.
DEMENTIA IN THE ELDERLY

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Aim and background A 79-year-old woman with a history of diabetes mellitus type 2 and hypertension. She describes alterations in memory, tremor and visual hallucinations for months, which are interfering with her family and her social life. Her daughter reports cognitive and motor fluctuations. Material and methods Physical examination: Patient is independent for most activities of daily living. Mini Mental State Examination 23/30 points. Blood general analysis: folate normal, ferritin 6, vitamin B12 190. Syphilis serology: RPR negative, TPHA negative, FTA negative. Cerebral CT: Without findings. Results Clinical diagnosis: Dementia (possible Lewy body dementia). Iron and vitamin B12 are prescribed. Patient is referred to Social Services and Neurology for assessment and specific treatment. Differential diagnosis: mild cognitive impairment; dementia, acute confusion state, depression and focal neurological signs. Conclusions The first step to diagnose dementia is to reject causes with curative treatment. Primary dementia is the main cause of functional dependence in the elderly. Although it is currently incurable, early diagnosis can help the patient decide about his future. Treatment should include cognitive stimulation and if necessary, use low-dose drugs for short time. Patients with Lewy body dementia may have fluctuations in attention or alertness, problems with movement (tremors, stiffness, slowness and difficulty walking), hallucinations and alterations in sleep and behaviour.
DYSPNEA AND COUGH FOR MONTHS

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Aim and background A 37-years-old Moroccan woman with no medical history nor toxic habits. She lives in Spain for 8 years. She comes to the Health Center complaining of dyspnea on exertion, chronic cough, arthralgias and anorexia for last year. She denies fever. Material and methods Physical examination without findings. Blood general analysis: eosinophilia, ESR increased. Spirometry: FEV1 72%, FVC 79%, FEV1/FVC ratio 0.84. Chest Xray: reticulonodular diffuse pattern in basal and media areas with bilateral widening hilar. Chest CT: micronodular diffuse affection with mediastinal and hilar lymphadenopathy. Patient is referred to Pneumology: abdominal ultrasound (splenic sarcoidosis), fibrobronchoscopy with ultrasound (BAL: lymphocytosis with CD4/CD8 ratio 5.29), echocardiogram (without pulmonary hypertension) and transbronchial biopsy (granulomatous disease). Results Diagnosis: Sarcoidosis stage II. Treatment with prednisone is prescribed. Differential diagnosis: idiopathic pulmonary fibrosis, bronchiolitis, interstitial pneumonia, sarcoidosis, pulmonary alveolar proteinosis, lymphangioleiomyomatosis, cryptogenic organizing pneumonia, Langerhans cell histiocytosis, granulomatous diseases, neoplasms. Conclusions If we attend to a patient with dyspnea and cough for months in primary care, we must do a good anamnesis and physical examination to find out if the origin is pulmonary or cardiac. The typical presentation of interstitial lung disease includes dyspnea on exertion, diffuse interstitial pattern and restrictive ventilatory alteration. Sarcoidosis most often occurs between 20 and 40 years of age. It usually produces interstitial affection in upper lobes, nodosum erythema, hypercalcemia, hypercalciuria and CD4/CD8 ratio increased.
NEUROTOXICITY IN OLDER INDUCED BY OPIOID ANALGESICS: MYOCLOCNIC JERKS

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AIMS: Drug metabolism has differential characteristics in some populations with consequences on the therapeutic outcomes. We present a case of opiate induced myoclonus in an elderly patient to illustrate this. DESCRIPTION: 77 year-old woman without drug allergies. Personal history of arterial hypertension, hyperlipidemia, dilated cardiomyopathy and macular degeneration. On treatment with simvastatin 10 mg/day, ramipril 5 mg/day, bisoprolol 2,5 mg/day. 15 years ago she suffered a L4-L5 vertebral compression fracture, followed-up by Pain Unit. She was prescribed tramadol 200 mg bid, alprazolam retard 0,5 mg bid and zolpidem 3 mg at bedtime. In case of pain or insomnia she was instructed to take additional 200 mg tramadol and 0,25 mg alprazolam. She consults because of limb myoclonic jerks that have started 48 hours ago, impairing her nocturnal sleep and causing restlessness. Drug toxicity is suspected. She refuses additional tests. Slow tapering of tramadol 200 mg is started, decreasing 50 mg/day every 4 days. Ansiolythic medication is progressively withdrawn, and 5% lidocaine transdermal patch on her lower back is added. 48 hours later myoclonus disappear. After rotation to tapentadol 25 mg bid, she suffers from moderate asthenia for 1 month, later displaying a great improvement. CONCLUSIONS: Tramadol is a central acting opiate analgesic. It may have neuroexcitatory effects at high doses (myoclonus). The maximum amount of tramadol for patients older than 75 is 300 mg. In elderly patients hepatic metabolism and renal clearance are diminished, causing sensitivity to drug adverse effects. The treatment consists of withdrawing the drug. The wisest approach in this population is starting at lowest doses of analgesics, monitoring interactions and secondary effects.
CARDIOGENIC SHOCK CAUSED BY POLYMEDICATION IN AND ELDERLY WOMAN.

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A 75-year-old woman presented at the emergency department because of a suddenly history of vertigo, vomiting and decreased consciousness. With a history of auricular fibrillation and initial Alzheimer disease, she was in treatment with flecainide, venlafaxine and citalopram. She presented BP 50/30 mmHg, HR 40 bpm, GCS 8/15 and generalized lividities. Persistent low blood pressure required norepinephrine and dobutamine infusion. After that she got mild better blood pressure and normal consciousness. ECG showed broad QRS complex and axis changes. Cranial CT and general laboratory analysis were normal. Serum lactic acid level was high. She was monitored with transpulmonary thermodilution that showed a situation of cardiogenic shock. Cardiac markers and echocardiography were normal. Serum flecainide level was high. Diagnosis: Flecainide intoxication. Conclusion: Flecainide is a class antiarrhythmic agent that blocks fast sodium channel blockers during myocardial cells depolarization, with minimal effect on repolarization and reducing auricular and ventricular conduction, with maximum effect at His-Purkinje system. Its oral bioavailability is very high (95%), with a mild first step effect and wide distribution volume. Flecainide intoxication is infrequent and its mortality can be 20%, causing low blood pressure and extreme bradycardia, with EKG changes like broad WRS complex or ventricular arrhythmias. Treatment consists in reducing absorption with stomach wash and activated carbon in the first three hours and high concentration sodium bicarbonate to alkalize blood (objective pH 7.50-7.55). Sodium will move flecainide from myocardial cells fast sodium channels by a competitive effect. Iontropic support, temporary pacemaker or even extracorporeal membrane oxygenation can be considered in refractory cases.
HIPPOCRATIC FINGERS AS THE SOLE INDICATOR OF BRONCHOGENIC CARCINOMA

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Introduction: Bronchogenic carcinoma represents the most common type of intrathoracic malignancies. The most important symptoms include lasting, dry, irrant, unproductive coughing, haemoptysis and persisting localized wheezing. Often, tumor might exist without any symptoms noticable, especially at its early stages. Hippocratic fingers are unspecified signs which follow chronic heart and lung diseases, but they can also be one of the manifestations of a lung cancer. Case report: Female, 59 years old, smoker, comes to the ambulance with pain in hand joints along with the swelling in proximal interphalangeal joint (PIP), II-IV both sides, with morning stiffness present. She denies the difficulties of all systems including the respiratory tract. Since it was, early on, diagnosed as a primary rheumatic disease in small and medium joints, the necessary diagnostics were done (Hands RTG, hematological, biochemical and immunological tests, capillaroscopy, joints echosonography, ECG, echocardiography, hormonal status of thyroid gland). Even though the lung radiography was done three months ago before the pain appeared (test results were normal), and even though the current difficulties aren’t of respiratory nature, because of the changes that were pointing in the direction of hippocratic fingers, she was sent to repeat the lung radiography test, which showed the localized infiltration- tumor being diagnosed. Conclusion: Lung cancers are more common for the smokers. Clinical presentation varies from unspecified signs and no symptoms, all the way to being very apparent and specific. In this particular case, the only signals patient had, were the changes in form of the hippocratic fingers. Key words: Bronchogenic carcinoma, hippocratic fingers
ACUTE PERICARDITIS AS A COMPLICATION OF TONSILLOPHARINGITIS STREPTOCOCCICA

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Introduction: Pericarditis is an inflammation of pericardium. Etiology of pericarditis varies: as an infection, myocardial infarction, trauma, metabolic disorder, or even idiopathic. Pericarditis can be acute or chronic. Acute pericarditis is usually of infective etiology. Case report: Male, 20 years old, comes to the ambulance with sore throat and high body temperature. He informs the doctor that it all started two days ago and that, even though he is optimally fit, he gets tired fairly quick. Lung test results are good, vesicular breathing symmetrical, with no accompanying murmurs. Heart rate is rhythmic, tones clear, frequency 100/min, with suspect friction test. TA- 110/65 mmHg. Pharynx test- mucous membrane is edematous, with purulent secretion. Lymph nodes of neck are palpable. Body temperature- 38°; Blood test results contain leucocytosis with neutrophilia. ECG-sinus rhythm, frequencies 100/min, pQ interval 0.16, ST elevation in D1,D2, aVF, V2-V4, without any changes in T wave. Because of the inflammatory syndrome and unspecifi ed ST changes, tachycardia, tachypnea and pericardial friction rub, we’re suspicious of Tonsilopharyngitis with complicatio of acute pericarditis. After receiving urgent medical need, he’s transported to Urgent cardiac care where, using all available diagnostics equipment, perimycarditis acuta was confirmed. Conclusion: Bacterial angina is a very common disease, especially at children’s age. With adult, healthy, non-immunocompromised persons, more severe complications rarely occur. Even though the patient was a young, healthy male in good physical condition, in this case perimycarditis with hemodynamic disorders and permanent heart consequences was confirmed. Key words: Acute pericarditis, tonsilopharyngitis, ECG
WOMEN CALL YOUR MEN! - PREVENTIVE CARE IN SLOVAKIA

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Aims Many doctors have observed that fewer men visit doctors' offices than women. The first phase: to find out how many men and women undergo preventive medical examinations. The second is to try to raise this number, after intervention, through women, who we know to be more frequent visitors. Methods 7 medical offices participated in our cross sectional and intervention study. 1757 patients underwent a routine biennial preventive examination. The first phase of preventive examinations and colorectal carcinoma screenings were performed from January to June 30th 2014. The second phase were performed from January to June 2015. Results The first stage: We found that of 1757 examined patients, 1078 (61%) were women and 679 (39%) men. The second stage: We examined 2109 patients, 1210 (57%) were women and 899 (43%) were men. The increase of preventive examinations after intervention was 20%. The increase of examined men was 32% and women 12%. Conclusions Knowing that women visit medical offices more often than men, we decided to act through them. We designed a poster which is on display in our offices and we also verbally invite men through women, who are encouraged to call their male relatives and friends.
SURVEY OF THE OPIOIDS TREATMENT BY PRIMARY HEALTH CARE DOCTORS.

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Aims: Survey of the opioids treatment by primary health care doctors. Methods: The study used an anonymous questionnaire examining the use of opioid medicines by primary care physicians. 74 doctors participated in the study. Results: 91.8% of respondents use opioids to treat pain in primary health care. Family medicine specialists in 94.3% use opioids in their practice, of which 86.8% initiate opioid therapy alone. Among physicians working in primary health care who do not have specialization in family medicine, 81% treat patients with opioids, but only 63.6% administer them themselves. Doctors working in primary health care up to 5 years more often (85.1%) treat patients with opioids and more often independently start such treatment (82.93%) than doctors with more than 5 years of work experience in primary care (use opioids in 87.9%, start treatment in 78.8%). 15.3% of doctors use opioid drugs only in the treatment of cancer pain. Apart from oncological indications, the respondents most often recommend opioids in the treatment of pain in the course of discopathy (86.9%) and shingles (70.5%). 93.2% of the respondents expressed their willingness to participate in training on the subject of opioid treatment. Conclusions: From the above data, it can be concluded that opioids are an undervalued group of drugs in the primary health care, in particular for doctors of other specialties than family medicine. It seems reasonable to conduct training on the use of opioids in order to allay the concerns and doubts of doctors regarding the use of this
TREATMENT OF URINARY INCONTINENCE IN THE ELDERLY – A SYSTEMATIC REVIEW

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Aims: This paper is a literary review on current knowledge on the treatment of urinary incontinence (UI) in elderly patients. UI is a common geriatric syndrome that affects 30-60% of older women, 10-35% of older men and up to 80% of nursing home residents. Incontinence diminishes quality of life and has been associated with increased social isolation, falls, fractures and admission to long-term care facilities. Usually it is under diagnosed and therefore untreated, hence the role of the primary-care providers: to properly identify the type of incontinence - stress, urgency or mixed - and to determine its severity and related symptoms. Methods: A literature review on the treatment of UI in geriatric patients was taken. The studies were limited to English language publications only, from 2009 to 2016. Thirty-five articles were chosen and reviewed. Results: Behavioral modification approaches are effective in elderly patients regardless of the type of UI. Urgency UI responds better to pharmacological treatment, to sacral neuromodulation and electrical stimulation of the posterior tibial nerve. Stress UI treatment has better results with the addition of slings and/or placement of an artificial urinary sphincter. To choose the optimal treatment, we should first consider the impact of this clinical condition on the patient's quality of life. Conclusions: Primary care is the ideal place to detect UI. Conservative approach, medications and anti-incontinence devices are effective in treating UI. Surgery is also an option in elderly people. Despite the high prevalence of UI in the elderly population, there is a lack of clinical trials, limiting evidence for the effectiveness of the full range of UI therapy. Further research is needed.
WHEN THE CAREGIVER STOPS SELF-CARE – CASE REPORT

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Aims: A case report to alert health care professionals to caregiver burnout. Burden is a negative psychological state induced in caregivers by the demands of providing care to a person with an illness or a disability. Family caregivers have an essential role in the rehabilitation of individuals that have become dependent. It is essential that the General Practitioner (GP) accompanies these situations, to correctly recognize and manage caregiver burden, since it can lead to burnout of the caregiver, and premature institutionalization of the ill or disabled person. Description: G.M.B., a 63 year old Portuguese woman is the main caregiver of her husband for the last 7 years, whom due to a stroke was left with left hemiparesis and epilepsy. In the previous 2 months, G.M.B. has had 5 consultations in her health-care center with non-specific complaints. Once, her sister accompanied her and expressed concern about her health: she was being a victim of psychological violence by her husband, who has a very demanding and controlling personality, leading her to the verge of depression. She didn't want to report the case, as she felt ashamed and that it was her duty to take care of her husband. Eventually, she finally agreed to enroll her husband in a day care center, in order to rest and take some time for herself. Conclusions: The GP has a key role in recognizing caregiver burden in order to prevent burnout and improve the quality of life of the dependent patient and the caregiver. Portugal has a variety of intervention programs to avoid caregiver burnout, and, if it has already happened, there is a National Continuous Care Network where the dependent person can be hospitalized for a short period of time (less than 90 days) so that the primary caregiver can rest.
UK MIDWIVES KNOWLEDGE AND UNDERSTANDING OF FEMALE GENITAL MUTILATION: A STUDY EXPLORING KNOWLEDGE AND UNDERSTANDING

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Background: In the UK it is estimated that 137,000 women and girls are affected by FGM. FGM is globally recognized as a practice which breaches basic human rights. It is considered an act of cruelty, causing significant physical and psychological harm. Consequently to provide compassionate, effective care for pregnant women, it is essential that their healthcare providers have an appropriate level of understanding, knowledge and training. Methods: An online survey developed in collaboration with UK based FGM charities and specialist ethnicity and diversity midwives, to provide context and understanding for a qualitative study exploring women's views of how they are supported within the current care system whilst pregnant with a history of FGM. Questions focused on demographics, level of training and knowledge based questions including prevalence, types and reporting. Ethical approval for this survey was gained. Results: The respondents represented all grades and roles of midwives across the UK. Many midwives stated having both pre and post registration training but failed to answer questions correctly around types of FGM and how to support these pregnant women. The free text responses are emotive. Main themes demonstrated many midwives feeling ill prepared to support women with FGM and wanting more robust training, as language and culture can create barriers. Women need more support and counselling during pregnancy as well as compassion and understanding. FGM can be very upsetting for all involved. Conclusions: Reinforcing the need for health professionals when dealing with women who are pregnant following FGM to have knowledge of the issues, whilst recognising that all professionals should be aware of and be well educated in FGM.
VACCINOLOGY - EDUCATION NEEDS FOR FAMILY PHYSICIANS ACROSS EUROPE

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Background and aim: In Romania, family physicians are the main vaccinators in the National Program of Immunization. Across Europe, the situation is varied. In some countries the vaccinators for children are paediatricians (Germany, Hungary, Czech Republic) or general practitioners and their nursing colleagues (France, UK, Spain) Some countries use a mixed system. In all situations, general practitioners contribute to counselling the family to promote vaccination both, for children or adults. The educational needs in vaccination will be different depending on the situation in each country but is important to be aware of these in order to build educational programs at EURIPA level. Methods: The 5-minutes presentations of each participant will be followed by a working in small groups to explore participants understanding of this area and identify common educational needs. Results: We want to identify the challenges in the participating countries, the characteristics of the family doctor's work and the educational needs that family doctors consider to be priority according to the environment in which they work (urban / rural). Data will be setup objectives for the next EURIPA projects. Conclusions: The workshop will help us to better understand the situation in Europe at an organizational level. Participants will be able to identify unknown educational needs in vaccine activity by sharing experiences from European countries related to the the environment in which they work.
HIDDEN FEVER

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Aim(s) and Background: Infective endocarditis is defined as a disease in which the cardiac endothelium is invaded by microorganisms. This increase in risk is attributed to: vascular invasiveness, higher prevalence of aortic stenosis, greater need for cardiac prostheses such as pacemakers, a predisposing event. It is associated with diabetes mellitus in 15% of elderly patients. Material & method: 70-year-old patient consulted multiple times in the emergency department with symptoms of fever and diarrhea. His background highlights: No known allergies, evolved rheumatoid arthritis, pulmonary fibrosis, type 2 diabetes mellitus, and anemia. The patient was discharged several times with symptomatic treatment as it was partially improved and there were no alterations in the basic complementary tests. In one of her visits to the center, her admission to internal medicine was decided for study since the patient did not improve. Positive blood cultures were extracted from staphylococcus hominis, staphylococcus epidermidis, acinetobacter, and enterococci. In the plant the fever persisted, sleepy, disartria and with choreiform movements of lower right limb. An echocardiogram was performed where a mitral valve vegetation and multiple septic embolisms of cardiac origin were seen. Results: Surgery was dismissed and she was discharged with palliative treatment. After 8 days he returned to hospital due to heart failure grade IV and skin lesions: osler nodules, and janeway injuries. The patient died. Conclusions: This case should make us reflect on the different differential diagnoses in which to think before a persistent fever that does not refer to symptomatic treatment and most importantly, the key to extract blood cultures prior to the initiation of antibiotic therapy.
RESEARCH IN PRIMARY CARE IN EUROPE – WHAT FACILITATES IT AND WHAT IMPEDES IT?

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Research in general practice matters. A universal truth is that the effectiveness of any national health care system is strongly correlated with the strength and position of general practice within that system. A strong research basis is essential for a strong and vibrant primary care system. The European General Practice Research Network (EGPRN) has gathered information from its members on the organisation of general practice research in their countries. This information on the problems encountered and the solutions found to overcome them in different scenarios provides an insight into how we can learn from one another and build solid foundations. Representatives from three countries will present the situation in their countries with regard to the following questions: 1. Is there a Family Medicine/General Practice specialty in your country? 2. If yes, is research a compulsory part of the specialty Family Medicine/General Practice in your country? 3. Is Family Medicine/General Practice usually an autonomous Department at the Medical Universities in your country? 4. If so, what kind of research is conducted/published from these Departments? (Qualitative, Quantitative, and if so, descriptive studies, experimental studies, etc) 5. Do researchers in Family Medicine/General Practice in your country have positive experience with EU international funding? 6. All countries have positive experiences they could learn other countries: What are the positive parts of the research in the field of Primary Care in your country that could be “exported” to other countries? After the three brief presentations, there will be a discussion of how participants could collaborate and learn from the experiences elsewhere.
CROHN’S DISEASE ASSOCIATED WITH MULTIPLE SCLEROSIS

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Aim (s) and Background: Multiple sclerosis is a complex disease in which numerous genetic and environmental factors concur. There is ample evidence that vitamin D produced by exposure to the sun: ultraviolet radiation B. On the other hand, note that the causes of inflammatory bowel disease such as Crohn’s disease remain unknown. Material & method: 27 year old male, No drug allergies or history of interest except multiple sclerosis diagnosed 2 years ago in treatment with Interferon beta 1a. He went to the emergency room for a 4-day history of abdominal pain, low-grade fever and diarrhea without pathological products (5-6 stools / day). Good general condition No skin lesions or adenopathies. Normal neurological examination except myclonic reflexes +++ / ++ generalized. Soft, depressable, painful abdomen on generalized palpation, especially in FID, no megalia. Analytical: Hemogram: leukocytes 9.500 / mm3 (64% neutrophils), Hb 16.2 g / dL, platelets 218.000 / mm3.ALT 72 IU / L; AST 43 IU / L, LDH 324 IU / L (0-247), and C-reactive protein 2.72 mg / dL, Urine system: normal. Stool culture: negative. Serology of HBV, HCV and HIV negative. Orosomucoid and calprotectin high stools. Colonoscopy: ileal Crohn’s disease. Treatment was started with Azathioprine 150 mg / 24h, but there was no remission until he started treatment with Infliximab. Results: The importance of taking into account comorbidities and associated pathologies in patients with multiple sclerosis can ignite the alarm to patients like the one in our case. Conclusions: Crohn’s disease is one of the most incident autoimmune diseases, especially in patients aged 20-40 years. Numerous series show their relationship with certain autoimmune diseases such as multiple sclerosis, rather than with ulcerative colitis.
GENERALIZED RASH AND HEADACHE

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Aim (s) and Background: Mediterranean botaneous fever is a zoonosis included in human rickettsial diseases, caused by Rickettsia coronii and transmitted by the dog tick (Rhipicephalus sanguineus), endemic in regions close to the Mediterranean Sea area. Patients with this pathology present a sudden onset of fever, headache, “black spot” and generalized rash of maculopapular type (up to 97% of cases). Material & method: A 37-year-old man with no history of interest who came to the Emergency Room after observing a pruritic black eschar with perilesional erythema, accompanied by generalized rash, low-grade fever and discrete headache. The examination included a 1 cm black painless rounded “black spot”, in diameter, accompanied by perilesional erythema. Among the epidemiological background of the patient, he had not made any trips recently and had not appreciated the bite of an insect, although he did recognize habitual contact with dogs. Admission was decided with empiric antibiotic treatment with doxycycline and amoxicillin / clavulanic acid. In the serology, high titers of IgM antibodies against Rickettsia were found, confirming the diagnosis. The patient presented good evolution with complete disappearance of eschar and maculopapular rash, after completing treatment with doxycycline. Results: an adequate treatment, doxycycline, it is a benign pathology, although they exist with some frequency of severe forms (7.5%), the great majority for not receiving adequate treatment or because this was initiated by very late form (more than 7 days). Conclusions: The importance of recognizing lesions that may have similar characteristics as well as the initiation of early antibiotic therapy may favor the good clinical evolution of the patient.
MOST COMMON CAUSES OF KNEE PAIN IN PRIMARY CARE PATIENTS

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Knee pain is the second most common cause of musculoskeletal consultation in primary care. The knee is one of the most used joints and any pain or disability in it, affects a person’s ability to carry out daily activities. Aims: The aim of our study is to determine in a period of time from February 2016 to February 2017 in a Primary Care Centre of Gran Canaria, the number of adults consulting for knee pain (non traumatic, non related to malignant diseases or inflammatory diseases), its distribution and the management of them. Methods: An observational, descriptive and retrospective study was designed. The data was collected form the electronic clinical registries in the Primary Care Centre. Results: 1102 cases, 457 (41.47%) men and 645 (58.52%) women, with an average age of 62 (95% CI.) The most common diagnosis was codified as osteoarthritis 43% followed by unspecified knee pain 24.2%, chondromalacia patella 16.2%, meniscopathy 10.8% and iilitibial band syndrome 5.8%. All cases were first managed by the GP and just 42.4% were referred to specialists. Conclusion: Importance in primary care due to its prevalence, of a good diagnosis and treatment of the most common causes of knee pain, to avoid chronicity and complications. Management should be multidisciplinary, including analgesics, relative rest and access to rehabilitation programs.
MESENTERIC VEIN THROMBOSIS AFTER A PLANE TRIP.

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Aim (s) and Background: We present an exceptional case of mesenteric vein thrombosis after prolonged travel by plane. Material & method: 35-year-old male, without known allergies. Colecystectomy one year ago. No treatment. The patient comes back after 5 days of returning from a week-long trip to São Tomé and Príncipe for work reasons. He reported abdominal pain that began 48 hours after arriving in Santo Tomé after a 6-hour plane ride. Also diarrhea without pathological products and vomiting. Physical exploration: normal, without findings. Normal blood count, normal biochemistry, C reactive protein 1.72 mg / dL, normal coagulation, urine, negative urine culture, stool culture are not isolated pathogens, serology HBV and HCV, negative. Parasites: negative. Ag. Malaria and P. falciparum: negative. Blood smear: no hemoparasites. Ag and Ac Dengue negative. Tumor markers: negative. Abdominal ultrasound: normal. Upper digestive endoscopy: Axial hiatal hemia. Tc abdominopelvic with contrast: Mesenteric vein thrombosis. Negative thrombophilia study. Favorable clinical evolution with anticoagulation with complete resolution. Results: Before a patient with symptoms of abdominal pain, diarrhea and vomiting after a trip to the tropics, we would first rule out that it was traveler's diarrhea, parasites with gastrointestinal repercussion depending on the area where and the risk activities carried out during trip. Conclusions: Although mesenteric vein thrombosis is an infrequent entity, it must be taken into account in a patient with gastrointestinal symptoms after a prolonged trip by plane in which we do not find another alternative cause.
LONELINESS IN THE ELDERLY - REVIEW ARTICLE

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Aims Clarify the veracity of two preconceived ideas about loneliness in the elderly. Study if individuals belonging to individualistic societies are more alone. Evaluate data on the frequency of social contacts among the elderly in Portugal, using it as indicator of solitude. Suggest measures to prevent and minimize loneliness in the elderly.

Methods Search for articles in the databases Pubmed, ScienceDirect, SpringerLink, and National Institute of Statistics, with the keywords “loneliness”, “elderly”, “aging”, “Europe”. Selection of relevant articles and data collection. Results The results demonstrate that the levels of solitude are higher in the age groups from 18 to 24 and above 80 years of age. It is verified that in the north of Europe there is less prevalence of solitude in the elderly. Most elderly Portuguese talk daily to neighbours, friends or relatives. Conclusions The results express that solitude levels are higher in the 18 to 24 and over 80 age groups. In the elderly, this is due to the decrease in the desire for contact, but also to the high expectations placed in their relationships in the individuals of this age group. It is verified that in the north of Europe there is less prevalence of solitude in the elderly, contrary to the stereotype. It is thought that this is related to the fact that the family relations of these societies are weaker and individualistic, not having such a marked effect on the perception of this same solitude in the elderly. This effect is due to cultural and social differences between countries. As there is an association between low frequency of social contacts and loneliness, through these data, we can speculate that the Portuguese elderly are less likely to feel lonely.
OPTIMAL ASTHMA CARE FOR CHILDREN: COLLABORATION BETWEEN PRIMARY AND SECONDARY CARE

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Background: Previous study from our group showed that overdiagnosis of asthma is common in primary care. We showed that more than half (53.5%, n=396) of children (6 to 18 years of age) with an ICPC code for asthma (R96) was incorrectly classified with asthma. And in more than 20% (n=151) the diagnosis was not confirmed according to the guidelines. Aim: We will implement structured asthma care to optimize diagnosis and treatment of asthma in children in primary and secondary care. Methods: This project will be conducted in the Julius Health Centers (JHC), the academic primary care practices in Utrecht and in 3 healthcare centres in Nieuwegein, The Netherlands, together providing health care for more than 60,000 patients in total and approximately 730 children with asthma. In collaboration with the paediatric department of the Antonius Hospital. Efforts of the project will be analysed according to the following parameters: number of children evaluated, childhood Asthma Control Test (c-ACT) scores, number of asthma exacerbations, spirometry results, Paediatric Asthma Quality of Life Questionnaire (PAQLQ) scores and number of children referred from primary to secondary care and back. Results: The structured asthma care to be implemented holds the following steps: - Implementation of a transmural protocol for diagnosis and treatment of asthma - Specialised consultation hours carried out by practice nurses in primary care - Evaluation and, if necessary, correction of asthma diagnosis - Consultation service of the paediatric lung specialist in primary care - Structured evaluation of asthma control in children treated both in primary and secondary care and if indicated referral from primary to secondary care or back. First results will be presented at WONCA 2018.
NEEDS AND RISK OF DEPRESSION ASSESSMENT IN FRAIL AND PRE-FRAIL ELDER PATIENTS – PILOT STUDY

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Background: Due to population ageing frailty syndrome has become one of the most commonly encountered conditions in a family medicine practice. It can lead to many undesirable outcomes, like mental and functional disability. Therefore, the early diagnostics and management of frailty is essential for healthy ageing and care adjustment. Objectives: The purpose of the study was to assess the needs and risk of depression in pre-frail and frail patients. Methods: 110 elderly 60+ were screened for frailty and pre-frailty using SHARE-FI calculator within the FOCUS project. 62 patients were finally qualified to the study and they were examined using a Comprehensive Geriatric Assessment (CGA) with the emphasis on Camberwell Assessment of Need and Geriatric Depression Scale (GDS). According to Fried’s criteria, participants were divided into 2 groups: frailty group (27 patients) and pre-frailty group (35 patients). Results: Mean value of met needs was 16.39 in pre-frailty group, 16 in frailty group, mean of unmet needs was 1,28 in pre-frail and 1,87 in frail patients. Mean of total number of needs was 16,61 in pre-frail and 17.8 in frail seniors. The most frequent met needs were: accommodation, food, telephone and money, the most frequent unmet needs: psychological distress, intimate relationships and daytime activities. Additionally, according to GDS, 33% of frail patients had depression in comparison to 22% of pre-frail patients. Conclusion: Frail patients are in risk of depression more often than pre-frail. The Camberwell test might prove useful in the assessment of needs of older people in the primary care. Especially social factors have strong clinical appeal. Therefore they should become an essential aspect of assessment in any health care to make proper consent choices.
APPLICATION OF PHYSIOTHERAPY TAPE (KINESIOTAPING) IN THE SYMPTOMATIC TREATMENT OF ROTATOR CUFF DISORDERS

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Aim: The rotator cuff consists of 4 muscles and their tendons, attached to the scapula and humerus, which form a petal around humerus head and glenoid of scapula. The most common rotator cuff disorders are: 1. impact syndrome; 2. tendinitis and 3. rupture of the rotator cuff (mainly the tendon of the superficial musculature). The purpose of this work is to present the efficient use of Kinesiotaping in the symptomatic treatment of the above disorders as a non-invasive, easy to apply and inexpensive method. Methodology: The rotator cuff support technique by means of kinesiotaping is easy to apply. The application of kinesiotapes to the rotator cuff results in: 1. improved function of the shoulder muscles, 2. Elimination of the circulation disorders, 3. Pain reduction and 4. Efficient joint support. The tapes are applied in accordance with the anatomy of the muscles. Kinesiotapes can be applied equally to patients of all ages, with the same effectiveness. Results: The method facilitates the reduction of edema and improves lymphatic and blood circulation without co-administration of drugs (NSAIDS or other agents). Moreover it contributes through proprioception in restoring muscle function and supporting ligaments and tendons. This results in a rapid pain reduction and improved joint function. The use of the kinesiotape with specific application techniques can be tailored to each patient’s needs individually. Conclusions: Kinesiotaping is an effective, non-invasive and low-cost tool in the symptomatic treatment of rotator cuff disorders. The method is gaining ground the last years and it is expected to constitute a new therapeutic tool in the primary health care towards the efficient pain management in a variety of syndromes.
GP SHORTAGE IN V4 AND OTHER EUROPEAN COUNTRIES

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Aims General practitioners (GPs) have an important role in the health care system. However, their shortage in the V4 countries (Czech Republic, Hungary, Poland, and Slovakia) as in many other European countries is a well-recognized problem. It might be due to insufficient recruitment of candidates to specialist training, problems with job retention, burnout and migration of GPs, but other reasons cannot be excluded. Building capacity for GP, and by extension for primary health care (PC), is an urgent challenge we should take action for as regards the European region. In this workshop we will work on collaboration and the creation of a European Primary Care Workforce Research Network. Description In an interactive way, we will focus on three main topics: exploring (1) the situation as regards human resources in PC in the V4 countries and in Europe, (2) the workforce needs in PC, and (3) how this needs could be covered by a collaboration. Firstly, a panel will show the current situation of their country and will present some good practices to tackle the problems. Secondly, a guided brainstorm in small groups followed by a plenary discussion on collaboration will be held. At the end, best ideas will be selected. So, active network plans can be made. Conclusions Participants who want to be involved in a research network on PC workforce shall have a clear view on what to expect from future collaborations and how they can be realized. This workshop and collaboration through a research network emphasizes and contributes to the importance of European wide actions as regards workforce in PC.
MUNCHAUSEN SYNDROME BY PROXY - REVIEW ARTICLE

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AIMS Munchausen Syndrome by Proxy is a phenomenon in which symptoms of a disease are generated by an individual, other than the patient, causing unnecessary, and often painful, physical examinations and treatments. It is an exclusion diagnosis, which calls for a high level of suspicion. The aim of this review article is to alert family doctors to think about this possibility when they have patients (particularly children) with persistent or recurrent inconsistent clinical pictures. METHODS We did a research on Pubmed and Cochrane with the mesh terms "Munchausen Syndrome by Proxy/diagnosis" and we found 7 articles (all on PubMed) using the filters "Free full text", "5 years", "English" and "Portuguese". We have excluded 2 articles because of being Case Reports. RESULTS All the 5 selected articles show the need to: find an appropriate terminology; provide an update on published reports of new manifestations of fabricated medical conditions; and discuss approaches to assessment, diagnosis, and management, including how best to protect the child from further harm. CONCLUSION Family doctors have an important role in detecting various forms of child abuse. Since this syndrome is a type of abuse of minors, it should be included in the differential diagnosis when we face inconsistent signals and symptoms that are not explainable by known medical conditions or pathologies.
PSYCHOSOCIAL AND ENDOCRINE-METABOLIC FACTORS ASSOCIATED WITH DEPRESSION IN THE CLIMACTERIC PERIOD

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Aim and background: Traditionally, it has been assumed that transition to menopause is a higher depressive vulnerability period, although there is a high degree of controversy. Aims: To characterize patterns of depressed mood during the menopausal transition and to assess whether depressive symptoms were associated with climacteric symptoms and sociocultural, psychological and endocrinometabolic factors. Material and methods: Design: Cross-sectional descriptive study. Setting: "Labraodos" Health Care Center, Logroño (Spain). Community sample: 190 women (108 in climacteric period and 82 premenopausal and postmenopausal controls). Interventions: The Beck Depression Inventory, the Goldberg Anxiety Subscale, the Holmes-Rahe Scale and a interview for recording menopause symptoms, chronic patologies, stressful life events, toxic consumption, cardiovascular risk factors, thyroid pathology and osteoporosis. Results: depression prevalence in climacteric women was 22.2% (15.4-32.3) and 25.6% (16.2-35.1) in control group. Past episodes of major depression, stressful life events, chonic pathologies, alcohol consumtion, obesity and sexual disfunction were related to depressed mood in climacteric women (p<0.05). In multivariate logistic regression model, statistically significant associations between climacteric depression and obesity (OR 3.68 (1.16-11.64)) and higher alcohol consumption (OR 4.91 (0.97-8.66)) were found. Comparatively with control group no different clinical patterns were found. Conclusions: Our data are consistent with those several studies that have not identified the climacteric as a time of increased risk for developing depressive symptoms. Obesity and alcohol consumption screening in climacteric women could improve detecting depressive symptomatology in this period.
DEEP LEARNING-BASED FUNCTIONING PROFILES TO IMPROVE GENERAL PRACTITIONERS’ APPRAISAL OF PATIENT NEEDS - HOW IMPORTANT IS VISUALISING WHAT MATTERS IN PRIMARY CARE?

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Aims: (1) To introduce the concept of deep learning-based algorithms and how it could create functioning profiles based on automatic coding of electronic records with the ICF (2) To discuss how focusing on functioning with the help of profiles could facilitate GPs’ appraisal of patient needs (3) To assess the acceptability and feasibility of functioning profiles in routine consultations. Description: GPs’ scope of practice is comprehensive, interacting with multimorbid, chronically ill patients and leading to the development of long-term physician-patient relationships. Understanding patient functioning is fundamental as it serves as a lens on GPs’ reality. Yet, the current classification and documentation in primary care (ICPC-2) does not adequately consider functioning. Functioning could be coded and documented with the International Classification of Functioning, Disability and Health (ICF). The ICF has great potential in GP practice in that it complements the diagnosis of diseases - the pathological process - with "diagnosis of functioning"; the ICF can capture the patient’s lived experience and improve the GPs’ appraisal of patient needs. The ICF has yet to be introduced in GP practice as it is seen as time-consuming. This workshop will present a possible solution to addressing this barrier to ICF implementation. The session will start with a presentation on functioning, ICF, and deep learning-based algorithms. Thereafter, participants will be divided into groups to discuss possible functioning profiles based on case vignettes. The findings will be shared in a concluding plenary session. Conclusions: Appraisal if functioning profiles should be developed and if they might strengthen the GPs role and improve the understanding of patient needs.
WHY DO PATIENTS MAKE STOCKS OF MEDICINES AT HOME?

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Background and aim: Although it's determined how the patient’s therapy looks like on a monthly basis, experience from practice shows that the patients often have stocks of their regular therapy. The aim of the study was to determine how the stocks of drugs are created, as well as the reasons for this. Material and method: We interviewed 34 patients aged between 60 and 76, who use therapy for chronic diseases more than 6 months, and used data from medical records. Results: Almost 59% admitted that they sometimes forget to take their medicines. 23% of patients deliberately skip the dose when consuming alcohol and 26% take half of dose in that occasion. 12% of patients occasionally share medicines with their spouse. 68% of patients come for regular therapy every month, regardless of whether they spent the whole amount foreseen for the previous month. 73% of patients did not return to the general practitioner or pharmacist the remaining amount of medication when their therapy changes. Conclusions: Good compliance is key to successful treatment, but also an important factor in the rational use of medicines in the population. Education on the needlessness of stocks of drugs, both from a financial as well as environmental point of view (due to inadequate disposal of unused drugs) should also be an obligation of a general practitioner.
ANTINOMIES IN GP’S DAILY PRACTICE - BETWEEN PARTICULAR CASE ORIENTATION AND SYSTEM REFERENCES IN THE CERTIFICATION OF SICKNESS BY PATIENTS WITH MENTAL COMPLAINTS

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Aims Mental illness is increasingly the reason for certification of sickness. The effects on the professional daily routine of a GP is unknown. GPs experience tension in their daily work as advocate for the patient and as service providers and experts. They act between the particular case and reference to the social system, confronted with conflicts of objectives and antinomies. We investigated the different roles of GPs (lawyer, expert, service provider) on different levels (case coverage, system reference, mediator between case and system reference) and their possible target conflicts, interested in dilemmas and conflicting interests in the complex interplay between the concerns of the individual patient and the various systemic references. Methods Grounded Theory: semi-structured themes centered interviews with 37 GPs and trainees about the daily professional medical practice in concrete case studies; Circular coding; Interpretation of the text material to develop typical case vignettes to illustrate the conflicts and antinomies. Results The results show the complex challenges faced by GPs’ daily practice in the face of a changing society. We found three types of antinomies in the daily practice of GPs: between the individual case reference and the system reference, on the level of relationship between universalistic role-related and patient-orientation and the hiatus between duty to justify and decision force. Conclusion The interviews and the case vignettes demonstrate the subjective professions’ perception of the physicians and how this affects their case management. It shows the complexity of the everyday challenges in general practice, which requires a high level of professionalism and self-reflectivity in dealing with daily antinomies.
MELANOMA - CASE REPORT

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AIMS The incidence rate of Melanoma in Portugal was 8.9 in 2010. Most melanomas have relatively rapid growth and aggressive behavior. The purpose of this Case Report is to alert family physicians to the need for a careful and comprehensive objective examination, starting with the patients' skin. DESCRIPTION This paper reports the case of a 51-year-old medicated, controlled hypertensive caucasian female. As surgical antecedents she has tonsillectomy at the age of 30, tubal ligation at 38 and myomectomy at 51 years old. She went to our medical appointment due to melanocytic nevus in her left foot sole. It appeared 1 year ago and it caused her pain 3 days ago. She has no family history of skin cancer or history of excessive solar exposition causing sunburn. After evaluating the characteristics of the lesion, she was sent Dermatology consultation. The nevus was excised 13 days later and the histological result was lentiginous acral type melanoma with signs of invasion of the dermis (Breslow III). There was, therefore, need for margin widening and sentinel node research, which was negative. The patient continues to be followed up in Dermatology, with imaging and analytical control, without the appearance of new lesions. CONCLUSIONS As family doctors we play a crucial role in both disease prevention and early detection. Skin cancer is closely related to excessive and unprotected sun exposure in pre and peri-adolescence. We should explain to our patients the risks of this behavior, giving them useful advice for the prevention of this disease. In addition, we should look at the patient as a whole, evaluating it as a whole and practicing a careful anamnestic and a close and attentive objective examination.
APPROACH TO INFLAMMATORY PATHOLOGY OF PARanasal Sinuses

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Description of the case: 32-year-old man with no personal history of interest came to our primary care clinic for a frontal region pain of 2 days, with no traumatic history. 3 weeks before he had generalized myalgias, frontal headache, nonthermal thermodynamic sensation in treatment with ibuprofen without improvement. Exploration and complementary tests: hemodynamically stable, heart rate 125 bpm, Saturation Oxygen 97%. Ts 37.7; Cardiopulmonary auscultation: normal. Neurological examination: normal Bulge of soft consistency, 3.5 cm in diameter, well delimitated, not adhered, without areas of crepitation. Analytical highlights light leukocytosis with increased neutrophils; the rest is normal. Sinus radiography cadwell and waters projections: without veiling or occupation. Referred to hospital emergencies performed CT scan of the skull and paranasal sinuses: Partial liquid occupation of both anterior ethmoidal cells suggestive of inflammatory sinusopathy. Clinical judgment: Acute sinusitis Differential diagnosis: sebaceous cyst, lipoma, skin abscess, cephalohematoma, soft tissue and bone tumors. Final comment: Acute sinusitis is a localized infection in the mucosa of paranasal sinuses, usually there is a history of a high respiratory infection process. Clinically is characterized by respiratory infection symptoms with nasal congestion, purulent nasal discharge, facial pain, fever, toothache and facial swelling. The antibiotic treatment is recommended before clinical persistence of more than 7 days or headache. The diagnostic is fundamentally clinical. The breast CT is reserved for the diagnosis and follow-up of complications (orbital cellulitis, subperiosteal abscess, cerebral abscess, cavernous sinus thrombosis), for unclear diagnoses or in cases of torpid evolution.
HOW TO MANAGE WITH DIFFICULT PATIENTS

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- Abstract aim: Family doctors face every day in their normal consultation with many kind of patients, luckily most them are easy to handle, but sometimes we feel uncomfortable with a minority of them that awake in us unpleasant feelings because of their behavior, distrust, aggressiveness, lack of empathy by both sides, etc. In this workshop we don't want to blame patients for these situations, but we want to put all this problems over the table, analyze their causes and try to explain helpful mechanisms to apply in certain situations to solve them. - Materials and methods: At the beginning of the session we will have a look at the most important problems with difficult patients. We will also explain the most common kinds of them and how to handle common situations. After that we would like to do a role play in with the audience can experience the issues learned during the exposition, playing as doctors and as patients. - Result: We hope people attending this workshop return to their homes with the sensation they can apply the "tricks" learned during the session in their daily consultation and avoid unpleasant situations with patients, so communication between them could lead to the aim of our work, listen, treat, heal and help.
NON-REGULATED DIABETES CAN LEAD TO LIMB AMPUTATION

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Background: Inflammation of the foot, then gangrene and consequent amputation are significant causes of economic problem and significantly reduce the quality of life for a diabetic patients. Aim: To prove that non-regulated diabetes is directly related to neurovascular disorder and consequent amputation of lower limb and disability in people with diabetes. Methodology: By inspecting a personal medical data of diabetes patients associated with the diagnosis of amputation or lack of part of the extremities that had been reported in the ambulatory of the Doboj Health Center, found the link between blood sugar levels, HbA1C and lower extremity amputations. Results: Out of 24 patients with diagnosis of amputation in the lower extremities of the patients suffering from diabetes, 7 (29.7%) of the patients were female and 14 (58.3%) male patients. At the age group of 40-50 years there are 2 (8%) patients, 51-60 years are 3 (13%), 61-70 years are 13 (54%) and over 70 are 6 (25%) patients. Values of morning glycemia before amputation were elevated in 22 (91.7%) persons, and HbA1c in 19 (79.2%), 3(12.5%) had normal values, 2 (8.3%) had never performed HbA1c. 15 (62.5%) patients were on oral anti diabetic therapy non-regulated and afterwards they were on insulin, 5 (20.8%) of the patients were on insulin non-regulated, and 3 (12.5%) patients remained on oral therapy, one of them died after heart attack (4.7%). Conclusion: The negative effect of elevated blood sugar on the peripheral blood vessels leads to the damage of the nerves they feed. By development of insensitivity to pain, tendency to injury and wounds develops. Non-healing wounds lead to infection, which may afterwards require amputation of the extremity or part of it.
COGNITIVE BEHAVIORAL THERAPY TO REDUCE BENZODIAZEPINE INTAKE IN PATIENTS WITH INSOMNIA IN A PRIMARY CARE SETTING, A RANDOMIZED CONTROLLED TRIAL.

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Objectives: primary objective, validate the use of a cognitive behavioral therapy plus sleep hygiene vs only sleep hygiene and GP follow-up in reducing the intake of benzodiazepines in patients with insomnia. Design: randomized controlled trial Setting: urban primary care setting in East Spain methods: 50 individuals (age 18-99, insomnia diagnosis in clinical history, benzodiazepine in electronic prescriptions more than 6 months with it and who wanted to be enrolled in the program. They completed the Pittsburgh Sleep quality index (PSQI) and the Insomnia Severity Index (ISI), then one branch received 4 sessions (90 minutes each one) one per week of Jacobsen maneuvers and sleep hygiene, and the other branch sleep hygiene and follow-up with their GP and nurse. the same test were used to compare sleep outcomes at posttreatment, and 6 months follow-ups, and electronic prescriptions were reviewed. results: 40% in the intervention group reduces benzodiazepine intake vs 36% of control group, similar results on stopping benzos (total 14), and in the intervention group the ISI and PSQI punctuations were reduced in 2 points. conclusions: due to not enough individuals the results did not have statistical relevance, but in our interventions group a short behavioral sleep interventions may have benefits in improving the quality of sleep in adults. Future studies are needed to complete the trial to validate the data.
START USING A RAPID PRACTICAL WAY TO ASSIST PATIENTS IN CATASTROPHE

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Background and aims: Mass Casualty Incidents, are ones that involve more patients than the local resources can handle (terrorist attack, train crash, etc.) and can happen everywhere. A special Management System is needed there in order to give properly prehospital assistance and correct evacuation, which are important to reduce mortality. Most of the healthcare professionals are not well prepared in this area. The aim of this workshop is to teach GPs how the scenario is controlled and how the assistance area should be organised (security, post-disaster medical care, evacuation...). Also we will practice the fundamentals of the START triage and its criteria. Methods: Combination of theory (use of slides to introduce the basic knowledge of Mass-casualty triage systems) and skill training (use of START in practical cases with Mass Casualty Victims, role playing in a terrorist attack with bomb scenario or similar). Conclusions: Indulging in Emergency Care and in Catastrophe Medicine could be a new focal point in the new European reality. How to start a triage and how to manage the chaos is basic knowledge physicians nowadays must have.
POLYPHARMACY AND ADHERENCE TO MEDICAL RECOMMENDATIONS IN ELDERLY PATIENTS IN THE PRACTICES OF FAMILY DOCTORS – PRELIMINARY RESULTS

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Introduction Polypharmacy is a phenomenon related to the taking of many different medications by one patient. It usually concerns elderly patients with co- morbidities. Aim The main aim of the research was to define the phenomenon of polypharmacy and explore the influence of polypharmacy on adherence to medical recommendations. Material and methods The research was based on a questionnaire survey of senior patients. 84 responses were received from 120 surveys, which gives a response rate of 70%. Results The average age of participants was 68.05 years, and the ratio of men to women was 1:1. In the group of respondents 72.6% have two or more diagnosed diseases, 75% take two or more medicines per day, and 63% take medicines twice a day or more often. The most common causes of not taking prescribed drugs were: forgetting (22.6%), fear of side effects (10.7%) and conviction of lack of necessity of taking drugs (10.7%). In addition, most of the respondents were taking over-the-counter medicines; 50% of seniors take them on a daily basis. These are mainly vitamins, microelements and herbal preparations. Conclusions Polypharmacy is a significant issue in the practice of family doctors, often responsible for poor adherence to medical recommendations. The coordination of specialist treatment and the avoidance of medicaments being multiply prescribed, to prevent patients from taking them unnecessarily is becoming an important role of family doctors.
EVALUATION OF FOLLOW-UP OF DIABETIC PATIENTS AT USF CONDESTÁVEL - QUALITY IMPROVEMENT

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AIMS The aim of this study is evaluating the quality of medical records and promoting corrective attitudes to improve registries and follow-up of diabetic patients. METHODS Dimension studied: effectiveness Study Design: Retrospective and descriptive observational study in the Family Health Unit Study population: diabetic patients enrolled in USF Condestável as of December 31, 2015 Exclusion Criteria: Patients whose Diabetes program, in SCI nico, is not active Sample: entire study population The Unit of study is composed by the indicators obtained in December 2015 reflecting the follow up of the patients that year. Then, an Internal Monitoring Plan was presented at a multiprofessional meeting on July 22, 2016 after which the implementation of the brokerage measures began. The data used was collected from the MIM@UF and SCI nico programs, on April 15, 2016. Criteria evaluated: 1. Have 2 medical consultations for Diabetes Surveillance performed in the last 12 months, 1 in each semester with HgA1c registration in each of them 2. Have at least 1 microalbuminuria outcome record in the last 12 months 3. Have at least 1 foot exam record in the last 12 months 4. Have a record of the last HgbA1c with a value less than or equal to 8% 5. Record the last HgbA1c of less than or equal to 6.5% in diabetic patients under 65 6. Have at least 1 Ophthalmological Examination record carried out in the last 12 months 7. Be on therapy with Metformin monotherapy, in cases of a new diagnosis of type 2 DM For each criteria a Compliance Index (CI) will be determined and assigned a Quality Standard (QS): Very Good QS if you have an CI >= 90%; QS Good if you have an CI 80 - 89%; QS Sufficient if IC 60 - 79%; Insufficient QS if CI <60%. The reevaluation was made on December 16, 2016. RESULTS On the first evaluation, the 5th and 6th criteria had an Insufficient quality standard, the 7th criteria Very Good and the remaining Good. After the presentation of the Internal Monitoring Plan, an improvement in quality standards 2, 3, 5 and 6 was achieved. Criteria 2 and 3 obtained Very Good quality standards and criteria 5 and 6 Sufficient. CONCLUSIONS Thus, we can conclude that our intervention was effective improving the health care provided to our diabetic patients.
PNEUMOCOCCAL VACCINATION - QUESTIONNAIRE TESTING.

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The aim of our study was to assess mothers’ knowledge of pneumococcal infections and their opinions on this implementation. The survey was of a questionnaire type. The study group consisted of pregnant women whose term of delivery was in 2017, and mothers of children born after 31st December 2016. 767 respondents took part in the questionnaire survey. 47.6% of them were satisfied with the introduction of obligatory vaccination against pneumococci. 22.4% of respondents declared they would not vaccinate the child with a new, mandatory vaccine. 63.5% of mothers who know that pneumococcal infection might be lethal one had a willingness to vaccinate, among mothers who didn’t have this knowledge only 45.9% wanted to participate in vaccination program. The safety of the vaccine was crucial for parents. People who believe that vaccination is safe in 95.4% want to vaccinate a child, while only 7.9% of people who think that vaccination can cause serious side effects want to vaccinate their children. The most important source of knowledge about vaccinations for the respondents are family doctors and pediatricians. After reading the text informing about pneumococcal infections, almost a quarter of those who were not determined to vaccinate their child against S. pneumoniae had declare their would vaccinate it in future. Not all parents accept the implementation of pneumococcal vaccines into the mandatory vaccination calendar. A large percentage of them declare that they will not vaccinate the child against pneumococcal disease. Family doctors and pediatricians are the important source of knowledge and education for parents about vaccination. The parents’ awareness about the possible consequences of pneumococcal infection influences the decision on vaccinating their child.
EFFECTIVENESS OF INFLUENZA VACCINE IN PATIENTS AGED 60-75.

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Background: Numerous papers indicate the elderly population is generally immunologically frail. The aged immune system does not react with the same rules as that of younger adult. The aim of this study: To assess response to influenza vaccination in patients at the age of 60-75 years. Materials/methods: 96 patients, 60 to 75 years old, were included in the study, which was performed between 15 September and 15 December 2016. All patients had assayed the baseline levels of anti-haemagglutinin antibodies: H1, H3, HB. All patients were vaccinated with a seasonal trivalent vaccine (Vaxigrip). 4 weeks after vaccination the levels of anti-haemagglutinin antibodies: H1, H3, HB were re-assayed in all patients. The immune response was evaluated based on the following parameters: GMT, MFI, protection rate and seroconversion rate. The "R" software was used to perform the statistical analysis. The agreement of the Bioethic Committee of the Medical University in Wrocław was given to the study. Results: For all anti-hemagglutinin, the mean GMTs before and after vaccination differ significantly statistically (p<0.00001) For all anti-hemagglutins the protection rate (PROT) after vaccination is higher than before vaccination and these differences are statistically significant (p<0.00001). For each anti-hemagglutinin, the PROT is above the 60% threshold. For each anti-hemagglutinin, the response rate (RESP) is higher than 30%. Conclusions: Influenza vaccination resulted in an immune response in the study group that was similar to results that exceeded values of parameters recommended for the 60+ population. Such findings indicate a high immunogenicity of vaccination in the elderly.
GENDER DIFFERENCES IN THE ASSOCIATION BETWEEN PHYSICAL ACTIVITY AND HEALTH-RELATED QUALITY OF LIFE IN MIDDLE-AGED ADULTS LIVING IN THE COMMUNITY: A CROSS-SECTIONAL STUDY

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Aims: Health-related quality of life (HRQoL) is an important health outcome for people living in the community. The aim of this study was to explore gender differences in the association between physical activity and HRQoL among middle-aged adults in Taiwan. Methods: This study was part of The Taipei Veterans General Hospital Cohort Study of Cardiovascular Metabolic Risk Factors in Shipai Area Taipei, Taiwan. People aged 35-55 years old, living in the Shipai community for more than 6 months were randomly recruited. Physical activity was evaluated by The International Physical Activity Questionnaire (IPAQ), Taiwan version. HRQoL was assessed by using the Short Form-36 Health Survey physical health summary scale (PCS) and mental health summary scale (MCS). The associations between physical activity and PCS and MCS were assessed by multiple linear regression analysis. Results: A total of 906 subjects were included in this study and the mean age of them was 46.9 years old. 61.7% of the participants were women. There was no significant difference in level of physical activity between male and female subjects (P=0.866). For male subjects, after controlling for covariates, having moderate or high level physical activity had significantly better PCS scores than those who had low level physical activity (Beta=2.191, P=0.005 and Beta=3.355, P=0.001, respectively). However, this difference was not found in female subjects. There was no significant difference in the association between level of physical activity and MCS score in male and female subjects. Conclusions: The level of physical activity was a significant correlate for PCS score of male subjects but not for female subjects. Further study is needed to evaluate the mechanism of this difference.
PROCTALGIA FUGAX: AN EXCLUSION DIAGNOSIS OF ANORECTAL PAIN

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Aims and Background: Proctalgia fugax is a functional gastrointestinal disorder defined as recurrent sudden episodes of sharp fleeting anorectal pain lasting for several seconds or minutes, in the absence of an organic disorder. This condition is more common among women and usually affects patients ages ranging from 30 to 60 years, with an estimated prevalence of 18%. There are several identified triggers including sexual activity, stress, constipation, defecation and menstruation. Diagnosis is based on clinical findings and requires the exclusion of other causes for anorectal pain. Description: Male, 58, non-smoker, with a personal history of obesity, dyslipidemia, hypertension and moderate alcohol consumption. The patient consulted his family physician after the second episode of severe anorectal pain in 3 months. The episodes had a sudden onset and lasted for about 15 minutes, no pain between them and no obvious triggering factors identified. He denied other symptoms such as rectal bleeding or bowel habits changes. Physical examination and rectosigmoidoscopy excluded other causes, i.e. hemorrhoids, abscesses, fissures, rectocele or malignant disease. Glyceryl trinitrate ointment and systemic analgesia were prescribed for future crisis management. Conclusions: For a majority of patients, pain episodes are so brief that treatment is suboptimal. Since symptoms occur infrequently, prevention is not reasonable. Therefore, medical emphasis should be given on patient reassurance and clarification. For patients with frequent troubling symptoms, treatment with oral diltiazem, topical glyceryl nitrate or inhaled salbutamol for relaxation of the anal sphincter may be considered for shortening the duration of the episodes.
ASSESSMENT OF FACTORS THAT AFFECT NUTRITION IN PATIENTS DIAGNOSED WITH ADVANCED CANCER REPORTING MALNUTRITION IN AMBULATORY CARE

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Malnutrition is a common problem in cancer patients directly affecting quality of life, effectiveness of therapeutic treatment, and is related to the patient survival. Introducing an early, routine nutritional assessment and risk of developing malnutrition or cachexia seems to be crucial. We have carried out an assessment study among 67 patients with advanced malignancy who reported the problem of malnutrition in primary care and then were referred to long-term care. The time from diagnosis of malignancy to malnutrition varied from 23 to 1213 days (mean 296 days). The majority of patients were enrolled between 90 and 180 days after diagnosis. We have determined that anorexia has the greatest effect on nutrition. The results allowed to recognize a middle-degree or severe malnutrition in the studied group. The following conclusions were made: 1. Patients with advanced malignancy who report suspected malnutrition in outpatient care suffer from moderate or severe malnutrition, and cachexia is present. 2. Patients with advanced cancer need to be evaluated for the rapid detection of cachexia in primary care. BMI can’t be only one index in evaluation of malnutrition. 3. The factors most affected by malnutrition are lack of appetite and feeling of early satiety. 4. The most important symptoms associated with malnutrition in patients with cancer are related to food intake: lack of appetite, feeling of bad meals favour and dry mouth. 5. The best tool for rapid assessment of eating disorders in patients with advanced cancer is the PGA-SGA SF scale. To determine the goals of therapy, it is necessary to determine the stage of cachexia. Currently available tools are not optimal and the possibility of assessing the severity of cachexia needs further investigation.
TRAUMA ON THE ELDERLY: CAUSES AND PREVENTION - REVIEW ARTICLE

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AIMS The world's population is getting old. Until 2050 the number of older people will triple (30-40% of the world's population). Aging causes physical and psychological changes that give a greater predisposition for falls and trauma. Trauma is a major cause of morbidity and mortality in this age group. Our aim is to report the main causes and the preventive measures of injuries on elderly. METHODS We did a research on Pubmed, BMC Medicine and Medscape with the mesh terms "accidental fall/ prevention and control" and we found 13 articles using the filters "Controlled Clinical Trial, Systematic Reviews, Free full text, From 2017/01/01 to 2017/12/31, Aged: 65+ years, English and Portuguese". RESULTS The main intrinsic causes of trauma in elderly are cognitive deficit, comorbidities that impair the locomotion capacity, sensory deficits and emotional disorders. The extrinsic causes are related to the surrounding environment: polymedication and environmental risks. Prevention is effective in reducing the no. and severity of trauma. CONCLUSIONS Trauma of elderly is one of the Great Geriatric Syndromes, it's multifactorial in nature, it has high frequency and negative impact on quality of life. It's one public health problem. Episodes can be reduced by applying preventive measures. The necessary interventions are campaigns, seminars/ debates to the caregivers or to the elderly themselves and training professionals to deal with the geriatric population. As family physicians, we have a privileged role in the detection of intrinsic risk factors (through medical evaluation) and extrinsic (by the perception of the predisposing aspects of trauma in their home - home visit) thus helping to prevent it.
AN UNCOMMON CAUSE OF HAEMATURIA: VESICAL SCHISTOSOMIASIS

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AIMS: Schistosomiasis is an acute and chronic parasitic disease caused by blood flukes (trematodes) of the genus Schistosoma. It’s estimated that at least 206.5 million people in the world needed treatment in 2016. It is a prevalent disease in tropical and subtropical regions and it's estimated that at least 92% of people who need treatment for schistosomiasis live in Africa. Immigration is a real phenomenon in our country and especially in our region where we have a high percentage of African patients so in the care of these patients we must not forget the existence of unusual diseases in our environment. METHODS: We present a clinical case of a 35-year-old man, from Senegal, with home in Spain for 10 months ago, who comes to our Primary Care clinic, with his roommate because he presents a language barrier, for hematuria of 30 days of evolution. Lives with 5 cohabitants, with electricity and drinking water, works in agriculture, has no contact with animals. Refuse infectious symptoms urinary, abdominal or respiratory. A personal history describes arterial hypertension and sporadic hematuria in childhood. No allergies No toxic habits. Refuse surgical interventions or a usual treatment. To the physical examination: Normal constants. Good general condition Normal cardiorespiratory auscultation. Normal skin Abdomen soft and depressible, no masses or megala, no pain on palpation. Lower members without edema, no data of filarias or mycosis. Systematic urine: leukocytes: 75000 / uL, red blood cells; 1mg / dl, sediment: red blood cells p / c> 100, leukocytes: 5-10. Uroculture: <1000 CFU, Parasites: Squistosomiasis. Hemogram, biochemistry and anodyne coagulation except for ethnic leukopenia. Normal blood smear. Serology HBsAg (-), HBsAc (+), HBoAc (+). HIV, negative LUES. Parasites stool negative. Rx thorax PA and LAT: normal. Rx abdomen: bladder calcification. Praziquantel 40mg / kg o.v. (single dose) was treated. Abdominal-pelvic CT reported bladder schistosomiasis associated with vesical neoplasia, squamous cells, without metastasis. Intervention: Cystectomy and Bricker, catheterization of both ureters directed to Bricker and FID. Biopsy: moderately differentiated squamous cell carcinoma G2, infiltrative and schistosome eggs. RESULTS: Bladder schistosomiasis CONCLUSIONS:Schistosomiasis is a parasitic disease that affects more than 200 million people in the world, being, after malaria, the second global parasite, considered endemic in African countries. Adult infestation and oviposition at the bladder level determine the appearance of a symptomatology and lesions that will require a specific diagnosis and treatment. In Spain, the rare cases that occur suggest the imported origin of African immigrants and occasionally tourists who refer a previous stay in countries of high parasitic endemic Lesions at the bladder level can be, in addition to inflammatory lesions, sclerosis, calcifications, stenosis of the bladder neck and late bladder cancer of the epidermoid type. Haematuria, the main sign of infestation, can occur at any stage of the disease. In African countries, the presence of hematuria has a high positive predictive value of bladder schistosomiasis; therefore, in young individuals coming from areas of high prevalence, hematuria (macro or microscopic) should make us think about this disease. The relationship with the genesis of epidermoid bladder carcinoma is direct in areas where this infection has a high prevalence. Treatment with Praziquantel at a dose of 40 mg / kg administered orally in a single dose or 20 mg / kg (two doses in a day) is the usual regimen. In conclusion and given the high prevalence of schistosomiasis in sub-Saharan countries and its subsequent clinical-epidemiological implications, the occurrence of a hematuria in black immigrants needs a complete evaluation, at least with a parasitological study. And do not forget that the adventure trips of Spanish tourists with exotic destinations, forces us to think about schistosomiasis and other tropical parasitic diseases as diseases that will increasingly have relevance in our medical practice.
CATAMENIAL PNEUMOTHORAX IN A YOUNG WOMAN: A CLINICAL CASE OF THORACIC ENDOMETRIOSIS SYNDROME

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Aims and Background: Thoracic endometriosis syndrome (TES) is a rare disorder defined as the presence of ectopic endometrial tissue in lungs, pleura, airways or diaphragm. It is the most frequent extra-pelvic site of endometriosis and consists on four distinct clinical entities: Catamenial Pneumothorax (CP) or Hemothorax, Hemoptysis and Pulmonary Nodules. CP, which is the most common manifestation, affects women of reproductive age and occurs recurrently within 72 hours of menstruation onset. Description: Female, 28, non-smoker, nulliparous, with no medical background except for recurrent dysmenorrhea despite of combined oral contraception. She consulted her family physician for dyspnea and right-sided chest pain starting 48h after menstruation onset. Physical examination revealed tachypnea, decreased lung sounds on the right and hyper-resonance on ipsilateral percussion. Chest radiography showed collapsing right pneumothorax, with subsequent drain insertion in the pleural space. Control CT-scan showed no further changes. As pneumothorax coincided with menstruation onset, pelvic ultrasonography was performed and a left ovarian mass was found. Based on these findings, diagnosis of pulmonary endometriosis was assumed. Treatment with continuous oral contraceptives was initiated. The patient was referred to Thoracic Surgery and Gynecology for follow-up and further investigation. Conclusions: Because TES is rare and complex, diagnosis is often delayed or missed. To avoid such issues and implement appropriate treatment, a high index of suspicion is essential in any woman with catamenial symptoms. Hormone therapy is suitable as first-line chronic treatment as it is non-invasive and preserves fertility. Surgical intervention might be an option in selected cases.
PUNGENT FEET: A CASE OF PITTTE KERATOLYSIS IN PRIMARY HEALTH CARE

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Aims and Background: Pitted Keratolysis (PK) is a skin disorder characterized by crateriform pitting that primarily affects pressure-bearing areas of plantar surfaces. It usually results from a stratum corneum infection by Kytococcus sedentarius, though Dermatophilus congolensis and Corynebacterium spp have also been implicated. Under appropriate conditions (i.e. prolonged occlusion, hyperhidrosis), these bacteria proliferate and produce stratum corneum degrading proteinases. Differential diagnosis includes tinea pedis, verrucae, punctate palmpoplantar keratoderma and palmpoplantar hypokeratosis. Description: Male, 28, fisherman, with no prior history of chronic diseases, presented at his family physician with plantar skin lesions, intense foot odour and hyperhidrosis. Since he had previous episodes of tinea pedis he empirically decided to self-apply a topical antifungal, with no positive outcome after 4 weeks. Physical examination revealed multiple small-pitted lesions on both calcaneus and metatarsal heads plantar surfaces. PK diagnosis was prioritized. Treatment was initiated with topical clindamycin and benzoyl peroxide solutions. Management strategies were discussed, such as regular antiperspirant use, frequent changes of socks and use of well-ventilated footwear. Conclusions: Despite being common among professionals using occlusive footwear, differential diagnosis of PK over tinea pedis is challenging. Changing footwear and socks regularly is the main prevention factor. Topical antibiotics are the first line of medical treatment. There is also proven evidence for the advantages of adding benzoyl peroxide to antibiotic treatment. Botulinum toxin or iontophoresis may be useful. Prognosis is excellent and lesions usually resolve in three to four weeks.
QUALITY OF PATIENTS’ BLOOD PRESSURE MEASUREMENTS

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Aims Measuring blood pressure accurately and independently by patients is an important factor determining quality of hypertension control. The aim of the study was to evaluate the accuracy and techniques of blood pressure measurements performed independently in hypertensive patients, in accordance to the European Society of Hypertension Guidelines. The results will indicate the standard mistakes patients may make when measuring their blood pressure, and will suggest improvements to be made in the primary health care setting to create a better patient education system. Material and Method Eighty-six patients with diagnosed hypertension filled out a questionnaire and were filmed measuring their blood pressure on their own devices. The devices were then checked for calibration and validity by a specialist. Results Patients made mistakes in every stage of measuring blood pressure, and in most cases their devices were not originally valid or calibrated. Approximately 23% of patients declared no one taught them how to take blood pressure readings and 36% of patients relied on an instruction pamphlet. No correlation was found between the quality of blood pressure measuring and gender, hypertension history length nor education level. However, patients living in towns with less than fifty thousand inhabitants had a noticeable better result in quality of measurement (p < 0.01). Conclusions The findings suggest that the primary health care setting often does not instruct patients on how to properly measure blood pressure. Patients should also be informed about valid devices and how to calibrate them.
MINDFULNESS: THE POSITIVE IMPACT OF A COGNITIVE THERAPY PROGRAM.

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Aims: To analyze how effective is a mindfulness-based cognitive therapy program in improving professionals' self-compassion. Healthcare professionals' characteristics were described and compared between two groups: a voluntarily enrolled program participants and the control group. Material and Methods: A quasi-experimental study of a pre-post type in a health institution that includes a university hospital and 9 primary care centers. Effectiveness of the cognitive therapy program was evaluated using two validated scales: Mindfulness Attention Awareness Scale (MAAS) and Self-Compassion Scale (SCS); the first was used to check mindfulness, where with the other we evaluated 6 complementary competences in 3 subscales (C1: self-compassion + self-judgment, C2: common humanity + isolation, C3: mindfulness + over-identified). Univariate and bivariate analysis were done. Results: A total of 153 healthcare professional was included: 108 Program participants (mean age: 47 years [SD 9]) and 45 as control group (mean age: 35 years [SD 12]). Post-intervention improvement showed in total score of MAAS (pre=3.3 vs post=4.2 points) (p<0.001) and of SCS (pre=2.94 vs post= 3.10 points) (p=n.s). Correlation was found between age and the SCS subscale C2 (common humanity + isolation): r= 0.631 (P= 0.002). Also gender differences was showed with the C3 subscale (mindfulness + over-identified) where males scored 3.6 points while females had 2.9 points (P=0.024). Conclusions: A brief mindfulness-based intervention improves mindfulness in healthcare professionals. Age and gender affect how we score both evaluating scales.
IMPACT OF FAMILY PHYSICIANS ON CERVICAL CANCER SCREENING IN POLAND

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Aim: Despite worldwide efforts in encouraging early detection of cervical cancer, routine screening through pap smears remains behind in Poland, with only 21.2% screening rate. Family physicians (FP) almost never perform pap smears in Poland. The aim of the study is to assess the attitudes and practices regarding pap smear screening in primary health care (PHC) setting in Poland among FP and their patients. We hope that results from this investigation can promote improvements to the current PHC system. Methods: A cross-sectional survey was distributed among 50 physicians and 500 patients in Krakow and surrounding regions of Poland. 10 patient responses were collected from each physician’s office, and data were associated with the physician’s survey. Descriptive statistics and chi-square test were used for analysis. Results: The final sample included 387 patients from 41 FP. Nearly two thirds of patients (65%) declared willingness to undergo free pap smear screening by their FP, with the most common reasoning being their trust towards their doctor. Among those objecting to receiving pap smears, specialist care provided by gynecologists in case of adverse results was the main concern. The factors that positively influenced patient decision to conduct cervical screening in PHC were: (1) living in a village of less than 25,000 inhabitants, (2) being single and (3) having a female FP. About 76% of FP declared that if pap smear was made accessible in their offices, they would propose it to their patients. Conclusion: Pap smears should be performed at PHC offices, as patients at risk for cervical cancer are more likely to comply with the screening due to easy accessibility. Establishing solid physician-patient relationship is also crucial in encouraging screening.
AN UNUSUAL AURA - CASE REPORT

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Introduction: migraine is an episodic disorder and it is one of the most common complaints encountered by physicians. It affects up to 12 percent of general population being more frequent in women. The migraine aura is experienced for about 25 percent of people with one or more focal neurologic symptoms. Aims: the objective of this case is to alert family doctors that there are some unusual presentations of this pathology. Description: Female patient (E.R.L.R.), 62 years old, caucasian. The symptoms started in 2001 when the patient starded with vertigo symptoms and lost of consciousness. In the begging the patient only recurred to her family doctor which has made an complete physical exam, blood tests, echocardiogram, ECG and prescribed betaistine to the vertigo. With no relevant findings and no improvement in her condition, the patient was send to an otolaryngologist, where were done a batery of tests (tympanogram, electronystagmography, etc) with no significant alterations. During this period the patient reported several trips to the urgencies and ORL appointments. Only in 2017 (April) the patient goes to a Neurology appointment, where refers for the first time after her vertigo and lost of consciousness, there are always an severe headache. In this appointment the neurologist made the diagnosis of basilar-type migraine, prescribing 10mg of flunarizine which has indications in both migraine therapy and effects in vertigo. Since then, and until now, the patient feels better and remains assymptomatic. Conclusion - Basilar-type migraine is a rare form of migraine with aura. The diagnosis of this condition may be a chalange and the right approach of this condition is key to prevent the symptoms and treat a very disabling disease.
PROFESSIONALISM: RESILIENCE AND AUTO-COMPASSION, A TWO EMERGING COMPETENCES AMONG HEALTHCARE PROFESSIONALS. PILOT STUDY

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Aims: To evaluate two emerging competences among healthcare professionals. Methods and methods: a descriptive study based on a self-elaborated questionnaire with 4 sections and 61 variables; was done in a health institution of a university hospital and 8 primary care centers. It included two validated scales: Connor-Davidson Resilience Scale (CD-RISC) and the Self-Compassion Scale (SCS). This pilot study was carried out among resident participants in a training course and members of the bioethical committee (CEA). Main variables were resilience and auto-compassion. Confidentiality and anonymity were guaranteed. It was approved by the ethical committee of investigation and treatment (CEIm). Univariate and bivariate analysis was done along with Cronbach's alpha to estimate reliability. We use SPSS Statistics version 25. Results: 46 professionals participated: 80% of CEA members (16/20) and 88% of residents (30/34). Male participants were 28%. Mean age of 36 years. Significant differences were found between studied groups in both scales. Resilience mean score was of 79 points (SD=7) between members of CEA and 71 points (SD=11) for residents (p= 0.038), Cronbach's alpha=0.885. As for self-compassion, CEA members had a mean score of 3.5 points while residents scored it with 3.2 points (p=0.014), Cronbach's=0.849. On the SCS, differences were showed in two subscales: First, the Common humanity & Isolation score for CEA members was 3.7 points and for residents 3.2 (p<0,001); and second, the Mindfulness & Over-identified subscale score in CEA members 3.6 vs 3.3 points in residents (p=.041). No gender differences observed. Conclusion: Healthcare professionals showed to have higher resilience and self-compassion, and these were influenced by age.
GASTROINTESTINAL STROMAL TUMOR PRESENTING AS ACUTE ABDOMEN

Sandra Mrda

Dom zdravlja,

Aims: The aim of this case report is to show that acute abdomen should be considered as a first manifestation of GIST. Description: Gastrointestinal stromal tumors (GIST) are the most common mesenchymal tumor of the gastrointestinal tract. GISTs are very rare neoplasms, presenting in only 2% of all malignant neoplasms of the gastrointestinal tract, and are showing CD 117 (c-kit protein) positivity in more than 95% of cases. Although they may arise anywhere throughout the gut, the commonest sites are the stomach (60-70%), the small intestine (20-30%), the colorectum (5%) and the esophagus (up to 5%). Rarely, in less than 1%, GISTs develop in the retroperitoneum, omentum or mesentery. We studied the patient's medical history. Male, aged 58, admitted due to intensifying pain, lasting 4 days, located in the right part of the abdomen. Abdomen was palpable sensitive to deep ileocecal palpation, with the pain intensifying when releasing the touch, without organomegaly or palpable tumor masses. The patient was sent to operational treatment as suspicious acute appendicitis (acute abdomen). Laparotomy done due to acute pain showed intestine perforation and tumor-caused changes in the omentum, and the resection of the observed changes was performed. Pathohistological report fits predominantly to GIST with mitotic index 6/50 HPF, an all of the tumor cells being clearly positive to CD117, while most of them positive to CD34. During postoperative treatments, patient received imatinib, 400 mg/day. Conclusion: GIST in omentum is very a rare tumor, with non-specific clinical symptoms. It is often perceived as an acute abdomen due to tumor necrosis.
CENTRAL DIABETES INSIPIDUS AS MANIFESTATION OF THE METASTATIC PROSTATE ADENOCARCINOMA

Ana Bojićć

1 Dom zdravja,

Amis: The aim of this case report is to show that CDI can be the main manifestation of a systematic malignancy. Description: Diabetes insipidus is a disorder observable by production of an increased volume of hypotonic, dilute and tasteless (insipid) urine. Central diabetes insipidus (CDI) is a disease involving lack of arginine vasopressin caused by impairment of the neurohypophysis, the 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. We studied the patient's medical history. We are presenting the case report of a 74 year old patient who had a prostatectomy because of an adenocarcinoma of the prostate. Six months later, he complained about polyuria, polydipsia, and loss of weight. The PSA level was 102 ng/ml. Physical examination of the patient showed signs of dehydration (we detected hypernatremia) and weight loss, however 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. The symptoms (polyuria and polydipsia) improved. In combination with pituitary hormone substitution therapy, chemotherapy was started, too. Conclusion: When a doctor comes across an elderly patient with new-onset of CDI, a systemic malignancy should be considered, especially in a case when the patient was previously treated for any kind of malignancy that was treated before.
TRAINING FOR FAMILY CARE: ALL FAMILY MEMBERS IN VIOLENT RELATIONSHIP NEED COUNSELING.

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Aim(s) One out of three women are or have been in a violent relationship; in one out of three situations of partner violence children are involved at least as observer; in a quarter of incidences both partners contribute to the violence. Violent relationships have major short and long lasting mental consequences and alcohol and drug abuse are strongly related. Training general practitioners on counseling skills to address the mental health state and related health issues, resulting from abuse and violence should reduce the burden, improve the response for all family members within the relationship. A collaborative and systems approach is needed. Description Models for counseling, which could be used with various family members, will be introduced and illustrated by using multimedia and online training materials. Following the introduction participants will have small group case based opportunities to practice and discuss these models. Participants will share a learning experience on how counseling can enhance disclosure and motivation for care and advocacy. The individual needs of the victims (i.e. women, elderly, children) will be raised and therefore the need for different approaches will be stressed. Possibilities in different European health care settings will be considered. Conclusions Mental health counseling and promotion of collaborative care need skills training and further investigation. This should allow active involvement of the primary health care in a multi-sectorial care management oriented to all members of the family system and dealing with the mental consequences and complexity of such situations. The family orientation of general practice may be an important asset to improve a comprehensive and more preventive approach in family violence.
APPLICATION OF THE KAYROS MODEL, "CONVERSACIONES QUE AYUDAN@", FOR THE ADVANCE PLANNING OF HEALTHCARE IN PATIENTS WITH ADVANCED CHRONIC DISEASE

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Anticipated Health Care Planning (AHCP) is a voluntary communication-deliberation process between an able person and health professionals about: values, wishes and preferences regarding health care. The participation of family/trusted people is important, being the figure of the "representative-person" essential. KAYROS-conversations that help,KCQA, inspired by Respecting choices®, offers a training-research planning on AHCP Aim: Improve information, grade of activation and capacitating of chronic complex patients (CCP), about decisions making at the end of life through KCQA Design: Quasi-experimental clinical trial before-after with a single group. Population: 92 CCP, registered in health care center (Hcc), on March 2017. Inclusion criteria:> 18 years, CCP, absence of dementia/mental illness Phases: Creation of project and training interviewers Accepted by healthcare ethics committee of Reference Hospital Informative meeting with Hcc’s doctors Telephone call. Proposal for participation First interview: (information and document document KCQA, informed consent, activation questionnaire [pre]). Second time: first semi-structured interview KCQA Second interview: Resolution of doubts. Activation Questionnaire [post]. Satisfaction Questionnaire Variables: Sociodemographic, clinics Variables of wishes Kayros: representative-person, Kayros questionnaire: (types of treatment desired/rejected, degree of expected comfort, care of comfort, information to relatives), official record of instruction document (could be Kayros or other) Activation grade The project aims to find alternatives and open communication channels that allow professionals help to protect the patient's autonomy, favoring supporting, understanding, and anticipating moments where wills could be diminished
CAUSES OF ADMISSION TO THE EMERGENCY DEPARTMENT OF A CENTRAL HOSPITAL: A ONE-YEAR RETROSPECTIVE STUDY

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Introduction: Inflow to the Emergency Department of Otorhinolaryngology has increased in recent years, with a large part of non-urgent admission reasons. Aim: Epidemiologic and clinical characterization of the patients observed in the ORL ES of the Vila Nova de Gaia/Espinho Hospital Center (CHVNG/E). Methods: This was a retrospective study of patients observed in the ORL ES between January 1st and December 31st, 2016, with a representative sample of 376 patients. Results: There was a predominance of male patients, aged 21-60 years, who had recourse to the ES on their own initiative. The highest number of emergency episodes occurred on Monday. The pathologies most observed were otological. The majority of patients were discharged home. Conclusion: The majority of the reasons for admission to the ORL ES of the CHVNG/E did not constitute real urgencies and could be eventually oriented at Primary Health Care level. It is important to invest in health education of patients at the level of primary health care. Key Words: Patient admission; emergency hospital service; otolaryngology.
DO YOU USE CONTACT LENSES? TAKE A LOOK

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Aims Establish the possible differential diagnoses of an ocular whitish lesion. Among the possible differential diagnoses is the leukoma because it is a whitish lesion, it would not stain with the fluorescein test. We can also think of a corneal ulcer but it would not appear whitish to the naked eye. Methods 28 year old woman, wearing contact lenses. Go to our Primary Care clinic for presenting pain in the right eye for a week of evolution with generalized redness and whitish corneal lesion that limits her vision. She had previously consulted in the emergency department where she was prescribed tobramycin ointment every 8h for presenting a corneal ulcer. Without objectifying clinical improvement. Results Upon examination, we observed pupils equal, round, and reactive to light and accommodation (PERRLA) and preserved eye movements. Conjunctival injection and whitish corneal lesion of 2x2 mm. Visual acuity with right eye 0.2 (e) We perform fluorescein staining, appreciating a corneal lesion that captures contrast with perilesional edema. CLINICAL JUDGMENT: Bacterial keratitis Corneal abscess Conclusion The use of contact lenses is one of the main causes of the appearance of corneal ulcers and the possible abscessification of them. When finding an ocular lesion with positive staining for the fluorescein test in contact lens wearers, it should be referred to the ophthalmologist urgently to be assessed. In the case of a corneal abscess, lenses must be taken to grow them. The treatment is performed with ciprofloxacin eye drops every hour for the first 24 hours and ophthalmology control. A combination of topical antibiotics of hospital dispensation (cephalosporin and aminoglycoside) may also be used. Eyelid occlusion is contraindicated.
FEVER AND VASCULAR PHENOMENON

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AIMS: Infective endocarditis, whose clinical manifestations are variable depending on the location, the nature of the valve and the microorganism, is an endovascular microbial infection that affects intracardiac structures. While up to 90% of patients have fever associated with systemic symptoms and 85% have a new heart murmur, classic peripheral signs are becoming less frequent. Clinical suspicion along with blood cultures is the most important when establishing the diagnosis. Therefore, a complete anamnesis together with the identification of the risk factors will be the main tool to establish the suspicion. DESCRIPTION: A 78-year-old man consulted for fever > 38°C and asthenia of 4 days of evolution without another accompanying clinic. As a personal history: benign prostatic hypertrophy in treatment with Tamsulosin, No allergies and no previous interventions. Exploration highlights a panfocal systolic murmur in cardiac auscultation, subconjunctival hemorrhages and petechia in finger pulp. Complementary test: leukocytosis with neutrophilia and elevated CRP, with normal urine, normal chest radiograph and electrocardiogram, and positive blood cultures for Staphylococcus aureus. In transesophageal and transthoracic ultrasounds no vegetations are visualized. CONCLUSIONS: Infective endocarditis according to the Duke criteria. In this case, 1 major criterion is fulfilled, 2 positive blood culture and 3 minor: Fever, vascular alterations and a positive blood culture. The treatment was cloxacillin 2g/4h and Daptomycin 750mg/24h for 15 days, responding correctly without signs of poor prognosis. It is an infrequent disease in patients without a cardiac history or study of valvular disease, whose main symptom is the presence of fever without apparent focus.
TRANSIENT GLOBAL AMNESIA

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Aims Establish the possible differential diagnoses of patients with memory loss. Using the anamnesis and complementary tests, the main diagnosis that we have to rule out is transient ischemic attack (TIA). As complementary tests we can perform cranial magnetic resonance, echocardiography of the supraortic trunk and echocardiography. If all are normal we should think about transient global amnesia. Methods A 59-year-old male with no personal history of interest goes to the Emergency Department for presenting a suddenly memory loss, ill-defined dizziness and difficulty for the language witnessed by his wife of about 30 minutes. She reports having arrived by car at the family farm, her husband has parked correctly and has been visiting the crops, he did not have a normal behavior, she says, he repeated the same questions over and over again. He does not remember having been there. Results Good general condition, conscious and oriented. Without neurological focus. He currently remembers that he was at the farm, he is asymptomatic. Blood tests, complete blood count, biochemistry and coagulation are performed. Chest x-ray and cranial CT without significant alterations. Conclusion Transient global amnesia (AGT) is a benign clinical syndrome that presents with anterograde and retrograde episodic memory deficit with learning and fixation difficulty during the event. There is no accompanying symptomatology. The warning sign for witnesses is the reiteration of questions by the patient. They maintain the capacity to perform automatic maneuvers although they are not aware of having done it. It appears in people of average age and lasts between 2-6 hours, never more than a day. Its etiopathogenesis is unknown, it is associated with factors.
TRADITIONAL VS. SCHOOL MEDICINE IN RURAL LOCATIONS - "FRIENDS WITH BENEFITS"? PART 2

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AIMS - Relationship between traditional/alternative and school medicine has always been uneasy, sometimes inflamed, especially in the frontier (rural locations) where medical doctors experience face to face encounter with traditional medical practitioners (shamans, healers, herbalists etc.) However, recently we experience a bit less orthodox approach from both sides, which shows us some greater prospective of a more holistic medical care. Authors strongly believe that rural medical practitioners could be pioneers in the process of cooperation between school and traditional medicine and are going to define the strategy and tactics of such one. DESCRIPTION - Authors are going to make an introduction with presentation of the current layout in different European rural locations and the preliminary results of the previous workshop on the same topic. Thereafter all the participants will be divided into groups for interactive work with the aim to define common goals and mutual benefits in cooperation between traditional and school medicine. Finally the authors and participants will try to elaborate the strategy and tactics of holistic approach to the cooperation between traditional and school medicine in rural locations. CONCLUSIONS - We’ve had a Part 1 of our Workshop at the EURIPA Forum in Crete in November 2017, when we introduced the principle of "GP’s Cookbook" and launched the exchange of ideas and data collection. This is Part 2, where we are going to present the template and possible layout of the "Cookbook" and to discuss further steps for Part 3 (launch of the book itself) at the EURIPA Forum in Tel Aviv in November 2018.
THE DOCTOR PATIENT RELATIONSHIP AS A CORNERSTONE FOR QUATERNARY PREVENTION

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Aims Medical overuse is a topic of growing interest in health care systems and especially in primary care. It comprises both over investigation and overtreatment. Quaternary prevention strategies aim at protecting patients from unnecessary or harmful medicine. The aim is to show how to prevent iatrogenic damage based in a healthy doctor-patient relationship.

Description The case reports a 98-year-old caucasian male. About patient background, he suffers from diabetes mellitus type II, arterial hypertension and hypercholesterolemia. The patient was diagnosed with prostate cancer (PC) at 75 years of age. He was submitted to hormonal therapy and proposed for surgery. The patient facing this diagnosis approached his family physician for counselling since he was reluctant to accept the surgery. PC, especially low-grade forms found in elderly men, often grows so slowly that no treatment is required. After several visits with the patient and his family and calculating risk/benefit of medical intervention, he declined further treatment. Nowadays he has a good general condition and doesn’t have any comorbidity associated to PC. Conclusions Due to increasing life expectancy and PSA screening more elderly men are diagnosed with PC. Gleason score, PSA serum levels and age are a key prognostic factor in treatment. In men >70 years, treatment without curative intent may deprive the patient of years of life. As family doctors we are in a privileged position for counselling patients. The ongoing entanglement of clinical care and prevention increases the risk of iatrogenic harm in healthy people. Practising medicine with quaternary prevention in mind implies an exceptional doctor-patient relationship based on management of uncertainty, guarantee of benefit and harm tolerance.
A RARE CASE OF SPOROTRICHOSIS

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Aims: Sporotrichosis is a mycotic chronic granulomatous infection caused by the Sporothrix schenckii fungus. The infection occurs via inoculation into the subcutaneous tissue after trauma. The subcutaneous form is the most common one, with nodulo-ulcerative lesions in the region of trauma and adjacent lymphatic. It turns endemic in rural areas. The diagnosis is based on clinical observation, but the gold standard is the cultural exam. Description: Woman (41 years) appeared with fever for 4 days, pain at the 4th finger of the right hand and paresthesia after a trauma in garden. A papule with exudate, heat and redness without further abnormalities was observed. She was suspected of impetigo and was medicated with fluconazole and fusidic acid. Later she had edema and pain at her right arm with changes of muscle force of the 3 and 4th finger of the right hand. Several nodular lesions were observed in the right hand and wrist with inflammatory signs. An erythematous nodule with fluctuation in the right forearm and several subcutaneous lesions were observed by Dermatology. An aspirative biopsy was performed and the result of the histological examination was compatible with Sporotrichosis. Itraconazole was prescribed with resolution of the lesions. Conclusions: Sporotrichosis is a subcutaneous infection that requires treatment with early recognition. Diagnostic error allows hematogenous spread affecting other organs. The clinical picture can be confused with others infections diseases. Sporotrichosis in Europe is sporadic, but having grown in number. New transmission routes have been detected. With this work we want to expose the case, and call attention to the knowledge of the pathology as a whole, in order to respond effectively and in a timely manner to its diagnosis and treatment.
PROLONGED THERAPY WITH PROTON PUMP INHIBITOR, WHAT ARE THE RISKS? - SYSTEMATIC REVIEW

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Aims Proton pump inhibitors (PPI) are widely prescribed, often inadequately. However, the risks associated with prolonged use of this therapy are not yet known. The main aim of this Systematic Review was to study the long-term risks of prolonged use of PPI. Methods Search for articles in the databases Pubmed, Medscape and BMC Medicine, with the keywords "Long-term use", "PPI", "adverse effects", "benefits". Selection of relevant articles and data collection. Results It is confirmed that PPI are inappropriately prescribed, studies point to a misuse of about 55%. In prolonged use of PPI, possible changes in absorption are pointed, resulting in hypomagnesemia, hypocalcemia, secondary hypoparathyroidism and bone fractures. However, the clinical evidence isn't relevant. Concerning infections and PPI use, Candida infections and increased risk of pneumonia are reported, especially at the beginning or at high doses of treatment. Achlorhydria/hypochlorhydria are associated with increased risk of enteric infection (diarrhea caused by C.difficile), despite uncertainties in the strength of this association. Regarding the possible drug interaction with Clopidogrel, there is currently no clinical relevance of interactions between these two drugs. There is no evidence of the relationship of PPI and Dementia/Alzheimer's disease. There is no causal relationship with the use of IPPs and Cardiovascular events. There are several drug interactions involving PPI that might be more frequent in immunocompromised patients. Conclusions Despite the potentially serious adverse effects that have been associated with the continued long-term use of PPI, further evidence is needed to support such statement. It is advisable to regularly monitor the proper prescription of PPI.
GENDER DYSPHORIA: THE ROLE OF THE FAMILY DOCTOR IN AN INCREASING DIAGNOSIS

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AIMS There is still much controversy involving gender issues in children, specifically about the medical and non-medical approaches available. With this case report we aim to bring some light to this condition and to ignite the discussion on what could and should be the position of the Family Physician. DESCRIPTION The Gender Identity Disorder (GID) or Gender Dysphoria (GD) in children corresponds to a psychological condition in which the child experiences marked dissonance between the expressed gender and the gender dictated by the biological sex. This may result in child's discomfort and distress. Literature suggests that the number of children presenting for care with GD has increased exponentially. The most common care providers are multidisciplinary gender clinics, general pediatric endocrine clinics or mental health clinics. This case report presents an 8 year old natal male child with irrelevant medical history who has been persistently expressing cross-gender behaviors and showing signs of strong dislike of his sexual anatomy. His mother also refers to a preference for cross-gender playmates, for toys and games stereotypically linked to girls, as well as a strong avoidance of the usual boy's rough-and-tumble play. Although this family has a very positive approach to the situation by being very caring, opened and supportive, they fear the possible social stigma, bullying and subsequent psychological distress. CONCLUSIONS The Family doctor is the general point of first medical contact within the health care system and has responsibility in terms of provision of longitudinal continuity of care for these children and their families. So, we need to reflect on what exactly can be done to support them? What should be expected from the primary health care provider?
QUALITY IMPROVEMENT IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE PATIENTS DIAGNOSIS AND FOLLOW-UP

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Aims Chronic Obstructive Pulmonary Disease COPD is classified as the 4th cause of death. Its prevalence in Europe it’s estimated to be 12%. The aim of this work is to improve quality in diagnosis and follow up of COPD patients in primary care setting. Methods Dimension studied: effectiveness Study design: Retrospective descriptive observational study in the Family Health Unit Study population: patients with COPD listed in UCSP Novos Horizontes in 3/7/2017 Exclusion Criteria: patients <14 years old Sample: whole study population The Unit of study is the results of 06/2017 reproducing the follow up results in that year. Later an Internal Monitoring Plan(IMP) was presented at a multiprofessional team meeting on 5/7/2017 after which the application of the brokerage measures began. Data obtainment: software: MIM@UF and SClinico (31/10/2017) Criteria evaluated: 1. Number of patients with diagnosis of COPD 2. Number of COPD patients with registry of spirometry in the last 3 years 3. Number of COPD patients with registry of smoking habits 4. Number of COPD smoker patients with smoking cessation intervention For each criteria a Compliance Index(CI) will be set and assigned a Quality Standard (QS): Very Good QS if you have a QS >90%; QS Good if you have an CI 89-80%; QS Sufficient if CI 79 - 60%; Insufficient QS if CI <60%. The revaluation was on 31/10/ 2017. Results On the 1st evaluation, the criteria 2 and 4 had an Insufficient QS, the criteria 1 Sufficient and criteria 3 Good. After the presentation of the IMP, an improvement in QS in all criteria were achieved. Criteria 3 obtained Very Good QS, criteria 1 Good and criteria 2 and 4 Sufficient. Conclusions We conclude this intervention was effective in improving the health care provided to our COPD patients.
HOW TO PREVENT THE UNEXPECTED? A CASE REPORT

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Aims: To report two intrafamilial cases of Human Immunodeficiency Virus (HIV) transmission, and approach the singularities associated to the diagnosis and prevention of this disease. Description: A 38-year-old male, with no relevant personal or family history, went to his Primary Care Health Centre with whitish lesions on the oral mucosa; his blood work came back positive for HIV. He was referred to the hospital for an appointment with HIV specialists; his partner also attended and received a positive result to the HIV test. This couple has a 2-month-old daughter; the pregnancy occurred with no complications, and all infectious serologies were negative in the last trimester. The baby was also tested for HIV, and came back positive. It is assumed that the male was infected 5 years ago and the female during the puerperium period (both via sexual transmission); their child was infected via breastfeeding. Conclusions: National data suggests that 9.7% of all HIV-positive individuals are unaware of their status. Multiple factors influence viral transmission, making delayed infection possible between couples. To decrease horizontal, and subsequently mother-to-child transmission, prenatal father HIV testing is essential. National guidelines for mother-to-child transmission prevention are focused only on the mother, while father testing is advised, mother HIV testing is mandatory. It is critical, as family medicine physicians, to raise awareness amongst the overall population about the importance of early diagnosis, and emphasise this concept during pregnancy. This will promote a higher level of male involvement in the pregnancy planning and follow-up, and limit a possible transmission within the family.
MOUNIER-KUHN SYNDROME: A RARE CAUSE OF RECURRENT RESPIRATORY INFECTIONS

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AIMS: To report a rare cause of recurrent respiratory infections and chronic cough. DESCRIPTION: A 36-year-old male patient, with a history of asthma since childhood and no other relevant personal or family history, went to his Primary Care Health Center multiple times in the beginning of the year. He was experiencing recurrent lower respiratory tract infections, refractory to antibiotic treatment. The patient study included a thoracic radiography that showed generalized bronchiectasis. For clarification of these findings, a computed-tomography-scan (CT-scan) was performed and revealed tracheobronchomegaly which confirmed the diagnosis. He was later referred to the Hospital and is now being monitored by a Pulmonology specialist. CONCLUSIONS: Mounier-Kuhn Syndrome, or tracheobronchomegaly, is a rare clinical entity characterized by marked dilation of the trachea and main bronchi. Clinical presentation is nonspecific; patients may be asymptomatic, however, symptoms range from minimal, with preserved lung function, to severe respiratory failure. Diagnosis is typically accomplished by imaging methods, especially the CT-scan, and is often made several years after the first clinical complaints. Its incidence may be greater than is suspected, so it is recommended that Mounier-Kuhn Syndrome be considered in the differential diagnosis of recurrent respiratory infections and/or chronic cough.
THE ROLE OF SMOKING CESSATION IN PERIODONTAL DISEASE - AN EVIDENCE BASED REVIEW

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Background & aim: Cigarette smoking is a general and oral health problem. Tobacco smoking is a major risk factor for periodontitis. The prevalence of periodontal disease (PD) and the risk of developing oral cancers are more common in smokers. Despite tobacco harmful effects on periodontal health little is known about the potential beneficial impact of smoking cessation. The aim of the review is to evaluate the effect of smoking cessation in the progression and management of PD. Method: A clinical research was conducted in databases including National Guideline Clearinghouse, CMA infobase, Cochrane, DARE and others evidence-based medicine sites including articles published between 2006-2017 and using the MeSH terms "periodontal disease" and "smoking cessation". To evaluate the strength and level of evidence the Strength of Recommendation Taxonomy (SORT) of the American Academy of Family Physicians was used. Results: Six articles met the eligibility criteria: 1 systematic review, 2 cross-sectional studies, 2 cohort studies and 1 RCT. All confirmed beneficial effects of smoking cessation in PD promoting additional non-surgical therapy benefits. Cumulative smoking exposure and duration of smoking cessation is significantly associated with PD. The risk of periodontitis decreases as years of smoking cessation increase. Smoking cessation is consistently associated with a reduction in tooth loss risk but that risk approaches that of never smokers only after at least 10 years of abstinence. Conclusion: These results indicate that smoking cessation has beneficial impact in PD but reducing periodontitis risk and tooth loss risk requires a long-term abstinence. Therefore preventive strategies and smoking cessation counselling in general health must be attempted form an early stage.
HEALTH LITERACY AS A PRINCIPLE FOR DEVELOPING A RESEARCH OR/AND INTERVENTION IN PRIMARY HEALTH CARE.

Maria Ramos-Caceres¹, Celeste Garcia-Lanzon¹, Edgar Martin Peña-Galo¹, Sergio Garrido¹, Jose Manuel Ballesta¹, Ricardo Llanes¹, Ana Maria Rodriguez¹, Marta Iriarne², Luis Otegui²

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Aims In 1998, WHO define health literacy as the social skills that determine the motivation and ability of individuals to gain access to understand and use information in ways that promote and maintain good health. A multicentric study in the general population of eight European countries showed that an average of 35.2% of individuals lacks health literacy. Spain has an average of 50.8%. These studies did not focus on chronic diseases in which the patient manage his own self-care. The aim of this study is to determine the health literacy levels in individuals with high blood pressure. Methods We performed a cross-sectional study on hypertensive patients of both genders. We included those who came for a routine control in Torreramonas’ healthcare centre (Zaragoza, Spain) between July and August 2017 and fitted our inclusion criteria. The tool used was the European Health Literacy Survey. Data analysis was performed using SPSS 20.0. Results We studied 42 individuals (59.5% where female). Our results showed that 60% of our patients lacked health literacy regardless of their gender (p=0.52). We also found that health literacy levels increased proportionally to patient’s age using Pearson correlation analysis between age and health literacy (y = 24.5 + 1.08x; p=0.026). More than 80% of individuals considered that they had a good health. More than 80% of patients had a public health insurance and had an easy access to health assistance. Conclusions In primary healthcare, patients’ disease knowledge should not be taken for granted. The future aim is to design an epidemiologic security system based on the main actionable risk factors to develop future interventions to improve patients empowerment of their chronic diseases and to prevent future unwanted outcomes.
TESTING FOR TESTOSTERONE IN PRIMARY CARE IN THE NETHERLANDS

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Late onset hypogonadism is associated with different co-morbidities such as type 2 diabetes and metabolic syndrome. In middle-aged men the incidence of hypogonadism was found around 6%. As the incidence of hypogonadism increases with age and the population is ageing, GPs are increasingly confronted with patients reporting with symptoms that can be related with low testosterone levels, such as low sex drive, low energy levels, mood changes, reduced muscle strength and increased body fat. Evidence based guidelines for testosterone testing in these conditions are lacking. We investigated how often GPs order testosterone tests in men aged above 50 in daily clinical practice. Methods: A retrospective cohort study among all male patients aged above 50 years within the patient population of the Julius Health Centers (N=41,072). We assessed the number and outcome of testosterone-lab tests in the period December 2014 to December 2017. Results: 4037 patients were eligible, with a mean age of 60.5 years (SD 9.5) During the 3 year period, 20 men (0.44%) had their testosterone checked. Mean age of those tested was 58 years (range 50-73). The mean testosterone value was 12.1 nmol/L (SD 4.6). In 40% the level was lower than the threshold (<11 nmol/L), which might indicate hypogonadism. Conclusion: Although the overall attention for hypogonadism in older men is growing, the number of men who are tested for testosterone level in daily practice is still low.
DEPRESSION IN GERIATRIC AGES - SUBDIAGNOSIS IN PRIMARY HEALTH CARE, AN OBSERVATIONAL STUDY

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Aims: Primary health care (PHC) is the gateway to health care in developed countries, therefore the diagnosis of depression in geriatric ages by family physicians is essential. The aim of this study was to determine the prevalence of Depression in users over 65 years of age in the USF Condestável as well as to determine the proportion of patients over 65 years of age with a previous diagnosis of Depression to establish if there is a subdiagnosis of Depression in these patients.

Methods: The study was an observational and cross-sectional study. The investigations used in this study to determine the prevalence of Depression was made using the Geriatric Depression Scale (GDS). A total of 125 surveys were conducted during July and August 2017, after informed consent, to users aged >=65 years of USF Condestável. Of these, only 119 were valid (2 did not complete the informed consent and 4 did not adequately fill the GDS). We accessed the clinical records of the users who participated in the study to see how many of them had this depressive disorder recorded in the diagnoses.

Results: The application of GDS in the sample indicated a prevalence of 41.18% (n = 49) of prevalence of depressive disorders. In the clinical records of the participants, this was 17.65% (n = 21). Conclusions: We conclude that in the USF Condestável there is clinical subdiagnosis of depression in these geriatric ages. However, given the possibility of false positives with GDS, the application of the scale should be followed by a clinical interview to avoid the low positive predictive value of the same. The study should be extended to a larger sample, so that it is possible to infer this association with higher statistical value.
IMPROVING RAPID ANTIGEN DETECTION TEST’S USE IN PHARYNGITIS

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Aim: Acute tonsillopharyngitis (ATP) represents the most frequent infection in primary healthcare, usually confirmed through physical examination. However, there’s a broad overlap between the signs and symptoms of bacterial and viral etiologies which makes the identification of the microbiological agent based on clinical grounds alone generally poor. Bacterial etiology, mainly group A beta-hemolytic streptococcus (GAS), accounts for 10-20% of all episodes. Scoring systems have tried to incorporate clinical and epidemiological features to predict the probability of GAS-ATP, yet 70% of patients with ATP receive prescriptions for antibiotics. Use of rapid antigen detection test (RADT) for GAS has proven fundamental in treatment decision whilst sensitivity can be staff-dependent and vary across patients’ characteristics. Training of physicians on the performance of GAS-RADT has shown improvement in its results. The goal of this workshop is to improve physicians’ capacities for RADT performance. Description: Theoretical presentation on epidemiology and diagnosis of ATP. Explanation on how to perform GAS-RADT. Hands-on training among participants. We hope to better technical aspects of GAS-RADT performance and encourage physicians to integrate this test in their daily practice. Conclusions: GAS-RADT significantly decreases antibiotic prescription by more than 20% and inappropriateness of prescription by 33%. Availability of GAS-RADT throughout primary care centres will allow reduction of overtreatment that induces antibiotic selective pressure and exposes patients to adverse drug reactions. Inclusion of GAS-RADT in clinical protocols and its systematic use can decrease health-care related expenditures by 42%.
LEARNING HOW TO DELIVERY BAD NEWS: THE STUDENTS' PERSPECTIVE.

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Aims: Discuss and analyze how students learn to deliver bad news in a fellowship in family medicine designed with a Tag Along model, including the SPIKES protocol. Aiming to enhance the discussion around educational practices through a humanistic perspective. Methods: Qualitative approach of reports and interviews with medical students. Results: Through the students' perspective, it is possible to identify the insecurity in face of uncertainty in delivering bad news: "very difficult to be completely prepared and sure how to do". The protocol appears as a safe harbor: "the doctor feels more insecure because he does not have a step by step". However, the individuality of situations appears: "When there is a pre-established technique, many professionals end up getting carried away by it and do not consider the particularities of people, leaving humanity aside to give bad news mechanically". Students seem to conclude that the best method is both of them combined: "a protocol cannot teach this, although it is a foundation for learning" and "study of SPIKES protocol and observation of what happens in reality together can prepare the professionals for communication of bad news". Conclusions: Uncertainty seems even more frightening in a profession that values the technical, often leaving aside the human, subjective and ultimately individual aspect, including during the educational period. Maybe we should change the focus of searching balance between protocols and humanism (balance as the composition of opposing forces) and instead seek harmony, which represents the perfect fit of parts of a whole. Finding common ground can be an answer to improve our ability to teach something abstract, singular and vulnerable.
CHARACTERIZATION OF CHRONIC RESPIRATORY DISEASES IN PATIENTS WITH SCHIZOPHRENIA AND BIPOLAR DISORDER IN A HEALTH CENTER

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AIMS: In Portugal, asthma and chronic obstructive pulmonary disease (COPD) are among the most important chronic respiratory diseases. In 2013 the estimated prevalence of COPD reached 14.2% while asthma 10%. The prevalence of bipolar disorder (BD) is 1.1% and it’s estimated that the prevalence of schizophrenia (SCZD) is 1%. The aim is to determine the prevalence of COPD and asthma in patients with SCZD and BD in a health center (HC). METHODS: Study: descriptive, cross-sectional at USF Ribeira Nova, September 2017. Population: users with active diagnosis in the clinical process with code P72 (Schizophrenia) or P73 (Affective Psychotic) according to ICPC2. Exclusion Criteria: no exclusion criteria. Study population: all individuals who meet the criteria. Data source: MIM@UF, S Clínico and Health Data Platform. Data processing: Microsoft Excel 2016 and SPSS Statistics version 21. RESULTS: The population consists of 47 patients (31 (66.0%) female and 16 (34.0%) male). It was found that 26 (55.3%) patients had the diagnosis of BD and 21 (44.7%) SCZD. The average age is 54.28 years, with a minimum of 19 and a maximum of 83. Of the patients with affective psychosis only 1 (3.8%) have the diagnosis of COPD and 1 (3.8%) asthma. The same result was found in the patients with the diagnosis of SCZD, 1 (4.8%) with COPD and 1 (4.8%) with asthma. CONCLUSIONS: No national or international studies were found to compare results. The prevalence of BD, SCZD, COPD and asthma in our HC are lower than the national ones, which may mean that there is an underdiagnoses in our HC. It is reaffirmed the need for this same study to be expanded and applied to different health units in different regions of the country in order to obtain more consistent values, by region and at national level.
ORMOND’S DISEASE

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AIM Retroperitoneal fibrosis or Ommond’s disease with secondary bilateral obstructive uropathy, is an infrequent pathology that produces nonspecific symptoms that makes it difficult to diagnose. Classical management is based on surgical treatment and it can be associated to steroids. DESCRIPTION A 55-year-old man consult us for abdominal pain in hypogastrum that radiates to the lower back, with abdominal distension and difficulty defecating in the last three weeks. During the physical examination, only highlights timpanism to percussion in the periumbilical region. Treatment with prokinetics is prescribed and analytical is requested. On a subsequent visit, maintains the same symptoms, besides anasarca and oliguria of 48 hours of evolution. Analytically, we find a deterioration of renal function with creatinine levels of 6.9 mg/dl, as well as an increase in acute phase reactants. An abdominal ultrasound is performed showing a periaortic mass and a division of the bilateral renal pelvis. Given the findings, it was decided to refer to the Emergency Department, confirming the diagnosis of retroperitoneal fibrosis, requiring bilateral J-catheter placement. The triad of ill-defined abdominal pain, pulsatile mass and elevated erythrocyte sedimentation rate is characteristic. Local involvement is caused by the entrapment of retroperitoneal structures, mainly the ureters (80-100% of cases). CONCLUSIONS Even so, the diagnosis presents several difficulties in clinical practice. First is the absence of established diagnostic criteria, so the diagnosis is made by a clinic, analytical and image tests compatible. Although it is visible with an abdominal ultrasound, Nuclear Magnetic Resonance is the choice test by giving a more complete diagnosis of both localization and extension.
ABDOMINAL PAIN AS A SYMPTOM OF A TUMOR DISEASE

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INTRODUCTION: A 38 year old woman without relevant clinical history who comes to the Outpatient Clinic due because has been presenting for 6 days epigastralgia and vomits not related to food intake but that prevents oral tolerance. Not fever, not diarrhea. Presents choloria but not acholia. PHYSICAL EXAM: -The patient was conscious and oriented, eupyriic breathing, afebrile. Heart-lung auscultation with ordinary results. Abdominal examination: the abdomen was soft, depressible, with painful hepatomegaly and mass in epigastrium painful on palpation with mild signs of defense and without peritoneal irritation. METHOD: -Analytics: bilirubin 2.1, (direct 0.9, indirect 1.2), alanine aminotransferase 125, aspartate aminotransferase 135, alkaline phosphatase 949, lactate dehydrogenase 565, polymerase chain reaction 2.4, leukocytes 14440, neutrophil 78.5%. -Abdominal echography: findings suggestive of malignant primary hepatic neoplasia. -Abdominal CT: multiple hepatic lesions and mediastinal and retroperitoneal adenopathies suggestive of metastasis. -Thorax CT: 8 mm nodule in upper right lobe suggestive of metastasis. -Liver biopsy: hepatic cylinders compatible with hepatocarcinoma. DIAGNOSIS: -Hepatocarcinoma with extrahepatic involvement. DIFERENTIAL DIAGNOSIS: -Gastroenteritis, duodenal ulcer. CONCLUSION: -Hepatocarcinoma is the fifth cause of cancer death in the Word. In many cases, it does not present any symptoms until very late stages of its development. In this case, it was ruled out that the patient was infected with hepatitis B and hepatitis C. Therefore it is a rare presentation, because there has been no prior liver cirrhosis. The importance of this case is the need to perform an adequate anamnesis and physical examination to reach the diagnosis.
CHRONIC PAIN PREVALENCE IN PRIMARY CARE SETTING

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Aims Pain is an enormous problematic globally. Estimates suggest that 20% of adults suffer from pain globally and 10% are newly diagnosed with chronic pain each year. Nevertheless, the problem of pain has primarily been regarded as a medical problem, and has been little addressed by the field of public health. The aim of this study is to determine the prevalence of chronic pain in patients in our health care unit. Methods Observational and transversal study. Patients with chronic pain were identified during appointments for one month (11/2017) in Health Unit- UCSP Novos Horizontes. Eligibility criteria: patients over 18 years old and with chronic pain for more than 6 months. Exclusion criteria: acute diseases appointments and repeated patients. Results For one month we identified 97 patients with chronic pain within a total of 338 eligible appointments. Estimated chronic pain prevalence was of 28.7%. Majority of patients with chronic pain were female 58.76%. It is in >60 years old that chronic pain expresses a larger burden in our patients, with more prevalence of chronic pain in age group from 80-84 years old and an average of ages of 69.42. Conclusions Chronic pain is commoner in women and older people. The overdiagnosis can implicate that chronic pain patients require more appointments than those in same age group without this condition. Epidemiological study of chronic pain, through an understanding of its distribution and determinants, can inform the development, targeting, and evaluation of interventions in the general population.
EXHAUSTED OR DEPRESSED?

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Aims: present and alert for a situation that is frequent and whose subdiagnosis might have a negative outcome on a family. Pregnancy and puerperium are one of the most sensitive and vulnerable stages of a couple’s life and each appointment constitutes an opportunity to promote mental health and screen the most frequent disorders. Description: Female, 35 years old, nuclear family, Duvall I. Obstetric index 1001. February 2016: preconception appointment with her family doctor (FD), where she expresses the couple’s wish of having children. After counselling, she did prenatal exams and started the supplements. May 2016: pregnancy confirmed and, as it was a low risk pregnancy, the maternal health appointments were done by her FD. No major intercurrences during pregnancy. February 2017: on the postpartum appointment, it was noticeable some fragility and sadness of the patient - the family network support was being insufficient. Score on the Edinburgh Postnatal Depression Scale (EPDS): 18 points. As auto and hetero agressivity were excluded, she started sertraline and was taught about the red flags. March 2017: on the revaluation appointment, she was feeling calmer. August 2017: after six months, we started the weaning of sertraline, as depression was treated. Conclusions: Postpartum depression affects between 12 to 16% of women. Its diagnosis might be challenging, as sleeping problems and lack of energy are also common in newly mothers due to the overload of care that the baby requires. Some models of Post Nataf Interview or tools like EPDS might be helpful. The continuity of care provided by the FD allows the development of a confidence based relationship, which permits a better exploration of the family’s expectations and fears in every stage.
A HAND FULL OF DIAGNOSTICS

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Aims The hand is one of the most used parts of our body and is therefore prone to trauma, inflammation and compressive nerve disorders, which usually have a great impact on the quality of life. The aim of this workshop is to promote a review and update of knowledge about the most common hand pathologies, in order to provide tools for a better recognition and approach of each condition. Description The workshop will start with a brief introduction of the hand's anatomy and functions. This will be the basis for a better understanding of the second part: physical examination of the hand. On the third part, we will explore the most common hand pathologies, as nerve compression syndromes, acute trauma and sequelae, trigger digits and thumbs, malformations, among others. In each pathology, we will present clinical hints for a better approach for diagnosis, discuss which tests should be ordered and present treatment options as well as some prevention strategies. The final part will consist on the presentation of clinical cases, promoting interaction among participants, as well as consolidation of the concepts presented. Conclusions A correct diagnosis of upper extremity injuries depends on a clinical history, as well as knowledge of basic anatomy and bio-mechanics of the hand. In most cases, referral will be necessary for treatment, although the family doctor may provide patients with lifestyle advices that can help to minimize symptoms. Independently of the workplace of a primary care physician - rural or urban healthcare center - injuries of the hand and wrist will be encountered. A correct and timely diagnosis of upper extremity pathologies are of major importance, as the failure in management and rehabilitation has the potential to result in permanent disability.
ASSESSMENT OF MENTAL HEALTH AND WELL-BEING OF INTERNATIONAL MEDICAL STUDENTS IN KRAKÓW, POLAND, WITH A FOCUS ON DEPRESSION: A PILOT STUDY

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Aims: Medical school might be a stressful environment causing mental health problems, such as depression, in many students. We hypothesize that international medical students (IMS) are particularly susceptible to depression, as they are studying in an unfamiliar environment. This study aims to provide an evaluation of the levels of depression in IMS studying at Jagiellonian University Medical College (UJ CM), and to further analyze the differences between the students which may influence the development of depressive symptoms. Methods: The study was carried out at UJ CM in Kraków, Poland. The target population was the student body of both the 4 Year and 6 Year English Medical programs (EMP). An online anonymous survey consisting of Beck Depression Inventory (BDI) and questions regarding the students' ethnicity, country of origin, sex, age, and social life was distributed to the students. Descriptive statistics and Student's t-test were used for the analysis. Results: The analysis of 64 students revealed that 20.3% present with a score of 21 or higher on the BDI, which correlates with the symptoms of moderate to extreme depression. The 4 year EMP (n=26) had especially worrisome results with 31% of students scoring at a level of moderate depression or worse (mean result of 18 points). However, the 6 year EMP (n=38) showed significantly higher resistance to depression with only 13% of students showing signs of moderate depression or higher (with mean result of 11 points, p=0.039). Only 23% of students believed that mental health services were accessible to them. Conclusions: Our study demonstrated that a large percentage of IMS are struggling with depressive symptoms. Students also did not believe that they have readily accessible mental health services.
HOW TO ORGANIZE COMMUNITY BASED PREVENTION ACTIVITIES IN COLLABORATION BETWEEN GP AND PUBLIC HEALTH: EUROPREV WORKSHOP

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Aims To address the increasing burden of lifestyle related chronic diseases, a combination of personalised preventive care and a community based approach is needed. Health problems and lifestyle are often related to the psychosocial background. Therefore, effective collaboration with public health and the social domain is needed. The aim of this workshop is to discuss international experiences and to learn facilitators and barriers in the collaboration between GP and public health in community based prevention programs in several countries. Description The Dutch project ‘Prevention in the neighborhood’ aims to connect general practice, public health and social domain and to collaborate in the local community in 20 regions (GPs, public health, social domain and local citizens). Slovenian project of model family practices will be presented, where collaboration between family practice teams and public health professionals started in 2011. Workshop timetable 1. OPENING / WELCOME, Mateja Bulc, Chair of EUROPREV (5') 2. Prevention in the neighbourhood, Ton Drenthen and Karolien van den Brekel (30) 3. Slovenian model family practices M Bulc (20) 4. DISCUSSION in Small groups (20') 5. CONCLUSIONS (SUMMARY OF THE WORKSHOP RESULTS) 15’ Conclusions As there is a lot of international variety in organization of community based prevention, participants could share their local experiences, so that we can learn from international best practices, barriers and success factors of organizing integrated prevention in Europe.
UNEXPECTED FIND BEFORE A CHEST PAIN WITH MECHANICAL
CHARACTERISTICS IN AN OLD WOMAN WITHOUT CARDIOVASCULAR RISK
FACTORS

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Background and Aim: A 75 year old woman goes to Primary Health Care referring interscapular acute pain with retrosternal chest pain while she was at rest and it increases with deep breathing and movement. Lower respiratory tract infection with fever of 38\% and cough a month ago. No cardiovascular risk factors. Physical examination: Temperature 37.2, Blood Pressure 142/92, Oxygen Saturation 96\% with ambient air, normal cardiopulmonary auscultation, normal pulses. Method: ECG sinus tachycardia (107 bpm), left bundle branch block (not previously known) and secondary repolarization alterations. Initial diagnosis: chest pain with mechanical characteristics. A private eco-cardiograph showed a LVEF of 25\%. At the emergency services a new ECG was done without changes, chest X-ray: doubtful increase of ascending aorta. Analysis: NT-proBNP 873, Cardiac troponin T 26, Hemoglobin 13.3. Suspected diagnosis: atypical chest pain / dilated cardiomyopathy. The initial diagnosis of cardiologists was myocarditis because of the previous respiratory infection. Later, a cardiovascular NMR showed various aortic aneurysms. Diagnosis: Thoracoabdominal aortic aneurysm. Acute aortic syndrome. Differential diagnosis: psychogenic or musculoskeletal chest pain, cardiomyopathies, aortic aneurysm. Conclusion: The most common cause of aortic aneurysm is atherosclerosis and the most common location is the infrarenal. The ruptured aneurysm is asymptomatic and it is discovered incidentally. Its growth can result as chest pain, hoarseness or dyspnea. We must pay attention to chest pain of uncertain origin and not fall into the mistake of avoiding the study in elderly patients.
DIGITAL APPLICATIONS TO REDUCE ALCOHOL INTAKE AND PRIMARY CARE.

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Aim: On average twenty percent of male and ten of female adult population in western societies show hazardous or harmful alcohol use. Only a fraction of these patients discuss their alcohol use with clinicians in primary care. Face to face screening and brief advice result in a decrease between 5 to 30% of alcohol use patterns. Modeling outcome to population level ranks Early Identification and Brief Interventions (EIBI) as the second cost-effective strategy to reduce alcohol related harm. Systematic reviews show possibilities to apply EIBI through digital applications. We aim to review digital applications for health care and define functional key components to reduce cost-effectively risky alcohol use. Methods Using a standardized description format we review digital applications and key-components for alcohol reduction strategies. Results Digital technology may facilitate identification and motivation of adolescents and adults to reduce hazardous and harmful drinking. General practitioners can refer effectively patients to digital applications for screening or for further motivational advice. Modalities may need to be adapted according to different target population profiles and use patterns, intensifying support and follow up according to evaluation. Such strategies may alleviate primary care workload and orient practitioners’ further counseling. Conclusions Further study of digital strategies facilitated through primary health care is suggested. Integrating digital support for self-care, primary care and collaborative care may be considered.
THE EFFECT OF A TEST ORDERING SOFTWARE INTERVENTION ON THE PRESCRIPTION OF UNNECESSARY LABORATORY TESTS - A RANDOMIZED CONTROLLED TRIAL

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Aims Excessive medical interventions like, for example, undergoing excessive diagnostic and laboratory tests is a source of potential harm, overdiagnosis and overtreatment. The way software for electronic health records and laboratory tests ordering systems are designed may influence physicians' prescription. A randomised controlled trial was performed to measure the impact of a diagnostic and laboratory tests ordering system software modification. Methods Participants were family physicians working and prescribing diagnostic and laboratory tests. The intervention group had a modified software with a basic shortcut menu changes, where some tests were withdrawn or added, and with the implementation of an evidence-based decision support based on the United States Preventive Services Task Force (USPSTF) recommendations. This intervention group was compared with usual software (control group). The outcomes were the number of tests prescribed from those: withdrawn from the basic menu; added to the basic menu; marked with green dots (USPSTF's grade A and B); and marked with red dots (USPSTF's grade D). Results Comparing the monthly average number of tests prescribed before and after the software modification, from those tests that were withdrawn from the basic menu, the control group prescribed 33.8 tests per 100 consultations before and 30.8 after (p=0.075); the intervention group prescribed 31.3 before and 13.9 after (p<0.001). Comparing the tests prescribed between both groups during the intervention, from those tests that were withdrawn from the basic menu, the intervention group prescribed a monthly average of 14.0 vs. 29.3 tests per 100 consultations in the control group (p<0.001). From those tests that are USPSTF's grade A and B, intervention group prescribed 66.8 vs. 74.1 tests per 100 consultations in the control group (p=0.070). From those tests categorised as USPSTF grade D, the intervention group prescribed an average of 9.8 vs. 11.8 tests per 100 consultations in the control group (p=0.003). Conclusions Removing unnecessary tests from a quick shortcut menu of the diagnosis and laboratory tests ordering system had a significant impact and reduced unnecessary prescription of tests. The fact that it was not possible to perform the randomization at the family physicians' level, but only of the computer servers is a limitation of our study. Future research should assess the impact of different tests ordering systems during longer periods.
ABOUT A CASE: EVIDENCE-BASED MEDICINE BECAME BEDRIDDEN...

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Therapeutic optimization and an evidence-based medicine (EBM) are increasingly allied terms in our day-to-day clinical practice. The obstacles to optimization are countless, from user distrust, to paradoxical reactions and lack of agreement among health professionals. The practice of decades is now questionable and contradicts the accumulated experience of a professional life. 85y, woman, widow, inserted in the extended family (living with her daughter and son in law), with multiple pathologies and polymedications, being a regular user of primary care health unit. In 25-05-2016, the patient requests renewal of her chronic prescription. The presence of low-evidence drugs (nicergoline, idebenone and ginkgo biloba prescribed for non-specific complaints of memory) has been reported and its suspension recommended. After the suspension, she developed prostration, tremors and dizziness, becoming bedridden, associating the symptoms with the lack of medicines. She kept the prostration for 2 days and the daughter resumed the suspended medication, without medical indication. The patient revealed a better manifestation of the condition in the next day. This case demonstrates the reverse of the medal when someone try to follow EBM best practices. Suspension of a placebo can cause withdrawal symptoms. Questions arise that merit more careful discussion. Should we, on the pretext of rational prescription, embark on an inconsequential depresscive crusade? Placebo is a drug with high evidence, so we should be careful when trying to deprescribing it. The process of therapeutic optimization sometimes takes on an inglorious and obnoxious search, and strategies and resilience are needed to persist in accordance with good practice. However, the welfare of our patients is our main focus.
SMOKING PREVALENCE AMONG PRIMARY CARE PHYSICIANS IN TURKEY AND THEIR KNOWLEDGE, ATTITUDES, AND BEHAVIORS ABOUT SMOKING CESSATION TREATMENT

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Aims: To determine smoking prevalence of family physicians in Turkey and to evaluate their knowledge, attitudes, and behaviors about tobacco dependence treatments. Methods: This cross-sectional study consisting of 401 family physicians (214 men, 187 women) from a national sample took place between July 2016-December 2016. Anonymous questionnaires and the Fagerström Test for Nicotine Dependence (FTND) were used as data resources. The chi-square test and Fisher's exact test, and tests on the suitability of the variables to the normal distribution were performed in the analyses. Results: Smoking prevalence among family physicians was found to be 30.9% (38.3% in men, 22.5% in women). 34.9% of the physicians had never smoked, 16.7% had tried a couple of times, 9% sometimes smoked, 21.9% still smoked, and 17.5% had stopped smoking. In addition, 33.9% of the participants took tobacco dependence training. According to the FNDQ scores, 49.1% of the physicians had low dependence levels. Smoking status of the physicians did not have a significant effect on their knowledge, attitudes, and behaviors about tobacco dependence training. Family physicians who had training recommended pharmacological treatments more than those who had not (22.6% vs 47.1%; P=0.000). Conclusion: The rate of smoking among family physicians in Turkey was higher than the reported rates for the general population, with low dependence levels for physicians. Although Turkey has achieved great gains in tobacco control in recent years, high smoking prevalence among physicians who are seen as societal role models suggests that the measures and applications related to tobacco control should be increased. Keywords: General practitioners, Smoking, Knowledge, Attitudes, Nicotine dependence;
A METALLIC TASTE THAT DID NOT BODE WELL

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Background and Aim: A 64 year old woman goes to Primary Health Care referring episodes of abdominal discomfort ending with perception of unpleasant metallic taste and facial heat. In addition, she tells brief episodes of numbness in her left hand. Loss of 3-4 kg in the last 3 months. In later weeks the family refers asthenia and failures of memory and attention. No interesting personal antecedents. Physical examination: conscious and oriented in all spheres. Blood pressure: 108/75; normal cardiopulmonary auscultation; no stomach pain; no neurological deficit. It is suspected gastroesophageal reflux disease versus somatization, initiating omeprazole and paroxetine. Then, she is derived for a gastroscopy that is normal so we suspected of gustatory epileptic seizures and initial dementia so, she is derived to neurology. NMR-brain and biopsy shows a glioblastoma multiforme. Diagnosis: Simple partial gustatory epileptic seizure. Brain glioblastoma multiforme Differential diagnosis: cerebrovascular disease, neoplasms, metabolic disorders, CNS degenerative diseases, converting crisis. Conclusion: The main etiology of a simple partial epileptic seizure in adults over 35 years is cerebrovascular disease and brain tumors in second place. Astrocytomas are the most common primary CNS tumors, being the worst prognosis the glioblastoma multiforme or grade IV astrocytoma. The treatment is surgical, radiotherapy or chemotherapy. The primary care doctor should be aware of atypical symptomatology to suspect in these less frequent epileptic seizures, like the ones mentioned in this clinical case for a correct diagnostic approach.
USAGE OF ANALGESICS AMONG YOUNG GIRLS AND DYSMENORRHEA

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Objective: This study aimed to determine dysmenorrhea prevalence and menstruation characteristics among young girls and whether dysmenorrhea affects the use of analgesics. Methods: This cross-sectional study was conducted in female university students who applied to Baskent University’s Medicosocial Center. Results: There were 190 participants in the dysmenorrhea group and 80 participants in the control group. The prevalence of dysmenorrhea was 70%. Reading of the drug prospectus in the dysmenorrhea group was higher than in the control group (69.9% vs. 46.8%, p < 0.05). Recommending her own drug to someone else (67.8% versus 53.3%, p < 0.05) and not paying attention to the recommended drug use period (72.5% vs. 59.7%; p < 0.05) was higher in the dysmenorrhea group than in the control group. In the dysmenorrhea group, the reasons to take the last pain relievers were headache or abdominal pain in the same order as the control group and the rate of abdominal pain was higher in the study group (30.0% versus 11.5%, p < 0.05). The inability to remember the name of the last used pain reliever was higher in the study group (24.2% versus 17.5%, p < 0.05). The rate of knowing the name of any three different pain relievers was higher in the study group (81.6% versus 80.4%, p < 0.05). Conclusion: University students who are in need of medication due to diseases more frequently encounter drugs. Developing behaviors on rational drug use in these students may provide productive results. It may be effective to organize contact meetings for students on the use of non-prescription drugs. Keywords: Adolescent, Analgesics, Dysmenorrhea, Self-Medication.
STUDY OF SUPRACLAVICULAR LYMPHADENOPATHY

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Aims: Study of lymphadenopathy Description: A 36-year-old female patient, with hypothyroidism that refers to present a lump in right supraclavicular region without local pain, no fever, non-growth in recent days. No other symptomatology. Exploration: In right supraclavicular zone, a lump of hard consistency is palpable, not adhering to deep planes, non-painful to local palpation. No lymph nodes are palpable in any other location. We applied for complete analytical study, radiography of thorax and requested for fine needle aspiration. The result of pathological anatomy is a Hodgkin’s lymphoma. After complete study starts Quimioterapic treatment that completes successfully. The most common symptom of Hodgkin lymphoma is a slow growing lymphadenopathy in the neck, under the arm, or in the groin. It might grow larger over time, or new lumps might appear near it. Some people with Hodgkin disease have what are known as B symptoms: Fever (which can come and go over several days or weeks) without an infection, night sweats, weight loss without trying. These symptoms are also important in determining the stage of Hodgkin lymphoma and a person’s prognosis. Once Hodgkin lymphoma is diagnosed, other tests can help to find out the extent of the disease: CT scan, PET CT scan, bone marrow aspiration and biopsy. Most patients even stage I or stage II, often receive chemotherapy. In some patients, this is followed by radiation therapy to the affected lymph node areas. Conclusions: Is important to know the different forms of clinical presentation of lymphomas for early diagnosis.
PROTEINURIA IN URGENCIES

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AIM The nephrotic syndrome is the clinical form of presentation of a set of diseases of the glomerulus that have in common massive proteinuria (> 3 to 3.5 grams per day). These can associate: edema, hypoalbuminemia, hyperlipemia and hypercoagulability. DESCRIPTION A 54-year-old male with a history of dyslipidemia and bronchial asthma attended the emergency department for edemas in the palpebral region, abdominal region and both lower limbs. An electrocardiogram and a chest x-ray are performed, not showing alterations. In the analytical carried out only objectifies a proteinuria greater than 420 milligrams per milliliter and a proteinuria / creatinine ratio greater than 2.5, being diagnosed of nephrotic syndrome. Renal ultrasound is requested which rules out kidney failure or renal vein thrombosis among others. Depleitive treatment is started, improving the edema. Subsequently, a renal biopsy was performed, reaching the diagnosis of glomerulonephritis due to minimal changes, starting with corticosteroid therapy until the remission of symptoms. CONCLUSIONS It is very important to control the symptoms and perform the necessary complementary tests to establish the triggering cause. In addition to the mentioned It is important to request viral serology, tumor markers and autoimmunity.
DENDROGRAM OF ALL PRESENTATIONS AND POSTERS FROM THE WONCA EUROPE 2017 CONFERENCE.

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Aims: Creation of a dendrogram (phylogenetic tree) based on all oral presentations and posters presented at the WONCA Europe 2017 conference. The secondary objective focused on analysing the potential usefulness of this analysis method. Methods: All 1369 oral presentations and posters were included in this analysis. The words in the title were used to create a dendrogram using the R package ape. Common words were mostly excluded, while some were included with a low weight. The remaining words were stemmed. Derived terms were added for a subset of these words. Results: The main tree gave off various smaller branches totaling 588 articles (Tpre), before splitting up in a large subtree (T1), which covered 249 articles. The remaining subtree (T2) covered the remaining 552 articles. The main keywords in the large T1 subtree comprised: risk, prevention, cardiovascular and hypertension, while the terms blood, pressure and pregnancy were slightly less common. The T2 subtree covered the case reports, diabetes but also other conditions, including pediatrics, as well as a subset of 42 articles focused on prevention and 32 on pain. The Tpre minor branches included mostly general words, but also smoking and also 16 articles on elderly patients, 15 on depression and 12 on alcohol. It also included articles with an explicit negation in the title (27 articles). Conclusions: Although it was possible to generate a dendrogram, many titles lacked more specific words. We used a lower weighting for some common words, but did not fully explore this method. An extended weighting scheme might be useful. Most terms occurred only rarely. We tried to improve the clustering of related topics by adding secondary terms linked to the original terms, although more work is needed.
WHEN TRUST IN YOUR PATIENTS CAN SAVE A LIFE

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Background\&Aim: Ovarian cancer is the second most common gynecologic malignancy. The clinical presentation of epithelial ovarian carcinoma may be either acute or subacute. The finding of an adnexal mass on pelvic examination or imaging is a common presentation. Results: 40-year-old woman, premenopausal, with a normal personal medical history. She asks for lower abdominal discomfort and distension, bloating and irregular menstrual cycles, since two months ago, no fever, constitutional syndrome or genital bleeding. The patient reported that she had not consulted before due to a bad relationship with her previous primary care physician. She was also afraid to have a pathological finding because her grandmother died of gynecological cancer. Physical examination: distended abdomen with a irregular solid mass, that is fixed in hypogastrium, without peritoneal irritation or ascitis. No inguinal lymphadenopathies. Transabdominal ultrasound: solid heterogeneity mass with thick separations inside and flow of the power Doppler. Presence of ascites intraperitoneal. The image is suggestive of cystadenocarcinoma of the ovary. The patient was urgently referred to Gynecology and she underwent successfully laparotomy cytoreductive surgery. Peritoneal cytology was also collected. Conclusions: Ovarian cancer is less likely in premenopausal than postmenopausal women, but the possibility of malignancy should be considered in all patients. It's also important to keep in mind common symptoms. The role of the Family doctor for longitudinal follow-up of them is important, as well as creating a relaxed and safe consultation environment so that the patient can consult any symptom with confidence and without delay.
TUMOR OF THE TESTIS IN YOUNG ADULT: CASE REPORT

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Aims Testicular tumors accounting for only 2% of all men’s tumors and mainly derived from sperm precursor cells. Cryptorchidism, young age, caucasians, family history of genital neoplasms and infertility are risk factors. Many cases have no clinical manifestation, others course with sensation of testicular weight, increased testicular volume, a palpable mass, genital pain, libido loss, gynecomastia or hypertrichosis. Definitive diagnosis depends on testicular biopsy and treatment always includes radical orchidectomy. These tumors have an high cure rate after treatment. This work reports a rare case of testicular tumor and its approach in primary health care. Description A 23-year-old man resorted to primary health care for testicular edema and pain with history of two episodes of intense testicular burst sensation. No previous trauma/altered sexual function was found. The patient was in a long term monogamic heterosexual relationship with no recent risky sexual contacts. The physical examination revealed no signals on the external genitalia. A requested scrotal ultrasound reported multiple microcalcifications in the right testicle suggestive of a neof ormation, confirmed by CT scan. The patient undergone a right orchidectomy with adjuvant radiotherapy and histology identified a seminoma. In the follow-up bilateral retromamillary densification was detected, later identified as gynecomastia. One year after there is no evidence of recurrence. Conclusions This case highlights the importance of valuing patient’s complaints, even if they are no corroboration in physical evaluation. Neoplastic diseases at a young age should not be neglected. Mutilative treatments have negative repercussions on young individuals, requiring the support of family/health care professionals.
HAEMATURIA IN PRIMARY HEALTH CARE

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A 45 year old man, natural of Senegal. Resident in Spain for 9 years, has not returned to his native land. He does not know medical precedents of interest, does not take any medication, without toxic habits. He comes to our clinic because he has haematuria for 6 days. He says that he always has terminal hematuria that begun in his country when he was a child, but not like these days. DESCRIPTION Good general state. Abdomen: depresible, without masses. Painful to the hypogastrum palpations. Given the clinical history our first suspicion is an urinary esquistosomiasis, for what we request: Abdomen X-ray; calcification in bladder of foetal head. Without other alterations. Thorax X-ray: normal. Analytical of blood: normal included PSADregs; parasites are not observed Urine test: >500 leukocytes, >100 hematies. Parasites in urine: eggs of schistosoma haematobium. The patient was referred to Internal Medicine consultation with urinary Esquistosomiasis’ diagnosis to complete the study with an abdominal ultrasound scans and starts the treatment with praziquantel. CONCLUSIONS Schistosomiasis is an acute and chronic parasitic disease caused by trematode worms of the genus Schistosoma. More than 40 million people were treated for schistosomiasis in 2013. Transmission occurs when people suffering from schistosomiasis contaminate freshwater sources with their urine containing parasite eggs. People become infected when larval forms of the parasite penetrate the skin during contact with infested water. There are two major forms of schistosomiasis intestinal and urogenital. The classic sign of urogenital schistosomiasis is haematuria. Bladder cancer is another possible complication in the later stages.
QUATERNARY PREVENTION: REVIEWING THE CONCEPT - AN EUROPREV WORKSHOP

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Aims According to the WONCA International Dictionary for General/Family Practice Quaternary Prevention is defined as: "Action taken to identify patient at risk of overmedicalisation, to protect him from new medical invasion, and to suggest to him interventions, which are ethically acceptable." Leaming goals 1. The purpose of this workshop is to debate around a new possible definition and a new conceptual model of quaternary prevention based on the belief that quaternary prevention should be present in physicians’ minds for every intervention they suggest to a patient 2. To discuss the implementation of quaternary prevention services 3. To acknowledge eventual quaternary prevention risks Description A mix of lecture, small group discussion and plenum discussion will be used. Lecture content will include an explanation of the limitations of the current definition and the proposal of the new definition: "action taken to protect persons from medical interventions that are likely to cause more harm than good". In small groups, participants will be invited to make a SWOT analysis of the proposed new definition; to discuss the implementation of quaternary prevention services in their countries and to debate eventual quaternary prevention risks. Plenum discussion will be used to share the main results of small group work and summarize workshop results. Conclusions In the workshop, GPs will reflect on the concept of quaternary prevention and its practical implications. By comparing between different countries and sharing experiences, participants are expected to increase their own resources to deal with this challenging field of prevention.
A USUAL FINDING IN A RARE SYNDROME. THE PATIENT HAS SOMETHING ELSE.

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BACKGROUND AND AIM: Paraneoplastic dermatoses are a group of skin disorders that have strong associations with internal malignancies, although some of these may also develop in the absence of malignancy. The keratoderma of Howel-Evans syndrome is an example of paraneoplastic disorder that markedly increased risk for squamous cell carcinoma of the esophagus. It's an autosomal dominant form of palmoplantar keratoderma associated with hyperkeratosis on the palms and soles and may be accompanied by oral leukoplakia. A gene locus has been mapped to chromosome 17q25.1. RESULTS: 42-year-old woman, well-controlled hypertension as the only personal medical history, who asks for thickening and scaling of the soles for years with worsening of these symptoms in the last months. Physical examination: no pathological findings are found, so we decided to start topical therapy and refer her to Dermatology, with a suspicion of palmoplantar keratoderma. She was studied through complementary tests previously due to family history of intestinal cancer, without abnormal results in endoscopic examination. After two months in treatment by regular application of emollients and keratolytic agent and physical removal of excess scale, the patient has clinical improvement. She has been followed in Dermatology with endoscopic examination every three years and is waiting for the genetic study results. CONCLUSIONS: The inherited type of tylosis (Howell-Evans syndrome) is a rare disease. However, some cutaneous manifestations of paraneoplastic dermatoses are frequent in Primary care. When they develop before an internal neoplasm is diagnosed, recognition of these disorders can aid in the diagnosis of the malignancy, so Primary care should be part of the initial phase of this process.
THE USEFULNESS OF ABDOMINAL X-RAY

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A 55 year old woman, native of Morocco, resident in Spain for 10 years. She works as housewife. She comes to our consultation for pain in right hypochondrium, for one week. Not fever. She says that it is always constipated. DESCRIPTION Good general state. Abdomen: depressible, without masses. Painful to palpation in right hypochondrium, without signs of irritation peritoneal. Bowel sounds presents. In view of the precedent of constipation and the persistence of the pain, we request an abdomen X-ray, thinking about possible accumulation of dregs or gases causing of the pain. Abdomen X-ray: calcified image in right hypochondrium compatible with liver cyst of approximately 7 centimeters. Because of the radiological finding we request analytical of blood and parasites in dregs. Analytical blood normal. Parasites in dregs negatives. According to the World Health Organization (WHO) pathological classification of CE liver cysts are divided into six (CL, CE1-CE5). Final stages are represented by CE5, referring to inactive cysts that have lost their fertility and are degenerating. We suppose that is the stage of our patient, even so we derive to Tropical Medicine consultation to complete study and treatment. CONCLUSIONS Hydatid disease is a parasitic infestation by a tapeworm of the genus Echinococcus. It is not endemic in Spain, but the change in the immigration patterns over the past 4 decades have caused a rise in the profile of this previously unusual disease throughout Europe. Pressure effects are initially vague. They may include nonspecific pain, low-grade fever, and the sensation of abdominal fullness. As the mass grows, the symptoms become more specific because the mass obstructs specific organs.
BACK PAIN AND TUBERCULOSIS. BE CAREFUL.

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Aims: A 30 year old male, native of Mali, resident in Spain for 11 months without recent visits to his country. He comes to our consultation for back pain. He is employed at glasshouse, where he makes a lot of physical efforts. No cardiovascular risk factors or toxic habits. He recounts back pain for 3 months, with irradiation to right leg. Good general condition, exploration without alterations except pain to the palpation of lumbar column in paravertebral region and thorny apophyses of L4 to L5. Left Lassegùé. Right patellar hiporeflexia. He has started treatment with Ibuprofen that was indicated in Urgencies. DESCRIPTION In view of the evolution we request a lumbar X-ray where we find a lytic destruction of anterior portion of vertebral body and intervertebral disks L4-L5 destroyed, that suggests us lumbar tuberculosis as the first diagnostic option, for what we request an urgent thorax X-ray for discard a pulmonary tuberculosis active process, that was normal. The patient was referred to the emergency service to start the treatment and complete the study. Lumbar Magnetic Resonance was realized: diffuse affectation of the space discal L4-L5 with partial liquefaction of the disc. Destruction of the previous wall of L5. Caudal extension with occupation to level S5-L1. On having administrated intravenous contrast we appreciate abscess in prevetebral level in L5, epidural and to level of iliac psoas. Compatible with espondilodiscitis of tubercular origin. CONCLUSIONS Pott's disease is a form of tuberculosis that occurs outside the lungs. Is usually a result of hematogenous spread of Mycobacterium tuberculosis. It is important to consider the history of the patients, specially when they came from countries with another kind of endemic pathology.
HEARING LOSS AS A SYMPTOM OF A CLASSIC TRIAD

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INTRODUCTION: -A 52 years old man without relevant clinical history who comes to the Outpatient Clinic due to since 3 week ago he has hearing loss and tinnitus in left ear, accompanying in the last week intense vértigo with sensation of spin of objects. PHYSICAL EXAM: -The patient was conscious and oriented, eupneic breathing, afebrile. TA 120/80. FC 80. Heart-lung auscultation with ordinary results. Neurological exam: without signs of neurologic focialty. Otoscopy: normal right ear, normal left ear. METHOD: -Analytics: Normal. -Audiometry: It is noted a sensorineural hearing loss with fall for low tones. -Brain Magnetic Resonance: without significant findings. DIAGNOSIS: -Meniere’s disease. DIFFERENTIAL DIAGNOSIS: -Acoustic neuroma, Meningioma cerebellopontine angle. CONCLUSIONS: -It is a disease in which the most frequent is to start with episodes of hearing loss, that affects low tones, with or without tinnitus, presenting a few days benign paroxysmal positional vertigo (BPPV). At the beginning you can recover the hearing loss, but when the crises are repeated, the hearing loss becomes permanent and affects all the frequencies, making permanent tinnitus. The only symptom that improves with medical treatment is the vertigo.
COMPARISON BETWEEN INFLUENZA CODED PRIMARY CARE CONSULTATIONS AND NATIONAL INFLUENZA INCIDENCE IN PORTUGAL FROM 2012 TO 2017

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Aims Influenza is associated with severe illness, death and economic burden. Sentinel surveillance systems have a central role in community since they support public health interventions. This study aimed to describe and compare the influenza-coded primary care consultations with the reference index of influenza activity used in Portugal, General Practitioners Sentinel Network, from 2012 to 2017. Methods An ecological time-series study was conducted using R80-coded primary care consultations (International Classification of Primary Care-2) and influenza-like illness (ILI) incidence rates from the Sentinel Network. Results Good agreement was observed in the characterization of influenza activity, temporal coincidence of the epidemic period, intensity of influenza activity, and week of greatest intensity. A high correlation (>0.75) was obtained between ILI incidence rates and number of R80-coded primary care consultations. In almost all of the seasons correlation increased when ILI incidence rates were adjusted for the percentage of influenza positive cases. A cross-correlation between weekly ILI incidence rates and the number of R80-coded primary care consultations revealed that there was no lag between the rate curves of influenza incidence and the number of consultations in 2012/13 and 2013/14 seasons. In the last 3 seasons the influenza incidence rates predicted the influenza epidemics for about a week. In the last season, the Goldstein Index anticipated detection of influenza peak epidemics for about a two-week period. Conclusions Sentinel networks are fundamental elements in influenza surveillance that integrate different sources of data but often lack representativeness. In turn, primary care consultation coding system provides informative and predictive data.
THUNDERCLAP HEADACHE.

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Aims: Know how to differentiate headache of an urgent nature. Description: The patient is a 41-year-old woman who consults on several occasions for headache in the occipital region with subsequent generalization, which does not improve with oral analgesics, associated with high blood pressure. Referring to thunderclap headache of short duration and great intensity that is becoming increasingly repetitive, associating nausea and vomiting. It does not refer traumatic antecedents, but is sometimes preventing nocturnal rest. In the event of worsening of symptoms, the patient was referred to the emergency department where cranial computed tomography was requested objectifying occupation by hyperdense material in left frontoparietal furrows, without lesions with mass effects or midline displacements compatible with a cortical subarachnoid hemorrhage. Conclusions: Subarachnoid hemorrhage consists in the extravasation of blood in the subarachnoid space, the most frequent cause is traumatic and spontaneous, caused by rupture of intracranial aneurysms. The most frequent symptom is high intensity headache of variable localization and sudden instauration, associated to nausea and vomiting and may appear sentinel headache of similar symptoms but which stops in a few hours due to small bleeds. From Primary Care it is essential to make a good differential diagnosis in relation to headache. It is important to carry out an early treatment before the clinical suspicion when detecting the described symptoms, especially in situations of higher risk as in this case. It is necessary to carry out a detailed clinical history focused on the symptomatology and the physical examination given the limitation regarding complementary tests referred from Primary Care.
A ABDOMINAL PAIN ENOUGH NORMAL

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BACKGROUND AND AIM: Acute intermittent porphyria is an acute neurovisceral porphyria resulting from a partial deficiency of the heme biosynthetic enzyme porphobilinogen deaminase (PBGD). Symptoms may be due to a combination of central, peripheral, sensory, motor, autonomic, and enteric nervous system abnormalities. Abdominal pain is the most common and often the earliest symptom in AIP, occurring in 85 to 95 percent of patients with acute attacks.

RESULTS: 26-years-old male without important pathologies, who has consulted a lot of time because abdominal pain in the 5 years ago. He has been studied by enterology service, with normal exams. He has a normal abdominal CT scan. So he was valued for psychiatrist with diagnostig of somatotropic disorder. Further exams he consult again by abdominal pain, and we decided to refer to hospital for a study. In the hospital after normal physical exam, and normal complements exams. In the hospital it’s made more completed analysis and its positive the porfirin in the orine, suspecting of acute intermitent porfiria we decided genetic exams and treat with hemina. One month later DNA test was positive. EVOLUTION: we give to him the indications and medication wich he has to avoid. He had 2 episodes of abdominal pain, we treated him with the hemina and the pain improved. CONCLUSIONS: Before an abdominal pain applicant who prevents the patient to do his life with normality, we considered the possibility of diseases more rare, since she can be the porfiria. The prevalent of the PAI in Europe is 5,9 cases for million in habitants and 6,3 in Spain, where’s in the Region of Murcia it’s bordered that the prevalent increases up to 53,8 cases for million in habitant. The most important of this case is suspcion it.
NOTHING MORE WE CAN DO? LESSONS IN PALLIATIVE AND CHRONIC DISEASE CARE FROM RESOURCE-LIMITED SETTINGS

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The rising burden of chronic disease in an ageing population places growing pressure on health systems throughout the world: a pressure which falls heavily on GPs. In resource-limited settings, this demographic shift is compounded by limitations in available treatments. However in such contexts, islands of innovation for delivering low-cost, effective and culturally acceptable care have emerged, in which palliative care and chronic disease care may be combined. Aims: 1) To understand the context of ageing populations, rising chronic diseases and resource constraints as necessitating innovation in palliative and chronic disease care 2) To understand the importance of palliative care in resource-limited settings as a human right, especially in the face of lacking curative treatment options 3) To learn about examples of innovative care from resource-poor settings 4) To give participants the opportunity to share their own experiences in chronic and palliative disease care both at home and abroad 5) To consider and discuss how these innovative solutions could be applied to improving care in participants’ local settings Description: This workshop will outline the background of palliative and chronic disease care in diverse global settings and the arguments for its importance. Examples of innovative care will be shared, with opportunity for discussion, along with presented case studies from resource-limited settings. Participants will then discuss how these solutions could be applied to their own settings. Conclusion: Innovations in resource-poor settings have demonstrated that effective palliative and chronic disease care can be achieved. Drawing transferrable lessons from these examples could catalyse improved, sustainable solutions in other settings across the world.
MY MOM DOESN’T UNDERSTAND ME

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Background and Aim: An alteration of the speech must make us suspect a central injury, especially in this patient with risk factors (venous deep thrombosis and previous cancer). This is an interesting case because the symptoms begin one month ago but nobody of her environment considered important, and they come for medical valuation only when the patient does not understand what is said to her. The aphasia is a symptom central, which can englobes different causes, but for its diagnosis we need further exams, if we detected this kind of symptoms we need send to the hospital for diagnosis and specialised treatment. Method: We collected the clinical history directly from the patient and the laboratory results from her clinical process Results: 72-year-old-female, history of depression, colon cancer, HTN and DTV 2 month ago in treatment with heparine, who came to the office for an alteracion of the speech 1 month ago, that last days is increased. In the office we decided referring her to the emergency room due to the alert signs. Physical exam is norma, neurological exam was pathological, the patient had sensitive aphasia with the rest normal. In CT cerebral scan a left subdural fronto-parieto-temporal hematoma of 2,2 cm of thickness was found and a subfalcine herniation of approximately 1cm. After de results we derivated her to attention more specialised in neurosurgery. Evolution: After specialized treatment the patient improved, been asymptomatic after 2 months. Conclusions: I think this case is important because we saw very clear the patient need specialized attention, but de family didn’t give it importance until the subdural hematoma was very symptomatic. I think if we educate people, they could look for alarm symptoms and consult us before
ASSOCIATION OF VITAMIN B12 DEFICIENCY AND METFORMIN - EVIDENCE-BASED MEDICINE REVIEW

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Aims: Metformin is the drug most often prescribed as the first line in the treatment of type 2 diabetes mellitus (DM2), and is associated with a deficit of vitamin B12 absorption. The reason why this occurs is not well defined and several hypotheses have been proposed such as altered intestinal motility, bacterial overgrowth, direct inhibition of vitamin B12 absorption, and the calcium-dependent effect that inhibits the intrinsic factor. Vitamin B12 deficiency can lead to clinically relevant consequences such as macrocytic anemia, neuropathy and cognitive changes, potentially treatable situations. The aim of this review is to review available evidence on the influence of duration and daily dosage of metformin in type 2 diabetic patients on vitamin B12 deficiency. Description: A systematic study was carried out in several databases, published between January 2005 and January 2016, in English and Portuguese, using the words MeSh "Metformine", "Dose", "Duration", "Diabetes", "Vitamin B12", "Deficiency". Of the articles found, the ones that fit the defined objective were selected. The Strength of Recommendation Taxonomy (SORT) scale of the American Family Physician was considered to assign the recommendation force. We selected one recommendation, one systematic review and meta-analysis and five original studies Conclusions: Currently the evidence is unanimous in the positive correlation between daily and cumulative metformin dose increase and vitamin B12 deficiency, admitting the onset of this effect 4 months after initiation of therapy (SOR B). Duration of treatment is important in vitamin B12 deficiency, but with an effect not as preponderant as the daily and cumulative dose (SOR B).
HERPES SIMPLEX: A THERAPEUTIC APPROACH

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Aims-Guidelines on pharmacological treatment of herpes simplex labialis are not consensual. Topical therapy limits local contagion, whereas, the systemic one has a role in decreasing of the viral load. Several therapeutic regimens are available. Our aim is to review the practices in the orientation of episodes of herpes simplex in the health unit. Methods- A descriptive, observational and cross-sectional study. Consultation of medical records of scheduled between January 1, 2015 and November 15 2017, coded with S71-Herpes simplex (ICPC-2). Results- A total of 48 processes were studied, with gender distribution of 12 men and 36 women, and mean age of 44.9 years. Non-pharmacological therapeutic measures were described in 58.3% of the cases (n = 28), with hydration 6% (n = 3, local protection 2% n = 48), sun protection 2% (n = 1), and occlusion 2% (n = 1) the only ones described. Pharmacological treatment was based on topical treatment with fusidic acid, 6.2% (n = 3) and acyclovir 18.7% (n = 9), and systemic treatment with acyclovir 200 mg 4.1% (n = 2), valacyclovir 500 mg 25% (n = 12), valacyclovir 1000 mg 12.5% (n = 6). The prescription of systemic therapy according to the duration of the disease was not described in 44.8% (n = 13) of the episodes, and the antiviral drugs were used up to 24 hours in 17.2% (n = 5), until 48 hours 10.3% (n = 3), and up to 72 hours 3% (n = 1). Conclusion- Therapeutic options depend on clinical contextualization, with special attention to the duration of the episode. Non-pharmacological measures such as local protection should be an adjuvant to systemic antivirals, when indicated. Oral valaciclovir is the most used in this unit. If bacterial infection, topical fusidic acid or oral flucloxacillin might be indicated.
THORACIC PAIN IN A YOUNG PATIENT.

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Aims: Identify a frequent pathology in young patients that we should suspect in the consultation. Description: Thoracic pain is one of the most frequent reasons for consultation. In this case, a 26-year-old man who comes to the Primary Care consultation for pain in the right hemithorax associated with respiratory movements and slight dyspnea with efforts without courtship vegetative of a week of evolution. Refers that pain does not improve with analgesics. No sensation of dyshthermia or previous trauma. The patient is smoker. The patient was afebrile with an oxygen saturation of 98%. Leptosomal appearance. Rhythmic cardiopulmonary auscultation with abolition of vesicular murmur in upper field of right hemithorax. Normal ECG and chest radiography are requested observing pneumothorax in the upper right pulmonary field. It is derived for hospital evaluation, being diagnosed of primary spontaneous pneumothorax, with an urgent placement of a pleural drainage. Conclusions: This case is frequently observed in leptosomic aspect young male patients especially in smokers even without previously lung diseases known. The differential diagnosis must be made with musculoskeletal pain and angina, among others. We must suspect this pathology in our consultations and it is essential to make a good clinical history and detailed physical examination. Unfortunately, we must take into account the diagnostic uncertainty provided by the difficulty for the definitive diagnosis from Primary Care given the occasional absence of complementary examinations. It is important to take into account the history of pneumothorax for possible future recurrences, to facilitate subsequent monitoring of the patient.
EFFECT OF WATER EXERCISES ON BONE DENSITY OF POSTMENOPAUSAL WOMEN

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Aims The prevalence of osteoporosis among postmenopausal women is mostly related with estrogen deficiency. Therefore they should be encouraged to embrace lifestyle changes that benefit bone health. Preventing and treating osteoporosis is of major importance to women’s health in an aging society like ours. Many strategies have been researched and are already recognized as effective against osteoporosis, and physical exercise is an important stimulus for osteoporosis prevention and treatment. Description We performed a systematic search in several databases of publications between January 2005 and January 2016, in English and Portuguese, use as words MeSh "water", "exercise", "bone", "density", "postmenopausal". From the articles found, the ones that fit the defined objective were selected. For the assignment of the recommendation force, the American Taxonomy Recommendation (SORT) scale of the American Family Physician was considered. We selected one recommendation, two systematic reviews and meta-analyses and three original studies. Conclusions: Aquatic exercises such as swimming or vertical water exercise in which the participant stays in standing (with water-high at xiphoid appendices level) apply no or a low impact on bone. It does not seem to negatively affect bone mass, although it may not be one of the best sports to be practiced in order to increase this parameter. (SORT B). Specific high-intensity aquatic exercises may be efficient in attenuating the raise in bone resorption marker and increasing bone formation marker (SORT B).
COFFEE AND BLOOD PRESSURE

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Aims A caffeine is an alkaloid xanthine found in various plants such as our coffee beans and tea leaves. Coffee is one of the most consumed beverages in the world, characteristically due to its effect in wakefulness and attention. In Portugal, its consumption is predominantly carried out in the form of espresso, which has a content of about 80 mg of caffeine per cup. In the context of consultation, it is very common or unhealthy, using a coffee consumption argument prior to the measurement of blood pressure, in an attempt to justify the higher values. From a non-pharmacological point of view, it is usual to not recommend coffee to hypertensive patients, despite the controversy in this topic. Description: To review the immediate impact of caffeine intake on blood pressure and its influence without the development of arterial hypertension. A systematic search was carried out in several databases, published between January 2005 and January 2016, in English and Portuguese, using as words MeSh "caffeine", "Blood", "Pressure", "effect". Of the articles found, the ones that fit the defined objective were selected. For the assignment of the recommendation force, the American Taxonomy Recommendation (SORT) scale of the American Family Physician was considered. We selected one recommendation, five systematic reviews and meta-analyses and three original studies. Conclusions: The available information is very heterogeneous, limiting the robustness of the conclusions. - The consumption of coffee increases the blood pressure in non-coffee drinkers, but it is not associated with a significant increase in habitual consumers. (SOR B) - The risk of developing hypertension associated with coffee consumption is not consensual. (SOR C)
UROGENITAL COMPLICATION OF BCG THERAPY

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Main: We report the case of a male of 72 years old with the diagnosis of Bladder carcinoma that was treated by transurethral resection and with local intravesical adyuvant BCG therapy during 6 weeks. The patient refers in primary care review hematuria and dysuria. The urine sediment has leukocytyuria and Mycobacterium Bovis is detected in the urine culture. With the diagnosis of bladder tuberculosis after BCG therapy, start antitubercular therapy for 6 months. Bladder cancer is the second most common cancer in the urinary tract and the most frequent histological type in transitional cell carcinoma. Although transurethral resection is the standard treatment, this cancer recurs at an important rate, so a large number of complementary treatment bases on the administration of different intravesical chemotherapeutic and immunotherapeutic agents including Bacillus Calmette-Guérin (BCG) have been established. Intravesical instillation of BCG is the elective treatment for transitional cell bladder carcinoma. However, this therapeutic expose to many local and systemic side-effects. Factors increasing the risk of systemic side effects include diseases like diabetes, genetic factors difficult and traumatic catheterizations of the bladder. In most cases, patients are asymptomatic and only rarely have clinical complaints. The main symptom of bladder TBC is frequency, urgency and hematury. The most common urogenital complication is the bladder Tuberculosis, granulomatous prostatitis and epididymo-orchitis. Conclusions: Bacillus Calmette-Guérin (BCG), which is in fact an attenuated M bovis, is used for therapy of superficial bladder cancer. In some conditions BCG therapy may be complicated by iatrogenic BCG-induced urogenital TB, mainly bladder or prostate tuberculosis.
NOT AN ORDINARY ABDOMINAL PAIN.

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Aims: Diagnose a frequent pathology such as intestinal obstruction consisting of disruption of the intestinal contents into the rest of the digestive tract. The most frequent reason in small intestine and in patients who underwent abdominal surgery is postoperative adhesions, followed by hernias. Description: It's a 88 years old male who consulted for abdominal pain and vomiting associated with constipation and absence of flautulences. No fever. Physical examination presents pallor, relaxed, painful abdomen after widespread palpation with increased peristalsis. On rectal touch presents little stool on rectal blister. Blood test presents 16,400 leukocytes. In abdomen radiography loops of small bowel are dilated up to pit right iliac, findings related to intestinal obstruction. The patient is diagnosed with an intestinal obstruction requiring surgery. Conclusions: Before a patient who consults with vomiting we must make a good clinical history and inquire into the personal history. In this case, the appendectomy is an important fact, given that postoperative adhesions is most frequent cause of intestinal obstruction in patients previously treated. The four cardinal symptoms are: pain, bloating, vomiting, and absence of flautulences and stool. You should try conservative treatment with probe nasogastric tube, absolute diet, daily control of ions and electrolyte replacement. If the picture does not improve within a period of 24 to 48 hours, surgery will be indicated.
STUDENT FAMILY MEDICINE INTEREST GROUP AS A TOOL TO POPULARIZE THE FIELD OF FAMILY MEDICINE AMONG MEDICAL STUDENTS

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Aims: Family medicine (FM) is a specialty that deals with the comprehensive health care of all individuals. Though it is an essential part of health care, there is a reported shortage of family medicine physicians in many countries. The aim of our project is to establish a family medicine interest group that will increase student exposure to the field of FM.

Methods: The family medicine interest group was established at Jagiellonian University Medical College by students of Polish and English programs to increase the interest and understanding of family medicine. The group has monthly meetings on different topics in the field of FM. Guest speakers present about their experiences, offer advice to students and run workshops. Students can also present case studies on topics that are commonly seen in family practice. In addition, the group provides students opportunities to participate in research projects and to present their findings at conferences. Students also have the opportunity to join family physicians at their offices to gain exposure and experience in FM.

Results: There are currently over 50 medical students of Polish and English programs belonging to the group. Some members of the group have undertaken research projects that focus on various topics connected with family medicine, and currently, there are four ongoing projects. The group also successfully organized the flu clinic, which was run by supervised medical students to increase the influenza vaccinations rate among international medical students in Krakow.

Conclusions: The establishment of the family medicine interest group is a tool that increased interest in FM. The group helped students to prepare for a future as family physicians and allowed students to gain great exposure to the field of FM.
HENOCHE-SCHÖNLEIN PURPURA NOT ONLY CHILDHOOD PATHOLOGY.

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Aims: The importance of physical examination of skin lesions in Primary Care. Description: It is a 51-year-old woman who consults for purpuric cutaneous lesions of a few millimeters, some of them overraised, not painful or pruritic in both lower limbs of a day of evolution, without arthralgia or hematuria. No fever. No contact with animals or cleaning products. Physical examination revealed multiple non-confluent erythematous skin lesions, some raised with a size between 5 and 10 mm in the lower limbs that do not disappear after acupressure. Normal abdominal examination. It is derived to dermatology with normal blood test. Skin biopsy was performed with cutaneous cylinders with leukocytoclastic vasculitis of a small superficial vessel with IgA immune deposit. The patient is diagnosed Henoch-Schönlein purpura with exclusively cutaneous involvement. Conclusions: Henoch-Schönlein purpura is a leukocytoclastic vasculitis of immunological mechanism with involvement of small vessels. The cause is unknown. It is generally benign prognosis of higher prevalence in childhood, though its presentation in adulthood is rare. It presents as palpable purpura, arthritis, abdominal pain and kidney disease of type glomerulonephritis with hematuria, proteinuria and renal failure. The joint manifestation appears as oligoarthritis of the legs. The abdominal symptoms are characterized by abdominal pain that worsens with the intake and can be accompanied by nausea, vomiting, diarrhea and rectal bleeding. Its diagnosis is mainly clinical and histological.
EVALUATION OF THE CODIFICATION OF EXCESSIVE WEIGHT AND OBESITY IN PEDIATRIC AGE OF 5 TO 18 YEARS - CONTINUOUS QUALITY IMPROVEMENT STUDY

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Introduction: Currently, childhood obesity is considered the most common pediatric pathology worldwide. The National Child and Youth Health Program in Portugal (2013) recommends the adoption of the standard growth curves recommended by the World Health Organization, which cover a population of 5-19 years old and constitute a reconstruction of the growth reference previously recommended by the World Organization. Considering the high prevalence of childhood obesity and the negative consequences associated with it, a close monitoring of somatometry during child and youth health consultations is essential. Aim: To evaluate and guarantee the quality of the encoding of Obesity (T82) and Excess Weight (T83) in users aged between 5 and 18 years. Intervene at the level of the different Health Units to improve procedures. Methodology: Type of study: continuous quality improvement. Dimension studied: technical-science quality. Professionals: doctors and nurses from 9 Health Units. Period of time evaluated: January to July, 2017. Sample: all users who used the child and youth health consultation between the ages of 5 and 18, who presented percentile of Body Mass Index >= 85 and <97 and Body Mass Index >= 97th percentile, during the study period, in the Health Units. Data source: SINUS® and SClinico® software. Data processing: Microsoft Excel® 2013 program. Data type: Process type. Type of evaluation: internal. Temporal evaluation: retrospective. Evaluation Criteria: Percentage of children with Body Mass Index percentile GREATER THAN OR EQUAL TO (8805) 85 and <97 and coded for Excess Weight (T83), and percentage of children with Body Mass Index percentile >= 97th percentile and coding for Obesity (T82). Data collection: April 2017. Type of intervention: educational. Re-evaluation: August 2017. Quality standard: Very Good: >=50%, Good: >=30% and <50%, Sufficient: >=15% and <30% and Insufficient: <15%. Results: A total of 311 children were included, of which 48.8% (n = 152) were overweight and 51.2% (n = 159) were obese. Of the overweight children, 2% (n = 3) were correctly coded. In relation to children with obesity, 24% (n = 38) were correctly coded. In the second evaluation, a total of 330 users were included, of which 58% (n = 191) were overweight and 42% (n = 139) with obesity. Of the overweight users, 41% (n = 70) were correctly coded. In relation to obese patients, 24% (n = 33) were correctly coded. Conclusion: We obtained results with an insufficient quality standard for correctly coded overweight children, and sufficient for children with correctly coded obesity, but with great potential for improvement. The authors' goal was to improve the diagnosis and coding of the register of overweight and obesity in pediatric age. The evaluation after intervention showed a clear improvement. The results reflect an overall improvement in registrations.
WHAT GP CALL A RARE OR A LOW INCIDENCE DIAGNOSIS IS A HUNDRED PERCENT DISEASE FOR THEIR PATIENTS – A THING TO BEAR IN MIND WHEN YOU ARE IN FRONT OF ONE

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Aim: To describe a clinical case of a neuroendocrine carcinoma in a primary care patient. Description: 86 year-old patient who came to GP for 2-cm long scalp lesion, having keratoacanthoma-like appearance. He was referred to the dermatologist, and a biopsy was performed. He was hospitalized and diagnosed with neuroendocrine Merck cell carcinoma (NMCC), immunohistochemistry profile: chromogranin, CD56, synaptophysin, CKAÆAE3 and CK20 (dot-like) positive and HMB 45, CD45, Melan-A and S100 negative. Cranial, thorax and abdominal CT scans identified a probable thymoma and discrete right-side heart enlargement. One week later he underwent surgery, with no residual tumour at intraoperative biopsy. After 3 months the patient visited the GP as he experienced pain at masticating and a new tumour had appeared. The neck ultrasounds revealed 2.5 cm swollen lymph node (SLN) on the right mandibular angle and multiple SLN in the right jugular veins. New CT scans showed right frontal subcutaneous tumour and 1.5 cm SLN in the mediastinum. Due to local recurrence another biopsy was performed, turning out to be positive. In less than 3 months the patient experienced compression complications because of tumour fast growth; it spreaded all over the head and neck and he had difficulty to masticate and to swallow, local pain and bleedings. He was hospitalized for palliative care and he died 1 month later. Conclusions: NMCC is difficult to diagnose without biopsy performed, it has a rapid growth and a fatal occurrence is most likely to happen. According to a recent article its annual incidence is 0.2-0.45 case per 100,000 population and in continuing growth. It is hard to manage for both GP and patient due to the diagnosis itself and its rapid complications.
HOW DO I GET MY PATIENT SAFELY ON INSULINE? A PRACTICAL APPROACH TO INSULINE INITIATION IN PRIMARY CARE

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Aims: Insulin therapy is a difficult point in the treatment of Type 2 diabetes for patients and health professionals. However, insulin therapy is often necessary because T2DM people live longer and hence are in need for more advanced and complex treatment plans. Although, there are many algorithms regarding hyperglycaemia treatment schemes like the European Association for the Study of Diabetes (EASD), the American Diabetes Association (ADA), the National Institute of Clinical Excellence (NICE) including insulin algorithms based on the best evidence available, all algorithms largely agree to recommend when and how to start with an Insulin regimen. Design and method: This is a 2 hours workshop that through a case discussion would like to introduce the most common difficulties when considering Insulin as a therapy option. The idea is to answer practice based questions regarding insulin therapy following a pedagogical model focused on clinical situations. How to recognize patients who need insulin (at diagnosis of type 2 diabetes, as a stepwise approach with worsening glucose control, and during an acute process). What kind of insulin molecules do we have available on the market? What are their differences and how to use them? What is the best and easiest way possible to start insulin therapy in primary care? Results: After this workshop the attendees will: know the indications for initiation of insulin therapy (who?); know how to initiate insulin therapy (how? Initial dose, titration, etc.); know how to follow up a patient on insulin (glycaemic target values, combination with other hypoglycaemic therapy options, side effects: hypoglycaemia, weight gain etc.); know red flags for referral (emergencies).
WHAT IS HAPPENING TO ME? - A CASE REPORT

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Background & Aim: Herpes zoster (HZ) is a condition caused by reactivation of the varicella zoster virus, which becomes latent in ganglia along the entire neuraxis, after primary infection, varicella. Postherpetic neuralgia (PHN) is the most frequent of the neurological complications of HZ and defined as a syndrome of neuropathic pain, in which pain persists for months to years after the resolution of the HZ. Case Presentation: 77 years-old woman, independent, included in a nuclear family. Personal history: diabetes and arterial hypertension. Arrives on December 2016 due to bullous rash on the left buttock, sever pain and itching, being diagnosed with HZ. It has been prescribed valaciclovir and ibuprofen. Comes a few days later for maintaining symptoms, and starts pregabalin. On January, although lesions healed, she has felt paresthesias that radiate through the leg finishing on the 1st finger. Starts gabapentin. For maintaining paraesthesia, proprioceptive alteration and absence of pedicular pulse it is requested doppler of the arterial sector and axial tomography of lumbar spine, without significant changes. Starts pentoxifylline. On April, goes to neurologist and given as differential diagnosis: PHN, peripheral neuropathy and plantar fascitis. The diagnosis of axonal sensitive polyneuropathy was confirmed after electromyographic study. Currently presents only paraesthesia of 1st finger foot. Discussion: PHN is a pain condition that causes limitations on activities of daily living. Primary care is the patient’s first contact with the health system and the family physician should reassure him, recognizing the importance of their follow-up, emotional support, especially in case of chronic illness.
WHEN AN ACCIDENTAL FACT SAVES YOUR LIFE

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Aim: to describe a clinical case of an occasionally diagnosed subacute ischaemia in a primary care patient. Description: 51 year-old male patient who visited the GP for sudden right arm numbness and strength loss after falling asleep with his right arm under his body. Personal history of abnormal lipid profile, 1 pack daily tobacco smoker, moderate drinking habit. GP diagnosed him with radial paralysis of the right arm and he was given corticosteroid treatment. At 1-week evolution assessment no improvement was observed, so the patient was referred to the orthopaedic surgeon and an electromyography (EMG) was performed 3 weeks after the symptoms started. EMG showed subacute right brachial plexus injury and the patient was hospitalized for further investigations. CRL and cervical spine IMR turned out normal, but head IMR showed subacute ischaemia and laminar cortical necrosis in left median cerebral artery. Supra-aortic trunks Doppler ultrasound showed significant atheroma plaque in common carotid artery and at the origin of the left internal carotid artery with a 50-69% artery obstruction. The patient is decided to be treated with high dose of corticosteroids and rehabilitation, which improved significantly his right arm symptoms. Endarterectomy of left carotid artery was performed. Nowadays the patient is asymptomatic and fully recovered. He is under GP strict control of cardiovascular risk factors. Conclusions: although the patient initially presented with a brachial plexus injury whose origin hasn’t been found yet, the study performed in order to looking for it benefitted significantly the patient as fortunately a possible stroke could be avoided.
YOUNG DOCTORS MARKETPLACE (VDGM AGM)

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Background: During last years WONCA Europe Conference in Prague the Vasco da Gama Movement trialled a new format of workshop. Using Open Space Technology we brought together young doctors with WONCA Europe Networks and associated projects and activities. The session was a great success leading to new collaborations and engagement of young doctors in wider WONCA activities. This year we aim to repeat this process. Aims: This workshop aims to introduce people to the work of VdGM over the past year and to connect young doctors from across Europe with the vast array of activities, networks and special interest groups available to them within WONCA. Methods: The program will begin with a presentation of VdGM's activities in the last year and distribution of copies of our annual report. We will then introduce the principles and laws of the Open Space Technology Process. Participants will then be invited to be "flowers" (those who have an activity, project or idea they wish to share) and "bumble bees" (those seeking new ideas and projects). We will then facilitate the Open Space Process, encouraging networking and the "cross pollination" of ideas around the room. Results: At the end we will harvest the outcomes of the group discussions and signpost participants to further resources Conclusions: Open Space Technology provides us with a unique and productive method of networking and fostering new connections and collaborations. Connecting young doctors to the wider activities within WONCA Europe serves the purpose of both catalysing activity and sustainability within WONCA Europe and advancing the insights and careers of our young physicians.
UNMET HEALTHCARE NEEDS AND QUALITY OF LIFE IN THE ERA OF ECONOMIC CRISIS: THE PARADIGM OF THE GREEK PRIMARY MENTAL HEALTHCARE SERVICES

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AIMS: The advent of the economic crisis had a profound impact on the Greek population health. The purpose of this study was to assess the accessibility and use of private Primary Mental Healthcare Facilities, the extent of unmet mental primary healthcare needs and its possible correlation with the patient's quality of life. METHODS: The study included 176 parents of children suffering from mental, emotional or developmental disorders treated at 7 private Mental Health Units located in Athens, Greece. A composite self-administered questionnaire was used. The first part comprised of sociodemographic questions, questions pertaining to the mental health services received and the self-reported unmet mental health needs; the second part consisted of the 12-Item Short Form Survey (SF-12). RESULTS: Most of the respondents (83.5%) declared making use of their public insurance benefits regarding mental health services, although the majority (56.3%) acknowledged that their monthly benefits did not exceed 250 Euros. In addition, 63.6% of them were obliged to make out of pocket payments and 42.6% of them have thought to change the rehabilitation program of their child because of financial reasons. Negative correlations were found between the parent's Mental Composite Score (MCS-12) and their perceived need to visit a public service during the past year to deal with their child's difficulties (p=0.045), difficulties encountered in booking an appointment (p=0.040) and accessing the facilities (p=0.010), as well as thoughts of changing their child's rehabilitation program because of financial reasons (p=0.028). CONCLUSIONS: Economic constraints and parental poor mental health constitute significant barriers to receiving appropriate mental primary healthcare services.
QUALITY IMPROVEMENT IN RESOURCE-LIMITED SETTINGS

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Background: There is increasing recognition of the need to continuously assess and improve performance to provide the best medical care possible for our patients. Quality Improvement (QI) is a science which provides a number of methodologies to systematically understand and enhance performance. Its growing emphasis across the USA and Europe is coupled with increasing numbers of programs in resource-limited settings, all looking to integrate QI into their practice. Aims: 1) To provide a clear rationale for QI in healthcare, including in resource-limited settings 2) To explore several common QI methodologies and how these might be implemented in an under-resourced setting 3) To utilise real life scenarios to understand the challenges faced in trying to conduct QI work in resource-limited settings 4) To design a theoretical QI project for a specific challenge 5) To support colleagues looking to undertake QI *at home* or overseas with some practical tips to get started Description: This workshop will utilise a range of interactive techniques, initially building participant's understanding and awareness of quality improvement, before moving onto the sharing of real-life scenarios and challenges. Participants will work in small groups, sharing ideas and experiences to collaboratively develop potential solutions, as well as hearing what solutions were actually used. Conclusion: Quality improvement offers a skill set of great value for primary care practitioners to enhance service provision in both well-resourced and poorly-resourced settings. Working in different settings provides an added level of challenge for those attempting to conduct QI. This workshop aims to enhance confidence and competence in how to initiate such a quality improvement programme.
THE VASCO DA GAMA MOVEMENT JUNIOR RESEARCHER AWARDS 2018

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Aims: The Vasco da Gama Movement (VdGM) aims at encouraging junior GPs to lead research projects by proposing the "Junior Researcher Award". The "Junior Researcher Award" rewards projects of young GPs. Description: In this workshop, four finalists selected by an international jury will present their research projects but also share their ideas for future research and their personal career. One of the finalists are the winner of last year’s Promising Researcher Award, and will be updating us as to the progress of their work over the past year. They will be in competition with 2 additional finalists selected from this year’s applicants. The workshop will contain the following parts: - Historic context of awards - Introduction to the VdGM Research Special Interest Group and our collaboration with EGPRN - Presentations of the four research projects which are candidates for Junior Research Awards - Summary and close signposting to announcement of awards at Closing ceremony Conclusions: Showcasing the work of up and coming young researchers in Family Medicine/Primary Care serves to motivate their ongoing work, increase the visibility and accessibility of research opportunities to young doctors and highlight the importance of Family Medicine/Primary Care orientated research.
WORKING ETHICALLY OVERSEAS

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Background: Medical professionals choosing to do clinical or health care work abroad face unique challenges, many of which are of an ethical nature. These can cause significant emotional and professional distress. The value of preparation and support in how to face these is increasingly recognised. This workshop aims to provide an introduction to these issues. Aims: 1) To support colleagues considering working overseas or with colleagues from different cultures in preparing for and managing ethical conflicts that may arise 2) To explore common ethical dilemmas that may arise when working overseas 3) To consider two different ethical models (Beauchamp and Childress, 2001 and Pinto et al, 2013) and explore what these teach us about managing ethical scenarios 4) To understand the concept of ethical relativism, and the challenges of trying to apply your own ethical framework in a different culture 5) To provide participants with a practical framework for assessing ethical scenarios that may arise whilst working cross-culturally 6) To practise applying this framework in considering possible solutions to real-life ethical dilemma case scenarios Description: This highly interactive workshop will start with participants sharing their experience and expectations around overseas working. It will then provide the opportunity to enhance knowledge and understanding of ethical frameworks and their application, and then move to small group discussion of approaches to managing real life scenarios. Conclusion: Working in different settings, and with colleagues and patients from different cultures frequently presents ethical challenges. Confidence in how to approach these is of great value for GPs in all settings, and particularly those planning to work in a different country.
PROFILES OF HOSPITAL ADMISSIONS IN A SUPER-UTILIZER COHORT

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MonashWatch (MW) is a scalable small locally-based team approach beyond traditional silos of services that aims to avert potentially preventable admissions (PAH). Analytics based on hospital datasets identified a cohort with predicted 3+ overnight stays and/or hospital ward admissions. Consenting patients predicted to have 3 PAH in the next 12 months entered the MW program after an index event, either admission or ED attendance. Aims To investigate the profile of admissions in the pilot MW service intervention arm to improve efficiency in addressing potentially avoidable hospitalisations. To describe distributions of DRGs, LOS and patterns of 52 acute admissions >= 1 bed day during the intervention period in 600 person months of monitored risk profiles. Methods. Linked data of hospital admissions with MW Patient Journey Record System (PaJR) database were analysed with descriptive statistics. Results. 600 person months monitoring identified 128 Admissions of all types and length. 52 Acute Admissions >= 1 day; while 64% intervention had zero ED visits/admissions. Admission DRGs were widely dispersed with 50 discrete DRGs covering the 572 bed days. Respiratory system DRGs were most common with infection accounting for 46 bed days, COAD 56 bed days, CNS 48 days, GIT 59 days, diabetes 16, infection 44, and psychiatry 39 bed days. Conclusions. Superutilizers as identified in the MW cohort had a very mixed pattern of DRGs for their admissions indicating a highly heterogenous ‘disease’ profiles. Other profiling indicates diverse biopsychosocial problems as well.
THE VASCO DA GAMA MOVEMENT EXCHANGE WORKSHOP – DISCOVERING PRIMARY CARE AWAY FROM HOME

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Aims: To present new colleagues the exchange opportunities offered by the Vasco da Gama Movement. Announce the winners of 2018 Hippocrates Exchange and Carosino Awards. Description: One of the most well known activities promoted by the Vasco da Gama Movement is its exchange program. During the last years, our exchanges have grown, not only in number but also in format. The Hippocrates Exchange program offers a two weeks exchange in a European participating country and is a unique opportunity to have an insight in the country’s Primary Care. In partnership with WONCA World and other YDMs, we have also been promoting global exchanges through the program FM360. Additionally to these two programs, shorter conference exchanges have been successfully organised alongside Primary Care National Conferences, actively involving colleagues from different countries, in a more intense and condensed scientific and social event. Following the tradition, this year competition for the 2018 Exchange Prizes will award the best urban and rural exchanges during 2017: the Hippocrates and Carosino Awards. Conclusions: Through a dynamic and interactive workshop we intend to introduce colleagues to our exchange programs, explaining the application procedure and criteria. Participants will also be invited to share ideas on the benefits and burdens of exchanges as well as the potential difficulties met at every stage. Finally, the conquerors of 2018 Exchange Prizes will present their inspiring and winning experiences.
JAUNDICE, A SIGN WE MUST PAY ATTENTION ALWAYS.

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AIM Distant metastasis from primary epithelial ovarian carcinoma is commonly found as nodal and intraperitoneal spread. Most tumour present at advanced stage and distant metastases to common and uncommon sites are found in patients who have undergone treatment for primary ovarian cancer. DESCRIPTION Our case is a 50-year-old woman from England. As a background of interest highlights right ovarian carcinoma operated on 5 years ago with double adnexectomy and total hysterectomy. Consultation for abdominal pain and mild jaundice of 4 days of evolution. During the examination, conjunctival jaundice and abdominal pain to the palpation are highlighted in a generalized manner, for which urgent analysis is requested, including liver function and bilirubin. At 24 hours we received analytical results with GPT transaminases: 200 IU GOT; 400 IU GGT; 650 IU, with a Total Bilirubin of 200 mg/dl, because of this we decided to refer her to the Emergency Department, where abdominal ultrasonography was performed and subsequently Abdominal tomography where peritoneal dissemination pending filiation was observed. The patient is admitted to the Digestive Service, finally reaching the diagnosis of peritoneal dissemination due to ovarian carcinoma. CONCLUSIONS Peritoneal dissemination is one of the main patterns of relapse after surgery in abdominal and pelvic tumors. This type of peritoneal involvement is more frequent in tumors that invade serosa, with infiltration of adjacent structures or in perforated tumors. Therefore, in the face of any patient with a history of neoplasia, especially those with a higher metastatic risk, we must be extremely cautious in the face of any signs suggestive of the progression of the disease.
VOLUNTEERING AT HOME AND AWAY

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Background There are many opportunities to undertake medical volunteer work at home and abroad. It can be a rewarding and challenging experience, bringing benefits to the individual, host country and their own country. Volunteers can face challenges including ethical and cultural. Description This interactive workshop will start with a discussion amongst participants about volunteering and their experiences. We will then hear from 4 speakers with different volunteering experiences before moving on to discuss different opportunities available, including benefits and practicalities. The session will use case studies, as well as experiences within the group to illustrate potential challenges and how to manage them. Aims - To gain knowledge of a variety of volunteering opportunities in developing countries and at home. - To explore the benefits of volunteering for the individual, host country and their country. - To explore a GP’s skills and where they are best placed to provide the most value in volunteering. - To discuss some of the challenges volunteers may face, looking at practical examples and ways of overcoming them. - To provide participants with a framework to assess the pro’s and con’s of volunteer organisations, particularly ethical considerations. - To equip participants with advice regarding the practicalities of volunteering. Conclusion Volunteering is increasingly popular among medics. Although there are potential challenges in undertaking such work with the correct approach many of these can be overcome providing the individual with a rewarding and enriching experience. The benefits include personal development and acquisition of new skills that can be adapted into their practice and healthcare system on their return reflecting a mutual gain.
METAMIZOL, A LESS HARMLESS DRUG THAN WE THOUGHT.

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AIM Metamizol (dipyone) is a compound infamous because of the potential fatal adverse drug reaction, agranulocytosis. This has led to different policies worldwide with regard to the use of metamizole. In some countries metamizole was withdrawn from the market, in other countries it is still available on prescription or as an over-the-counter medication. The Dutch Association of Anaesthesiology propagated the use of metamizole in their revised postoperative pain guideline in 2012. DESCRIPTION Our case is about 84-year-old patient who consults due to feeling bad. Days before she had an accidental fall in the home who had been treated with metamizol for pain control. In the analysis performed, a pancytopenia appeared that did not present previously (leukocytes 2.0 × 10⁹ / L, Hemoglobin 7.7 g / L and platelets 8.0 × 10⁹ / L). The rest of the laboratory parameters, including liver and kidney function, were normal. The patient was sent to the Hospital for hematology study, administering antibiotic coverage, wide spectrum during the phase of neutropenia without evidence of infection at any time, performing marrow aspirate that showed a normal cell bone marrow with granulocytic hyperplasia in the context of the recovery of agranulocytosis. Finally was diagnosticated of drug reaction, agranulocytosis because of metamizol. CONCLUSIONS It is defined as an adverse reaction of type B, that is, a reaction that is independent of the pharmacological action, of low incidence and high morbidity and mortality. It requires a high index of suspicion in addition to the suspicious drug exposure within 7 days prior to the onset of symptoms. The treatment is oriented in the first instance to the suspension of the responsible drug, followed by patient support measures.
PARESTHESIAS, THE INITIAL SYMPTOM OF GUILLAIN-BARRÉ SYNDROME.

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AIM Guillain-Barré syndrome (GBS) occurs world-wide with an overall incidence of 1 to 2 cases per 100,000 per year. The incidence increases by approximately 20 percent with every 10-year increase in age beyond the first decade of life. The cardinal clinical features of GBS are progressive muscle weakness accompanied by absent or depressed deep tendon reflexes. DESCRIPTION Our case it is a 59-year-old patient who came to our office due to sensation of paresthesias in both legs since 4 days ago, the only antecedent she had was a cold and a viral’s conjunctivitis in resolution. We recommend performing blood tests and reviewing the results within 24 hours. The next day the patient comes brought by her husband because of great difficulty for standing up, in the exploration it highlights the abolition of osteotendinous reflex with diminution of strength and bilateral sensitivity in both legs. Rest of normal neurological examination. The patient is referred to the Emergency Department due to the suspicion of Guillain Barré syndrome. In emergency Service they realized a cranial CT that was normal and a lumbar puncture where it stands out an albuminocytologic dissociation. The patient is admitted to the Neurology Service, where it was subsequently performed a needle electromyography (EMG) which confirms the diagnosis. CONCLUSIONS The exact cause of Guillain-Barre syndrome is unknown. But it is often preceded by an infectious illness such as a respiratory infection or the stomach flu. There’s no known cure, but several treatments can ease symptoms and reduce the duration of the illness. There is between a 10 and 30 percentage of patients that can have a disastrous progression, with severe respiratory muscle weakness. This is why early diagnosis is important.
ELDERLY LIVING AREAS AND NEW COMMUNITY BASED CARE MODELS IN TURKEY

Nil Tekin¹

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Aims: Because of increasing the elderly population, Turkey is on the edge of great burden of elderly care. The aim of this study was to evaluate living areas of elderly and discuss the efforts to develop new care models applied in nursing home. Methods: Current literature reviewed and nursing home records were examined. The necessary caring services and living areas of the elderly in our country and city were determined for future development of care models for the elderly living in a district like Narlidere. Results: Especially gradual increase of 75-year old and above elderly population forces requirement of caring services for the elderly. Family physicians in Turkey, more frequently face with the health care issues of elderly in their daily practice and home care services are currently developing. Still institutional care is limited. So new community based care models supporting the home care become more important. Models supporting community based care model depending on, Narlidere Residential and Nursing Home was developed. Service was initiated as the first day care center of our country. Another model, Elderly Living Homes were opened to raise the living standards of our elderly and provide home care. Conclusions: It is clear that Turkey will host more elderly population in aging and living areas and care plans should be established according to their characteristics and requirements. For this reason, it is supposed that implementation of community based care models by corporate care sources in our country and supporting services of home care with these models are good application examples. Family physicians will be part of these new elderly care areas and have to understand them properly for their further development of these models.
CARDIORENAL SYNDROME, A GREAT CHALLENGE FOR THE DOCTOR.

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AIM There are a number of important interactions between heart disease and kidney disease. The interaction is bidirectional, as acute or chronic dysfunction of the heart or kidneys can induce acute or chronic dysfunction in the other organ. DESCRIPTION Our case it is about a 62 years old patient, with personal antecedent of heart attack in 1991, triple bypass in 1997 and chronic renal failure secondary to nephroangiosclerosis (Creatinine usual around 2 mg / dL). Until 6 months ago, the patient had remained asymptomatic from a cardiological point of view, but when he changed his medical treatment due to nephrology due to worsening renal function he suffered a cardiac decompensation. Given this situation, the patient was referred to Cardiology, in situation of severely decompensated CHF, who indicates admission and subsequent follow-up of the patient by Internal Medicine when considering the elderly and multi-pathological patient. On the part of the nephrologist there is no appointment until 8 months later, but in the last report they contraindicated IECAS and ARA II. Once the risks and benefits were assessed, we decided to suspend the calcium channel blocker that was causing an increase in edema and to restart the ACEI, since we believe that if a detrimental renal function was development it could be substituted (peritoneal dialysis / hemodialysis), while the cardiac one does not. CONCLUSIONS It is demonstrated that the mortality is increased in patients with heart failure who have also a reduced glomerular filtration rate. The patients with chronic kidney disease have an increased risk of both atherosclerotic cardiovascular disease and HF. It is because of all of this that these patients have a poor prognosis and a careful cardiac and renal monitoring is imperative.
PYLEPHLEBITIS, A RARE COMPLICATION OF AN INTRA-ABDOMINAL INFECTION.

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AIM The portal vein is formed by the confluence of the splenic and superior mesenteric veins, which drain the spleen and small intestine, respectively. Pylephlebitis is an intraabdominal infectious process whose incidence has increased in recent years due to the advancement of imaging techniques such as ultrasound or abdominal CT. The most frequently involved microorganism is B. fragilis, followed by E. coli. DESCRIPTION Our case is a 69-year-old woman who consulted for abdominal pain of 7 days of evolution with low-grade fever and alteration of intestinal habit. Analytically highlight: 16,000 leukocytes / microl with Neutrophilia 78.6%, Protein C Reactive of 30 mg / L and a discrete elevation of liver enzymes, so we referred her to emergency service to realize an abdominal ultrasound due to the suspicion of acute diverticulitis. In the abdominal ultrasound they find an absence of venous portal blood flow suggestive of pylephlebitis, which is later confirmed with abdominal computed tomography (CT). The patient required be hospitalized to receive empirical antibiotic therapy with piperacillin-tazobactam (4.5 g / 8 h) and anticoagulation with Low Molecular Weight Heparin (LMWH) was initiated. After 6 months, a follow-up ultrasound was performed showing a permeable portal vein with a preserved caliber. CONCLUSIONS The treatment of pylephlebitis is fundamentally based on broad-spectrum antibiotic therapy, which should be started as early as possible. It is vital the request for imaging tests to reach a diagnosis of early certainty, which allows us to initiate the most appropriate treatment that may include surgical treatment to drain the septic focus in the most severe cases.
ATYPICAL PNEUMONIA AS A DIAGNOSIS OF HIV.

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AIM The acquired immunodeficiency syndrome (AIDS) epidemic remains one of the most important global health problems of the 21st century. Given the wide range of symptoms associated with acute HIV infection, clinicians should have a low threshold to suspect it. In particular, the possibility of acute HIV infection should be considered in patients who present with the more typical signs and symptoms, including an ill-defined febrile illness. DESCRIPTION Our patient is a 52-year-old man who consulted for symptoms of cough and dysthermic sensation. As a personal antecedent: chronic enolism, without other toxic habits. Ex convict. He does not have chronic treatment. We performed cardiac auscultation where scattered rhonchi were observed, so we started antibiotic treatment (amoxicillin clavulanic) and we cited him in 2 days for review. When the patient comes, he tells us that nothing has improved. Cardiac auscultation has worsened markedly with crepitis and rhonchi scattered in both hemitorax, so we requested an urgent chest x-ray that presents a bilateral interstitial infiltrate, so that we referred him to hospital emergencies with suspected atypical pneumonia. During admission, complete blood tests, blood cultures and sputum were requested, and a Pneumocystis jirovecii pneumonia was detected associated an unknown HIV infection associated. CONCLUSIONS HIV-infected patients are at increased risk of pulmonary diseases. Careful attention to historical detail and physical examination, can provide a definitive diagnosis in many cases. Patients who fail to respond to therapy usual, as in our case, should be considered for diagnostic testing.
CLAVICLE FRACTURE, ABOUT A CASE

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Aims Identify bone lesions in radiographs. Emphasizing the patient's symptoms. Methods A 50-year-old man who consulted due to severe pain in the right shoulder after an accidental fall of the truck three days ago. He had been in a hospital where he had had an x-ray of the shoulder without seeing important bone lesions. Reconsultation for analgesic rescue. No personal history of interest. Results Deformity in the right clavicle with wide hematoma at supra and infraclavicular level in both hemitetrax is appreciated. Mobility preserved. Without crepitation. Sign of the key was negative. Rest of exploration was anodyne. Radiography of the right shoulder was requested, and a displaced fracture of the proximal clavicular third was observed. Conclusion Injuries are the main cause of clavicle fracture. Most occur in the middle third of it. Those of the proximal third are the rarest, are due to high energy trauma and it is necessary to always look for associated lesions (intrathoracic). They may appear associated with sternal fracture or sternoclavicular subluxation. When the fractures are displaced the proximal fragment tends to move upwards due to the tension exerted by the sternoclavicular. While the distal portion does it down by gravity. Open fractures are very rare. The treatment consists of immobilization with a sling and analgesia. Sometimes they need surgery if they are very displaced or the fragment is very close to the skin. We must look with a magnifying glass at the clavicle radiographs, many times the fracture line goes unnoticed in the AP projections, we must make an axial projection to visualize it. If the appropriate immobilization is not performed, it can move and cause a complication for our patient.
DIAGNOSIS AND MONITORING OF A HEREDITARY SKIN DISEASE: ACTINIC POROKERATOSIS

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Background & Aim: A 49-year-old woman presented to her family doctor for a 6-year history of progressive pruritic lesions on her back, trunk, forearms and legs. The patient had no significant past medical history. As a family history, her father had the same cutaneous disease. Physical examination: Dermatological examination of the patient revealed pink to red multiple papular lesions surrounded by a mildly hyperkeratotic wall, with an atrophic center, 0.5 to 1 cm in size, localized to the extremities, back and trunk. There were no lesions on the face, mucosae, soles or palms. Method: The case was referred to Dermatology for evaluation. The histopathological examination of biopsy material from one of the lesions was consistent with porokeratosis. Diagnosis: Disseminated superficial actinic porokeratosis. Differential diagnostic: Actinic keratosis. Seborrheic keratosis. Bowen's disease. Squamous cell carcinoma. Basal cell carcinoma. Annular lichen planus. Conclusions: Porokeratosis is a heterogeneous group of disorders that are inherited as an autosomal dominant pattern. The etiology is unknown, however, there is strong evidence of sunlight as the cause of the injuries. Multiple clinical variants have been reported, all represented by a common primary lesion, the hyperkeratotic papule. The diagnosis is confirmed by the histopathological study, which shows the cornoid lamella, the most representative finding of these dermatoses. The therapeutic response is usually poor and recurrences are frequent. However, porokeratosis lesions should be treated due to their preneoplastic nature and protection from sunlight should be advised. Therefore, the continued care of the patient is essential to detect malignant degeneration as early as possible.
HYPERFREQUENCY, A SIGN WE MUST PAY SPECIAL ATTENTION IN YOUNG PATIENTS.

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AIM The health status and health behaviors of adolescents have been monitored closely for many years. Violence or witnessing violence has both physical and psychiatric sequelae, including post-traumatic stress disorder, adjustment reactions, severe grief reactions, and depression. DESCRIPTION Patient of 15 years who consults for ill-defined clinical problems, 3 times in the last week. He always comes accompanied by his sister, of legal age. Given the hyperfrequency detected, the need to attend the next occasion accompanied by one of their parents is indicated. While waiting for this appointment, we review the complete history of the patient, where we discovered an infinity of visits to the emergency services, because of different clinical pictures, most of them due to diarrhea, always during school hours. In the following interview he comes with his mother, whom the clinical situation is transmitted, she tell us that the minor the previous day had confessed to be the object of ridicule and physical aggression in the institute. The mother is very ashamed for not having been able to detect the problem of her son before. CONCLUSIONS Given the early age at which the children are in charge of the family doctor (14 years in Spain), a fundamental role in the detection of bullying rests with us. The role of the family doctor before the bullying is triple: - Prevention: detect risk factors and protective factors. - Detection: possible harassment should be investigated, directly or indirectly by signs and symptoms. - Intervention: by informing parents, designing individual intervention strategies and informing the school. In our case, we also made an interconsultation with the social worker and the psychologist to initiate an early intervention.
RELEVANCE OF DIAGNOSTIC PERSEVERANCE: NEUROENDOCRINE CARCINOMA

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Background & Aim: A 65-year-old woman, cholecystectomized for cholelithiasis, with no other medical history, who presented to her family doctor due to a three-year history of recurrent non-specific, generalised, abdominal pain associated with intermittent episodes of diarrhea with no mucus or blood, which was managed medically; it partially improved temporarily. He attended the emergency department due to increased abdominal pain, and nausea without vomiting. Physical examination: Physical examination revealed a body temperature of 36.5°C and a blood pressure of 110/80 mmHg. During assessment, the patient experienced a moderate tenderness in the right lower abdomen, with no signs of peritoneal irritation. No palpable masses were observed. General physical examination was unremarkable.

Method: The initial results of the laboratory tests and plain abdominal radiography showed no findings. However, laboratory data on emergencies revealed a white blood cell count of 11,800/mm³, therefore, ultrasonography, computed tomography and magnetic resonance of the abdomen were requested, that showed a thickening of terminal ileum with inflammatory changes and mesenteric adenopathies. The patient underwent surgery for the treatment, and the histopathological examination of the surgical specimen was consistent with neuroendocrine carcinoma. Diagnosis: ileum neuroendocrine carcinoma (T3N1M0). Differential diagnosis: Inflammatory bowel disease. Irritable bowel syndrome. Coledocolithiasis. Gastrointestinal stromal tumour. Conclusions: Neuroendocrine tumours are rare and have a wide range of symptoms; the majority are slow-growing and have non-specific symptoms. Therefore early suspected diagnosis and appropriate treatment will be of greatest benefit to patients.
PARKINSON’S INDUCTION DRUGS

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Aims Identify possible secondary parkinsonisms generated by drugs. Know what these drugs are and avoid them in susceptible patients. Methods A 60-year-old male who present a muscle weakness for about one month. There is a limitation to getting out of the chair, walking, eating or combing. He refers instability in the march, he needs help to wander. Also, lately he notice a tremor in both hands especially when he are relaxed. He has suffered schizophrenia in treatment with fluphenazine for a month due to poor control with previous antipsychotic. Results Constant within normality. On examination, inexpressive fascies are seen, it does not blink. He speaks with a very low, monotonous voice and has difficulty articulating. When he walks he presents a festive march: he does not brace, he takes very short steps, leaning forward. Sprocket rigidity. Meyerson sign. Analytical tests are performed with blood count, biochemistry, coagulation and serologies without alterations. Clinical judgment: Parkinsonism secondary to fluphenazine. He is derived to Neurology to perform differential diagnosis with primary Parkinson’s. Conclusion After the withdrawal of fluphenazine our patient improved clinically, which supports our initial diagnosis. 20% of patients suffering from Parkinson’s are secondary, 25% of them due to drugs such as neuroleptics, metoclopramine, agents that deplete dopamine like reserpine, calcium blockers, lithium, valproic acid or fluoxetine. First-generation antipsychotics act by blocking the D2 receptors at the brain level postsynaptically, so they can produce extrapyramidal effects among other undesirable effects. Especially the high potency ones: flufenazine, haloperidol, loxapine, pefenazine, pimozine, thiothixene and trifluoperazine.
CHLAMYDIA INFECTION SCREENING IN PORTUGAL - A CALL TO CHANGE

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Aims: Genital \textit{C. trachomatis} (CT) is the leading sexual transmitted infection (STI) in Europe and the cause of long term reproductive health problems. General Practice (GP) may play a crucial role in CT control by primary prevention and screening of target populations. Our aim is to review the importance of screening for CT infection and to analyze the current situation in Portugal. Description: CT is the most commonly reported STI. It is straightforward to diagnose and there are cheap and effective treatments. The asymptomatic reservoir of infections provides a source for efficient transmission and allows for silent disease. CT is a public health concern because it can cause reproductive tract complications, including PID, ectopic pregnancy and tubal factor infertility. It has been demonstrated that early detection and treatment in young women can reduce the risk for PID and infertility in 35\%. According to ECDC’s last report, the overall notification rate for CT infection was 173 per 100,000 persons and 39\% of cases were among 20-24-year-olds. There is considerable variation in CT control policies across the EU. Portugal operates neither an organized screening nor an opportunistic testing programme. The absence of a national guideline and the lack of incentives for CT testing in GP reduce the screening offer to a very specific population from STI consultations. The last national serologic survey estimated a 3.4\% prevalence of Chlamydia among 18-25-year-olds. Conclusions: GP provides longitudinal continuity of care and its involvement is crucial in preventing STIs. Commitment from healthcare policymakers is required to ensure a CT control strategy in Portugal.
CHRONIC CONDITIONS IN REAL CLINICAL PRACTICE

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Strategies for the management of chronic conditions in primary health care 1. Aim(s) and background: The purpose of the workshop is to review new strategies for the management of chronic conditions in primary health care in different scenarios. 2. Material and methods: The workshop will present 4 different scenarios: - Overuse of emergency departments (Speaker: Sequeira-Carlos J). - Recommendations to overcome overtreatment in elderly diabetic patients in primary care. (Speaker: Cebrian-Cuenca A). We aim to illustrate how an EBM approach can be used to individualize glycemic goals and prevent overtreatment, and to optimize health and individualize patient care. - Improving the care of patients with advanced chronic conditions (ACC). (Speaker: Abril, R.). Improving the care of patients with ACC. To help clinicians improve the identification of patients for a palliative approach including functional, nutritional, emotional indicators and geriatric syndromes. - The triple aim and patient reported outcomes (PROs) for chronic conditions. (Speaker: Orozco-Beltran D). The Triple Aim focuses on improving the health of populations, improving the patient experience and reducing the per capita cost of healthcare, PROs have become a relevant tool for assessing healthcare interventions and treatment. PROs are important measures that directly affect treatment adherence and indirectly affect the effectiveness of the intervention or treatment. 3. Learning objectives. The expected results are focused on improving quality of care for patients with chronic conditions in different scenarios as emergencies, ACC, overtreatment and the PROs. 4. Conclusions: After this workshop we expect a more integrated care approach for patients with chronic conditions.
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Background and aim: A 69-year-old man with fever of four days of evolution, general condition impaired, headache, generalized myalgia and weight lost of 8 kg in the last month. Clinical features: HTA, ex-smoker. Rheumatic involvement of the mitral valve. Chronic treatment with Apixaban 5mg every 12h and Nevibolol 5mg every 24h. Physical examination: No neurological focus. Good constants; 38°C fever. Pharynx, cardiopulmonary auscultation, abdomen and lower limbs without alteration. Method: ECG: normal. Analytical: Elevation of acute phase reactants (PCR 9.6), leukocytes 12.111, Neutrophils 74.4%, platelets 66000 (confirmed). Anodyne coagulation. Sediment and negative urine culture. Serology of Coxiella IgM +, IgG +. Other serologies (hepatitis B, C, HIV, Borrelia, Herpes simplex, CVM, VEB, Chickenpox, Brucella, Legionella, Mycoplasma, Sífilis, Bartonella, Leishmaniasis) negative. Rx thorax and abdomen without alterations. Transeosophageal echocardiography: IM grade II / IV without complications. Treatment with doxycycline and hydroxychloroquine showing clinical and analytical improvement. Diagnosis: Fever Q. Differential Diagnosis: Fever of unknown origin. Pharyngitis-tonsilitis due to M. Pneumoniae. Infectious endocarditis. Malaria. Other zoonoses (Brucellosis, Listeriosis, Leptospirosis). Discussion: Q fever is a zoonosis of universal distribution. The clinical presentation includes severe forms with a poor prognosis. From Primary Care is essential clinical suspicion and it is recommended that all patients with endocarditis and negative blood culture, or with prolonged fever, granulomatous hepatitis or atypical pneumonia, be carried out a serological study (titers isolated by IF IgM greater than 1:50 e IgG greater than 1: 200 show a specificity of 100%).
PULMONARY CHRONIC TOXICITY BY NITROFURANTOINE

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Background aim: A 62-year-old woman with rest dyspnea and central thoracic pain without vegetative symptoms from a week ago, and no response to levofloxacin. No fever neither cough and any other organic symptomatology. Clinical features: recurrent pyelonephritis, renal lithiasis and calyx ectasia. Chronic treatment: furantoin throughout a year. Physical exploration: BP: 120/80 mm Hg, O₂ basal saturation 96%. Cardiopulmonary auscultation: rhythmic beats, vesicular breathing present with bilateral rales in medium fields. Normal abdomen and lower limbs. Method: ECG: normal; Analysis: biochemistry, hepatic profile, iron balance, hemogram, reumatoid factors, ANAs, ANCA, proBNP anodyne. Film thorax: bilateral interstital pattern and medium-basal consolidation. Is transfered to Pneumology. gas balance: PO₂ 61.8; PCO₂ 37.7; Ph 7.4; CO₂H2 27.3. RX Film no changes. Spirometry: FEV₁ 2680 ml (120%), FVC 3100 ml (117%), FEV₁ /FVC 86.5%. Fibrescope and broncho-alarveolar washing with cultures negatives so as for malignancy. TACAR thorax: interstitial pneumonia no specific reacted vs acute eosinophilic pneumonia. Diagnosis: interstitial pneumonitis by nitrofurantoin. Differential diagnostic: acute gastroenteritis vir/o/bacterial, disbalance of cardiac failure, urinary infection. Discussion: nitrofurantoin is an antimicrobial used for treatment and prophylaxis of recurrent urinary tract infections. Rarely produce acute or chronic pulmonary toxicity (incidence lower than 1%), creating a interstitial pneumonitis that can evolve to fibrosis. From Primary Care must make a differential diagnostic for its proper treatment. First of all remove the drug (not maintain over six months), being able to add a short cycle of corticosteroids, with a response of 10-30% the cases.
PREGNANCY RELATED SYMPTOMS THAT GIVE RISE TO CONCERNS AMONG WOMEN IN FIRST TRIMESTER

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Aims: Pregnancy related symptoms are common among women in the first trimester. We aimed to examine the clustering of such symptoms and to analyze which symptoms the women found worrisome. Methods: We performed a cross-sectional study in general practice in two of Denmark’s five geographical regions. A total of 308 GP-practices were selected systematically and asked to include women at first preventive pregnancy consultation in general practice (week six to ten). Results: We included 1455 pregnant women in the first trimester. Nausea, vomiting, pelvic cavity pain, pelvic girdle pain and back pain were the most common symptoms reported during the first trimester and 65% of the women reported to have two to four symptoms at the same time. The strongest correlation between symptoms was shown for vomiting and nausea (correlation coefficient 0.29), back pain and pelvic girdle pain (0.33), pelvic girdle pain and pelvic cavity pain (0.24). Among the 1278 women reporting nausea only 21% worried (any degree), whereas 88% of the 252 women reporting vaginal bleeding were worried. Conclusions: GPs should be aware that most women experience several symptoms in combination in the first trimester of pregnancy and symptoms may give rise to concern that is worth paying attention to.
DORSAL SPONDYLODISCITIS AND THE RELEVANCE OF ITS DIAGNOSTIC SUSPICION

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Background and Aim: A 63-year-old male, smoker of 2 cigarettes/day, hypertensive and dyslipidemic who went to the Emergency Service (ES) and to his Family Doctor (FD), due to a backache and intermittent fever (39°C) during a month. He received analgesic treatment without improvement. Method: In the ES, vital signs were normal. Painful palpation of dorsal paravertebral muscles. Blood test: C Reactive Protein (CRP) 13.1 mg/dL. Dorsal spine X-ray: anodyne. He went to his FD 17 days later, relating a back pain and fever. Painful percussion on left flank. Urine culture was negative. He was referred to the ES where palpation was painful in low left costal arches. CRP 8 mg/dL. The patient was admitted to Rheumatology service, where it was made a spine MRI: spondylo-discitis at D6-D7 with a left paravertebral abscess that fistulized to the lung parenchyma. Erythrocyte sedimentation rate: 50 mm/h. Two blood cultures were negative. Serology of Brucella, Coxiella burnetii, HIV, HBV, HCV: negative. Mantoux: positive. Puncture and culture of the perivertebral lesion: S. Coagulase Negative growth (probably contamination), auramine-rhodamine and acid-fast stain: negative. Diagnosis: Spondylo-discitis D6-D7 with left paravertebral abscess without microbiological identification. Differential diagnosis: hemiated disk, vertebral fracture, reactive arthritis, brucellosis, tuberculosis, HIV, spinal metastatic/degenerative diseases. Conclusions: Spondylo-discitis is a vertebral disc and body infection whose detection and early treatment could prevent future relevant pathologies, such as compressive myelopathy. It is important to make a detailed physical examination and complementary tests to avoid a late diagnosis that increases the comorbidity and the associated costs.
THE RELATIONSHIP BETWEEN LOW MUSCLE MASS AND METABOLIC SYNDROME IN WORKING POPULATION

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Aim: Individuals with metabolic syndrome have an increased risk for cardiovascular disease. There are limited data about the associated risk factors of low muscle mass in middle-aged adults. The association between low muscle mass and metabolic syndrome was also unknown. We determined the relationship between low muscle mass and metabolic syndrome. Method: This study used the database from the annual health examination of a company in Taiwan. Anthropometric measurements, sex, age, medical history and factors of metabolic syndrome were recorded. Body composition were measured using bioimpedance analysis. Low muscle mass was defined as an appendicular skeletal muscle mass index less than two standard deviations below the normal sex-specific mean for young people in Taiwan. Result: There were 266 workers with completed data (Male:Female=218:48, mean age=42.47±9.36 year-old). Multiple logistic regression analysis showed that gender (male vs. female, OR: 5.391, 95%CI: 2.053-14.156) and BMI (OR: 0.638, 95%CI: 0.566-0.720) were independent factors of low muscle mass. However, individuals with low muscle mass do not have statistically significance between people with metabolic syndrome or not. In regard to factors of metabolic syndrome, individuals with low muscle mass had lower risk in abdominal obesity (lower waist circumferences, OR: 0.112, 95%CI: 0.021-0.586). Otherwise, people with low muscle mass do not have association with high BP, hyperglycemia, hypertriglyceridemia, or low HDL. Conclusion: In working population, those who are male or with lower BMI have higher risk of low muscle mass. On the other hand, individuals with low muscle mass had lower risk in abdominal obesity. However, individual with low muscle mass do not have association with metabolic syndrome.
QUALITY IMPROVEMENT CYCLE TO INCREASE CODIFICATION OF OVERWEIGHT AND OBESITY IN THE DIABETIC AND HYPERTENSIVE POPULATION

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Aim and Background: Obesity is one of the major health problems in the world, accounting for at least 2.8 million deaths and 2.3% of global DALYs. Portugal is no different. It is crucial to correctly identify these persons so there can be applied the correct measures to treat them. Our goal is to improve codification of obesity and overweight in the diabetic and hypertensive population of a Portuguese primary care health unit. Material and methods: We collected data using the MI@MUF platform. We did a crossed search for the number of individuals with both the codification of T82, T83, K86, K87, T89 and T90 according to ICPC-2 by August 2017. Using Excel, we made our statistical analysis which we presented to our team in late August. The target population of our intervention were the physicians working at our unit.

Results: We did the preliminary evaluation in August 2017 and stated that 43.2% of the hypertensive and/or diabetic population belonging to our primary care health unit are overweight and 32.05% are obese. Of these, only 30.5% of the overweight population is correctly identified with T83 and 63.1% of the obese population is correctly identified with T82. In September, we implemented our interventions, which lasted 3 months (until November 2017). The first evaluation will take place in December 2017. Conclusion: We consider that by the first evaluation the codification rate was low. We expect that this simple cycle of data registration quality improvement can lead to better healthcare and healthy lifestyles counseling in a population with moderate to high cardiovascular risk. We hope that this work results in a better quality of codification and that the medical team can feel empowered to continue to improve and to apply these measures in other areas.
LOW BACK PAIN IN YOUNG WOMEN - SHOULD WE WORRY?

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Aims: Osteoporosis is a silent disease until it is complicated by fractures. These place enormous medical and personal burden on the individuals who suffer them and have major economic impact. Osteoporosis can be prevented, diagnosed, and treated before fractures occur so these actions should be a mandate for primary care providers. Description: 29 years old woman, with personal history of a fibroadenoma (right breast) and a thyroid nodule (submitted to high dose glucocorticoid treatment in the previous year due to thyroiditis), with no current medication, lives with her husband and daughter. 3 months after giving birth she complains of a low back pain with limitation of flexion/extension movements with progressive worsening since the childbirth. She had done a lumbar spine and hip X-ray that were normal and were given symptomatic treatment with NSAID and analgesic. 15 days later because of the intensity of pain and the absence of improvement with medical therapy it was requested a CT scan of the lumbar spine which showed 'signs of significant bone demineralization with global reduction in bone density' and 'various deformations of the vertebral bodies by small fractures of the superior vertebral platforms, with greater evidence in L1-L2 and to a lesser extent in L3-L4'. Following these results she initiated treatment with strontium ranelate and additional investigation was requested: DXA with a Tscore -3.3 (lombar spine) which indicated osteoporosis and all the lab studies were normal. She was referred to a Rheumatology consult to etiology assessment. Conclusions: This case is important to widen our assessment of low back pain in young individuals and rise awareness to osteoporosis and its secondary causes.
ATRIAL FIBRILLATION/FLUTTER PREVALENCE IN A RURAL PRIMARY CARE UNIT

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AIM The incidence and prevalence of atrial fibrillation (AF) shows a significant worldwide variation, increasing after the age of 50 and rising due to population aging. However, regional details and variation remain unknown. The prevalence of AF is characterized in a rural aged region, in order to optimize cardiovascular health care. METHODS Observational, cross-sectional study. Descriptive statistics. Population: health care unit patients. Inclusion: diagnosis K78 Atrial Fibrillation/Flutter (ICPC-2) active on June 2017. Exclusion: last contact prior to June 2016. Variables: Age; Gender; ICPC-2 coding: Heart failure (K77), Hypertension (K86/K87), Diabetes (T89/T90), Stroke/Cerebrovascular accident (K89/K90), Acute myocardial infarction/atherosclerosis (K75/K92); CHA2DS2VASc score; Antithrombotic and antiarrhythmic medication. RESULTS The overall prevalence found is 2.80%. In patients older than 40 it rises to 4.45%, and above 80 reaches 12.21%. The median age was 78A. 47.67% are women. The CHA2DS2VASc ranged from 0 to 7 points, mean of 3.54. Within those with more than one risk factor (except being female), 23.9% are not on anticoagulants, half being antiagregated. 35.10% of the anticoagulants used are vitamin K antagonists and the rest NOAC. There are 69.3% under antiarrhythmics, of which classes I and III are prescribed in 26.44%, and classes II, IV and digitals in 84.62%. CONCLUSIONS The prevalence obtained exceeds most of the literature even though only established diagnosis were considered. Although these data lack individual clinical integration, some therapeutic incongruities were pointed out, which will be the subject of a future analysis. This characterization represents the beginning of a work of therapeutic adequacy, as aimed by the primary health care.
PANCREATIC NEOPLASIA WITH ANODYNE ABDOMINAL ULTRASOUND: A CASE REPORT

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Background and Aim: A 47-year-old male, smoker of 15 cigars/day who went to the Emergency Service (ES) and to his Family Doctor, complaining of loss of appetite and weight, colic urine and epigastric discomfort. He related watery stools without blood or mucus. He did not report nausea, vomit or fever. Physical examination: At the ES, subconjunctival jaundice. He returned ten days later with clinical worsening and mucocutaneous jaundice. Method: blood test: leukocytes 16×109/L; Total bilirubin 2.4 mg/dL (direct 1.8 mg/dL). Ultrasound abdomen: anodyne. At the health center, serology was negative for HAV, HBV and HCV. Ten days later: Total bilirubin: 6 mg/dL (direct 5.4 mg/dL), AST: 431 IU/L, ALT: 951 IU/L, ALP: 850 IU/L, GGT: 2357 IU/L. It was decided to hospitalized the patient in Digestive service due to the suspicion of obstructive pathology of the bile duct. Abdomen CT: dilation of intrahepatic bile duct and common bile duct. Hypodense lesion in the head of the pancreas measuring over 25mm and invading the duodenopancreatic sulcus. Endoscopic retrograde cholangiopancreatography: dilation of the bile duct, sphincterotomy with decompressive plastic prosthesis. Diagnosis: Ductal adenocarcinoma of the pancreatic head. Differential diagnosis: Choledocholithiasis, bile duct cysts, HIV-associated cholangiopathy, bile duct tumors, primary sclerosing cholangitis, pancreatitis, lymphoma or extrabiliary neoplasia. Conclusions: Although the abdominal ultrasound has a relatively high sensitivity and specificity (70-80% and 85-90% respectively), for the diagnosis of pancreatic neoplasia, we can not forget our differential diagnosis if the ultrasound is anodyne, as we have seen, the clinical picture, blood test and CT guided us to an extrahepatic obstructive pathology.
CAN SOCIAL PRESCRIBING BENEFIT HEALTH AND WELLBEING IN THE COMMUNITY?

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Background and aim Social prescribing, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. People’s health and wellbeing is affected by a range of social, economic and environmental factors. Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Methods Short presentations will be made providing examples of how social prescribing has been used, that has demonstrated impact on the health and wellbeing of patients within their communities. Discussion within groups will cover current opportunities, ideas for creating social prescribing initiatives, benefits to their community and the impact not only on health but also wealth. The groups will be brought together to discuss ideas and to develop an action plan for future collaborative projects especially in rural communities. Results Ideas discussed will be collated and presented by moderators, members of EURIPA. The workshop will give an insight and identify the range of potential for the utilisation social prescribing in communities which may differ due to locality and cultural differences. Issues regarding barriers to social prescribing will also be described. Conclusions It is anticipated that the workshop will raise the profile of social prescribing within communities the benefits of volunteering and reduction of social isolation.
PROPHYLACTIC IRON SUPPLEMENTATION IN LOW RISK PREGNANCY: EVIDENCE-BASED CLINICAL REVIEW

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Introduction WHO recommends the supplementation of iron and folic acid during pregnancy. The national portuguese program for the surveillance of low risk pregnancy, contemplates iron supplementation from the second trimester for prevention of maternal anemia and low birth weight. Aims Review the available evidence regarding the benefits, dose and start period of iron supplementation in pregnant women without anemia. Methods Search in November 2017, on the databases Pubmed, Cochrane Library, National Guideline Clearinghouse and Scielo, using the MeSH terms: "pregnancy" and "Iron supplementation" published in the last 5 years, in Portuguese and English. Assessment of evidence levels and strength of recommendation by the Strength of Recommendation of Taxonomy (SORT) scale of the American Family Physician. Results: 193 articles were obtained, of which only 7 met the inclusion criteria: 1 randomized clinical trial (RCT), 3 systematic reviews (SR) and 3 guidelines. The study population is predominantly from Asia and Africa. RCT revealed that both iron-rich and supplementation prevented low birth weight (LE2). The three SR revealed that supplementation is beneficial in preventing low birth weight, but were not consensual in the remaining variables (LE1). Guidelines are not consensual, and two do not recommend routine supplementation (LE3) Conclusions Available data is not unanimous about the benefits and dose of preventive iron supplementation in pregnant women (SORT C). The heterogeneity of the studies and populations made it difficult to interpret the results.
CHARACTERIZATION OF THE VACCINE STATUS OF PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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Introduction According to WHO estimates, 65 million people have moderate to severe Chronic Obstructive Pulmonary Disease (COPD). In Portugal, the prevalence of COPD is approximately 14.2% in adults over 40 years. COPD treatment relies in non-pharmacological and pharmacological therapy. In Portugal, both influenza and pneumococcal vaccines are recommended. Influenza vaccine should be applied once a year, and vaccination against Streptococcus pneumoniae is recommended once in a life for 13-valent pneumococcal vaccine and every five years for 23 valent pneumococcal vaccine. Objective To determine the prevalence of influenza vaccination, 13-valent pneumococcal vaccine and 23-valent pneumococcal vaccine among COPD patients. Type of Study: observational, retrospective Population Studied: All the patients with COPD from a Primary Healthcare Centre Data Source: MIM@UF, SClinico Results 191 patients fulfilled inclusion criteria. The mean age was 63.4 years, being 57.1% male. Only 14 patient (7.3%) are vaccinated with 23-valent pneumococcal vaccine and 50 patients (26.2%) with 13-valent pneumococcal vaccine at the time of data collection. In 2016, 105 of these patients (55.3%) were given the influenza vaccine. Conclusion Vaccination is a key factor in the prevention of pneumonia, decompensation of COPD and consequently works in preventing more serious outcomes, like hospitalization. This results show that a greater investment is required in respiratory patients, their call as a risk group for vaccination and strategies for their adherence to vaccination.
POOR ADHERENCE TO CHRONIC TREATMENT WITH A FATAL OUTCOME

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AIMS To know the importance of an adequate adherence to chronic treatments in patients with cardiovascular risk factors. DESCRIPTION A 68-year-old man, from Bulgaria, came to the health center due to epigastric pain lasting 2 hours. Among his antecedents: hypertension, diabetes and hypercholesterolemia. The anamnesis with the patient was very difficult because of an important linguistic barrier. Inquiring into the clinical history of the patient, it is striking that 3 days ago he had been discharged from Cardiology due to an acute coronary syndrome with three-vessel disease and complete percutaneous revascularization with implantation of 6 drug-eluting stent in the context of acute pulmonary edema after abandoning chronic treatment two months ago. The examination showed stable constants and normal auscultation. Abdomen without pain on palpation. Then electrocardiogram was requested and it showed sinus rhythm, without alterations of repolarization. In the requested emergency analysis, troponin was 1180, with rest of the parameters being normal, and the radiography did not show findings of interest. The patient was diagnosed of a early thrombosis of the stent due to poor adherence to medical treatment. CONCLUSIONS During his admission into the ICU, new revascularization was attempted, however, the patient died a few days later. This case is a faithful reflection of the importance of a correct adherence to chronic treatment to prevent major adverse events. Although the patient received all the indications and recommendations on discharge, the sociocultural differences, the language barrier and the lack of adherence to prolonged treatment pose a problem that we often face in polymedicated and high-risk patients in whom an adequate health education is essential.
DIAGNOSTIC APPROACH IN A PATIENT WITH ELEVATED FERRITIN LEVELS.

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Aim: With this case, we intend to reflect the importance of correctly interpreting the serum ferritin elevation in relationship to other clinical parameters in our daily practice. Description: 46-year-old male who consults for the first time due to high blood pressure found in a routine control. A complete medical history and physical examination was performed with the following findings: smoker, obstructive sleep apnea syndrome, obesity grade III (BMI 41), bronzed skin tone and elevated systolic blood pressure (180). A complete blood test was done, including ferritin levels, presenting: Ferritin 328, Fe 88, Triglycerides 202, and Cholesterol 237 (HDL 43 LDL 154). Since the patient met hypertension criteria, treatment with 20mg of Enalapril was started. A new blood test including iron levels and hepatitis virus serology, as well as an abdominal ultrasound where also performed, resulting in: negative serology, an increase in ferritin levels (424) and mild hepatomegaly with suggestive signs of hepatic steatosis without other findings. Follow-up in 6 months. Conclusions: In the presence of a patient with high ferritin levels, carrying out a study is always required. The most probable diagnosis are metabolic syndrome (does not meet criteria) and hepatotropic virus infection (negative serology); subsequently the presence of tumors should be ruled out (blood tests without alterations, absence of suggestive clinical symptoms and a normal ultrasound make them unlikely) and finally, we should consider the diagnosis of hemochromatosis. In our case, given the absence of signs and symptoms that suggest serious pathology, an expectant attitude is decided, assessing liver biopsy for the diagnosis of hemochromatosis based on the next blood results.
IT IS NOT A SIMPLE ITCH

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AIMS To know the importance of some non-specific symptoms in the population in the study of low-prevalence pathologies. DESCRIPTION A 49-year-old woman, with no relevant medical history, went to the health center due to epigastralgia and non-specific mild itching. At examination the patient was normocolored, without skin lesions and normal abdomen. The patient told us that in previous company analyzes she had some "alterations" that she did not remember, and she had not consulted previously for remaining asymptomatic and not giving it more importance. We decided to request a general analysis to check what it was and if it was related to the current clinic... The analytic showed an elevation of cholestasis enzymes, with normal transaminase and bilirubin. We also requested an abdominal ultrasound and a serology being normal. So we decided to refer the patient to digestive service to complete the study... At hospital another complete analysis with determination of autoantibodies was positive for the antimitochondrial antibodies... The patient was diagnosed of a primary biliary cirrhosis, and specific treatment with ursodeoxycholic acid was prescribed, improving the clinic. CONCLUSIONS Primary biliary cirrhosis is a less prevalent disease, with a long asymptomatic period and a symptomatic phase in which the clinic is very non-specific, so it is often diagnosed late, which has important prognostic implications, as the only treatment of which can benefit then is liver transplantation. Patients with an elevation of cholestasis enzymes and normal abdominal ultrasound, having ruled out other causes, should be suspected. Ursodeoxycholic acid improves histological progression in early stages. The immunomodulators have proved ineffective.
BENEFITS AND RISKS OF IODINE SUPPLEMENTATION DURING PREGNANCY: REVIEW OF THE LAST 10 YEARS

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Aim and background: Iodine is an essential nutrient for the production of thyroid hormones and these are crucial for the normal neurodevelopment of children. In pregnancy, iodine needs are greater due to a set of processes that occur in order to ensure the synthesis of thyroid hormones in sufficient quantities and to maintain maternal and fetal euthyroidism. Iodine supplementation during pregnancy is recommended by leading national and global health agencies, but there is still some resistance from the medical community. This paper aims to assess the benefits and risks of iodine supplementation during pregnancy. Material & method: In order to carry out this bibliographic review, extensive research was done of scientific articles and national and international publications published between 2006-2016, consulting as database PUBMED, MEDLINE, EMBASE. Results: Iodine supplementation during pregnancy or the periconceptional period in regions of severe iodine deficiency reduced the risk of cretinism, although no correlation was found to improvements in infant intelligence, psychomotor development or ponderal growth. The benefits of correcting mild-to-moderate iodine deficiency are still unclear due to a lack of randomized controlled trials. Conclusions: Evidence of iodine deficiency disorders as a public health problem has led to the need to assess the nutritional status of iodine in the world’s populations. In this review, we highlight the lack of quality evidence of the effect of prenatal or periconceptional iodine supplementation on children’s growth and cognitive function.
TO GET INVOLVED IN THE ORGANIZATION OF PRIMARY CARE AT THE LOCOREGIONAL (MESO) LEVEL.

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Primary care (PC) is organized at 3 levels: the micro level, ie the team of PC professionals who provide care to a group of patients (patient list); the meso level, ie the loco-regional organisation which provides services and support to the teams and to the whole population, like out of hours care; the macro level, ie the country and the policy level. According to the model of the health system, the meso level is more or less comprehensive and integrated, and PCP have more or less latitude to get involved. EQuiP, the European Society for Quality and Safety in Family Medicine, is leading a survey on the meso level of PC in 7 European countries. Aims of the workshop - to appropriate the concept of meso level of PC - to discover meso level services developed in different countries - to understand under what conditions these services could be developed Description 1) Presentation of the concepts 2) Small groups (5-10) work around two case studies: - a woman aged 85, with moderate Alzheimer; she lives alone and wants to continue to live at home as long as possible; - a man aged 52, low health literacy, smoker, hypertension, type 2 diabetes, sedentariness. They will reflect on the management of these patients in their practices and on the meso level services which are, or could be, useful. 3) The groups will present a summary of their reflection. 4) We will propose a synthesis, based on the first results of the EQuiP’s survey. Conclusions The participants will be inspired by examples of meso level organizations and services which have been developed in some countries. They will understand how important is to think at the loco-regional level as a ‘network of practices’, in order to build and mutualize the services they need for their patients.
A DANGEROUS RELATIONSHIP

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Background and aim: A 35-year-old Moroccan man, with no medical history or toxic habits, came to the health center complaining of abdominal pain, nausea and sweating for 4 days. Besides, he touched an abdominal hard area. He was referred to the emergency department. Physical examination: conjunctival jaundice, hepatomegaly of 4-5 cm, abdominal pain. Rest of exploration was normal. Method: Blood general analysis: total bilirubin 6.5, direct bilirubin 6, increase in liver enzymes and PCR 5.7. Rest of analysis was normal. Abdominal ecography: solid round mass with round cystic areas in the periphery, well delimited, 16 cm and complex features. Chest-abdomen scan with contrast: hepatic mass of 16 cm with hypodense and heterogeneous center, which dilates the intrahepatic and extrahepatic bile ducts. Compatible results with complicated cholangitis with intrahepatic abscess. Percutaneous drainage with ecography control: thick brown material with white membranes that impress hydatid cyst. Microbiology: echinococcus granulosus. Endoscopic retrograde cholangiopancreatography: proximal dilation of the bile duct. Compatible results with biliary hydatidosis. Diagnosis: hydatidosis. Differential diagnostic: Simple cyst; Intraparenchymal hematoma; Hepatic abscess; Tumor process. Conclusions: Hydatidosis is a zoonosis caused by a parasite, Echinococcus granulosus, which is endemic in Spain. The liver is the most frequently affected organ. It is important the early intervention, that the family doctor perform a correct therapeutic strategy and avoid the associated complications. One of the most important risks is the rupture of the hydatid cyst, especially towards the bile duct, although it can also happen to other organs, which causes anaphylactic reactions that can be very serious.
A SCHIZOPHRENIC WITH COUGH — IS IT JUST SMOKE?

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Aims: Tuberculosis (TB) is caused by Mycobacterium tuberculosis (MT) that most often affect the lungs. The symptoms of TB are often nonspecific and may be mild for months which can lead to delays in seeking care and result in transmission to others. Since it can be effectively prevented and treated it's important for primary care providers to be aware of its clinical presentation and diagnosis. Description: 47 years old man, smoker (20 cigars/day in the last 30 years), with a personal history of schizophrenia, came to an urgent consult complaining of productive cough with sputum (sometimes with blood) and weight loss for the past 2 months, with no other accompanying symptoms and normal chest auscultation. Due to the symptoms duration a chest X-Ray was requested which revealed a confluent stipulated hypotransparent image on the upper lobe of the right lung compatible with TB. The patient was referred to the Emergency Room and hospitalized in the Pneumology ward for diagnosis clarification. The lab studies only revealed leukocytosis with neutrophilia. The bronchoscopy revealed oropharyngeal candidiasis and purulent secretions on the bronchial tree but the bronchoalveolar lavage direct and cultural exam was negative for acid-fast bacilli such as the nucleic acid amplification test to the MT complex. He fulfilled 13 days of empirical antibiotic therapy with Amoxicillin-Clavulanate with clinical improvement. He was discharged keeping the antibiotic and a Pneumology consult scheduled for follow-up. Conclusions: This case shows the difficulty that some conditions may present in obtaining a detailed clinical history and exam and also the daily struggle all physicians debate with when they have to value a patient’s inespecific symptoms like the ones that characterize TB.
SEXUAL ACTIVITY, UNWANTED SEXUAL BEHAVIOR AND REGRET FOR SEXUAL INTERCOURSE IN A GREEK STUDENT POPULATION.

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AIMS: To assess sexuality-related knowledge and attitudes among Greek students. METHODS: The study sample consisted of 274 students of Greek technical schools who completed the validated SHARE Questionnaire, that was translated into Greek. Logistic and ordinal logistic regression were used for multivariate analyses. RESULTS: Greek students were well informed regarding sexual aspects and most of them seemed to use a condom frequently. Male responders reported having started their sexual life at an average age of 16 years, one year earlier than females. According to multivariate analyses, the initiation of sexual intercourse at age <=17 was positively associated with the ease of communication with their mother regarding sexual matters (p=0.007) and negatively associated with having had their first sexual contact with a steady partner (p=0.018). Male gender and the ease of communication with their mother regarding sexual matters were positively correlated with having had >3 sexual partners ever (p=0.001 and 0.050, respectively). One out of 4 students reported having being forced to unwanted sexual behavior, which was positively correlated with regret for timing of first sexual intercourse (p=0.002) and increased pressure from their first boyfriend or girlfriend to that (p<0.0001). Regret for first sexual intercourse was experienced by 23.7% of the respondents and was positively associated with the ease of communication with their father regarding sexual issues (p=0.001) and negatively with the increased pressure felt by their first sexual partner for first sexual contact (p<0.0001). CONCLUSIONS: Despite limited sexual education, Greek students do not exhibit risky sexual behavior. The communication with their parents and their first sexual partner emerged as consistent predictors.
ACUTE INTOXICATION BY ESCOPOLAMINE. AN AUTOLYSIS ATTEMPT.

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Aims: Revision of initial approach and the effects of scopolamine intoxication through a clinical case. Description: A 23 years old male arrived at our Hospital's emergency department presenting visual hallucinations, extremely aggressive state and confusion. The patient had a history of a previous autolytic attempt a year ago an depression in treatment. The family (mother) refers that the patient confessed to have taken a derivate of a plant. Given the symptoms and the history intoxication by scopolamine was assumed as the initial diagnose. Physical examination: Heart Rhythm 125 bpm Blood pressure 120/65 Saturation 96% temperature 37.7. Neurological examination: Glasgow 11 Cranial nerves normal Pupils midriatic hyporeactive, normal strength. Rest of the examination was normal. Blood analysis (gasometry, blood count, coagulation, biochemistry (including CK, hepatic enzymes, amylase, protein, Na, K...) only showed slight CK elevation (258 U/L) ECG and Cranial CT were normal The patient was interned in the observation area for 12 hours after being sedated with midazolam, not showing any further complications. He was treated symptomatically and evaluated by a psychiatrist, then was discharged from the hospital to be observed by his family and be followed up in the next days by psychiatry. Conclusions: Intoxication by scopolamine with autolytic intent is a rare case. The substance is known to be potentially deadly if not detected and treated correctly. It can be extracted, as was our case, from plants of the gender brugmansia. The usual symptoms of overdose are those of anticholinergic syndrome, including hyperthermia, altered metal status, aggressiveness, passiveness, hallucinations, convulsions and coma.
PERCEIVED BENEFITS OF THE VDGM ZAGREB EXCHANGE – PRELIMINARY RESULTS

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Background & Aims In December 2017, Foundation for the Development of Family Medicine in Croatia and VdGM organized 3-day pre-conference exchange. 17 trainees from 7 European countries took part. The program was divided in three parts. Croatian health care systems, family medicine (FM), medical education and quality improvement in FM were presented and discussed. One day was spent observing and participating in daily work of Croatian GPs. During the conference, Foundation Days, Croatians presented their research projects and the VdGM exchange participants health care and FM in their countries. The aim was to find out the perceived benefits of Zagreb Exchange. Methods In this qualitative study, we asked participants to describe, in narrative way, the benefits (gains) from exchange program. 15 of 17 participants answered. The texts were analyzed by thematic analysis method, firstly independently by three experts, than triangulated. Results According to the preliminary results, seven themes emerged: 1. My situation in relation to others (codes: same FM system, different types of FM residency); 2. Organizational issues (codes: working in the shifts, e-recipes); 3. Handling daily practice (codes: dealing with economic burden, combination of public and social health); 4. Learning professionalism (codes: people who have faith and eager nothing is impossible); 5. Personal growth (codes: I am not alone and I have a big family); 6. Motivation for future work (codes: motivated me to start my own scientific project); 7. Cultural issues (codes: home cuisine, unforgettable experience). Conclusions The results indicate that exchange was effective and beneficial, mostly by getting broader view on FM and contributing to the professional and personal growth.
LOW BACK PAIN. ATYPICAL ETIOLOGY IN A FREQUENT PATHOLOGY

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Background and aim: A 65-year-old woman with just a history of hypertension. She does not report any toxic habits. She came to the health center complaining of back pain for a week. She reported that the pain had been increasing with progressive loss of strength in lower limbs, malaise and hyporexia. In the health center, analgesia was prescribed, as well as an X-ray of the dorsum-lumbar spine and an analytical. Later, in a new control visit, because of a slow evolution of the clinic and an altered analytical results she was referred to the emergency department. Physical examination: afebrile, hemodynamically stable. Cutaneous pallor. She had pain in the lumbosacral spine upon palpation. Weakness in the pelvic girdle with difficulty walking. No sensitive deficit. Method: X-ray dorsum-lumbar spine; vertebral degenerative changes. Analytical: highlights creatinine 2.84, C-reactive protein 36.5, leukocytosis 29050 (93.2% neutrophils). Nuclear Magnetic Resonance: signs of osteomyelitis in vertebral bodies D6-D9 with large paravertebral and epidural abscesses that causes severe dorsal stenosis with spinal cord compression and signs of compressive myelopathy. Blood cultures: positive to SAMS. Diagnosis: Acute dorsal spondylodiscitis with epidural and paravertebral abscess. Differential diagnostic: Degenerative process; Herniated disc; Spinal stenosis; Compression by osteoporotic fracture; Cancer; Osteomyelitis; Inflammatory arthritis. Conclusions: Low back pain is a very common problem in primary care so a right differential diagnosis is necessary. The high index of suspicion with the suggestive clinic of epidural abscess and parameters of acute inflammation should guide us to the early diagnosis and treatment in order to avoid irreversible neurological damages.
OVERWEIGHT AND OBESITY IN TYPE 2 DIABETIC PATIENTS - HOW ARE WE DEALING WITH IT?

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Aims: Overweight and obesity are prevalent in type 2 diabetes mellitus (T2DM) patients. In Portugal, 49,2% of diabetic patients are overweight (BMI 25 to <30Kg/m²) and 39,6% are obese (BMI equal or superior to 30Kg/m²), according to PREVADIAB study. Our aim is to establish the prevalence of overweight and obesity in T2DM patients of our family health unit and what kind of intervention was made by the family physician. Methods: A descriptive, observational, cross-sectional study was carried out. We randomly selected a sample of our T2DM patients, with a confidence interval of 95%. We excluded patients that had not medical evaluation between 01/11/2016 and 01/11/2017. A descriptive statistical analysis was performed with MicrosoftExcel(R). Results: The sample consisted of 223 T2DM patients, 52% males; 48% females; average age: 72 years. Our study showed that 39% are overweight and 37,2% are obese. Of the overweight patients, in 70,1% none intervention was made; in 27,8% was made health education (brief approach in order to modify habits and have a healthy lifestyle) and 2,3% were referred to a nutritionist. Of the obese patients, in 47% no intervention was made; in 42,2% was made health education; 8,4% were referred to hospital care; 2,4% were referred to nutritionist.

Conclusions: We found a lower prevalence of overweight and obesity in diabetic patients, when compared to national result. Weight control is very important in metabolic control of diabetic patients, in fact obesity is responsible for the increase in blood glucose level and insulin resistance. Primary care should invest in health education (namely in diet control and promoting physical exercise) in all our patients in order to have a better control and diminish complications of this disease.
DO YOU THINK YOU CAN DANCE? LEARN, RELAX, ENERGIZE!

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Background Dancing provides an enjoyable way of exercise that can improve people’s level of fitness and encourages a more active lifestyle. There is much evidence to support the benefits of dancing including improvements in psychological wellbeing, increased self-esteem, and anxiety reduction. Fitness, Mood Enhancement, Intimacy, Socialising, Trance, Mastery, Self-confidence and Escapism are some of the motivational factors for dancing and being aware of the different motives enables individuals profit from the health benefits of the activity. Description Hereby we propose a simple and fun “Dance Workshop” that will be delivered by 4 experienced instructors in Merengue Style. Merengue originates from Dominican Republic and is a leader-follower dance with a walk-like basic step to an upbeat music. Throughout the workshop instructors will also talk about health benefits of physical exercise, wellbeing in professional setting and demonstrate concepts of communication, vision, leading and following in leadership Participants do not require a partner, special shoes or clothing. There is no minimum number, but maximum number of participants should be 40. Aims To provide participants a fun session with mild-moderate physical activity to promote wellbeing -a friendly environment for participants with similar interests to socialise and network -information to highlight professional wellbeing and concepts around leadership through dancing Conclusions We hope that this workshop will provide participants a pleasant alternative to the class-based sessions and promote wellbeing and opportunity to network.
THROUGH THE LOOK ...

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A 63-year-old woman. No medical history of interest. He consulted due to poor general condition and colicky abdominal pain with liquid diarrhea without pathological products and vomiting. Fever of 39⁰. After 24 hours, he adds pain in the left eye, which is why he goes to the emergency. Derivative to Ophthalmology, describe anterior chamber occupation with endogenous endophthalmitis. Regular general state. Eupneic Cardiopulmonary and abdominal auscultation: normal. Eye piece: hypopyon in the anterior chamber. PCR 29.8, VSG: 120.0. IgG monoclonal gammopathy. Serology: Negative. Blood cultures: betaemolytic group C streptococcus. Echocardiogram: normal. Culture of vitreous humor: Streptococcus group C. Bone Marrow Study: chronic lymphoproliferative syndrome. Flow cytometry: Spinal infiltration by lymphoproliferative syndrome. CT thorax-abdomino-pelvic: retroperitoneal, axillary and inguinal adenopathies. Suspicion of lymphoma PET-CT: no malignant disease in the rest of the body. Diagnostic trial Lymphocytic small cell lymphoma B. Endogenous bacterial endophthalmitis is a serious disease with late diagnosis. The majority of those affected have an underlying disease such as diabetes, immunosuppression, cardiovascular autoimmune diseases and neoplasms that predispose them to infection. It is considered a metastatic infection via hematogenous being the key blood cultures for diagnosis along with other possible foci of infection, in our case the vitreous humor. The most frequent gram-positive bacteria. It has been seen that the most frequent diagnostic errors. The visual prognosis has not improved in the last 55 years, as in our case it has evolved to a left unilateral blindness.
PROMOTING PHYSICAL ACTIVITY IN THE COMMUNITY: DON’T ACT BUT INTERACT. FINDINGS FROM A QUALITATIVE RESEARCH WITH REALIST EVALUATION.

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Aims & background: In daily practice there is the impression that women with a black African background face heavy weight gain challenges, partly as a lack of exercise. As a GP (as a health advocate), is it possible to encourage these patients to do exercise through a community-based intervention promoting physical activity? The related Context-Mechanisms-Outcome hypothesis sounds: Talking about physical activity with Black-African women, patient in Community Health Centre (CHC) Daenshuis (Aalst, Belgium) and working out their proposals makes them reflect interactively which changes their idea of daily physical activity and their corresponding attitude. Methods: A qualitative study in the concept of realist evaluation was designed to evaluate what kind of physical activity promotion works in this ethnic minority group, how, why, for whom and in what conditions. Six semi-structured in depth interviews evaluated the community group intervention. Results: State of the art: different contextual factors, mechanisms and outcomes were found. The feeling of being heard and the group effect with a recognizable example were the strongest contextual factors and at the same time underlying mechanisms. The interaction had an impact on attitudes and physical activity behaviour, with a snowball effect to other women. This community based intervention could encourage women to move. Conclusions: Statements for debate: Is the GP a health promoter? Talking instead of doing: is this a feasible strategy for health promotion in a GP practice? The spontaneous snowball effect is a welcome bonus for time efficiency and sustainability.
DOCTOR I HAVE ANXIETY AND I HURT MY LEFT LEG

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A 75-year-old woman who reported dyspnea of moderate exertion for 72 hours that gave up at rest. He also reported that 6 days ago he began with pain in the left leg with decreased activity. Good general condition. Eupneic at rest with saturation 99% with FiO² 21%. Rhythmic without audible murmurs. Vesicular murmur preserved without congestion data. He presents tenderness at the level of the left calf with an increase in diameter and temperature with respect to the contralateral limb. Popliteal, peroneal and pedio conserved pulses. Homman negative. Mobility without limitation. Dimer-D 6668. Arterial blood gas with FiO² 21%: pH 7.52 pO₂ 92.0 pCO₂ 27.6 pHCO3 22.7. Lactate 0.6 RX thorax PA and lateral: without alterations. ECG: sinus rhythm 75 bpm. Narrow QRS. No alteration of the repolization. Echo Doppler lower limbs: deep vein thrombosis of twin veins. Angio-CT: multiple filling defects in all the right and left arteries. The patient was diagnosed with bilateral PE and left twin DVT. PET and DVT are the clinicopathological manifestations of the same venous thromboembolic disease. In this case, the identification of a DVT did not imply the suffering of a PE, but transmuting may establish a clinical suspicion due to the history of the immobilization that favored the criteria of the Virchow triad; venous stasis, vascular damage and hypercoagulability. After clinical findings, we applied a clinical probability scale from Wells and Geneva to focus on complementary diagnostic tests. However, the best option for all The most used in the pulmonary embolism severity index (PESI) that establishes therapeutic according to parameters. With normal TA and score < 85; low risk, perform individual assessment of low molecular weight heparin plus antivitamin Use of direct acting anticoagulants. In contrast, PESI> 85; intermediate-high risk, requires intensive care with individual evaluation of heparin sodium versus thrombolysis.
PRESCRIPTION OF LABORATORY TESTS IN THYROID PATHOLOGY SCREENING - QUALITY IMPROVEMENT

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AIMS The aim of this study is: To quantify the laboratory parameters prescribed for evaluation of thyroid function screening. Optimize the prescription of laboratory parameters in the Health Units under study. METHODS Dimension studied: effectiveness Study Design: Retrospective and descriptive observational study in the Family Health Unit Study population: Patients with requests for evaluation of thyroid function in CS Marinha Grande and UCSP Novos Horizontes as of Maio 2016 and Maio 2017. Exclusion Criteria: Thyroid Function Prescriptions outside the selected time period Sample: entire study population The Unit of study is composed by the prescriptions the thyroid function obtained in May 2016 and May 2017. The consultation of the data obtained was possible with the collaboration of the computer services. Criteria evaluated: prescriptions 1.TSH, 2.FREE T4, 3 Total T4 4.T3 5. Thyroid antibodies All parameters were considered in the selected time periods RESULTS The computer services were unable to provide the number of requests for TSH and anti-thyroid antibodies. We have come across some difficulties in collecting data, both on time and on human resources. Comparing May 2017 to May 2016, in the 3 units, a reduction of 80 requests for analysis to total t3, as well as 22 requests for free t4, which resulted in a saving of EUR 489 to the public treasury. CONCLUSIONS The prescription of the parameters for evaluation of the thyroid function, when done in a weighted and reasoned way, is an added value for a better management of health resources without maleficence of the patient

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USE OF THE SUBCUTANEOUS ROUTE IN PRIMARY CARE - A REVIEW

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INTRODUCTION The subcutaneous route is an alternative to the oral when it is not available. It is usually used in patients who need palliative care, but not in other patients. There are situations in primary health care where this route could be used for the benefit of the patient. OBJECTIVES: To review the latest literature about the advantages of using the subcutaneous route and the use of the subcutaneous route in primary health care. MATERIALS AND METHODS: Systematic research in the literature of scientific articles published in the last 10 years, using the keywords “Subcutaneous Route” and “Primary Care”. RESULTS: Variety of medications may be used subcutaneously, for control symptoms and for patient hydration, in situations like nausea and vomiting; inability to swallow; agony; convulsions; agitation; intestinal obstruction, among others. There are many advantages of using this route, which is quite safe, not aggressive and effective, easy to use, in particular: it can be used at home by health professionals, patients and caregivers; use when the oral route is not available; fewer side effects than the intravenous route; do not require heparinization; few complications of its use (3%). There are few results on the use of the subcutaneous route in primary health care. DISCUSSION: Given the characteristics and advantages of SC route, it should be more used in Primary Care, not only in palliative patients, could be very useful in some of our consultations in family practice, like acute situations and so as to avoid the emergency service, chronic situations, and especially in home care. The health professionals in Primary Care should be made aware of the use of this pathway, in order to know the potentials of this “unused” route, because it has many benefits for the patient.
WHAT THE HEADACHE HIDES

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65-year-old woman. Active smoker, denies enolic habit. As a personal history, HTA stands out without adherence to treatment. No DM No DLP. He consulted in the Emergency Department for poor general condition referring epigastralgia 4 hours of evolution with episode of vomiting and headache. Afebril at all times. Symptomatic treatment is established after which symptoms are discharged. After four days of evolution, the patient consulted again in the Emergency Department due to the deterioration of the clinic with poor general condition, focusing in this moment intense holocranial headache accompanied by weakness in both lower limbs, vomiting and ataxia. Regular general condition. Glasgow 15. Conscious and oriented. Neurological: nomorrheic isochoric pupils. MOES preserved. Campimetry by normal confrontation. Normal cranial nerve. No meningeal signs. Force 3/5 of both lower limbs. No claudication of upper limbs. No dismetrias. March with ataxia and Romberg with fall to the left. Cranial CT: Acute intraparenchymal hematoma associated with subarachnoid hemorrhage in both the Sylvio and bilateral fronto-parietal sulcus, predominantly right. Intracranial angiography: multiple saccular aneurysms. Diagnostic trial: Vascular headache secondary to spontaneous subarachnoid hemorrhage due to multianeurysmal disease clipping. Most brain aneurysms do not show symptoms until their rupture occurs. We can think that the patient in her evolution was presented with "sentinel headaches" prior to the rupture of the aneurysm. The prognosis of this disease depends on the age and baseline status of the patient, together with the location and extent of bleeding, given that 40% of patients die within 24 hours, leaving 25% with permanent neurological complications.
SYSTEMIC LUPUS ERYTHEMATOSUS IN PREGNANT PATIENTS - REVIEW ARTICLE

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AIMS Systemic Lupus Erythematosus (SLE) is an autoimmune inflammatory disease that can affect any organ of the body such as skin, kidneys, lungs, nervous system, joints and blood vessels. A woman with SLE who intends to get pregnant faces some maternal-fetal risks, therefore this decision should be made with medical counselling. METHODS Research on Pubmed and Cochrane with the MeSH terms: systemic lupus erythematosus, systemic lupus erythematosus pregnancy and impact of systemic lupus erythematosus pregnancy. 9 articles were found, exclusion of 3 articles due to being case reports. RESULTS In all 6 articles is shown the need to: find an appropriate terminology; provide an update on published information of new manifestations of this medical condition; and discuss approaches to assessment, diagnosis, and management, including how to protect the child from further harm. CONCLUSION From preconception to puerperium, women with SLE have particularities that should be considered and evaluated to reduce morbidity, mortality and increase the success of pregnancies. Family doctors, presenting a fundamental role, have the privilege of accompanying women’s health in all its periods, and as such allows us to be alert to all the particularities of each patient and to individualize their follow-up.
AN ATYPICAL PRESENTATION OF VITAMIN D DEFICIENCY - CASE REPORT

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AIMS Soft tissue calcification may occur in several situations due to local or systemic factors. Numerous elements influence this process: calcemia and phosphataemia, pH of tissues, blood supply and modification of tissue integrity. There are many causes for calcium deposition in the tissues, and the vitamin D deficiency is one of them. Vitamin D deficiency differential diagnosis is relevant because, despite presenting great morbidity, its correction is easy and economical. DESCRIPTION Female patient, 27 years old, Caucasian, single, Physiotherapist and inserted in a nuclear family. Personal history of Malaria in 2012, Asthma and right shoulder chronic tendinitis. As a family history the father has Psoriasis. At age 26 she noticed the appearance of nodules in the forearms and legs. As a part of the investigation the Family doctor requested a laboratory study where the dosage of Vitamin D was included. Severe Vitamin D deficiency was identified, and she was referred to Endocrinology. Nowadays, she maintains the previous subcutaneous lesions, without appearance of new subcutaneous. Unfortunately, she developed an hamper gait due to knee joint calcifications. Although she feels safe with the care provided, she is still apprehensive about the unknown cause and the unknown evolution of the disease. CONCLUSIONS Rare diseases are a difficulty in Family Doctor practice. Challenged with this hardship, we must always maintain a critical spirit and accompany the patient as well as his family in the course and evolution of the disease. Concerning this diagnosis, we must provide support to promote the prevention of disease progression and adherence to therapy, as well as to promote follow-up in specialised consultation.
GLOBAL HEALTH DRAGON’S DEN COMPETITION BY RCGP JIC

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Background: This format, similar to the popular TV version "Dragon's Den", was run for two consecutive years at the RCGP Annual Conference 2016 and 2017 and is also accepted for 2018. We would like to introduce this competition concept to a wider European audience at WONCA Europe 2018. Description: - Participants will be invited to submit their ideas and projects for Global Health in January 2018 via an application form. - Top 5 submissions will be invited to present at the workshop to win the title "Best Global Health Project". - Presentations are limited to 3 minutes and a single slide with 3 minutes of question and answer from the "Dragons" creating a fast paced, dynamic session. - RCGP Junior International Committee (JIC) will handle administration of announcements and submissions - JIC will liaise with WONCA Europe and conference committee to identify suitable "Dragons" (Judges) promoting collaboration between organisations. - Awards will be organised by JIC and may include attendance to RCGP Annual Conference 2018 in Glasgow. We believe this proposal strongly fits into this year’s theme of "Quality, Efficiency, Equity" Aims: 1- Recognise and award successful global health initiatives and promote this year’s WONCA Europe 2018 theme "Quality Efficiency and Equity" 2- Inspire attendees by showcasing the best global health initiatives highlighting opportunities to get involved with. 3- A fun, engaging and highly interactive session for both participants and audience. Conclusions: We hope that this workshop will provide participants a different and engaging set up to learn more about Global Health opportunities while also providing a platform for the Global Health Projects to meet their audiences to network.
THERAPEUTIC ADHESION AND BLOOD PRESSURE CONTROL IN PATIENTS WITH HIPERTENSION

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Background: Cardiovascular (CV) diseases are the most common causes of death in the world and hypertension (HT) is the most prevalent CV risk factor. Blood pressure (BP) control reduces CV events. Therapeutic adhesion is one determinant of arterial pressure control and has been recognized as an important BP control barrier. Aims: to define and compare the profile of controlled (cHT) and uncontrolled (uHT), adherent and non-adherent hypertensive patients. We searched for differences between the BP control and age, sex, body mass index (BMI), therapeutic adherence, number and classes of antihypertensive drugs (antiHT), diuretic’s use, taking at least one antiHT at night and number of years with the diagnosis of HT. Methods: An observational, analytical and cross-sectional study was carried on a sample of patients from a primary healthcare centre which attended to a hypertension follow-up medical appointment, between June and December 2015. An anonymous questionnaire collected socio-demographic, antihypertensive medication and BP data. The Morisky medication adherence scale validated for the Portuguese language was applied to each patient. Descriptive and inferential statistical analysis of the collected data was done using parametric and non-parametric tests. Results: A total of 136 patients participated in the study. There was a statistically significant difference between the mean age (cHT = 67.45, uHT = 51.29, p < .01) and sex (cHT women = 94.9%, men = 81.8% p= .02) for the cHT and uHT patients. There was no statistically significant difference between BP control and BMI (p=. .07), number of antiHT (p= .391), diuretic drug use (p=. .223) and number of years with HT diagnosis (p=. .288). Therapeutic adherence and antiHT number did not show a statistically significant difference (p=. .152). Conclusion: Older age and female gender seem to be associated to greater BP control. Multiple drug regimens do not significantly altered therapeutic adherence in our study. In our sample, younger men have worst BP control and deserve more attention in our medical care plan. The high BP control rate in our sample hampers statistical analysis.
THE EVALUATION OF SLEEP QUALITY IN AGED OVER 65 YEARS PATIENTS WITH AND WITHOUT FRAILTY

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AIMS: Frailty is most often defined as a syndrome of physiological decline in late life, characterized by marked vulnerability to adverse health outcomes. Awareness of frailty and associated risks for adverse outcomes, can reduce frailty risk. Clinically, sleep disturbances and fragility have similar clinical characteristics, and studies have shown the relationship between sleep disturbances and fragility. We aimed to evaluate the quality of sleep in the elderly people, over 65 of age, with and without frailty at Izmir Katip Çelebi University Educational Family Health Center METHODS: We were applied a socio-demographic data questionnaire, the Edmonton frail scale and the Pittsburgh Sleep Quality Index to participants. The sample size was found to be at least 138 persons RESULTS: Our study included 252 participants. The median age of participants was 71 (min = 65, max = 99) and 48% (n = 121) were male. 17.1% (n = 43) were found to be frail, 20.2% (n = 51) were susceptible to frail and 62.7% (n = 258) were not frail. As age increased, the frailty increased (Spearman’s Rho = 0.203; p <0.01). When sleep quality was examined, sleep quality was poor in 51.2% (n = 62) of males and 67.9% (n = 89) of females. There was a significant correlation between frailty and sleep quality (x² = 13.457, p <0.001). CONCLUSIONS: Frailty is a preventable and manageable health problem that is common in people over 65 years of age. As a result of our study, it is predicted that the frailty can be reduced by increasing the quality of sleep.
DEVELOPMENT AND VALIDATION OF THE INSTRUMENT FOR ASSESSMENT OF THE NEED FOR SOCIAL ASSISTANCE (ANSA) FOR SENIOR PATIENTS IN PRIMARY HEALTH CARE

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Aim and background: Lack of collaboration between social and health care sectors was demonstrated by various studies in Lithuania. This circumstance become especially detrimental while caring for senior patients where social and health care needs are interconnected. The aim of study is to create and validate an easy-to-use instrument for the assessment of the need for social assistance for senior patients, that may be used in primary health care (PHC). Material and methods: An instrument for the assessment of the need for social assistance was created based on focus group discussion findings, existing legal provisions and results of literature research of the topic. Pilot study was performed to check validity and reliability of the instrument. Participants were patients with social issues from one PHC clinic in Kaunas. Results: This is an ongoing research. Instrument covered several areas - organizational aspects (current help serving at home; additional need for help at home; and other); the need for nursing measures (personal hygiene and clothing; secure home environment; communication; movement and transportation; and other). The pilot study demonstrated sufficient reliability and validity of a novel instrument ANSA ("assessment of the need for social assistance"). Conclusion: The newly developed instrument has the potential to become an easy-to-use tool in assessing senior patients’ social assistance needs in PHC settings that might be instrumental in making working links between social and health care providers while caring for senior people. This is a 3-year project (2017-2019) called "Integrated Health Care for Senior’s Mental Health: Developing an Intersectorial Cooperative Care Model" financed by the Research Council of Lithuania (Nr.: S-MIP-17-121).
AN INFANT WITH COUGH, POSSIBLE PERTUSSIS?

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Knowledge update of pertussis in pediatric age through a clinical case. Infant of Moroccan origin, one and a half months old, who presented episodes of facial cyanosis coinciding with coughing from a week ago. It is accompanied by rhinorrhea and lower intake of breastfeeding. Vaccination status of the mother is unknown. On physical examination, she presented cardiorespiratory auscultation with no pathological respiratory sounds and coughing fits with inspiratory stridor and perioral cyanosis. We requested PCR of «Bordetella pertussis» and hospital admission was decided, administering oral azithromycin. A few days later, a diagnosis of pertussis is confirmed and a disease declaration is made. Despite widespread vaccination, the incidence of pertussis has increased, especially since the 1990s, especially in infants under one year of age. Any infant under 4 months, usually without fever, who has a cough that does not improve, paroxysmal or not, rhinorrhea, accompanied by apnea, seizures, cyanosis, vomiting or poor weight gain, you should suspect whooping cough. Laboratory tests are beneficial to confirm the diagnosis but their confirmation should not delay the start of treatment. International outbreaks should be reported to the regional office of the corresponding World Health Organization. It is important to vaccinate TDaP to all pregnant women in each pregnancy between weeks 27 and 36 of pregnancy to reduce the risk of maternal pertussis and, therefore, transmission to the infant. Placental transfer of maternal antibodies provides passive protection of the child against whooping cough for two to six months.
EVALUATION OF MEAN PLATELET VOLUME (MPV) OF PATIENTS WITH AND WITHOUT DIABETES

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AIMS: Diabetes has begun to be defined as a global pandemic disease due to the rapid increase of its frequency in the world. Many studies have shown that increased platelet activity is a factor that plays a role in the development of chronic complications of this metabolic disease. Mean platelet volume (MPV) is an independent indicator of platelet function and activation. In this study, we aimed to compare MPV levels between uncontrolled diabetics, controlled diabetics and non-diabetic subjects. MATERIALS AND METHODS: This study was conducted in retrospective file scanning. The data of the patients who applied within 6 months before the study start were taken. We made randomized patient selection with SPSS program and patient with exclusion criteria are eliminated. The remaining 180 diabetic and 169 non-diabetic patients were included in the study. The age, gender, bmi, smoking, alcohol use status, and diabetic complication cases were recorded from the forms. MPV, HbA1c, platelet values and some other parameters of the patients were recorded through the automation system. The findings were analysed statistically using IBM SPSS software. RESULTS: MPV in diabetic patients was found statistically significantly higher when compared to non-diabetic patients. There was no statistically significant difference in MPV levels between diabetic patients with good glycemic control and uncontrolled DM according to HgA1c levels. CONCLUSIONS: Hemogram parameters are easy, cheap and routine examinations. If MPV is standardized, it may play a more important role for clinicians in predicting the prevalence and potential vascular complications of diabetes mellitus. Therefore, in larger groups, prospective cohort or case control studies should be considered.
HAVE YOU BEEN VACCINATED AGAINST THE FLU THIS YEAR?

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To review the role of vaccination against influenza and its epidemiological impact at the level of morbidity and mortality rates. To review the clinical manifestations, the diagnosis and the role of antiviral agents for the prevention and treatment of seasonal influenza. A 61-year-old man with COPD bronchial type exacerbator, he reconstructed for the fourth time in the emergency department due to minimal effort dyspnea accompanied by a cough with an ineffective sputum of 2 days of evolution and which does not respond to intensive treatment with bronchodilators, corticosteroid and antibiotics, with worsening of the general state. The patient has not been vaccinated in the 2017-2018 flu campaign. A rapid test for the detection of Influenza A + B antigens was performed, resulting positive for Influenza B in nasal mucus, so it was decided to start treatment with Oseltamivir 75 mg orally twice a day for 5 days and keep the patient in isolation respiratory. Influenza is an acute respiratory disease caused by influenza A or B viruses that occur in outbreaks and epidemics around the world, mainly in the winter season. We recommend antiviral therapy for all persons with confirmed or suspected influenza virus infection who are seriously ill, such as those with lower respiratory tract infection and those showing signs of rapid clinical deterioration; although they occur early in the course of infection (<48 hours after onset of symptoms) (Grade 1B) or later (Grade 1C). Antivirals must be treated on an outpatient basis in patients with symptoms of infection confirmed within the first 48 hours (Grade 1A). Patients who are at higher risk of complications are indicated antiviral treatment, with confirmed diagnosis or not, if they have compatible symptoms, either before or after the first 48 hours of the beginning of them (Grade 1C). The indications for vaccination against influenza are several, being recommended to vaccinate annually to all people who have chronic lung disease regardless of age.
NOT EVERYTHING IS TENDONITIS

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Aims. 74 years old woman without remarkable pathologic history who asks her family doctor because of a sudden pain on the right shoulder. No trauma history or physical stress which explain the symptoms. No other associated symptoms. Description, Physical exam: located pain at the right shoulder. Restricted mobility, specially on elevation and abduction of the arm. No deformity. No inflammatory signs. Due to the lack of trauma, we decide to try with some analgesic medication before planning any other exams. The patient asks for more analgesic cause she cannot tolerate the pain. Complementary test: x-ray of the right arm. There is a pathological humeral break with a suggestive image of a tumor mass. Biopsia of the arm: plasmatic cells, maybe neoplastic. TC and bone scan: no metastasis or another primary tumor mass. Blood exam: general Hypogammaglobulinemia, kappa light chains in urine. Conclusions. Diagnosis: solitary extramedulary plasmocytoma. Differential diagnosis: mieloma, Waldemstorm macroglobulinemia. Think about a solitary extramedulary plasmocytoma is difficult when we make an approach apparently to a normal shoulder pain, cause it’s a non usual tumor. However, when we have the diagnostic suspicion, we have to make a quickly differential diagnosis in order to detect a multiple mieloma and initiate treatment as soon as possible.
WHAT'S WRONG TO MY HANDS AND FEET?

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Aims: A 37-year-old man with no history of interest goes to our Primary Care clinic. He works in the catering sector. He asks for a non-pruritic exanthema in the hands and feet of a week and fever feeling. A month before, he also had had an unspecific wound in the hard palate which healed by itself. Asking about unprotected sex, he confirms it with anal and oral sex practice. Description: On physical examination: brown papular-scaly wounds in palmoplantar area. No adenopathies. No fever. Complementary tests: blood tests with serology are requested for syphilis, human immunodeficiency virus, and hepatitis B and C viruses, being positive for syphilis. Rapid Plasmatic Reagent 1/64 and total antibodies specific for Treponema Pallidum 17.3 positive. Penicillin benzathine 2,400,000 units were administered intramuscularly in a single dose. Conclusions: Syphilis is a sexually transmitted infection. Risk of population has changed due to the changes in sexual habits. It is a notifiable disease. Approximately one third of the untreated people in the primary syphilis stage will develop a secondary syphilis in the next two-six months after the primary infection. It is important to receive medical treatment with antibiotics to prevent the progression to tertiary syphilis which involves mainly central and cardiac nervous system.
PRIMARY HEALTH CARE NEEDS OF UNIVERSITY STUDENTS

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Aim: The need for health care is defined as the potential to obtain benefits from a person's health care. The determination of health care needs is necessary to understand the unmet needs of the local population and to ensure that resources are used appropriately for these needs. The aim of this study with university students is to determine the needs of students for primary health care. Methods: This study was designed as cross-sectional descriptive. The questionnaires were applied by face to face interview method. Data were evaluated with SPSS Version-23; mean, standard deviation and chi-square, t-test and ANOVA were used. Results: Total of 1832 students 50.9\% (n=932) were female. The 10.4\% (n=191) of the students have chronic diseases. The mean score of health care provider as GP is 2.72±1.238. The mean score of information that students get about their health questions from health professionals is 3.51±1.30. When they were asked what their needs were from primary health care 84.9\% wanted to be examined when they are ill, 67.4\% just prescribing, 50.1\% to get health report for applications. Only 4.5\% needs counseling. Conclusion: The steps taken to determine health care needs include the collection and analysis of the health status of the population and the requirements of the population and the identification of their main issues; decision of action priorities; planning public health and health programs for priority issues; their passion and evaluation of health outcomes. The first of these steps was applied in this study. The majority of the students stated that they wanted to get services about their acute problems. The need of health counseling is very low.
RESISTANCE PATIENT

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Aims: 27-year-old woman with precedents of bronchial persistent controlled asthma and rhinitis allergic. Reliable partial of basal treatment with inhaled bronchodilators, antihistamine and Montelukast. She comes to our consult of Primary care because she suffers from a progressive difficulty in breathing up to doing of minimal efforts by cough and yellowish expectoration and episodes of bronchial hyperactivity with sibilant for one week. She is prescribed corticoids and habitual treatment is reinforced. Before the resistance to the prescribed treatment, she comes to hospitable Urgenciões being and we decided to hospitalize her to have a control by Pneumology Service. The patient presents sudden episodes of difficulty in breathing with stridency laryngeal and sibilances that suggest affection of high airway. Consultation with Otorhinolaryngologist, who does rinofibroscopy laryngeal where it is visualized paradoxical movement (MP) of the vocal chords. No other alterations. On physical examination, the patient presents an acceptable general state with minimal speech tachypnea Basal oxygen saturation: 98%. Pulmonary auscultation: decrease of the vesicular murmur in a global way with bilateral inspiratory and expiratory sibilants. Thorax radiography: mild insufflation pattern. Conclusions DCV is characterized by an MP of adduction, mostly in the inspiratory phase of the respiratory cycle. It produces an obstruction to the air flow that causes laryngeal stridor as the most characteristic symptom. It is usually associated with bronchial asthma. Misdiagnosis can lead to inadequate treatment with high doses of corticosteroids. We must suspect it in an asthmatic patient resistant to treatment. The treatment consists of phono-respiratory education on the part of the Speech therapist.
HOW SHOULD I SHARE MEDICAL INFORMATION WITH MY PATIENTS?

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Aims: Identify resources and tools for trustworthy patient information and shared decision making, and discuss how family physicians should use them in their daily practice. Description: According to a systematic review most patients want to actively participate in decisions about their care. When patients face a medical decision, they overwhelmingly say they want to learn about treatment options and risks, and have their care providers listen to them. But less than half of the patients report that their provider asked them about their goals and concerns for treatment. Shared decision making is a process where clinicians and patients work together to decide about interventions based on clinical evidence and the patient's informed preferences. This helps patients in many types of healthcare decisions - whether to undergo screening or a diagnostic test, or a procedure, to participate in a self management programme, to take medication, or to attempt a lifestyle change. In the workshop, the concept of shared decision making is defined. Examples of reliable Internet resources for patients are shown, and different types of decision aids are presented. The participants discuss in small groups on how to guide their patients in the use of internet resources, how to implement shared decision making in their daily practices, what caveats should be avoided, patient empowerment and integrative care. Conclusions: For patients to be able to play a part in the decision making process, they need clear, easy to understand information about the condition and the treatment or support options. Family physician are in a key position to guide their patients in the use of medical information in the Internet, and in the use of new tools for shared decision-making.
WHAT WOULD YOU GIVE UP TO WIN? A STEROID ABUSE CASE

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Aim: Anabolic androgenic steroids (AAS) are used as performance enhancing drugs in sports. The abuse of AAS has been ongoing for many years, but uncontrolled supplying over the internet has facilitated its use. Despite much talk about the use of AAS, there are a few researches on their side effects and long-term problems. Sudden cardiac deaths, adverse effects on the liver, reproductive, endocrine, immune system, skin and psychiatric disorders in abuse cases were reported. Description: Our case is a 27-year-old male, working as a personal fitness trainer. 8 months ago he began to take AAS and he is taking food supplements for 7 years. He is buying drugs via internet. A few weeks before his visit to the GP, he had two car accidents because of high speed. On his physical examination vertically striae were seen on his arms and pectoral region. Other system examinations were found to be normal. He was aggressive during the visit. ECG was normal. Hb:16.3g/dl, HCT: %48,1, ALT:75U/L, AST:95U/L, LDH:315U/L, LDL-C:133mg/dl, HDL-C:38mg/dl, T.cholesterol:193mg/dl, T. triglycerides:109mg/dl, Serum iron:60ug/dl, TIBC:485ug/dl, T.Testosterone:55.55nmol/L, FSH:0,08miU/ml, LH:0,05miU/ml. The examination findings and laboratory values of the patient were thought to depend on the use of AAS, and warned not to use. He was taken under follow-ups. Conclusion: It seems impossible to show the true incidence of medical problems caused by AAS. The presence of side effects varies depending on the sex, diet, duration of use, exercise, or sedentary use. There is a need to provide training of family physicians in contact with these individuals and legal arrangements to prevent the use and marketing of AASs that cause serious health problems, including potential of addiction.
PALPITATIONS... AGAIN?

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AIMS: Wolff-Parkinson-White syndrome is a congenital disease. A familial incidence has been described, and it is sometimes associated with other congenital anomalies. Usually the heart is otherwise normal. It’s a rare cardiological disease, which is included in the so-called pre-excitation syndromes and is characterized by the presence of cardiac arrhythmia and a characteristic electrocardiographic record. It can constitute episodes of rapid heart rate and generally has an abnormal electrocardiogram, caused by additional electrical circuits in the heart DESCRIPTION: A 26-year-old patient who came to our clinic due to intense palpitations and dizziness that began when he was at rest. No associated chest pain. As background, we highlight Wolff-Parkinson's syndrome -White currently not followed up by cardiology, since at age 18 there were no episodes that required medical attention. No drug allergies or chronic treatments. Patient aware, oriented and collaborative. Oxygen saturation 97%. Temperature: 36.5°C. Blood pressure 100/50. Heart rate: 140 bpm. Nervousness, nausea, skin pallor. Rhythmic tachycardic auscultation. Normal pulmonary auscultation. Normal abdomen. Do not edema in lower limbs. An electrocardiogram was performed where a supraventricular tachycardia was observed at 140 bpm. CONCLUSIONS: Given the patient's history of Wolff-Parkinson-White syndrome, in the presence of a sustained supraventricular tachycardia that does not improve with vagal maneuvers, the mobile ICU is notified to those who administer 18 mg of adenosine, reverting to sinus rhythm and improving the symptomatology of the patient.
SOMETHING IS WRONG WITH MY DAUGHTER

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Aims: 7 years old kid without personal history of pathology who ask at the Pediatric because of an oppressive chest pain and palpitations with parasympathetic symptoms. She had some previous similar clinic when practicing sports or with emotional stress. No family background. Description: Blood pressure: 140/55. Poor general condition, pale skin, diaphoresis. Cardiac auscultation: arrhythmic. No other anomalies in the physical exam. Complementary test: EKG: sinus tachycardia, PR> 120 ms, wide QRS with delta wave in in all leads, suggestive of Wolff-Parkinson-White syndrome. She was referred to the cardiologist. Echocardiogram: normal. Holter: short supraventricular tachycardia streaks. Treatment: The diagnosis is explained to the parents, suggesting radio frequency ablation of the accessory pathway from eight years old. The kid was trained about Valsalva maneuver. It was been checked every 6 months. Conclusions: WPWS is a congenital disease that affects 0.1-3 (per-mille) of the general population. Diagnosis is based on the finding of pre-excitation in the electrocardiogram and a history of palpitations. Its association with Sudden Infant Death Syndrome is not very high. The radio frequency ablation is the first-line therapy treatment having a success rate of 95%. Primary Health Care physicians should make the diagnosis and send to the cardiologist those special cases that might need complex diagnostic tests.
UNDER PRESSURE

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Aims. 39 years old pregnant woman of 35+3 weeks who asks at the emergency service because of elevated blood pressure during the last week (around 180-200 of systolic blood pressure). She also feels headache and peripheral edema. No other visual or neurologic symptoms, no epigastric pain. As personal medical history she has hypertension and IMC>30. Descriptions. Complementary test. Blood exam: normal coagulation levels, 165000 platelets, no hepatic or kidney functions affected. Urine exam: normal. Blood pressure (monitored every 5 minutes): 187/117, 166/104, 169/93, 173/99. Fetal exam: normal. The treatment with oral labetalol is initiated and blood pressure is getting down until tolerable values (under 160/100). After 5 days at the hospital, the patient receives the discharge report with 200mg of oral labetalol every 6 h. Two days later, the patients ask again to the emergency service due to elevated blood pressure (177/97), intense headache and epigastric pain and marked peripheral edemas. This time, there is hepatic affection (GOT 100, GPT 85) and in the urine exam we find 224 mg of proteins. The treatment to control de blood pressure and renal and hepatic functions is initiated, besides neurological symptoms with magnesium sulphate and the obstetric specialist decides to end the gestation due to the risk of fetal affection. Conclusions. Diagnosis: preeclampsia. Differential diagnosis: pre-existing hypertension, exacerbation of pre-existing renal disease, antiphospholipid syndrome. Blood pressure control in pregnant women is important, even more when there are some risk factor as previous hypertension, IMC>25 or maternal age >35. Preeclampsia is a risk factor for the mother and the fetus, so its detection is very important to avoid complications as eclampsia or fetal affection.
PSORIASIS FLARE DIFFICULT TO CONTROL: A CASE REPORT.

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Aims: To review the relationship between Angiotensin-Converting Enzyme inhibitors (ACEI) and psoriasis exacerbation. Description: M.A is a 41-year-old Spanish woman with a personal history of psoriasis placata in legs and arms. The patient was in treatment with methotrexate at a dose of 7.5mg per week, showing very good control of the psoriasis. In 2016 she was diagnosed with hypertension and treatment with enalapril 10mg/day was started. About five weeks later the psoriasis started to get worse. The patient did not associate the psoriasis flare with other factors such as stress or medication, except enalapril. The dose of methotrexate was increased to 10 mg /week without improvement. After reviewing the published literature, we found an association between Angiotensin-Converting Enzyme inhibitors (ACEI) and psoriasis exacerbation, so we decided to change the treatment. Enalapril was discontinued and losartan was started to treat blood pressure. Following treatment with methotrexate and replacement of enalapril therapy, the plaques gradually subsided. The patient is currently under treatment with methotrexate at a dose of 7.5mg /week with good psoriasis control and enalapril has not been reintroduced. Conclusions: In conclusion ACEI can exacerbate psoriasis. The interruption of the drug causes an improvement of the patient's psoriasis.
NOTHING IS WHAT IT SEEMS

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AIMS: Morocan male patient of 39 years of age, goes to the Emergency Department for severe abdominal pain that radiates to testicles of a few hours of evolution due to an episode of hematochezia. DESCRIPTION: Physical examination: Bad general condition, diaphoretic. Tachypneic at rest. Afebrile. Abdomen: to the palpation intense pain in a generalized way, signs of peritoneal irritation. Suggestive of abdomen in table. Testicular exploration: no signs of torsion. Rectal examination: fingernail stained with faeces with mucosaluneous remains. Complementary tests: blood count: 2700 leukocytes, hemoglobin 14.2 gr/dl, 129,000 platelets; normal coagulation; biochemistry: urea 38 mg/dL, creatinine 0.53 mg/dL, GOT 33 U/L, GPT 27 U/L, PCR 13.5 mg/dL, procalcitonin 25.39 ng/mL. The curiosity of this case is that no significant findings were found in the first standing image test. Due to the high suspicion of perforation due to the patient's clinical condition, the image test was repeated. AP thorax radiology with domes in and abdominals in standing position: pneumoperitoneum at the level of diaphragmatic domes. Before acute surgical abdomen with perforation of hollow viscus consultation with guard surgery. CONCLUSIONS: The existence of extraluminal air in the peritoneal cavity suggests the presence of hollow viscera perforation and the need for urgent laparotomy. The pneumoperitoneum indicates rupture of the hollow viscus in 90% of the cases, it is most frequent cause being the gastric or duodenal ulcer. The remaining 10% do not require urgent surgery. The basic radiological techniques are chest x-ray in standing and abdomen in left lateral decubitus. They are not detected in 20-30% of cases. If the clinical suspicion is high, it is recommended to repeat the projection after remaining 10 minutes standing.
BEWARE OF THE PILLS

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Aims. 79 years old patient with atrial fibrillation, diabetes mellitus 2, hypertension and a previous ischemic stroke in 2016. Daily treatment: dabigatran, insulin, ramipril, torasemida, digoxina. She asks the emergency services for a several days clinical picture of general discomfort, astenia and mental confusion. No other neurological affection like visual symptoms, paresis, dysarthria. Her family tell us she has been weird these days, with confusion and weakness. Description: Complementary test: Physical exam: normal. EKG: atrial fibrillation with minimum decline of the ST segment in II, III, aVF, V5-V6 (maybe related to the digital). Cranial TC: normal. Blood exam: digoxin 2.62 ng/ml (normal value is until 2). Asking again to the patient and to the family, they tell us that recently the cardiologist changed the medication, and that she has been like this since the change. After some hours of treatment with fluid therapy and monitoring her with EKG and another blood analysis, we decide to give her the medical discharge due to she was neurological ok and the kidney and hepatic functions were normal. We decide to reduce digoxin doses until new cardiologist revision. Conclusions, Diagnosis: Mild digitalis toxicity. Differential diagnosis: hyperkaliemia, myocardial infarction, hypothermia. When we have a patient with unspecific symptoms we have to investigate about everything, over all about new medicines or changes in the old ones. In this patient, we also had to be careful due the potential toxicity of the digoxine, checking the heart and the kidney functions besides the ionical values.
THE EFFECT OF CHILDHOOD ABUSE HISTORY ON ANXIETY, ANXIETY SENSITIVITY AND ACADEMIC SUCCESS

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Aims: This descriptive and cross-sectional study was conducted to investigate the effects of childhood abuse narratives on anxiety symptoms, anxiety sensitivity and university entrance exam achievement in young adults. Methods: The research was conducted at Katip Celebi University with 301 volunteer participants aged between 17 and 24 who were first-year university students. ICAST-R, Beck Anxiety Scale and Anxiety Sensitivity Index-3 forms were answered by the students who agreed to participate in the study and the students were asked to indicate the exam score they have taken to settle the university courses they have entered. Results: 39.2% of the 301 students who participated in the study were exposed to abuse at least once before the age of 18 years. The most common types of exploitation were emotional abuse. It was found that there was a statistically significant relationship between anxiety levels, anxiety sensitivity levels, academic success and abuse status. The results were highly parallel to other study findings conducted with young adults. Conclusions: The most appropriate treatment and monitoring approach to abuse and neglect cases needs to be realized through interdisciplinary studies. In the same way, according to our study, a multidisciplinary approach is inevitable to protect or rehabilitate the child abuse and neglect's psychiatric and sociological outcomes in the future.
"RURAL+IDADE" - HEALTH EDUCATION IN A RURAL ELDERLY POPULATION

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AIMS Health education in rural aging communities (with low levels of literacy, weak territorial access and great social isolation) is a challenge requiring a circumstantial adaptation of the health team. "Ruralidade" is an expression that combines rural with ageing in our native language. It also means something that is rural. The "Rural+idade" project is an health education project for an elderly rural community that involved multiple local entities. With this project we aimed to address major health problems; develop therapeutic relationships; promote empowerment; improve health and prevent disease. DESCRIPTION The topics were chosen based on community health problem prevalence. They were: Active Aging; Emergency; Diabetes; Hypertension; Rights and Duties in the Health Service and Responsible use of the medicine. During April and May 2017, we developed 6 sessions lasting 1 hour each, in an local primary school. Each session had between 12 and 20 participants with a mean age of 78 years. The materials were evaluated by the Suitability Assessment of Materials tool, with an adequacy higher than 70%. The education strategy was based on an interactive approach. Final questionnaires revealed high level of satisfaction and evolution (in knowledge and skills). The project was widely reported in the local newspaper. CONCLUSIONS Health education in groups is profitable in time and human resources. The multidisciplinary teamwork, with active discussion of topics and approaches, allows a broader and more complete view of the circumstance. This initiative should be replicated, initiating a multicenter project with distant health units working on similar communities. This plan might face multimorbidity and polypharmacy, inherent challenges of ageing in XXI century.
"DOCTOR, I CAN'T COMB MY HAIR"

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Aims. 67-year-old woman who consulted AP repeatedly due to generalized asthenia. As a personal history: hypertension, dyslipidemia, generalized osteoarthritis. She refers weakness and pain of upper limbs that was previously attributed to the osteoarthritic process. She reports weight loss of about 15 kg in recent months because. No other associated symptomatology. Description. Cardiopulmonary auscultation: normal. Musculoskeletal exploration: weakness of MMSS. Routine analysis: microcytic anemia, negative fecal occult blood. It is derived to the digestive service to rule out possible neoplastic process that justifies the clinical picture. After endoscopy and thoraco-abdominal CT: aortitis in thoracic and abdominal aorta. Given the suspicion of a possible vasculitis, blood analysis is requested with negative tumor markers, negative autoimmunity and VSG 120mm without other alterations. Corticoid treatment is started with good response. Conclusion. Diagnosis: Possible rheumatic polymyalgia associated with vasculitis (giant cell). Polymyalgia rheumatica is an inflammatory syndrome that mainly affects women. The essential diagnostic criteria include bilateral omalgia, age > 50 years and increased acute-phase reactants. It can occur isolated or associated with giant cell arteritis. In this patient, according to the age and the clinical context we should have raised several differential diagnoses beyond the possible digestive cause of its constitutional clinical picture. A good anamnesis, delving into the characteristics of weakness of limbs and possible mandibular claudication, along with physical examination (for example, palpation of temporal arteries) and analytical parameters would have helped us to suspect a picture of polymyalgia rheumatica associated with vasculitis.
HYDROCELE OR THERE IS SOMETHING ELSE?

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AIMS: Although rare, testicular tumors are the most frequent solid tumors between -35 years, which nevertheless constitute one of the most curable neoplasms. A painless scrotal mass is observed, but in some cases they present with acute pain, the result of an intratumoral infarction or hemorrhage, or of a testicular torsion. In 90-95% it is germ cell tumors (seminoma, embryonal carcinoma, choriocarcinoma, yolk sac tumor and teratoma). DESCRIPTION: A 28-year-old male who reported a 6-year evolution of painless left testicle. For 3 months, it has doubled its size, and associated pain. No trauma. No family history of testicular pathology. As a personal history: Non-smoker. He underwent cardiac surgery 6 years ago, (CIA). It's treated with Varidase and Ciprofloxacin and is derived to Urology. Urological examination: Test normal right. Voluminous left hydrocele. The left test is not palpable. There is no transillumination. Testicular ultrasound: "Scrotal enlargement at the expense of the left testicle that is severely enlarged, uncured, with a maximum diameter of 14cm, with heterogeneous echostructure, compatible findings being the first diagnostic possibility with a large testicular tumor" The patient is cited in the urgent consultation. The need for orchiectomy, requesting pre-operative, markers and abdominal-pelvic CT is explained. Appointment in 5 days in day hospital. CONCLUSIONS: All hard and painless scrotal mass must be oriented as a tumor until proven otherwise. A scrotal mass may remain largely asymptomatic. Testicular ultrasound is the fundamental complementary test to complete the differential diagnosis of a scrotal mass. Tumor markers are very useful in the diagnosis of testicular cancer, but their negativity does not exclude their presence.
INVESTIGATION OF VITAMIN D LEVELS AND VITAMIN D RECEPTOR (VDR) GENE POLYMORPHISM IN INACTIVE HEPATITIS B CARRIERS

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Aims: Today, viral hepatitis are quite common and seen as a significant health problem. Approximately 70-80% of chronic hepatitis B patients are composed of inactive carriers. We aimed to investigate vitamin D levels and vitamin D receptor (VDR) gene polymorphisms in inactive hepatitis B carriers. Methods: The study was performed between March-September 2017 in İzmir Katip Çelebi University Infectious Diseases and Family Medicine Outpatient Clinics. 18-85 years aged patients without any disease and drug use affecting vitamin D level were included in the study. Participants were divided into two groups as inactive hepatitis B carriers and healthy individuals. Blood samples for HBsAg, Anti HBs, Anti HBC IgG, 25 (OH) D, PTH, TSH, BUN, creatinine, uric acid, Ca, Mg, Phosphate, total protein, albumin, ALP, AST, ALT and VDR gene polymorphism were taken. Results: A total of 172 patients were included in the study. 86 of them were inactive HBV carriers and 86 of all were healthy people. The prevalence of vitamin D deficiency was 96.5% in our study. 97.7% (n = 84) of the carriers and 95.3% (n = 82) of the control group had Vitamin D level < 30 ng / ml. There was no statistically significant correlation between BsmI, FokI, Apal and TaqI polymorphisms of the VDR gene polymorphisms and vitamin D levels in inactive hepatitis B carriers. Conclusions: Although most of the studies have shown that vitamin D levels are lower in chronic hepatitis B patients than healthy populations, we don't recommend routine vitamin D testing in inactive HBV carriers. Considering the relationship between being inactive hepatitis B carrier and vitamin D deficiency, wider and more comprehensive studies are needed to determine which is the cause and which is the outcome.
NODULAR LYMPHOID HYPERPLASIA: WHAT FAMILY DOCTORS SHOULD KNOW

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Aims: Nodular Lymphoid Hyperplasia (NLH) of gastrointestinal tract is characterized by the presence of multiple nodules, rarely exceeding 5mm, more often distributed in the small intestine. Its pathogenesis is unknown, and some patients have an associated disease (e.g. common variable immunodeficiency, IgA deficiency, Giardia infection). It can occur in all ages, although it's rare in adults. Generally NLH presents as an asymptomatic disease, however it may cause gastrointestinal symptoms. Description: We present the case of an 23-year-old woman, smoker (5 cigars a day), with no other relevant past medical history, visited her family doctor referring intermittent diffuse abdominal pain and constipation in the last month. The patient was in good general health, without relevant physical exam findings. She returned after no improvement with dietary and symptomatic measures. A colonoscopy showed several nodular formations with 3-4 millimeters in terminal ileum. Biopsies revealed a slight increase of lymphoplasmocytic population and formation of reactive lymphoid follicle, without dysplasia. This result is compatible with NLH. Her gastrointestinal symptoms soon resolved with no additional measures. Conclusions: NLH is a very rare condition found in colonoscopy, especially in Primary Care. It could be an incidental finding. Generally no intervention is required, despite the risk of malignant transformation, as intestinal lymphoma, has been reported. The selection of patients and timing for surveillance remains undefined.
SHRINKAGE OF NIPPLE.

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Backgrounds and aims: Thirty-eight years old male with no history of interest who came to our health center because of a shrinkage of his left nipple with a month of evolution. He denied weight loss and other related symptoms. Methods: Regarding to physical exam, we detected an indurated zone on his left areola, non-painful and undefined. We asked for ultrasounds in order to study this area. Results: This first test showed a 2,2 cm nodular area behind his left areola. This suggested inflammatory disease vs fibrosis. Addressed these findings, we asked for biopsy concluding a sclerosed stroma and glandular structure with atypias. These results implied neoplastic process. We sent the patient to surgery for exeresis, mastectomy and sentinel node study that came out negative. The final diagnose was infiltrating ductal carcinoma on his left breast moderately well differentiated. Conclusions: Breast cancer is very unusual in males (0'1-0'2% of cancers presented in males). This leads to delayed diagnoses that worsen the prognosis. Thorough examination and good communication with hospital services, are the keys to early diagnosis and better prognosis.
ALZHEIMER’S DISEASE, A PROBLEM BEYOND THE PATIENT.

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Aims: How to deal with difficult family situations in the patient with Alzheimer’s Description: A 78-year-old patient who visits the clinic on several occasions because the situation of his wife of 70 years, diagnosed with Alzheimer’s disease, distresses him. He comes with an evident state of nervousness, we attend him preferentially because he says that his wife is unattended at home and immediately he breaks into tears. They have no children or family help. We comment again on the possibility of support and we do emphasis on their psychosocial situation. He refuses to accept the progression of the disease and does not understands the irreversibility of it. He makes reference to the visual hallucinations, who looks in the mirror, sees someone who wants to separate her from her husband. He says textually: This situation surpasses me! Our patient never goes to his general practitioner for self-control, after several years has begun with treatment after our insistence. As family doctors we must attend to the singularities of our patient and his way of dealing with the disease and, above all, propose an assessment by a social worker. Conclusions: We are facing a particular case, because according to various studies, the majority of women with Alzheimer’s in this age range are treated by their children (approximately 66%). Therefore, taking into account characteristics sociodemographic factors, time elapsed since diagnosis and degree of dependence on ill, we had to resort to social assistance and provide better medical attention to the caregiver, which in our case required. The overload of the Alzheimer’s caregiver makes them more vulnerable to suffer physical and mental problems and we should not underestimate the importance of early and individualized attention.
IS THERE A DIFFERENT CLINICAL PROFILE OF PATIENTS DIAGNOSED WITH TYPE 2 DIABETES MELLITUS IN SPAIN COMPARED TO BRITISH PATIENTS?

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Aim and background: Many doctors think there are differences in lifestyles that condition variations in the clinical profile of patients with type 2 diabetes mellitus from different countries. The aim of the study is to compare the clinical characteristics of patients newly diagnosed of Type 2 Diabetes Mellitus (DM2) in Spain and England. Material and Method: Historic cohort study. A sample of patients with DM2 was selected by systematic sampling from the registry of each health center: 50 and 337, respectively in England and Spain. Using a specially designed protocol, clinical and sociodemographic variables were recorded. The statistical analysis was performed using SPSS 19.0 system, and include descriptive, bivariate and logistic regression analysis. Results: In the English sample women predominated (64%) and men in the Spanish one (57.9%) (p=0.004). At the time of diagnosis, the English patients were younger (mean age respectively, 58.8 years (SD:14.3) and 62.8 (SD:12.3), but the differences were not statistically significant (NS). The English patients presented a greater overweight: mean BMI 34.8 (SD:7.6) vs 32.0 (SD:5.6), p=0.023. The median and interquartile range (IQR) of HbA1c were, respectively, 5.5 (5.2-7.0) and 7.1 (6.6-8.2), p<0.0001. There were NS in blood pressure, cholesterol levels and tobacco use. In the logistic regression analysis, an independent relationship was shown with the English patient profile of sex (OR: 2.4, IC95% 1.2-4.7), age (OR: 0.96, IC95% 0.94-0.99) and Hb level (OR: 0.52, IC95% 0.37-0.72). Conclusions: The clinical characteristics of patients newly diagnosed of DM2 in Spain and England are different, especially in terms of HbA1c level, and weight, although the last could be conditioned by their demographic differences.
RAPID ANTIGENIC DETECTION TEST (RADT) IN STREPTOCOCCAL PHARYNGITIS EVALUATION AND QUALITY IMPROVEMENT STUDY IN FIVE PRIMARY HEALTH CARE UNITS OF PORTO

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AIMS: Evaluate the use proportion of RADT on the diagnostic of streptococcal pharyngitis in pediatric age, as indicated by the portuguese health guidelines, and antibiotic prescription in streptococcal pharyngitis diagnose; quality improvement on RADT application and antibiotic prescription in streptococcal pharyngitis of health units through practical strategies with its professionals. METHODS: Observational, analytic and transversal study in five primary health care units of Porto district. Researchers proceeded to a retrospective evaluation of the family doctors's clinical registers of the primary health care units (from January to March 2017), regarding the pediatric population from 3 to 17 years and 364 days, with a diagnostic register of "R76 - Acute tonsillitis" or "R72 - Streptococcal infection of oropharynx", according to ICPC-2. Researchers defined quality standard criteria in RADT's use proportion as "Good" if >=75%, "Sufficient" if >=50% and <75%, "Insufficient" if >=25% and <50%, "Very insufficient" if <25%. Regarding to improvement goals, researchers defined an improvement of RADT's use of >=40% as "Excellent", >=30% and <40% as "Very good", >=20% and <30% as "Good", >=10% and <20% as "Satisfactory" and <10% as "Poor". Later, it was implemented corrective strategies for 2 months (September 1st and October 31st, 2017): "Acute tonsillitis diagnostic and treatment in pediatric age" portuguese health guideline presentation and its discussion with health care providers (nurses and doctors), initial evaluation numbers disclosure on RADT's use, flyer production and distribution through health unit teams, oral and written reminders on professionals desktops and creation of a quality assurance manual on acute tonsillitis approach in pediatric age in all health units involved. Thirdly, researchers will evaluate the strategies impact, by gathering data information from January 1st to 30th March, 2018. Data analysis displayed with Excel® and Statistical Software Package for the Social Sciences (SPSS®). RESULTS: In our initial evaluation, we have found a sample of n=147 diagnoses of "R76 - Acute tonsillitis" and "R72 - Streptococcal infection of oropharynx", in pediatric age, from 3 to 17 years and 364 days, an average age of 9 years and a male gender (55%) predominance. In this sample, 42.2% of the cases presented clinical history and symptoms favouring a bacterial infection against 35.4% with viral pharyngitis typical symptoms. There were no clinical registers of symptoms in 22.4% of cases. We have found a RADT's proportion use, when criteria for its use of 12.9%. When "R72 - Streptococcal infection of oropharynx" code was recorded, only 47% of the pharyngitis was treated with amoxicillin, 34% with amoxicillin plus clavulanic acid and 8% with other antibiotic. In these 8%, we found no mention of antibiotic allergies in the individual health file. Researchers also verified a high number of presumed viral pharyngitis treated with antibiotic (58%). In this quality improvement study, researchers developed corrective strategies, aiming the primary health care unit teams (doctors and nurses), explaining RADT's theoretical and practical fundamentals, highlighting the portuguese health guideline on acute pharyngitis and indicated antibiotic treatment in streptococcal pharyngitis. A two month intermediate evaluation of the strategies efficiency (made in September and October 2017) showed an improvement of 25.6% on RADT's appropriate use and a poor improvement of 7% on streptococcal pharyngitis cases treated with amoxicillin. CONCLUSIONS: Acute pharyngitis is an usual clinical entity in pediatric age, mainly caused by viruses. However, streptococcal pharyngitis symptoms are often identical to viral pharyngitis, leading to an inadequate antibiotic prescription and consequently raise of antibiotic resistance. RADT is a sensitive and specific tool that can be used in primary health care to avoid antibiotic misuse in viral pharyngitis. These intermediate findings reveal the importance of this quality improvement study and motivates researchers to reinforce strategies next to the health teams, aiming an even bigger improvement in RADT's use and antibiotic rational prescription on our final evaluation (January to March 2018), in order to prevent antimicrobial resistances and ensure patient safety and quality care in these health units.
THE ASSOCIATION BETWEEN VITAMIN D AND HASHIMOTO’S THYROIDITIS

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AIMS: Because of over one billion people in the world have low vitamin D; it has been the focus of clinical research. In the current clinical trials, it is emphasized that vitamin D deficiency is a predisposing factor for the development of autoimmune diseases. The aim of our study is to evaluate the relationship between D vitamin deficiency/ inadequacy and hashimoto thyroiditis METHODS: In this cross-sectional study, the participants were divided into three groups: patients with Hashimoto thyroiditis who were previously diagnosed in the first group; in the second group newly acquired patients with Hashimoto thyroiditis; in the third group healthy individuals were included. Hashimoto’s thyroiditis was diagnosed with antibodies positive (Anti-Tg, Anti-TPO). According to the Guidelines of the Endocrine Society of Turkey, it was accepted as D vitamin deficiency below 20 ng / ml. The sample size was found to be at least 38 individual for each group (95% confidence interval, 80% power, 5% error margin). A sociodemographic data survey were completed. Blood samples was taken for 25 (OH) D, PTH, calcium, phosphorus, ALP, TSH, FT4, FT3, anti-thyroid peroxidase antibody and anti-thyroglobulin antibody examinations RESULTS: 126 participants were included in the study. The mean age of the participants was 39.7 ± 11.81 (min: 20, max: 78) and 19% (n: 24) were male. The prevalence of vitamin D deficiency in the study population was 96%. Vitamin D deficiency/insufficiency was statistically significant and negatively correlated with age, BMI, TSH, anti-TPO, anti-Tg and PTH (p <0.05). CONCLUSIONS: According to our study, it can be considered that lack of vitamin D in accordance with our hypothesis may be a predisposing factor for Hashimoto’s disease
LATE DIAGNOSIS OF A TROUBLESOME PATIENT - CASE REPORT

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AIMS Somatic symptoms occur in 17% of patients in Primary Care. Although underdiagnosed, Somatic Symptom Disturbance (SSD) is the 3rd most frequent mental illness and a major reason for health care overuse. DSM-V emphasizes the persistence of symptoms, excessive worry and disruption of quality of life. Clinical evaluation must be holistic, based on the meaning attributed to symptoms. Considered as “difficult patients”, both physician and patient usually feel frustrated. DESCRIPTION Female, 21 years. Unemployed (singer). Nuclear family (Duvall-stage VI). Graffer IV. In May 2017, during the first appointment with her new family doctor, she complained about the previous care provider. She was currently asymptomatic. She referred recurrent anxiety attacks, otherwise healthy. She was taking no medication. She had been medicated with antidepressants and anxiolytics in the past. Physical and laboratory routines were normal. No family conflicts. Stable loving relationship. Since the age of 15, there have been 40 appointments with several practitioners. 35 were in the emergency department, presenting gastrointestinal, musculoskeletal or neurological symptoms, always without conclusive diagnosis. CT scans, ultrasound and radiographs were reported as normal. CONCLUSIONS Multiorganic symptoms make SSD a clinical challenge. Patient understanding is difficult. With early childhood initiation, the impact of anxiety on quality of life shall be assessed (eg, KIDSCREEN-10). Defensive medicine easily overcomes quatermary prevention and several exams are unnecessarily taken. Empathy is a therapeutic tool. Person-centered medicine is the clinical method of choice. Diagnostic and therapeutic path has begun for this patient, requiring more meetings and strengthening of the relationship.
WHEN WE DO NOT BELIEVE WHAT THE PATIENT TELLS US!

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Aims Squamous cell carcinoma and adenocarcinoma account for over 95% of esophageal malignant tumors. It is more common in males, older than 60 years and is usually diagnosed in late stages of the disease. Risk factors include: smoking, alcohol consumption, very hot drinks, HPV infection and nutritional deficiencies. Results MFC, 69 yo, male, retired (bricklayer). Personal antecedents: Pulmonary tuberculosis; Pulmonary embolism; Silicosis; Moderate alcoholic habits; Ex-smoker (30 UMAs), Iron deficiency anemia; Antral Gastritis in EGD (05/05/2015). Usual medication was Acenocumarol, Formoterol and Glycopyronium bromide. On January 2016, he resorted to the consultation due to malaise in the epigastric region associated with postprandial infarction. Medicated with Lansoprazole and Sucralfate. Due to lack of improvement, he resorted to the consultation on March 2016 with complaint of “difficulty swallowing” and “feeling of anxiety”. He was treated with Clobazan, with the diagnosis of Anxiety Sensation. On June, he returns for having complaints of dysphagia. At the objective examination he had only a blushing oropharynx. Thyroid ultrasound (US) was ordered and has showed "colloid cyst with 2 mm in the right hemithroid". For maintaining the complaints of dysphagia, it was decided to request new EGD. In August 2016, the patient brings EGD that reveals "Veggie lesion of the upper esophagus, with infiltrative process. Epidermoid Carcinoma ". Referred to General Surgery with urgency. Conclusions The decision to request new EGD was delayed, since a recent one showed no signs of injury. The family physician is responsible not only for timely diagnosis and guidance, but above all to promote the adoption of healthy lifestyles and act at the level of primary prevention.
A PARTICULAR CASE OF THROAT AND NECK PAIN: EAGLE’S SYNDROME – A RARE BUT IMPORTANT DIFFERENTIAL DIAGNOSIS

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Aims Patients with throat and neck pain symptoms can lead to an extensive differential diagnosis. The purpose of this clinical case is to show the importance of a high level of suspicion required in our practice. The accessibility to primary health care is equally necessary to an early referral. Description A 35-year-old Brazilian woman complained of an intermittent needle-like throat pain on the right tonsillar area. The pain had started approximately 1 year earlier and often aggravated by swallowing, chewing and neck rotation to the right. During that time, she visited several clinics, including family medicine and emergency departments. She received a variety of procedures and treatments that did not relieve the symptoms. When her family physician requested a neck CT scan that showed a right elongated styloid process she was referred to an otorhinolaryngology hospital department and styloidectomy was undertaken. The patient made an excellent postoperative recovery and symptoms resolved immediately after surgery. On follow-up, 1 year after the surgery, she remained symptoms-free. Conclusions Eagle Syndrome is a complex condition caused by an elongated styloid process or calcified stylohyoid ligament, which is associated with a wide variety of symptoms. This condition is distressing to patients and a challenging to physicians given the existence of other diseases with similar presentations (eg. migraine, trigeminal and glossopharyngeal neuralgia, temporomandibular disorders, tonsillitis, pain of dental origin, chronic laryngopharyngeal reflux, etc.). However, due to the proximity to our patients, family physicians are in a privileged position to suspect of that diagnosis when recurrent chronic throat pain is refractory to conventional treatments.
"TOBACCO, ALCOHOL, COUGH AND EXPOSURE, BAD COMBINATION"

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AIMS: 1. Identify respiratory symptomatic tuberculosis 2. Know what complementary tests to request 3. Refer the pulmonologist for the start of antituberculosis treatment Description: A 44-year-old man presented a cough without expectoration of 2 months evolution associated with the sensation of fever without thermometry and nocturnal sweating. At the beginning of the symptoms, the patient went to his primary care doctor receiving antibiotic therapy with amoxicillin-clavulanic acid without improvement. Afterwards, a chest x-ray is done and before the findings and the clinic, his doctor decides to refer him to the hospital emergency department for assessment. Personal history: Smoker of 30 packages / year. Alcohol and hashish consumer. He says that he had been in contact with tuberculosis patients for years without receiving immunophylaxis. Rx thorax: alveolar consolidation in right apex, with cavitation in posterior segment of the right upper lobe. Bronchoscopy: suggestive of probable infectious disease. Ziehl-Neelsen culture positive. HIV negative serology. PCR to mycobacteria positive to tuberculosis complex, sensitive to rifampin. CONCLUSIONS: After the tests, the clinical judgment of pulmonary tuberculosis is obtained. Other differential diagnoses should be made with pathologies such as lung cancer or pneumonia. The patient starts treatment with 4 antituberculosis drugs (rifampin, isoniazid, pyrazinamide and ethambutol). After PCR results that showed no resistance to rifampin, ethambutol was withdrawn and a medical discharge was carried out, completing the guidelines at home. He must complete 2 months with these 3 medications and then 4 more months with rifampin and isoniazid only. It is indicated that you must remain in isolation for 3 weeks.
SPLENOMEGALY: DIAGNOSTIC ORIENTATION IN PRIMARY CARE

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Description: A 56-year-old woman, with rheumatoid arthritis, primary Sjogren’s syndrome and anemia of chronic disorders. Goes to a primary care clinic because of pain in the lumbar region and 2 weeks of suffering. She reported being more tired than usual showing dyspnea mMRC 2. Some episodes of occasional fever and a 3 kg weight loss in the last three months. No Rash or itching. Denies taking a trip abroad. Physical examination: No skin lesions No peripheral adenopathies. Normal ACP. Abdomen painless to deep hand pressure, splenomegaly about 4 cm from the costal margin. Analytical: hypocroma microcytic anemia (Hb: 10.8 mg / dl, MCV: 88.9), glucose: 87 mg / dl, creatinine 0.47, PCR: 15.4. HIV Ag / Ac: positive. Abdominal ultrasound: splenomegaly of 17 cm is confirmed, everything else normal. Clinical judgment: HIV infection. Differential diagnosis: Hypertension portal. Infectious mononucleosis (EBV, CMV). Bacterial endocarditis Brucellosis. TBC Leishmaniasis Lymphomas Myeloproliferative syndrome... Conclusions: Before a case of splenomegaly in Primary Care it is important to start the study with a detailed interview, looking for general symptoms, such as symptoms of fever, sweating, weight loss, etc. On physical examination attention will be paid to the presence of adenopathies, petechiae, abdominal masses and murmurs. To confirm splenomegaly, an ultrasound will be requested. The analytical study includes blood count, coagulation and ESR. Renal and hepatic function, ferric profile. Serology for HBV, HCV, HIV. Paul-Bunnell tests. The initial attitude of the primary care depended on the speed of the installation of the splenomegaly, the severity, the accompanying clinical symptoms and the diagnostic suspicion.
A SERIES OF UNFORTUNATE EVENTS

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AIM: A 72-year-old female came to the consultation due to a suprapatellar growth of more than two decades of evolution that, according to his reports, had increased in size in recent months. DESCRIPTION: Physical examination showed a protruding subcutaneous nodule 5x5cm in size and violaceous coloration. Not attached to deep planes. No inflammatory signs. An appointment with the dermatology service was requested. Soft tissue ultrasound was performed, resulting in a heterogeneous hypoechoic lesion with an intense Doppler signal. A biopsy was taken. The pathology report showed undifferentiated mesenchymal neoplasia. The exeresis of the tumor was performed in the plastic surgery service. However, in the postoperative period, surgery was complicated by an occlusion of the superficial femoral artery and anterior tibial artery with graft necrosis, resulting in a supracondylar amputation. Two weeks after her discharge, the patient presents dyspnea with efforts, asthenia, nervousness and tachycardia. The CT angio scan of pulmonary arteries was performed, being diagnosed with thromboembolism in segmental branches of the right pulmonary artery in the middle lobe. One week later, the patient consulted for acute dysphonia, sialorrhea and the inability to swallow liquids and solids. Finally, a blood test with an autoimmunity profile was performed, being positive for acetylcholine antireceptor antibodies. The final diagnosis was paraneoplastic myasthenia gravis. CONCLUSIONS: Although we must not focus only on the main pathology of a patient when evaluating symptoms of new appearance, in this case there is a basic process of certain relevance and we must find out if this is the cause of the new symptomatology at first, even more when the new diagnosis are relatively infrequent.
ANALYSIS OF THE ULTRASOUND REQUESTS MADE BY PROFFESIONALS OF A HEALTH CENTER TO THE RADIOLOGY SERVICE OF THEIR REFERENCE HOSPITAL

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Aims: The request for ultrasound has become commonplace in primary care teams, as it is a safe and very effective technique. But at the same time, they represent a significant overload for the radiology services of the hospitals. With adequate training in clinical ultrasound, primary care professionals could solve between 70 and 80% of these referrals. The objective is to identify the number and reasons for requesting ultrasound by professionals of a health center to their reference radiology service. Description: Cross-sectional descriptive analysis of the ultrasound requests made in May 2017 in an urban primary health center, population of 50,000, 23 primary care professional and 6 pediatricians. Results: 102 ultrasounds were requested: 36 abdominal, 31 musculoskeletal, 16 urinary-kidney, 13 thyroid, 6 cervical. The main reasons for request: - Abdominal: increased transaminases, biliary colic, diffuse abdominal pain, abdominal mass. - Musculoskeletal: tumors, pain. - Urinary-renal pathways: recurrent urinary tract infections, renal tubular colic, hematuria. - Thyroid: goiter, alteration of TSH. - Cervical: adenopathies. Of all the requests, 66% had alterations compatible with the reason for the request, and only 34% of them were normal. In 10 of the cases, from the service itself complementary radiological tests or interconsultations were requested: thyroid paf, abdominal scan, lumbar MRI, interconsultation to surgery and internal medicine. Conclusions: The data confirm that clinical ultrasound performed by primary care physicians in the health could have resolved about 70% of cases, so training in this field is useful to increase the resolution capacity, filter the requests to the service and increase efficiency.
BILATERAL UNRESPONSIVE MYDRIASIS, BETTER TO RUN

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Conclusions: Severe metabolic acidosis. Methanol intoxication. Optic neuritis. Differential diagnosis: pupil dilation due to eye drops or plant products (most frequent, usually bilateral), III cranial nerve paralysis (palpebral ptosis + mydriasis), Adie’s pupil (slowly reactive to light), cocaine intoxication, botulism (bilateral, responds to pilocarpine, food history), post-traumatic iridioplegia. Methanol intoxication ("burn/wood alcohol") is rare but has high morbidity-mortality. In Spain the most frequent form is the autolytic attempt. Symptoms caused by their metabolites with a latency time of 1-72h. It is important to suspect it early to improve the prognosis.
I HAVE THE SUSPICION THAT THIS PATIENT HAS A PSYCHOTIC BREAK. IMPORTANT LANGUAGE BARRIER.

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Backgrounds and aims: We received a call from the family of an eighteen years old teenager because the patient hasn’t come out of the house for the past few days. He was locked in his room and he didn’t talk to anyone in the family. Sometimes his parents heard him talking alone out loud, and even screaming nonsense sentences. We went on ambulance to see the patient but he only spoke Arabian, so we trusted the family’s testimony and brought him to the hospital to be evaluated by the psychiatric. Methods: The psychiatrist tried interviewing the patient but given the fact that he couldn’t communicate in Spanish and it was late at night, they couldn’t find an interpreter to help. As the patient was calmed the psychiatrist decided to send him home and reevaluate the patient in the Mental Health Center. Results: When the patient left the hospital threw himself under a truck and died instantly. Conclusions: Situations like this show the importance of the patient-practitioner communication, despite of the language spoken. With a good interview to this patient, a suicide could have been avoided. Patients with psychotic breaks have to be admitted in charge of the psychiatric department, to prevent them from hurting themselves and others.
QUALITY ASSURANCE OF MEDICAL CARE IN PATIENTS WITH ATRIAL FIBRILLATION FROM A PRIMARY HEALTH CARE CENTRE

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Background: In the 2012’s update of the European Society of Cardiology guidelines, oral anticoagulation (OAC) therapy is recommended for all patients aged 65 years or older and atrial fibrillation (65AF) to prevent thromboembolic events. Because diagnostics prior to 2012 may not follow these recommendations, a medical care evaluation program was created in our centre to assess the adequacy in the management of patients with AF. This is the 4th quality assurance cycle on this matter. Aims: To assess and improve the quality of medical care in the management of patients 65AF in primary health care. Methods: Random sample selection from 10% of the population of patients 65AF from a primary health care centre. Elaboration of a checklist according to Heather Palmer methodology. Study dimension: technical and scientific adequacy; studied unit of care: patients 65AF from five physician’s patient list; data type: technical-scientific process, data source: computerized medical records; internal peer review; assessed explicit criteria (1) 65AF treated with OAC; (2) 65AF treated with OAC and alcohol intake habits registered in the previous 6 months; (3) 65AF treated with OAC without concomitant prescription of NSAIDs in the previous 12 months; (4) 65AF treated with OAC with BP evaluation in the previous 6 months. Results: Thirty-two patient records were screened. The conformity rates obtained for each assurance criteria since the first evaluation were respectively: (1) 74, 94, 77 and 88%; (2) 54, 86, 80 and 43%; (3) 97, 92, 90 and 86%; (4) 80, 94, 95 and 68%. Conclusion: We had a decrease in all assessed criteria. This reinforces the need to maintain continuous quality assurance evaluations. It is intended to review non-conformities and implement correcting actions.
ACUTE BRACHIAL ARTERY THROMBOSIS IN A 70 YEAR-OLD WOMEN AND THE IMPORTANCE OF CARDIOVASCULAR RISK FACTORS CONTROL. A CASE REPORT.

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AIMS: 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. We present a case of a 70-year-old woman with acute arterial thrombosis and we want to raise an awareness of the importance of control of cardiovascular risk factors to prevent acute thrombosis events. METHODS: A 70-year-old woman presents to his Primary Medical Doctor (PMD) with signs of left-hand hypoperfusion and paresthesias, pain in her upper limb. Medical history of diabetes, hypertension well controlled. Clinical examination revealed a cyanotic discoloration of the left distal upper extremity that was cold on touch suggesting inadequate or obstructed circulation. No left radial pulse. Oxygen saturation (SpO2) in the right hand was of 98% and in the left of 85%; temperature 36.7°C, CPA normal, blood pressure 131/92 mmHg. Review of systems was negative for fever. No palpable lymph nodes in any other location. The patient was referred to the Emergency Room with suspected acute vascular affection. Arterial Doppler and CT of the neck and thorax were suggesting of brachial artery blood clot, leaving the distal radial region with no flow. The patient was diagnosed with arterial thrombosis in MRI. After the diagnosis the patient was referred to Vascular Surgery Department and underwent endovascular treatment. RESULTS: After 2 months, the patient is progressing favorably. Maintains antiaggregation with daily aspirin 100 mg. CONCLUSION: The rapid differential diagnosis and clinical suspicion are of great importance at the Primary Care Units that frequently are the crucial part in the General Healthcare System and controlling the cardiovascular risk factors we can prevent many of thrombotic events.
PATIENT SATISFACTION WITH PRIMARY HEALTH CARE (PHC) UNDER INTERPERSONAL DISCONTINUITY: HOW DO USERS SEE A WALK-IN CLINIC MODEL

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AIMS Portuguese National Health Service is based on a patient list model, where individuals are assigned to a family physician (FP) and nurse, responsible for solving most of their PHC needs. Research identified benefits of interpersonally discontinuous care, but little is known about patient satisfaction with such a model. Aim: to assess patient satisfaction with a walk-in clinic offering daily availability of consultation for all purposes with random doctor assigned. METHODS Study design: Cross-sectional, descriptive. Setting: community; Family Health Unit, Lisbon Region, Portugal. Population: patients seeking medical consultation in July and August 2017 (N=2779). Sampling: convenience sample (n=215). Data collection: Self-administered pre-tested questionnaire. Variables: demographics, reason for consultation, rating to the professionals performances. Statistics: central tendency and dispersion measures. RESULTS Response rate 50.7%; 54.1% female; mean age 48.5; users of the former model 93.6% (mean self-reported using rate= 3 consultations, six months. 60.5% of the walk-in consultations were from patients initiative. Performance were described as excellent in 73.8% for doctors and 72.7% for nurses. The access to same day consultation was considered good or excellent by 94.2%. Overall, 92.1% rated the new model as good or excellent. CONCLUSIONS Patients familiar with the usual model showed great levels of satisfaction with the walk-in clinic model. Despite several study limitations, those results raise a question: is the usual PHC model in Portugal the answer to felt health needs of the population? Further investigation is needed to understand the impact of interpersonal discontinuity in sensitivity to new diagnosis and in professionals satisfaction.
RELATIONSHIP BETWEEN MEDICAL STUDENTS AND PROMOTIONS OF DRUG COMPANIES

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Aim: The relationship between pharmaceutical companies and physicians has been a debate topic for years. Medical students are not only witnesses of this relationship but they are a part of the relationship themselves during their education. The aim of the study is to determine how medical students evaluate the relations with drug companies.

Method: This study was designed as a cross-sectional descriptive study. Focus group interviews were conducted to determine questionnaire topics and it was applied to the students in the 4, 5 and 6 semesters of faculty. The data were analyzed by entering the SPSS version 23.0. Mean, standard deviation and chi-square test were used. Results: A total of 587 students (276 girls, 47.0%; 311 boys, 53.0%) participated. 40.7% of the students had visits for drug promotions; 53.5% were given some gifts. 80.1% responded yes to the question "Should pharmaceutical companies be able to give a gift to a doctor?" 34.8% told the method had to be revised, 54.5% told legal regulations were necessary, and 68.5% stated the role-models were insufficient. Conclusions: the study shows the contact with the pharmaceutical company has begun while they are still students. Students also tell that they are being promoted by the pharmaceutical company in clinical internships. During medical education, students are confronted with many drug companies, but they do not receive training on drug negotiations with drug companies and their representatives during medical education. It is also observed that the existing physician-firm representatives have unquestioningly accepted and affirmed their relationship. It is necessary to make an effort to have a standard approach in relation to drug companies and their ethical dimensions in medical education.
THE EFFECTIVENESS OF USING DEPRESSION TEST FOR THE ELDERLY IN THE PRACTICE OF A GP IN LATVIA

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Introduction. According to WHO data population ageing is happening more quickly than in the past. Between 2000 and 2050, the number of people aged 60 and over is expected to double. It estimated that in 2030 22% of the Latvian population will be 60 to 79 years old and 6% - above the age of 80 years. Depression is a common mental disorder. Globally, an estimated 350 million people of all ages suffer from depression. Aim. Evaluate pensioner mental status and depression level, with questionnaires analyze whether the depression is common among the elderly. As well as to understand whether it is expedient to use a depression test in a GP practice. Methods. The research included 100 respondents - 67 women and 33 men. A questionnaire was used to gather data. Respondents answered 20 questions about their general state of health and completed the small depression test. Data was compiled in Excel tables and processed with SPSS 16.0 data processing method. Results. From the 100 respondents with an average age 75 years small depression test showed average depression level 4.3 points Std.Dev =3.3 (p<0.05). Of all respondents depressive features were found in 9% of patients, of which 2 people admitted to thinking of suicide every day. Study showed that people who have tendency to depression two times often are going to their family doctor. Could be seen that people who have a hobby average level of depression ranges 2 - 3 points. Nevertheless the study did not reveal the relationship between physical activity and depression levels. As well as there are no correlation between age and depression. Conclusion. After summarizing the results it is clear that it is necessary to use a depression test in a GP practice because a relatively high proportion of patients suffer from depression, although this is not stated during the visit in GP practice. As well as it is clear that age do not affect level of depression, but many other factors are significant. Study showed - those people which have any hobby is lower risk of suffering from depression and it does not have to be linked to physical activity.
THE HIDDEN SIDE OF THE SYMPTOMS

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AIMS: 1. Early detection of colon and rectal cancer based on fecal occult blood detection in patients over 50 years of age. 2. Track the patient with cancer. 3. Choose the best and least invasive treatment suitable for each patient. DESCRIPTION A 65-year-old man was referred from primary to digestive care for intermittent hypogastric pain and in the left iliac fossa of 6 months of evolution, which worsened in the last weeks until it became continuous. Also, positive fecal occult blood test results in 3 samples and carcinoembryonic antigen 50. In addition, diarrhea, dyspepsia, early fullness, heartburn and regurgitation were observed. Loss of 3 Kg in the last 3 months. Personal history: ex-smoker, obese. Upon physical examination, the abdomen is painful to deep palpation in the left iliac fossa without signs of peritoneal irritation. Abdominal-thoracic and thoracic CT: Liver enlarged with hypodense images in segment II and VII, compatible with metastasis. Nodules in right upper and left lung lobe suggestive of metastasis. Low digestive endoscopy: impassable stenosis due to an irregular mass of adenocarcinomatous appearance. Pathological anatomy: Sigma adenocarcinoma. CONCLUSIONS Diagnosis was sigmoid adenocarcinoma with liver and lung metastases. Differential diagnosis must be made with other pathologies such as inflammatory bowel disease or adenomatous polyps. In computerized tomography of extension it had multiple hepatic and pulmonary metastases, reason why the patient is not subsidiary of curative treatment. Interconsultation to Surgery to pose palliative surgery of colonic resection vs placement of prosthesis in order to avoid complete digestive obstruction.
REDUCING VITAMIN TESTING IN PRIMARY CARE PRACTICE: THE REVERT STUDY

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Background & Aim: Vitamin tests are increasingly ordered by general practitioners (GPs) without clear clinical reasoning, or evidence based indication, resulting in over-diagnosis and over-treatment, irrational health perceptions, unnecessary consultations, lab tests and healthcare costs. The REVERT study aims to reduce ordering of vitamin D and B12 tests in general practice. Study design: A two armed cluster randomized intervention study Setting & population: 22 general practices in the Utrecht region and 4 health centers in the Rotterdam region and their corresponding patient populations (covering 134,000 resp. 61,000 patients). Intervention: The participating general practices were randomized to two arms. In de-implementation group 1 GPs received bi-annual education on vitamin D and B12 test ordering and patient communication as well as 3-monthly benchmarking of their own vitamin test ordering behaviour. In de-implementation group 2 GPs received the same intervention, supplemented with educational material for patients. Outcomes: The primary study endpoint is the total reduction in diagnostic tests ordered by GPs during the intervention year (May 2017-May 2018) as compared to a one-year pre-intervention period (May 2016-May 2017), corrected for the change measured in non-participating practices in the same regions. Results: Preliminary data show a reduction of respectively 26 and 20% in the number of vitamin D and B12 tests ordered (6 months after the beginning of the study). In the group who received additional patient information a reduction of respectively 27 and 17% was found. Final data will be available in May 2018. Conclusion: Preliminary data show a marked decrease in tests ordered by GPs.
OTTAWA IN EMERGENCIES

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Aims Acute ankle and / or mid-foot trauma (TTM) is a frequent reason for consultation in the Hospital Emergency Services (HUS). They constitute banal pathology, but frequently, although no fracture is clinically suspected, radiography is requested. The Ottawa Ankle Rules (RTO) are recommendations to request radiography in TTM only in certain cases. Method: Observational, extensive and transversal study. 1) Review in the HURH database of all diagnostic patients of pathology at the ankle and foot level with radiography to one month. Pediatric patients (14 years) were excluded. They are calculated: sensitivity (S), specificity (E) and positive predictive value (PPV). Absolute frequencies and percentages were used. 2) The questionnaire was delivered to the deputy doctors of the HED. Valuing: Knowledge of RTO, Utilization: always (S), most of the time (LMPV), sometimes (AV) and never (N) and opinion: 13 items. Absolute frequencies and percentages were used. Results: 1) Total: 78 patients: 41 (52.6%) males. Average age 37.99 years (18.93). RTO: With fracture: Ottawa + (O +): 7 (9%), Ottawa? (O-): 0. Without fracture: O +: 50 (64.1%) and O-: 21 (26.9%). S: 100%. E: 29.58%. VPP: 12.28% and VPN: 100%. 2) Total: 25. Knowledge of RTO: Yes: 20 (79%). Use: S: 0%, LMPV: 3 (10%), AV: 13 (54%) and N: 9 (36%). Opinion: Attempt to improve care 25 (100%), good source of advice 24 (95%), educational tool: 19 (79%), attempt to reduce healthcare costs 19 (77%). Conclusions: The RTO application in our SUH obtains a high S and VPN, as in other series consulted. The respondents value its application as the good method in improving care, education and cost reduction. Avoid unnecessary radiographs, there is no limitation to possible conflicts related to defensive medicine.
PEYRONIE’S DISEASE, CLINICAL CASE

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Aims: Family Doctors should be aware of problems regarding sexual health because of its considerable contribution for the wellbeing of the population. Peyronie’s disease is a pathology of men external genitalia, characterized by an abnormal curvature of the penile shaft associated with painful erections, caused by a fibrosis in the tunica albuginea. Description: CAM, 68 years old, nuclear family, Graffar 3. Previously medicated with amiodipine + valsartan to HBP and atorvastatin to dyslipidemia. Old moderate LUTS symptoms treated with silodosin, that in 2013 he suspended due to collateral effects and started finasteride. In March of 2017 reports abnormal penile curvature, painful when erected and during intercourse, mild erectile dysfunction associated. Denies trauma during previous intercourses or other symptoms. At physical examination it’s noticed a dorsal plaque, not painful at palpation. The patient is sent to a Urology appointment in November, where he’s submitted to an Alprostadil induced erection that confirms the diagnosis. He is orientated to Nesbit ambulatory surgery that shall be performed in February 2018. Conclusions: The previous clinical case suggests that Family Doctors must be aware of all wellbeing concerns, despite the uncomfortableness of the patient or the physician. During the clinical interview, Family doctors must be open to the doubts and questions of any kind. The outcome of these patients can be predicted by the reduction of the curvature and the return to satisfactory sexual functioning.
LEARNING HOW TO TAKE BETTER CARE OF THE ELDERLY: A RESEARCH CONDUCTED BY MEDICAL STUDENTS ABOUT THE IMPACT OF NON-TRANSMISSIBLE DISEASE AND LIFESTYLE IN A VINTAGE POPULATION.

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Introduction: Brazil has undergone a rapid process of demographic transition characterized by the reduction of birth and fertility rates and the increase in life expectancy, resulting in an increase in the elderly population. In this sense, non-communicable diseases have become one of the greatest public health problems in our country. Do medical students adopt their learning curriculum to these changes? Methodology: The present research was conducted by medical students at the Souza Marques Family Clinic (CFSM). The objective was to identify the prevalence of chronic diseases in the elderly population aged 60 years and older, through an observational, individualized, cross-sectional study. 30 CFSM users with chronic pathologies were selected. The interviews were carried out between May and August 2017 and the data collected were related to: a) associated risk factors; b) more frequent non-communicable diseases and c) physical disabilities. Results: The presence of chronic diseases and their distribution in the 30 interviewees were: 73.3% with arterial hypertension, 33.3% with diabetes, 33.3% with osteoarticular disease, 20% with spinal disease, 6, 67% cardiopathy. The students realized the importance of being aware of these common pathologies in the elderly, so they will be able to manage them and take better care of the patients. Conclusion: To promote basic and clinical research among medical students with the population they usually take care of, brings new perspectives the learning, in order to enhance patient care. This strategy could help in modifying the curriculum, adapting it to more realistic and useful objectives. This is what has been designed as the Ecology of Medical Education: the accurate efforts dedicated to learn about the more prevalent diseases.
A HEARTBREAKING DIAGNOSIS

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Aims To present and describe a complicated and rare clinical case. Description A 20-year-old female with a medical history of migraines and recurrent urinary tract infections presented to his primary care physician with a 2-day history of painless gross hematuria and dysuria. During physical examination the patient is clearly uncomfortable, pale and sweaty, with tachycardia of 122bpm, body temperature of 37.4°C and blood pressure of 110/65mmHg. Her abdominal exam is notable for moderate right flank and costovertebral tenderness. The patient was sent to the emergency department. Upon arrival, a urine dipstick was positive for leukocyte esterase and nitrite and blood tests revealed moderate leucocytosis and CRP of 92 mg/L. Renal-vesical radiography showed severe right ureterohydronephrosis with no signs of calculi. Subsequent CT-scan revealed a bulky heterogeneous ovarian mass. Urine culture identified an ESBL Klebsiella pneumoniae but tumor markers were normal. An exploratory laparotomy was performed during which the patient suffered severe hemodynamic instability and two cardiac arrests, successfully reversed. The hypothesis of a retroperitoneal neuroendocrine tumour aroused and was confirmed by a five-fold increase in plasma free metanephrines and a positive 123-MIBG scintigraphy. Currently the patient is under alpha-blockage and hypertension control, awaiting new surgery. In the meantime, an ECG and an echocardiography revealed signs of chronic hypertension. Conclusions Paragangliomas are rare neuroendocrine tumours that can release catecholamines giving place to hypertensive crises and arrhythmias. At least 10% are malignant at presentation. This case describes a high-risk patient to whom surgery and lifelong annual follow-up should be offered.
A COMPLICATED URINARY TRACT INFECTION

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ACUTE CORONARY SYNDROME IN A PATIENT WITH VERTIGINOUS SYNDROME

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Patient of 63 years. Background: -Arterial hypertension, Diabetes Mellitus, treated with Enalapril and Metformin. Being studied in Otorhinolaryngology during three years for dizziness. He has been diagnosed as vertiginous syndrome and treated with Betahistine. Performed cervico-cranial CT, showing occupation of sinuses and cervical disc protrusions. Rest of examination within normality. He attends A&E due to motion sickness with a sensation of objects spinning around, accompanied by vomiting and intense sweating. No reported chest pain. -Exploration: very sweaty, general, unstoppable vomiting. Rest of exploration is normal. -Electrocardiogram: observation of the negative T wave in avL. -Blood test analysis: it highlights the progressive elevation of Creatin Kinas with minimum rise of Troponins HS (0.025) and increase after the second determination. While waiting for tests, the patient presents a new episode of characteristics similar to the previous one. Electrocardiogram is performed objectifying changes in the re-polarization with respect to the previous one, with negative T waves on the lateral face. The patient is admitted to Intensive Care Unit. Cardiac catheterization is performed, where a significant stenosis of ADA is observed. We proceed with the placement of a pharmaco-active stent. Clinical judgment: Acute Myocardial Infarction. Differential Diagnosis: the clinical picture of the patient is nonspecific, although the entity most likely a vertiginous picture, we should keep in mind diseases cerebrovascular and even cardiac, as it was the case with our patient, even more justified also by the fact of being diabetic. Conclusions: in the case of this patient, the key was the realization of cardiac profile and electrocardiogram at the time of deterioration.
ECONOMIC LIMITATIONS OF MEDICAL PRACTICE. A HISTORY OF A HEART FAILURE.

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AIM: A 49-year-old male patient came to our clinic due to dyspnea and asthenia. He had high blood pressure, dyslipidemia and a follicular non-Hodgkin lymphoma, treated with chemotherapy (RCHOP protocol) currently in remission. DESCRIPTION OF THE CASE: The patient reported dyspnea with moderate efforts as well as asthenia of weeks of evolution. Coughs that worsened with decubitus. On chest radiography, cardiomegaly and vascular redistribution were observed. Electrocardiogram showed complete blockage of the right branch of the bundle of His. The blood test with lipid profile, hepatorenal and thyroid was within normality. An appointment with the cardiology service was requested. A blood test was carried out. The BNP was of 1200 and an echocardiogram showing the right and left dilated cavities and the ejection fraction was 30% He was diagnosed with a dilated cardiomyopathy in a probable relationship with chemotherapy, doxorubicin as the first choice. He was treated with bisoprolol, labradine, sacubitril / valsartan, torasemide, eplerenone and atorvastatin. Later the patient came back to our clinic, he was not taking sacubitril / valsartan since according to his referral, his economy did not allow him to afford such an expensive drug. After a new assessment by cardiology, the treatment plan was optimized for more economically accessible drugs. CONCLUSIONS: This is a serious pathology in a young patient and we must be aggressive in terms of treatment optimization, however, we must not forget that first of all we treat patients, not pathologies. It is fundamental to consider the socioeconomic context of the patients, being preferable that they take a cheaper, equally effective drug, to nothing.
GUILLAIN BARRE SYNDROME

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A SIMPLE BLOOD TEST WON'T BE HARMFUL - OR MAY IT BE?

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Aims: present a clinical case exemplifying how some minor interventions may initiate a serious of major interventions with no clinical benefit. Discuss quaternary prevention and the daily challenge of explaining this concept to patients.

Description: Female, 29 years old, nuclear family, Duvall 1. Schedules an appointment with her family doctor (FD) one month after her 53-year-old mother suddenly passed away. She was worried about her health status, due to the traumatic event and asked to do medical exams. Although there weren't any major alterations on the physical exam, blood and urine tests were requested. The results revealed a decrease of hemoglobin of 2g/dL within 15 months and the presence of blood in the urine test. When questioned, the patient reported a few episodes of spotting and occasional pelvic pain. A pelvic ultrasound was requested and revealed a "complex cystic formation in the left ovary, with 48.4 mm, some septa and parietal thickening, with gross calcifications". The patient was referred to a gynecology appointment and then submitted to an ovarian cystectomy. The anatomopathological examination revealed an ovarian mucinous cystadenoma. Although it has an excellent prognosis, the whole process caused even more anxiety to the patient.

Conclusions: One characteristic of family medicine is the promotion of health and well-being through appropriate and effective interventions. Intervention, when none is required, may cause harm and wastes valuable health care resources. However, the FD also needs to assemble his technical-scientific competence with the patient's expectations and concerns, trying to reach a consensus between both agendas. Time and a confidence-based relationship are crucial for the application of the principle of nonmaleficence.
FERTILE WOMEN WITH ARTERIAL HYPERTENSION AND COMBINED HORMONAL CONTRACEPTION

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Aim and background: In Portugal, the most used contraceptive method is combined hormonal contraception (CHC). The evidence available to date shows that women who’ve been diagnosed with hypertension, who are using this type of contraceptives, are at higher risk of having cardiovascular events. Stopping CHC in this situation improves blood pressure control. Primarily it was intended to decrease CHC use in fertile women with hypertension. Material and methods: In July 2016 in two primary health care centers we got to the number of fertile women (aged between 16-49 years old) with hypertension. Then, two sessions were performed to the healthcare teams explaining the aim and setting of the intervention and showing the local reality. Each team got the identification of the women at risk. A contraception leaflet was delivered to each woman during the appointments. On November 2016 the intervention was evaluated. Results: The study included 178 women with a mean age of 44.1 years old. At first data extraction, it was verified that 30% were using CHC. After the intervention, 46% of women changed to a progestogen-only pill. Among the patients who kept CHC (29 patients), 14% were self-responsible for keeping it. This fact opposes to the 86% of patients in which the healthcare team did not intervene - whether because appointments were not made during this period or because this matter was not addressed during the appointments. Conclusions: This work was successful - rate of change: 46%. Furthermore, both professionals and patients got aware of the health risks and advantages regarding changing the contraception methods. Still, from the initial sample of 178 patients, 29 still wanted to keep on doing CHC (16%). The results point out to an area of improvement among the healthcare team.
INITIAL APPROACH TO HEAVY DRINKING IN PRIMARY HEALTH CARE PATIENTS.
WHAT ARE WE MISSING?

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Aims: To assess the quality of the process when caring for heavy drinking patients at a Primary Care center (PCC). Methods: descriptive observational study involving a target population of 161 patients >14 years-old diagnosed of at-risk drinking from 2007 to 2017 (P15/QMI-AP). Study population: 74 patients selected by a simple random sampling method (confidence: 95%, accuracy: 7%). Analysed variables: Age, gender and 12 explicit and normative criteria (based on the Clinical Practice Guide, SEMFYC 2017): age at onset of alcohol consumption (C1), other toxins consumption (C2), consumption level (C3), amount of consumption (C4), dependence level (C5), screening of those who began before age 14 (C6), family history (C7), personal history (C8), directed physical examination (C9), test of alcohol abuse (C10), laboratory determinations (C11), mistaken belief data (C12). The fulfilment of criteria index was analysed (ICC: %, IC 95%). Corrective measures are prioritised by applying the Pareto chart. Results: Age average= 53±12 years, 77% male. ICC was: C1= 5.4 (4.94-5.86); C2= 14.9 (14.18-15.62); C3= 0.; C4= 25.7 (24.82-26.58); C5= 2.7 (2.37-3.03); C6= 0; C7= 1.4 (1.17-1.63); C8= 37.8 (36.82-38.78); C9= 0; C10= 6.8% (6.30-7.31); C11= 54.1 (53.10-55.10); C12= 0. In the Pareto chart, we found quite homogenous specific weights of the problem. The C3, C6, C9 and C12 criteria showed the greatest specific weight, therefore, those are variable to be considered as priorities in the future; C8 and C11 showed the lowest specific weight. Conclusions: The initial care of heavy drinking patient in our PCC is low. We will focus our future corrective measures on screening, cataloguing and mistaken beliefs.
SEVERE PREECLAMPSIA

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HEMOGLOBIN A1C – AN INDIVIDUAL TARGETED THERAPY - REVIEW ARTICLE

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AIMS The treatment of the person with DM2 should be individualized, therefore we should adjust the target value of Hemoglobin A1C (HbA1C) individually. In determining this value and therapeutic goals, life expectancy, years of diabetes progression, risk of hypoglycaemia, presence of cardiovascular disease and/or other co morbidities among other factors should be considered. METHODS Research on Pubmed and Cochrane with the MeSH terms: Diabetes mellitus, hemoglobin A1C target and diabetic control. 11 articles were found, exclusion of 5 articles due to being case reports. RESULTS All 6 articles emphasized the need to: find an appropriate terminology; provide an update on published information of complications of this medical condition; and discuss approaches to assessment, diagnosis, and management, including how to protect the diabetic from progression of complications. CONCLUSION Decision-making in General and Family Medicine should be patient-centered focusing on their individuality. The high prevalence of the disease and determination in tight control for avoidance of macro and microvascular complications of DM are two aspects should influence Family doctor to prioritise an individualistic approach. Therefore, HgA1C an subsequent metabolic control should be adjusted based on the clinical history of each patient, without detaching from the acceptable and recommended limits for metabolic control in this chronic disease.
ADEQUACY OF NEW ORAL ANTICOAGULANTS IN ATRIAL FIBRILLATION THERAPY - DESCRIPTIVE STUDY

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AIMS Atrial Fibrillation (AF) is the most common sustained arrhythmia, with a worldwide prevalence of 1-2%. Its incidence rises with age. New Oral Anticoagulants (NOAC) are the preferred treatment for their convenience, effectiveness and safety. The initial assessment and follow-up are essential for dose adjustment. This study aims to evaluate the therapeutic suitability of the NOAC in AF. METHODS Observational, cross-sectional study. Descriptive statistics. Includes: Patients with AF registered, treated with NOAC in a health care facility. Excludes: No medical prescription in the last year. Monitoring of the criteria for dose adjustment including age, weight, renal and liver function. RESULTS 161 of the 255 AF patients were under NOAC. 69 patients use rivaroxaban. 30 show no monitoring. The dosage is correct in 23 whereas 9 are underdosed and 7 are overdosed. 45 patients use apixaban. 11 show no monitoring. The dosage is correct in 25 whereas 8 are underdosed and 1 is overdosed. 45 patients use dabigatran. 10 are on the correct dose; 5 are underdosed and 2 are overdosed. 28 have no monitoring of renal function. The 2 users of edoxaban are meeting the appropriate dose. CONCLUSIONS The benefit of anticoagulation requires regular adjustment, as well as compliance evaluation; surveillance of side effects and contraindications. Of the AF patients under NOAC, 42.9% do not have regular monitoring of adequacy criteria. Only 37.3% are under adequate dose, with 13.7% being underdosed and 6.2% being overdosed. This may represent a lack of awareness among physicians for the management of NOAC, which can cause therapeutic failure and side effects. Having the issue identified, this research is the starting point for the improvement in health care.
HOW TO ADDRESS VACCINE HESITANCY IN OUR PRACTICES?

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AIMS Vaccine hesitancy has become an important topic of public debates as well as of expert panels. Defined by the WHO as delay in acceptance or refusal of vaccines despite availability of vaccination services, vaccine hesitancy is complex and context specific varying across time, place and vaccines. There is no single intervention strategy addressing all instances of vaccine hesitancy, although health professional play one of the key roles. The aim of the workshop is to underpin some of the well established communication models to confront vaccine hesitancy. DESCRIPTION Following the plenary introduction, the participants will discuss the magnitude of the issue within their respective environment/or subgroup. Some communication models to be used during consultations concerning vaccine hesitancy will be demonstrated. In the interactive part of the workshop, the participants will get an opportunity to practice these communication models. They will be presented in the form of practising in pairs, case reports, role play and using multimedia. During this practice, individuality of specific environments and tailoring specific approaches will be stressed. An evaluation and discussion about feasibility of the presented models in individual settings of the participants will follow. CONCLUSIONS According to robust research, and in spite of the multifaceted background of vaccine hesitancy, the role of the health professionals remains very important. Being aware of their role, acquiring knowledge, refreshing and using the communication skills of health professionals may help several patients in making an evidence-based decision about vaccination. Preventive orientation of family practice demands an active role of its team facing the global decrease of vaccine uptake.
ACUTE PYELONEPHRITIS

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AIMS. 41 years old woman without remarkable pathologic history. No drug allergies. No toxic habits. She consults in the emergency department for progressive dyspnea until he had done a minimum of effort, cough and whitish sputum for several weeks. DESCRIPTION: Exploration: good general condition, tachypnea. Cardiac auscultation: sinus tachycardia, rhythmic tones. Pulmonary auscultation: hypoventilation in right hemitorax, no pathological noises. Lower members: no edema or signs of DVT. COMPLEMENTARY TESTS: ECG: sinus tachycardia at 122 bpm without alterations in repolarization. Chest x-ray: white right lung, massive effusion. Blood test: leukocytosis and neutrophilia. RPC: 14.33 mg/dL. Normal coagulation, biochemistry and gasometry. Differential diagnosis: Pneumonia, PET, Hemothorax, TBC. Treatment: right total nephrectomy. Good evolution. Diagnosis: in our case, the results were "lithogenic xanthogranulomatous pyelonephritis with multiple perinephric abscesses (Proteus mirabilis)" CONCLUSIONS: Before a massive pleural effusion is performed: chest X-ray, thoracoabdominopelvic CT with IV contrast and thoracic drainage, pleural fluid analysis, sputum culture, blood cultures, Ag Legionella and pneumococcus in urine, GSA.
A POSITIVE FOB TEST - WHAT DOES IT MEAN FOR THE PATIENT? SCREENING OF COLORECTAL CARCINOMA IN PRIMARY CARE IN THE SLOVAK REPUBLIC

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Aims: To identify individuals with FOB positive test and find out how many of them will be examined by a gastroenterologist. Methods: Seven hundred and forty-four patients were included in our cross-sectional study. We used the Guajac test with 394 patients, the Imunocheamic FOB test with 207 patients and the quantitative immunochemical FOB test with 119 patients. The compliance rate was 97. Results: We examined 744 patients: women 527, men 217. 19 of them had positive FOB tests, 6 men and 13 women. 10 patients were examined by colonoscopy and in some cases also a gastrofibroscope was done. 1 patient had carcinoma of the oesophagus, 1 patient had carcinoma of the caecum, 3 adenoma polyps were found, 1 diverticulosis, 1 ulcer of the duodenum, 6 antrumgastritis, 2 hiatus hernias. 9 patients refused to be examined. 5 of them felt fear of the colonoscopy, the rest of them did not comment. Conclusions: Although we found 19 FOB positive tests, which is 2.55 % prevalence, just 10 patients were examined. Compliance of undergoing following colonoscopy is 52,63 %. The FOB test screening is a big step forwards in colorectal cancer screening, but we also have to take the next step. We need to find out how to explain to our patients all about it and then how to recommend it in the right way. We also have to consider side effects and complications of invasive examination. Patients have their feelings and sometimes feel fear or shame.
BRIEF RESOLVED UNEXPLAINED EVENTS

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AIMS. 7-month-old patient who comes because his mother says that after taking a baby bottle, the boy begins a change in coloration, with perioral cyanosis, about 20 seconds long, complaining breathing and hypertonia, first in the upper limbs and then generalized. After the episode, the child is left with generalized flaccidity and recovery ad integrum. DESCRIPTION. Physical exam: cardiac auscultation: rhythmic tones, without murmurs, at good frequency. Pulmonary auscultation: conserved vesicular murmur, without pathological noises added. No petechia. Hyperemic pharynx without tonsillar hypertrophy or exudate. Abdomen: soft, depressible, not painful on palpation. No organomegalies. Neurological: alert patient, reactive to stimuli, vigorous crying, sensitivity and strength preserved. Present reflections. PINLA, MOEC, no alteration of cranial nerves. No signs of meningism. Diagnosis: BRUE (brief resolved unexplained events) COMPLEMENTARY TESTS: ECG without alterations. Bordetella Pertussis -. Normal EEG CONCLUSION: BRUE is that event observed in children under 1 year sudden, brief (less than 1 minute), resolved and characterized by at least 1 of the following items: Cyanosis or pale skin, absent, decreased or irregular breathing, hypertonia or hypotonia, alteration of the level of response capacity. It diagnosis requires that there is no other explanation to the event after performing an adequate anamnèsis and physical examination. Patients who have experienced a BRUE may have a recurrent event or an undiagnosed serious condition. Risk factors: patient under 2 months of age, with a history of prematurity and who has suffered more than one event.
AN UNEXPECTED DIAGNOSIS AFTER AN EPIGASTRIC PAIN: A CASE REPORT OF A HYDATID SPLENIC CYST

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Aim: To describe a rare case of two incidental findings following an epigastric pain. Description: A 33-year-old man, with no significant medical history, consulted his doctor because of epigastric pain of 10 days’ duration. Patient was asymptomatic otherwise. His vital signs were normal and his physical examination was unremarkable. He was given symptomatic treatment and tests were requested. Complete blood count revealed thrombocytosis (540000/ml). Biochemistry, coagulation profile, renal and liver function tests were normal and so was plain radiograph of the abdomen. In his next visit, the pain was mild but still present; therefore an abdominal ultrasonography was performed, showing a 14 cm splenomegaly and a cystic lesion of 7 × 6 cm in the spleen. Computed tomography confirmed a hydatid cyst of inactive appearance. On the other side, due to the blood count alteration he was studied by the hematologist. After several studies including serology, peripheral blood smear, JAK2 and BCR/ABL mutations and bone marrow biopsy, he was diagnosed of essential thrombocytemia (ET) and treatment with aspirine and bloodlettings was started. When the patient attended the surgeon consultation, he had no pain or other related symptoms. He was explained risks and benefits of undergoing surgery. Months later, due to inactivity of the cyst plus the risk of complications in relation to his ET, the joint decision of conservative management was made. Conclusions: Hydatid cysts are most commonly found in the liver and lungs. Despite its infrequency, splenic hydatid cyst should be kept in mind in patients presenting with left-upper abdominal pain, especially in endemic areas like Mediterranean countries. They can be a challenging surgical problem and the treatment must be individualized.
OBESITY AND OVERWEIGHT IN CHILDREN IN A FAMILY HEALTH CENTER

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INTRODUCTION Obesity and Overweight in children is a serious public health problem, because they have a higher risk of suffering various health problems during adulthood. MAINS Determine the prevalence and characterize children 2-12 years old with obesity or overweight at a Family Health Center METHODS Observational, descriptive, retrospective study, on 31October2016. Population: children between 2-12 years of age at family health center with obesity or overweight Variables: Age, Weight, Height, Gender, Hypertension (HTA), Diabetes mellitus, Dyslipidemia; Family history Parents: Age, Weight, Height, Gender, HTA, Diabetes mellitus, Dyslipidemia, Stroke, Myocardial infarction. RESULTS: From a total of 1283 children aged 2-12 (50.4% boys and 49.8% girls) in the Family Health Center, 70 (5.5%) had obesity (51.4% boys) and 124 (9.7%) had overweight (54.9% boys). Analyzing the comorbidities, we verified the children with obesity, 2 also presented dyslipidemia and 2 HTA. Of the overweight children, 2 had diabetes and 2 had dyslipidemia. Of the family history of children the most frequent were HTA (27.1%), Myocardial infarction was also observed. In the family history analyzed of overweight children, the most frequent were HTA (14.5%). CONCLUSIONS: It was verified in the Family Health Center a prevalence of obesity (5.5%) and overweight (9.7%) in children between 2-12 years of age, which is lower than that found at the national level. A prevalence of Obesity and Overweight is higher in gender masculine, just like the national. In the family history, there is a high prevalence of HTA, Diabetes and dyslipidemia. It is worth noting the occurrence of serious events such as Myocardial infarction. This may be related to the environmental component, impact of poor eating habits/sedentary lifestyle in the appearance of these problems.
ATTITUDES TOWARDS FAMILY MEDICINE AT THE END OF DEGREE IN 2016-2017 ACADEMIC YEAR OF MEDICAL STUDENTS WHO TOOK A SPECIFIC COURSE ONE YEAR BEFORE

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Aim and Background A course in Family Medicine (FM) could dispel possible negative stereotyping about the specialty and instill in students a greater interest about it. The aim of the study is to determine changes in the knowledge of and attitudes towards FM between 5th and 6th year of the degree of medical students who completed a course in FM in their 5th year and a rotatory in their 6th year. Method This is a cohort study, at the Albacete Medical School, in the 2015-2016 and 2016-2017 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 19.0: descriptive statistics and comparison of proportions and means/medians for related data. Results We obtained responses from 100 and 97 students, respectively at the 5th and 6th year. At the 6th year, students had a median age of 24 years, interquartile range (IQR): 24-25; 66.7 were women. We only found statistically significant differences for three of the items. “FM as first specialty choice” change from 6.8% to 14.8% (p=0.05); “a course in Primary Care at Medical School is appropriate” from 71.8% to 94.1% (p=0.0001) and “low efficiency of healthcare system directed exclusively to diagnosis and treatment” from 86.0% to 74.4% (p=0.02). The median of the CAMF score increased from the 5th year [24.0 (IQR:18.75-29.0)] to the 6th year [25.0 (IQR:19.0-30.0)], but the differences were not statistically significant. Conclusions At the end of the degree, the knowledge and interest in FM, which students showed after completing a course in PC, had slightly increased.
US-GUIDED FINE NEEDLE ASPIRATION BIOPSY (FNAB) IN NODULAR THYROID DISEASE: OUR EXPERIENCE

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Nodular thyroid disease is a common condition in our clinical practice, and fine needle aspiration biopsy (FNAB) is the diagnostic procedure of choice. Epidemiologic studies have shown the prevalence of palpable thyroid nodules to be approximately 5%. In contrast, high-resolution ultrasound (US) can detect thyroid nodules in 19%-67%. Aims: The aim of the study was to determine the diagnostic value of US-guided fine needle aspiration biopsy (FNAB) and review our cytological results and remind the features in more suspicious patterns. Methods: A retrospective analysis was performed between January 2016 to May 2017 where we reviewed all US-guided FNAB performed in our clinic area. Results: 451 US-guided FNAB were reviewed assessing gender, age and cytological results, in 411 patients with a mean age of 57 years. 402 (89, 1%) were female and 48 (10, 9%) men. The average age of men was 61.98 years and women 56.47 years. The cytological results were: -296 (65.6%) benign, -18 (4%) malignant and suspicious. -137 (30%) samples insufficient for diagnosis. -insufficient FNA was repeated in 45 (32%) patients achieving a diagnosis in 38 patients (27%). 38 patients required surgery. Conclusions: US-guided FNAB is currently the method of choice in the diagnosis of thyroid nodule. It is essential to decide between benign and malignant, even with its limitations as false positives, false negatives and inadequate results tool.
INTERNET ADDICTION FREQUENCY AND RELATED FACTORS IN UNIVERSITY STUDENTS

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Objective: to determine the use of internet, internet addiction and the factors that contribute to this among university students

Methods: The study was carried out with 397 randomly selected university students between May 2015 and July 2015 at Ankara Baskent University Campus as a cross-sectional, epidemiological study. Participants were given a questionnaire of 26 questions to determine their demographic characteristics and their internet usage patterns together with Young Internet Addiction Test. Data were analyzed by SPSS 22.0 (Statistical Package for the Social Sciences, version 20, Chicago, Illinois) package program. Results: Among 397 students 351 (88.4%) were not internet addicted, 43 (10.8%) were likely-addicted and 3 (0.8%) were addicted. Internet addiction levels were significantly associated with age at internet usage for the first time, marital status of parents, alcohol use, choosing to spend time on the internet in their spare time, time spend on internet in weekdays and weekend, watching TV, friends factor, preferring social media, educational or news portals on internet. Conclusion: The widespread use of the Internet and the fact that the age of getting to know the Internet is drawing to early ages suggests that the problem of internet dependence will be encountered more frequently in the coming years. Key words: internet, addiction, university students
BARRIERS TO ADHERENCE WITH ORAL ANTI-HYPERGLYCEMIC MEDICATIONS AND THEIR CORRELATION WITH ADHERENCE RATE: A CROSS SECTIONAL STUDY IN THREE SUB-POPULATIONS IN ISRAEL

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Background Adherence with oral anti-hyperglycemic therapy is a major issue in diabetes care, and often suboptimal. Differences in diabetes related knowledge, attitudes and beliefs among diabetic patients form different cultural backgrounds and ethnicities have been shown to be associated with variations in adherence and contribute to health disparities. Aims This study aims to describe prevalence of various previously identified barriers to adherence with oral anti-hyperglycemic medications and their correlation with measured adherence rate among type 2 diabetic patients from three sub-populations in Israel: Israeli Arabs, Jewish immigrants from former Soviet Union and Jewish veteran residents.

Methods A cross sectional study was conducted in Haifa & Western Galilee District of Clalit Health Services (CHS), the largest Israeli HMO. We included patients with documented type 2 diabetes aged 18-80 years, who were prescribed at least one oral anti-hyperglycemic medication. We excluded patients receiving treatment with insulin or GLP-1 agonists or having dementia, schizophrenia, active cancer and end stage renal or liver disease. Patients were cluster-sampled from primary care clinics and interviewed in Hebrew, Russian or Arabic. Adherence was measured by medical refill adherence (MRA) calculation, using CHS pharmacy claim database. Results A total of 420 participants agreed to answer our telephone questionnaire (57.1% Hebrew speakers, 24% Russian speakers and 18.9% Arabic speakers). Percentage of patients with high-adherence (MRA>80%) was 78.8%, 73.7% and 58.1% among Hebrew, Russian and Arabic speakers respectively (P<0.01). Arabic patients tend to report more about forgetfulness while Russian patients tend to feel they were not partners in decision-making. Factors associated with high adherence included older age, having any kind of diploma, not reporting about forgetfulness and being satisfied with your family physician. Implementation Acknowledging differences in barriers to adherence among various ethnic groups can help family physicians to tackle adherence issues more efficiently.
COULD IT BE REALLY EQUAL? DIFFERENCES BETWEEN COUNTRIES AND VIEW OF YOUNG DOCTORS IN EUROPE

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Aims: The studies suggest that women dominate in specialties such as family medicine in all Europe. We know that gender equality is important in all areas of life and good practice exists in Europe. However, women family doctors can face with some problems in clinical practice and leadership. These problems may show differences between countries. Also, perspectives of the new generation has not discussed so much until now. In this workshop, it is aimed to present the problems and suggest solutions. Description: Learning objectives: to demonstrate the challenges of gender equality in clinical practice and leadership, differences between countries, awareness of young doctors and solutions for the problems in Europe. Workshop limited to 20 participants from different countries including young doctors and women are particularly encouraged to attend. Method 90-minute workshop Part A- 1 hour interactive tutorial The challenges of equal opportunity about clinical practice and leadership, differences between countries, awareness of young doctors and solutions for the problems in Europe will be discussed Topics will be focused on clinical practice, leadership and view of young doctors. Part B: 30 minutes small group work session Suggesting some strategies to create equal opportunities in all European countries and share experiences for daily practice for discussion. Conclusions: The expected outcome of the workshop is raising the awareness of young participants about gender equality issues in clinical practice and leadership. Also, woman family physicians in Europe can find a new strategies to start solving these problems.
SOMATISATION MANAGEMENT IN PRIMARY HEALTH CARE: DIAGNOSIS AND TREATMENT.

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Aim and background Somatisation, or Medically Unexplained Physical Symptoms (MUPS), is extremely frequent at primary care consultations, increasing healthcare usage, and usually is hard to treat, often resulting in great distress. Our purpose is to provide the Family Physician (FP) a clinical and evidence-based strategy to manage the MUPS, regarding diagnosis and treatment. Material and methods Systematic review of literature in the last 10 years on Pubmed and Cochrane databases. MESH terms used were “somatoform disorders/diagnosis/therapy/psychology/drug therapy” and “Primary health care”. 98 articles were found, of which 22 were considered pertinent and selected. Results Based on physicians’ experience, when the presence of MUPS is suspected, it is recommended to explore not only physical symptoms but also its emotional and social impact on the patient; after a thorough physical examination only relevant diagnostic testing should be ordered; to share findings with the patient, focusing on communication; to consider the potential psychological cause since early stages. The available evidence is insufficient to infer the efficacy of different therapies used. Treatment with antidepressants like SSRIS, or its combination with antipsychotics, compared to placebo, appears to be effective, though with low or very low evidence quality. Psychological interventions seem to achieve the reduction of symptom severity, but the evidence is also of low quality. Other strategies like consultation letters or FPs enhanced care may be beneficial in certain cases. Conclusions Although further research is needed, it is possible to define a practical guide, based on evidence and on recommendations of experts, to help the GPs managing MUPS at their clinical practice.
ASSESSING LOCAL BARRIERS TO EFFICIENT REFUGEE HEALTH CARE: THE EXPERIENCE OF CRETE AS A HOST OF NEWLY ARRIVED REFUGEES

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Aim: This qualitative study aimed to assess the barriers to efficient preventive and therapeutic health care for refugee families newly transferred to Crete, Greece, from various regions of Greece, in an effort to facilitate their integration to the local community. Methods: Participatory Learning and Action (PLA) was used to generate data via a 3-hour PLA focus group session. Brainstorming, commentary charts and small group discussions were among the PLA techniques employed for data collection. A total of 14 stakeholders were invited representing local and regional government, social care authorities, NGOs, primary care provider groups, local migrant communities, local interpreting services. Analysis was driven by a barrier-facilitator framework of analysis from the PHC user perspective. Results: A number of barriers to refugee health care have been identified as follows: Language problems in doctor-patient communication, provider-user gender mismatch, providers’ disrespect of culturally driven needs, financial incapacity to address culturally-driven health care needs, low refugees awareness of patient rights, low refugees awareness of mental health issues, bureaucratic procedures in gaining legal access to the health care system, racism in local society triggering refugees generalized resistance to the health care system. Conclusions: Culturally-driven resistance needs to be addressed by the health authorities when planning primary care services for refugees/migrants. Culturally competent service providers and culturally-friendly procedures are of utmost importance. Action to tackle racism and xenophobia in local society should also be taken into account in future interventions.
EFFECTS OF BMI ON THE SERUM LEVELS OF 25(OH)D IN PATIENTS AGED 60-75.

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Background: Vitamin D deficiency defined as serum 25-hydroxyvitamin D concentration < 30 ng/ml has been identified as a worldwide public health issue. The various factors may contribute to vitamin D deficiency or insufficiency. One of them is obesity, which is nowadays recognized as a global epidemic. Elderly people are also predisposed to vitamin D deficiency. The aim of this study: to assess effects of BMI on the serum levels of 25(OH)D in patients aged 60-75.

Materials/methods: 96 patients, 60 to 75 years old, were included in the study, which was performed between 15 September and 15 December 2016. Patients were assigned up to 4 groups in relation to BMI: normal, overweight, obesity I, obesity II degree obesity. All patients had assayed the serum level of 25-hydroxyvitamin D concentration. The "R" software was used to perform the statistical analysis. The agreement of the Bioethic Committee of the Medical University in Wrocław was given to the study. Results: Mean serum concentration 25(OH)D KW test df p W test p BMI ng/ml normal weight overweight obesity normal weight 15 30.42 3 - - - overweight 50 24.68 0.0024 0.0257 - - obesity I* 20 23.39 0.0177 0.3696 - - obesity II* 11 20.97 0.0062 0.2196 0.6796 Conclusions: Results showed a significant correlation between serum 25(OH)D concentrations and weight. The serum level of vitamin D were the lowest in obese patients.
HOT FLUSHES AND NIGHT SWEATS - FLASHY SYMPTOMS PRECEDING DIABETES

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Background: Vasomotor menopausal symptoms (VMS) are common during menopausal transition and usually not considered in estimating the risk of developing diabetes. Aim: Summarize the evidence available regarding the association between VMS and type 2 diabetes mellitus. Methods: Bibliographic search in PubMed MEDLINE database with the MeSH terms “hot flashes” and “diabetes mellitus, type 2”. Results: Women reporting current VMS at baseline had 20% greater risk of incident diabetes across a period of 15 years. Previous studies found an increased risk among women with early severe manifestation (premenopausal, with a peak at menopause and a steady decline in postmenopause). However, a recent study observed this increased risk only among women with postmenopausal symptoms. Women reporting severe symptoms had a nearly 50% higher risk of diabetes. Night sweats, with/without hot flashes, had an approximately 20% increase risk. For hot flashes, there was limited evidence, although every increase in reported hot flash severity was associated with 5% increase in diabetes risk. Regarding duration of VMS, every 5-year increase in VMS duration was associated with a 4% increase in diabetes risk, more pronounced among women <65 years. Discussion: Disruptions in quantity and quality of sleep increase the risk of diabetes and thus sleep disturbance can explain the association of VMS overall and diabetes. Although our results do not support different clinical care for women with VMS, they suggest the need to an effective intervention to motivate behavior changes for reducing diabetes and cardiovascular risk (physical activity, smoking cessation, and dietary changes). Additional large study populations are necessary.
WHAT DO WE WANT TO IMPROVE? WORKERS’ ELECTION OF IMPROVEMENT AREAS BY MEANS OF A PARTICIPATIVE DYNAMIC.

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Aim and background: A participative election of improvement areas (IAs), with workers involvement, is a key part of any quality assurance (QA) activity. World Cafe Method is a participative dynamic in which a cafe environment is created in meeting place in order to reduce barriers between workers’ hierarchical levels. The aim was to describe IAs of the health centre in order of a further design of a QA activity. Material and methods: Qualitative study in a urban Health Centre. All workers of the centre (53) were called to a meeting. A World Cafe dynamic was performed. Three tables were wrapped with a writable cloth and had on them food of table’s colour (red, green and yellow). Workers chosen one of them and change after each activity. After a presentation of what quality guaranty is, participants of each table made a brainstorming about IAs (identification). Then a Hanlon Method was performed in each table (prioritization). At the end, the QA work group chosen between the IAs top three. Results: 25 workers (20 women). IAs and its Hanlon score: chronic patient self-care (25.5), management of the appointment schedule (24.7 and 19 (other group score)), increase of consultation time up to 10 minutes (20.9), appointment cancellation (19.5), improve treatment to patients (19.5), management of the demand (16), increase time on health education (14), involvement of the whole team in health education (12.6), management of the urgent patient (11), relation inter-levels (7.2 and 0), bureaucracy (0), professional recognition (0). Management of the appointment schedule and demand was the area chosen by the QA work team. Conclusions: Workers identified IAs related with management of the time and bureaucratic protocols. There were few proposals about clinical areas.
ROLE OF MIGRANT WOMEN IN EUROPE AND HEALTH NEEDS AT THE PRESENT TIME: A CHALLENGE OF IMPROVEMENT FOR OUR SOCIETY

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INTRODUCTION Although human beings are historically perfectly adapted for the migration, the political, religious, social and legal problems encountered by migrants increase the health risk of this population. The phenomenon of migration could be defined as “cultural reality” headed by the problematic of the feminine gender. Our society, which by itself excludes and limits women, is even more cruel to women migrants, who need to face a new social situation and linguistic difficulties to reach support services. Cultural or language differences between professional and patient increases the risk of clinical error and leads to worse outcomes in the patients’ health. OBJECTIVES Through analysis of cultural values and prejudices we will convey some intervention strategies to address social and medical issues connected with migratory flows and gender equality. Not forgetting that each person is unique and that the concept of migration includes very different persons from the cultural point of view, we will make an exercise of reflection of the problem, and give an orientation on the initial health examination. WORKSHOP 1. A role-play where two participants will be doctor and patient, speaking in their mother language to each other. 2. Participants get distributed in groups to discuss specific clinical cases about migrant women. 3. We will write on a board the main ideas and will expose some evidence-based guidelines, evaluating the ideas given by the participants that were written on the board. CONCLUSIONS As we intend our workshop as an educational guide for family doctors (primary prevention promotion, family planning, infectious diseases) we insist on the importance of reaching an integral attention to the immigrant to improve their health care.
DOCTOR, MY HANDS ARE COLD.

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Introduction to systemic sclerosis. A 30-year-old woman with no history of interest presents coldness with extreme paleness and cyanosis in both hands and feet of 5 years of evolution, which worsens with cold and stress, although it also occurs in summer. Objective positive ANAs, VSG, PCR and negative FR were observed. Negative extension study. Nifedipine 20 mg, Chondroitin sulfate 400 mg and Pregabalin 75 mg were prescribed, measures of protection against cold and subsequent control. Systemic scleroderma is a generalized disorder of small arteries, microvessels and connective tissue, characterized by fibrosis and obliteration in skin and organs, particularly in the lungs, heart and digestive tract. The disease usually manifests between 40 and 50 years and is more frequent in women. The Raynaud phenomenon is usually the first sign of the disease. In the limited cutaneous form, the affection is limited to skin; while the diffuse cutaneous form can also produce esophageal dysmotility, gastroesophageal reflux and dysphagia; in addition to complications such as pulmonary fibrosis and less frequently pulmonary arterial hypertension. Patients affected by limited systemic sclerosis do not show skin involvement, but they present a Raynaud's phenomenon and are at risk of visceral involvement. The diagnosis is based on typical clinical manifestations and evidence of microangiopathy. Blood tests show the presence of typical antinuclear antibodies. The extent of the disease should be evaluated by computed tomography, EKG, echocardiography, hand X-ray and esophageal and gastric fibroscopy. The cause is unknown, the management is symptomatic and the prognosis depends on the form of presentation.
THE IMPORTANCE OF MAKING THE CORRECT DIAGNOSIS: POSTPARTUM THYROIDITIS.

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Aim: To describe a case of postpartum thyroiditis. Description: We report a 37 year-old female with no medical history. The patient consulted with a month history of fatigue, apathy and difficulty concentrating. She had a pregnancy without incidences and a eutocic delivery 5 months before. She had a preserved appetite, a good family and work relationship and she denied situational stress or having other symptoms of depression. She had a bad night's rest because she had to feed the baby. On physical examination, the patient was alert and well groomed and was not pale. Body Mass Index 20. She was afebrile with normal heart rate and blood pressure. The lung, heart, abdominal, musculoskeletal and neurologic examinations were normal. We thought that it could be anemia caused by breastfeeding so we requested a blood analysis. Laboratory tests, including a complete blood count and comprehensive metabolic panel were normal except thyroid-stimulating hormone (13.73uU/ml), free thyroxine (0.39 ng/dl) and anti-thyroid antibodies (>1000UI/ml). Our patient had a postpartum thyroiditis in the hypothyroid phase. Treatment was started with ascending doses of levothyroxine. Currently, seven months later, the patient is asymptomatic, on treatment with levothyroxine 75mg and thyroid-stimulating hormone in the normal range. Conclusion: It is very important for family doctors to know about this disease and include it in the differential diagnosis due to its high prevalence. Family doctors play a very important role in the diagnosis, treatment and follow-up of these patients.
CODMAN’S TUMOUR: AN UNUSUAL CASE OF A KNEE PAIN IN A YOUNG MALE. A CASE REPORT.

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AIMS: A chondroblastoma known as Codman tumour is a benign cartilaginous tumor that develops during childhood or adolescence and is often diagnosed as an incidental finding. We present a case of chondroblastoma diagnosed in a young male. METHODS: A 20 - year - old male with no significant past medical history presents to his Primary Medical Doctor with right knee pain that he has been suffering for 1 year but has increased in the last 2 days. Previously treated with rest, local cold, immobilization and oral analgesics (NSAIDs) refers only partial alleviation 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 knee and subtalar joint appeared to be unaffected. Due to persistent symptoms X - rays was performed and revealed lytic lesion located proximal epiphysis of the tibia. The patient was derived to the Traumatology Department. CT and MRI confirmed the suspicion and undergo a surgical treatment. RESULTS: During 1 year of follow up the patient remained asymptomatic. CONCLUSION: In most cases of chondroblastoma, 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.
PALLIATIVE CARE IMPROVES QUALITY OF LIFE IN PATIENTS WITH CANCER

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Introduction: Palliative care improves quality of life of patients with cancer and their families through the assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care can help ease the transition to end-of-life care. Aims: Palliative care can help patients and families to reach a point of emotional acceptance and deal with cancer. It focuses on caring, not curing the cancer. Methods: 50 patients were enrolled, age greater than 60 years, with cancer. We extract cancer pain, dyspnea, anorexia/cachexia, lymphedema, distress management and depression. All patients had a follow up during a period of three months. Results: Pain was present at all patients. Moderate to severe cancer pain was found at 40(80%) patients, while mild to moderate cancer pain was present at 10(20%) patients. Four complications related symptoms were found at 32(64%) patients and more than four symptoms were present at 18(36%) patients. All patients received palliative care to help them feel more comfortable. Conclusions: Palliative care will enhance quality of life of cancer patients and may also positively influence the course of illness.
CHOOSING THE RIGHT NEW ORAL ANTICOAGULANT DRUG (NOAC) FOR EACH PATIENT.

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Aims and background: New oral anticoagulants (NOAC) appeared as an alternative to Warfarin for the prevention and treatment of venous and arterial thrombotic phenomena. Patients with atrial fibrillation (AF) have an higher risk of stroke and an anticoagulation status can greatly reduce this risk. Anticoagulants also play a role in the prevention and treatment of deep vein thrombosis and pulmonary thromboembolism. This workshop will help the participants to choose the best anticoagulation drug, with a step by step approach to the decision process. Description: We will review the indications for NOAC use, their advantages and disadvantages, the specific counter-indications of each NOAC and the patient particularities that should be taken into account. The workshop will be based in clinical cases, representing primary prevention of ischemic stroke in atrial fibrillation, deep vein thrombosis and pulmonary thromboembolism, in patients with different attributes such as age, body weight, renal function, comorbidities, current medication and personal preference. Conclusions: There are clinical situations in which NOAC can be as effective as warfarin. This drugs have characteristics that make them a good option for many of our daily patients. Hence, it’s important for a Family Doctor to be able to manage them properly. In the end of the workshop the participants should be able to know when and how to use a NOAC according with the patient and their individual characteristics.
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IN NUMBERS

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Aims: COPD is defined as a persistent air flow limitation with obstruction of small airways and alveolar destruction. This disease is preventable, with increasing prevalence, but underdiagnosed. In 2020 COPD will be 3th ranked concerning death causes worldwide. 1.1% of the Portuguese population were actively diagnosed COPD at primary healthcare in 2014. We determined the prevalence of COPD of the adult population of our local healthcare unit (USF), characterizing the population, analyzing the severity of the patients and their adequate therapy. Methods: A transversal descriptive study of all data available of our USF referring to May 2016 was carried out. This implies the data of spirometry exams as well as the results of a questionnaire applied to a non-randomized opportunistic sample (N=39) of the persons with active diagnostic of COPD available in our patient's data system. Results: Of the 14673 adults in our USF, 127 were diagnosed with COPD (0.87%), the majority men (66%). 56% of the patients were more than 70 years old, about 40% had smoking habits. 41.8% of the actually examined persons showed obstruction criteria, all of them with smoking habits. About 65% of the patients were treated with a directed therapy. Conclusions: The number COPD patients of our USF is well below the value estimated for Portugal (127 vs 778). The prevalence increase with age and the higher number for ill male persons agree with the national trends. Smoking has an estimated prevalence of 90% in contradiction to our observed value of 40%. 100% of the persons with confirmed COPD were smokers. Only 20% of our studied sample took spirometry exams with still incomplete final diagnosis. Spirometry exams and inquiries of all patients are necessary to stratify this disease and define adequate therapies.
VISUAL ACUITY LOSS IN 22 YEARS OLD PATIENT

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Case Description: A 22 years old Venezuelan patient with no relevant medical history, under no regular treatment and who has not received any previous surgical procedure visited for the second time the Emergency Department (ED) due to progressive visual acuity loss, limb paraesthesia and continuous weakness. The patient holds the long periods of study in order to prepare her final exams responsible for her symptoms. However, her symptomatology has increased from mere discomfort to specifically feeling ill. Patient shows an anxious state. Analytical tests were performed the first time the patient visited ED. No changes were found in the patient's complete blood count (CBC) or biochemical tests, so she was discharged after being diagnosed with asthenia. Physical exam and supplementary tests: Neurological test results showed strength loss in lower limbs that translated into atavistic walking patterns, wide-based gait and increased musculoskeletal reflexes. Isochoric and normally reactive pupils, internuclear ophthalmoplegia and no damage to the retina was found. Differential Diagnose: Patient was admitted under the clinical suspicion of Relapsing Remitting Multiple Sclerosis (RRMS). Diagnostic was confirmed by Cranial Magnetic Resonance Imaging (cMRI) and lumbar puncture. Conclusion: Corticoid treatment using 1 gram of methylprednisolone per day was performed for 5 days. After diagnostic confirmation by supplementary tests, treatment with biological therapy started. Prophylaxis against Streptococcus pneumoniae, Neisseria meningitidis, Hepatitis B virus, Haemophilus influenza and Human Papillomavirus was administered and records of tuberculosis were checked. Biologic treatment using Fingolimod kept the patient at a regular state.
CAN WE IMPROVE LOW BACK PAIN TACKLING?

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Low Back pain (LBP) is, after respiratory infections, the most frequent cause of consultation in primary health care. It is also one of the most common diseases of Family Doctors (FD) since computerisation of their surgeries. Multidisciplinary and multinational evidence-based Guidelines for the prevention and treatment of acute and chronic LBP were issued by a European project launched in 1999 by the EU Commission. In Spain and other countries, multidisciplinary national Working Groups adapted COST B13 guidelines to their own setting. In 2013 in our (Sub-Regional) Cartagena Health Area (200,000 patients registered) we produced and implemented our own guideline. Our Working Group was chaired by a Family Doctor (FD) and composed of several specialists Prevention and treatment of chronic LBP should be multidisciplinary and include exercise and health education focusing on active management. The doctor could produce either placebo or nocebo effect. Some related procedures have been included in the recently launched "Choosing wisely initiative" METHODOLOGY: Interactive. Each FD will have a facilitator (F). Role-playing followed by group discussion of LBP tackling in daily consultation. Guidelines will be discussed. All therapeutical exercises (TE) and postural hygiene (PH) recommended for the patient (P) will performed by FD supervised by F CONCLUSIONS: (1) FD should acquaint with COST B13 LBP guidelines and our Health Area Guidelines; (2) FD should learn the possibilities of prescribing TE and PH to their patients with LBP; (3) FD should acquaint with the abilities to help P learn and carry out TE and PH as part of his treatment; (5) FD should learn a series of easy exercises to be carried out during their surgery and at home.

KEY MESSAGE: Stay active
PATHOLOGIES OF THE NEW ERA: CYBERPATOLOGY

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INTRODUCTION: as our environment is getting more and more advanced and technology is making our life easier and more comfortable, and communications between people have become ubiquitous and instantaneous, these misused advantages can be harmful for the patients, or can be taken in advantage of some other to produce damage in them. It is recommended as Family Physicians to update ourselves in this type of new pathology, increasingly prevalent (the current data are average around 10% in Europe) and that affects especially the youngest patients. MATERIAL AND METHODS: we will like to introduce the different categories of cyberpatoLOGY (cyberbullying, fishing, grooming, sexting ...) with practical examples in which the patients, through a computer tool downloaded on their cell phone, will act as “the victims” or “the patients”. In addition, we will give objective epidemiological data of each of them so that the scope of the problem can be better understood. After that, we will give basic tools that as family doctor should know to be able to suspect this type of pathology and we will explain what kind of questions we should ask to make an oriented clinical history, as well as preventive measures. Finally, we will resolve clinical cases chosen specifically so that everything learned can be fixed and used in our day to day. RESULTS: our aim is that medicine doctors can apply the tips learned during the session in their daily consultation and be able to recognize warning signs of these new pathologies that, even though the higg prevalentoe, are still very unknown, treat them correctly and prevent them.
TREATMENT OF DIABETES MELLITUS AND ITS ADVERSE EFFECTS IN YOUNG PATIENTS

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Background From all the diabetics, the 1st type has a 10-15% count and that primarily in children and young adults; however it can start in any age. Diabetes 2nd type occurs in 85% of diabetics. Clinically it is manifested mainly in adults and beyond, primarily in individuals with abnormal weight (80%). Material and methods 37 year old patient that is being treated for diabetes mellitus (DM) of 1st type, with whom the adverse effects of treatment were discovered and they lead to the reappraisal of diagnosis and treatment. The first symptom of disease occurred in the form of heavy balanitis with a high infectious activity and hyperglycaemia 20 mmol/l. There was a continual degradation of health with distinct pain in muscle and joints. Diagnosis was made by a diabetologist and insulin-therapy was prescribed. BMI 21,46kg/m². A complete laboratory diagnosis aimed at the pain of muscles and joints was conducted. After a treatment with analgesics there was a considerable improvement and the patient was let into out patient care as fibromyalgia. DM was re-examined after a complete laboratory testing. It is DM of 2nd type and the patient was then set to peroral anti-diabetic medicine. Diabetic polyneuropathy induced by insulin (insulin neuritis). Results In this casuistic it is a rare case of adverse effects from a commonly used drug which completely changed the way that the patient is looked at. 16,2% hospitalizations are caused by medical prescriptions. Conclusion It is necessary to keep a complex watch over the treatment of the patient and to prevent any following treatment of adverse effects of medicine, even if the patient is in the care of a specialist. It should be the general practitioner that synthesizes, treats and provides constant evaluation as a whole.
RECURRENT FEVER CRISIS IN AN ARAB CHILD

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Introduction to Familial Mediterranean Fever. A 7-year-old girl of Arab ethnicity presents self-limited episodes of fever, abdominal pain with diarrheal stools showing mucus and blood threads, erratic atalgia and poor growth and weight gain. M694I mutation is detected in homozygotes (MEFV gene chromosome 16). Treatment is started with Colchicine, with little response, so biological therapy (Anakinra) is decided. Familial Mediterranean fever is an autoinflammatory syndrome characterized by recurrent and short episodes of fever and serositis that produce pain in the abdomen, chest, joints and muscles. Populations with a high prevalence include non-Ashkenazi Jews, Turks, Armenians and Arabs. It is frequent in some areas of Italy, Greece and Spain. FMF can be divided into 2 types. Type 1 is characterized by fever attacks and serositis lasting 1-4 days and with spontaneous resolution. Stress, exposure to cold, high-fat food, infections, certain drugs and menstrual cycles are possible triggers for attacks. Type 2 presents amyloidosis as the one and only manifestation of the disease. Colchicine reduces or eliminates attacks and prevents onset of AA-type amyloidosis. During an attack, a non-steroidal anti-inflammatory drug may be given. Annual physical examinations are recommended along with regular monitoring of serum amyloid A protein to prevent amyloidosis. There is no cure but treatment with colchicine improves the patients quality of life. Untreated patients or those suffering from renal amyloidosis have a less favorable prognosis.
REACHING DERMATOLOGY IN ALENTEJO

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Aims: Alentejo Province represents almost one third of Portugal’s continental extension, with large geographical distances and widespread settlements. Moreover, “physical” access to certain medical specialties is quite centralized and dilatory, due to the lack of sufficient specialized physicians. Telemedicine allows an alternative access to Secondary Healthcare Services, reducing the long appointment commutes and providing lifesaving consultations for specific and debilitating pathologies. This Case-Report aims to show the vital role of the Teledermatology Consult (TDC) in our Primary Care Clinic as an important triage and diagnostic tool for proper management of skin conditions in patients living in under-served areas. Description: A 48-year-old woman, was referred by her General Practitioner to our TDC in association with the Dermatology Department at the Hospital Espírito Santo de Évora, in October 2016. Referring data described several relapsing and remitting (for 15 years) papulovesicular lesions in the lower left shin with recent exacerbating pruritus and no response to topical corticosteroids (CST). TDC, via videoconference and dermatoscopy, established a primary diagnostic hypothesis of Hypertrophic Lichen Planus that required empiric oral CST therapy and confirmation histology analysis through “punch” biopsy. Subsequent, fortnightly, TDC revealed a positive histology result, with significant lesion reduction and improved symptoms. Monthly follow-up TDC was schedule to assure complete remission and oral CST weaning. Conclusion: TDC results in time-effective access to a specialist with highly reliable diagnosis and therapeutic orientation. Its value extends farther from the positive patient care outcomes, with educational profit for the referring physician.
VACCINATION AGAINST SEASONAL INFLUENZA IN RURAL AREAS

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Introduction. The specific measure of seasonal flu protection is vaccination, which reduces the risk of complications of influenza patients by 39-75% (death in chronic patients and people over 65). Aim. Examine the possibilities of implementation and coverage by vaccination against seasonal influenza in the rural area. Method and material. The research included 13 rural infirmaries, which employ 5 general practitioners, in the period from October 20, 2017 to December 1, 2017. The data were obtained from the patient's medical records and the vaccine protocol. Results. A total of 3187 patients, on average daily per doctor 21.3. Of the total number of examinations, 7.4% were due to vaccination against seasonal influenza. Patients with chronic diseases were vaccinated, the largest number (75.5%) were 65 and over. Most patients had a cardiovascular and/or metabolic disorder (74%), while vaccinated chronic lung patients were 12.3%. 4.9% of the adult population in the mentioned rural area was vaccinated, i.e. 59.2% of all chronically ill patients (determined according to the estimated number of chronic patients in the countries of Europe of about 8.3% of the total population). Conclusion. In the rural area, it is possible during the regular work of general practitioners to carry out vaccination against seasonal influenza. We can be satisfied with the coverage of vaccination, since it is higher than coverage in other regions and larger cities in Serbia. Vaccination should include, in addition to chronic patients and healthy elderly people, health care workers, beneficiaries and employees in social care institutions and pregnant women. The education of the population on the prevention of influenza is very important as the trust in its doctor and especially in the rural area.
A DIFFERENT TRAVEL...

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AIMS: A 32-year-old woman with no medical history of interest, who consulted for a fever about 39.5°C, intense arthralgia, odynophagia, diarrhea, and general malaise for a day. No nausea or vomiting. He was returned three days ago from Paraguay. Description: The patient was conscious and oriented, regular general condition, dry mucous membranes, eupneic, tolerates decubitus. Do not exanthema or petechiae. Cardiopulmonary auscultation was normal. Abdomen was tender and depressible, painful in the epigastrium, without signs of peritoneal irritation or abdominal defense. No signs of neurological focolality or meningeal signs. Hemogram, biochemistry and coagulation were normal without alteration of renal or hepatic function nor elevation of acute phase reactants. Rx thorax shows diffuse bilateral interstitial pattern. Influenza test / VRS: negative. Dengue serology: PCR positive virus, negative IgG, negative IgM, Chikungunya serology negative, Zika serology negative. Diagnostic: Dengue. Conclusions: In all patients with fever greater than 38.5°C who reside or have visited endemic areas within two weeks prior to the onset of symptoms should think of these emerging infectious diseases. Preparation for this eventuality is essential: case detection, appropriate and rapid response and active participation of all parties involved. Vector-borne diseases are a public health problem worldwide.
TRAINING GENERAL PRACTITIONERS IN EVIDENCE-BASED TOBACCO TREATMENT: THE TITAN-CRETE PROJECT

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Aim and Background: Rates of tobacco treatment delivery in primary care are sub-optimal. We report on the effectiveness of the TITAN Crete intervention in influencing rates of patient-reported 4As (ask, advise, assist, arrange) tobacco treatment delivery as well as general practitioner’s (GP) knowledge, attitudes, self-efficacy and intentions. Methods: A pre-post evaluation was conducted in Crete, Greece (2015-16). GPs and a cross-sectional sample of their patients (n=984) were surveyed before the implementation of the intervention. GPs received training, practice and patient tools to support the integration of the 4As treatment into clinical routines. GPs and a second cross-sectional sample of patients (n=460) were surveyed four months following the intervention to assess changes in outcomes of interest. Multi-level modelling was used to analyze data. Results: GPs exposed to the intervention documented significant increases in knowledge, self-efficacy and rates of 4As delivery between the pre-and post-assessment. Specifically, the adjusted odds ratios (AOR) and 95% confidence intervals (CI) for 4As delivery between the pre-and post-assessment among GPs exposed to the TITAN intervention were: Ask AOR 3.66 (95%CI: 2.61, 5.14); Advise AOR 4.21 (95%CI: 3.02, 5.87); Assist AOR 13.10 (95%CI: 8.83, 19.42) and Arrange AOR 4.75 (95%CI 2.67, 8.45). Conclusions: We found significant increases in rates at which GPs delivered evidence-based tobacco treatment following exposure to the TITAN intervention. Future research should examine methods for supporting broader dissemination of well-designed training interventions in general practice.
HAND, FOOT AND MOUTH DISEASE IN ADULTS: A CASE-REPORT

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Aim: Hand foot and mouth disease is a viral infection that is often seen in children under the age of 5, mostly in the summer months. However, due to climate changes, increased intercountry travel, persistent changes in genetic material of the virus, the incidence of hand, foot and mouth disease in adults is expected to increase in the coming years. Descriptions: A 20-year-old male patient presented with complaints of 3 days of fatigue and 1 day of rash. On physical examination, body temperature was 36.5°C, pulse 82/min and BP: 120/82. There was erythematous macular itchy rash in right palm, and right footpad; palmar and plantar desquamation. There was no rash elsewhere. Oropharynx was hyperemic and enanthemmers were seen in the mouth. Second case; a 19-year-old woman, the patient was admitted with complaints of weakness, sore throat and 2 days of rash. On examination body temperature was 36.3°C and pulse 86/min. BP: 116/78. Erythematous macular itchy rash was present in the hands and soles of the feet. There was no rash elsewhere. Oropharynx was hyperemic and enanthemmers were seen in the cheek in the mouth. The two patients were clinically diagnosed with hand, foot and mouth disease. Antihistaminic drug was given to both in the treatment. In patients with no complications, complete recovery of the lesions was seen at the end of the week after the control. Conclusion: Hand foot and mouth disease tends to spontaneously heal and treatment is not necessary in non-severe cases. The two cases presented here were 19 and 20 years old and the disease was seen in October. It is important for family physicians to keep in mind that this disease can also be seen in adult individuals outside the age group of children.
REDEFINING HYPERTENSION: 130/80 - WHY AND WHAT ARE THE CONSEQUENCES?

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Aims Treatment of high blood pressure (BP) is a central task in the everyday practice of the general practitioner (GP). The American College of Cardiology published new guidelines on treatment of high BP in November 2017, lowering the threshold defining hypertension and the treatment goals to 130/80 mmHg instead of 140/90. The recommendations increase the prevalence of hypertension substantially and should increase use of BP lowering agents accordingly. The new guidelines will undoubtedly influence recommendations worldwide, making the discussion on cut-off levels and treatment goals for BP a highly actual topic for GPs. The aim of the workshop is to discuss the relevance of the new recommendations in near and distant future for European GPs and how the increased workload should be met. Description The workshop will open with a presentation of the new guidelines, what’s new, what evidence it is based on, weaknesses of the evidence base and the guidelines as a whole. The workshop participants will discuss the topic jointly as well as in smaller groups. After the workshop the participants should be better aware of the worldwide trend of lowering cut-offs for BP lowering treatment, they will be better familiar with the evidence these recommendations are based on as well as the consequences for primary care. Supervisors of the workshop will gather the viewpoints of the participants, and if feasible, publish the results. Conclusion The new American guidelines on treatment of high BP introduce a dramatic change to clinical practice which will undoubtedly affect European GPs within a few years, increasing the workload considerably. Discussion among GPs on how to meet the challenge is highly actual and will take place in this workshop.
ANXIETY OF ORGANIC ORIGIN.

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AIMS: An 88-year-old woman with a personal history of hypertensive heart disease, dyslipidemia and occasional anxiety, with chronic treatment of acetylsalicylic acid, candesartan and lorazepam. She comes to the consultation for the third consecutive time in two weeks, due to a feeling of increased generalized anxiety, as in the previous visits treated with benzodiazepines, but this time, also adds dyspnea at moderate-minimal efforts, in addition feeling of palpitations, without chest pain or fever at home. It is referred to Emergency for complementary tests. DESCRIPTION: The patient was conscious and oriented. Afebril upon arrival at the emergency room. Slight tachypnea upon arrival. SatO2 91%. CA: rhythmic auscultation with systolic murmur in aortic. PA: Mild decrease in vesicular murmur with bibasal dry crackles. Lower limbs, signs of chronic venous insufficiency without edema, or signs of deep vein thrombosis. Arterial blood gases pH 7.42, pO2 66.9, pCO2 42.2, lactate 0.8. EKG: Sinus rhythm electrocardiogram without alterations of repolarization. Chest x-ray: images compatible with bibasal atelectasis. Analytical: Dimer D 24261. AngioTAC: Findings compatible with pulmonary thromboembolism that affects the anterior segmental branch of the right upper lobe and the left anterior apical subsegmental. DIAGNOSIS: Bilateral TEP. CONCLUSIONS: Palpitations, dyspnea, restlessness ... are symptoms that enter into a broad spectrum of anxiety, which is a condition that is often underestimated due to the patient’s profile and hyper-attendance, but can sometimes simulate and mask serious illnesses with similar symptoms, What should be done broad screening in our practice to rule out organicity and in case of doubt, refer to a specialist who is opportune.
NECK PAIN AND INCREASED LEUKOCYTOSIS. ABOUT A CASE.

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AIMS: A 34-year-old woman with Lyme disease AP 4 years ago resolved without complications. She went to our clinic for acute neck pain since this morning, in addition of nausea, vomiting and fever of 38°C. she did not refer previous trauma. There she was treated with intramuscular analgesia and dexamethasone and and it is referred to the Emergency Department for evaluation and complementary tests for suspected acute meningitis. DESCRIPTION: The patient was conscious and oriented in the 3 spheres. Afebril. CA normal. No exanthematic lesions. Neurological examination without signs of neurological focality. Pain on palpation in cervical paravertebral muscles without stiff neck, with movements preserved in the 3 planes. Signs of Brudzinski and Kernig negative. No photophobia or sonophobia. Analytical: PCR <0.3. Leukocytosis 18,500 was normal. Cervical x-ray: Great cervical rectification; cervical kyphosis. TAC normal. lumbar puncture normal. DIAGNOSIS Osteomuscular cervicalgia with cervical rectification, without warning signs. DIFFERENTIAL DIAGNOSIS: Bacterial meningitis, cervical trauma, rheumatoid arthritis, anxiety, hemiated disc. CONCLUSIONS: In the case of the patient, in front of a clinic compatible with meningeal symptoms and an analytical one with increased leukocytosis, despite the normality of acute phase reactants, it is necessary to rule out meningeal pathology, through TAC and lumbar puncture, due to the risk involved in the delay of treatment. In this case, the increase in leukocytosis was justified by the administration of intramuscular corticosteroids, which may lead to misinterpretation of the results, but due to the history of Lyme disease and presence of fever, meningeal pathology screening protocol was initiated
DISNEY OF CARDIAC ORIGIN

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AIMS: A 62-year-old man with a personal history of hypertension, diabetes mellitus, active smoking, sleep apnea, intermittent claudication and obesity. He went to the emergency room for moderate-minimal dyspnea accompanied by fever of 38°C, cough and expectoration, without chest pain. DESCRIPTION: The patient was conscious and oriented. CA: normal. PA: crackles in right base. Arterial blood gases: pH 7.52, pO₂ 48.2, pCO₂ 31.5. EKG: rhythm at 60 beats per minute, without alterations of repolarization. Chest x-ray: infiltrate at right base level. The patient improves with oxygen and bronchodilators therapy and proceeds to hospital admission with intravenous antibiotics. During admission, dyspnea worsens despite treatment with oxygen therapy. A long strip electrocardiogram was performed showing complete atrioventricular block with an escape rate at 60 beats per minute. The patient is admitted to the Intensive Care Service, with telemetry, showing a heartbeat of ventricular tachycardia. In view of the risk of sudden death in a patient with a high cardiovascular risk, placement of an implantable cardioverter-defibrillator and subsequently a pacemaker was decided. DIAGNOSIS: Heart failure secondary to atrioventricular block of 3rd degree. CONCLUSIONS: In the presence of a patient with a high risk of cardiovascular profile with multiple risk factors, he or she may come for dyspnea, fever, chest pain, increased edema in the lower limbs, etc. There is no need to settle for a short-strip electrocardiographic recording, since in some cases the dyspnea is of cardiac origin, and may present intermittent electrocardiographic alterations such as this complete atrioventricular block with escape rhythm, where the speed of action prevails.
ARE WE MAKING THE RIGHT CHOICES?

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Aims: In our workshop, using the Choosing Wisely recommendations, we aim to spur conversation about what is appropriate and necessary treatment for several diseases and test our participants general knowledge while doing so. Description: As general practitioners, we are required to master most of the medical fields on our daily bases, and to help our patients in the best way possible. This requires a lot of updates and personal studying since medicine is in constant evolution and what we learnt as a medical student was probably already proven to be not as quite effective and new studies and treatments are continuously arising. Having this in mind, campaigns such Choosing Wisely, were born. So far, includes 520 recommendations, over 80 specialty society partners and has 19 countries who created their own campaign. This initiative aspire to achieve and ensure high-quality and cost-effective care for patients. For this we need the participants to download a mobile app (Kahoot! or Meetoo), as with it, they can answer anonymously to our questions and at the same time we can see the live statistic and generate some debate around it. Conclusions: With this interactive and fun approach, we hope to highlight some of the several Choosing Wisely recommendations and, at the same time, make each and every participant reflect on how they are treating their own patients, how can they improve the quality of their work and , therefore, increase patients safety.
EPILEPSY OR PSYCHOGENIC CRISÉS?

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AIMS: A 34-year-old man consulted for headache for 48 hours. He comes for presenting two epileptic seizures with a postictal period without accompanying amnesia. It does not refer to alcohol consumption or lack of sleep. History of meningitis at 6 year-old. During the consultation, she presented an episode of crises with oroalimentary and left-hand automatisms with ad integrum recovery without a postictal period and amnesia of what happened. Description: Conscious and oriented. Not fever, normotensive. Neurological examination: Normoreactive isochoric pupils, preserved cranial nerves as well as strength and sensitivity. Rest of exploration without findings of interest. Analytical: CPK 192, normal rest. Cranial TAC: No findings suggestive of pathology. Cranial MRI: T2 hyperintensity in the left temporal mesial region, hippocampal atrophy in T1. Diagnostic: Mesial temporal epilepsy and non-epileptic paroxysmal events. Conclusions: The Mesial temporal epilepsy is the maximum exponent of what have been called “remediable syndromes with surgery” unlike the rest of epileptic seizures and syndromes. The surgery offers excellent results, since among its most frequent causes are residual brain injuries after infections of the central nervous system, such as meningitis. Other structural causes may be brain tumors or malformations. Regarding the pharmacological treatment, the possibilities of achieving an acceptable control range between 10 and 30%, the rest of the patients will continue to present seizures that will interfere significantly in their usual activity. It is the same as that used for other types of focal epilepsies, taking into account the risk that these patients have of suffering from anxiety, depression and other psychiatric disorders.
HODGKIN’S DISEASE - A CASE REPORT

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Background & Aim: Hodgkin’s lymphoma (HL) is a monoclonal lymphoproliferative malignancy with a peak of incidence in young adults, being more frequent in males. In Portugal there are diagnosed annually about 17000 cases of HL, corresponding to less than 1% of all cases of cancer. Case Presentation: We present the case of a 23 years-old male, included in a nuclear family. Irrelevant personal background. Profession: musician and DJ. Arrives due to the appearance of massive mass in the supraclavicular and cervical left region of progressive growth 3 weeks ago. Refers also to tiredness, weakness and relevant weight loss, denying fever. To the examination showed a visible increase in the volume of the base of the neck and left supraclavicular region. We defined a non-painful, irregularly nodular mass compatible with adenopathies each measuring about 2cm. Absence of adenopathy in other regions. Ultrasound is requested. The patient returns 3 months later with the result of the ultrasound, confirming adenopathic conglomerate with suspect characteristics. Is referenced for urgent study at the hospital level. Returns the next week, after admission to the referral hospital with the diagnosis of Hodgkin’s disease. Discussion: Hodgkin’s disease diagnosis can be difficult because the symptoms are similar to many other diseases. Herein lies the role of the family physician in the suspicion of this entity especially in case of a male patient with adenopathies in the cervical region and symptoms B.
FAMILY VIOLENCE CURRICULA IN EUROPE (FAVICUE)

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Background: Family violence (FV) is a widespread public health problem of endemic proportions and serious consequences. Doctors may be the first or only point of contact for victims who may be hesitant or unable to seek other sources of assistance, tending not to disclose abuse to doctors if not specifically asked. A comprehensive health care response is key to a coordinated community-wide approach to FV, but most of the practicing physicians have either received no or insufficient education or training in any aspect of FV. AIM: The main aim of this project, Family Violence Curricula in Europe (FAVICUE), is to describe current FV education delivery in European Medical Universities and in the vocational general practice training, to identify barriers and facilitators during: (I) the undergraduate period, and; (II) the postgraduate residency program. MATERIAL AND METHODS: This is the protocol of a descriptive study consisting of two self-report online surveys (one for the undergraduate and one for the postgraduate training) of approximately 40 questions each. For both surveys, general practitioners and residents will be identified through the WONCA Europe network and will be invited to provide information regarding their training on FV. Maximum variation will be sought. Mixed-method analysis will be carried out and a thematic analysis will be conducted on the open-ended questions. Ethics approval has been obtained by the University of Luxembourg (ERP 17-015 FAVICUE). CONCLUSION: The results will provide important information concerning current curricula on FV, and can be used for mapping the educational needs and planning the implementation of future training interventions.
ENGAGING THE PRIMARY CARE COMMUNITY IN TOBACCO TREATMENT: EFFICACY AND PRELIMINARY LESSONS LEARNED TITAN GREECE & CYPRUS TOBACCO TREATMENT NETWORK

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Aim and Background: Tobacco use is the leading preventable cause of disease and disability in Europe. Primary care providers have an important role to play in motivating quit attempts and supporting cessation among patients who smoke. Low rates of knowledge and tobacco treatment delivery are however documented. The aim of the TITAN Greece & Cyprus Tobacco Treatment Training network is to train primary care providers in the delivery evidence-based tobacco treatment tailored for the busy primary care setting. The network is a partnership between the divisions of family medicine at six Medical schools from Greece and Cyprus. Methods: A pre-post evaluation was conducted among primary care providers from across Greece and Cyprus. Six one-day training sessions were delivered in various regions from across Greece and Nicosia Cyprus and practice tools distributed to providers (www.titangc.uoc.gr). All providers were surveyed before and after the training session to examine the impact on provider satisfaction, knowledge, attitudes, and confidence and rates of in evidence based tobacco treatment delivery. Results: More than 224 primary care providers and 180 trainees were trained by the TITAN Greece & Cyprus Primary Care Tobacco Treatment Training Network in 2016. High rates of satisfaction were reported by providers. The results of the pre-post evaluation of the TITAN program on primary and secondary outcomes will be presented. The important role of champions, salient messages, interactive practice-based teaching methods, as well as the use of practice tools and social media will be discussed. Conclusions: Lessons learned in establishing a national tobacco treatment network have relevance for other primary care settings in Europe and internationally.
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 GPs 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.
A HIP PAIN IN A ADOLESCENT REVEALING BONE TUMOUR. CLINICAL CASE PRESENTATION.

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AIMS: Osteoid Osteoma (OO) is a benign osteoblastic (bone forming) tumor that is usually less than 2cm in size. It consists of a central vascularized nidus that represents the neoplastic tissue. The nidus is surrounded by normal reactive bone. It is usually a single lesion that is very painful. We present a case of a 15 year old male with OO and its management. METHODS: A 15-year-old male with no significant past medical history presents to his Primary Medical Doctor with a 5 month evolution of episodes of painful apyretic limp. 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 left hip joint appeared to be unaffected. Due to persistent symptoms X-rays were performed and revealed a central vascularized nidus in the left femoral neck deciding treatment with acetylsalicylic acid. The patient was derived to the Traumatology Department with suspected osteoid osteoma. CT and MRI confirmed the suspicion but there was no pain episodes referred. As long as it remained asymptomatic no specific treatment was required. RESULTS: During 1 year of follow up the patient remained asymptomatic. CONCLUSION: In most cases of osteoid osteoma, no treatment is required and it resolves spontaneously over time and can be treated conservatively with NSAIDs in some group of patients however if the symptoms persists surgical resection or percutaneous radiofrequency ablation may be used.
THE A, B, C OF LOW BACK PAIN

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AIMS: Low back pain (LBP) is one of the most common reasons for adults to see a family doctor. Although, the majority of situations are an acute LBP and most patients recover quickly with minimal treatment, a few will have a recurrent LBP and a chronic LBP. Consequently, due to the impact on adult’s quality life, it’s important for the Family Doctor understand and dominates the main etiologies. Our main objective is to supply knowledge to allow a structured approach to the main pathologies of LBP: identification of the main symptoms and red flags, conducting an oriented physical approaching the main maneuvers, differential diagnosis practice, providing initial treatment and the reference criteria. DESCRIPTION: We will start with a brief review of the anatomy and physiology of lumbar region (15 minutes). Then, a summary description of the main etiologies of LBP: non-specific, mechanic, non-mechanic and visceral disease. The approach of the mechanic LBP is our focus because it’s the major cause of LBP: anamnesis, red flags, risk factors, objective examination with emphasis on the different tests, indications for complementary diagnostic exams, therapeutic options (patient’s education, non-and pharmacological treatment) and referral procedures (60 minutes). Some clinical cases for discussion and take-home message will be provided with the main points addressed to trainees (15 minutes). A clinical decision support leaflet with the diagnostic gait will be given to each participant. 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.
FAMILY STUDY IN VITAL EVENT

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Aims Knowing the socio-familiar context of the patient, when he has a stressful situation in their life, as in the case of an unexpected serious illness, which will affect their baseline status, as we will see, both physically and psychologically. We must assess if the patient needs some kind of psychological help or social services in order to prevent possible deterioration in their recovery. Methods A clinical case based on a 64-year-old man who has suffered a stroke and he is in the recovery phase. The patient had to retire due to the disease and his age, and in less than a year he was operated on Intervertebral Disc Displacement. The patient is valued according to the vital risk scale "Holmes and Rahe", and the family and social network scale: A.P.G.A.R. II, family A.P.G.A.R. M.O.S. And Duke-UNC. And we made a genogram Results Anamnesis: Hospitalization due to instability walking a month ago. Exploration: Cranial pair preserved. Strength, sensitivity and coordination preserved. He walks by himself although with base increase. No meningeal signs Holmes and Rahe scale: 153, stroke, Intervertebral Disc Displacement, and retirement. It is higher than 150, and it is indicative of risk The family situation and their social networks are very good Conclusions We have a patient with slight risk of complications, according to the Holmes and Rahe scale, but we also see that their social and family networks are very good. Although the disease has had psychological and organic complications, the patient reports feeling a bit depressed and needs to start treatment for their cholesterol. But as the illness is recent, we consider it normal and he doesn’t need psychological support. The patient is recovering well, he doesn’t need rehabilitation, he walks by himself.
UPPER LEFT LIMB ARTERIAL THROMBOSIS CAUSED BY IATROGENESIS

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66 years old patient with a record of arterial hypertension, oral anticoagulant treatment of atrial fibrillation and dyslipidemia visits the Emergency Department (ED) for the second time in 24 hours. The patient's first visit to ED was caused by a renal colic and intravenous analgesia was administered. 20 hours after the episode the patient visits ED showing functional impotence and feeling a cold sensation on his left hand's 4th and 5th fingers. Physical exam and supplementary tests: Physical exam results confirmed the patient's symptoms. Patient explained that the symptoms started after his first visit to the ED and that his left upper limb was chosen for the administration of intravenous analgesia process which he described as painful. Clinical judgement: Doppler Echocardiography of the radial and humeral arteries was performed under clinical suspicion of embolism or arterial thrombosis. After arterial thrombosis confirmation, the patient is transferred to be evaluated and prepared for vascular surgery. Differential diagnostic: Peripheral radiculopathy. Arterial embolism. Tunica intima hematoma. Conclusions: The patient received vascular surgery after Doppler Echocardiography confirmed the absence of ulnar artery pulse. Surgical procedure was successful and restored arterial perfusion and total functionality. The supervision of usual and simple techniques is showed to be of utmost importance. As simple as a peripheral intravenous feeding is, if not performed correctly, it can derive in a serious health problem.
ANXIETY AND FEAR IN A PATIENT WITH GENITAL LESIONS

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AIMS: Educate the patient about genital lesions in order to avoid the anxiety they may cause. DESCRIPTION 37-year-old male patient, personal history of controlled asthma. Comes to the consultation referring fear to having a sexually transmitted infection (STI) with systemic involvement. He had a risky sexual contact in 2015 and after that an itchy papillomatous injury on his penis appears. The lesion was surgically resected in the dermatology consultation. The patient never went to the control consultation or to collect the results of the pathological anatomy. In October 2017, 4 injuries of similar characteristics appear at his penis base, along with it begins to feel episodes of palpitations and dizziness. Exploration: Good general condition - Lung auscultation: normal - Cardiac auscultation: normal - Neurological examination: normal - Genital examination: 4 wart-like injuries at the penis base (3 in the upper part and 1 at the bottom, the largest of approximately 6 mm) Additional tests: - ECG: normal - Blood test: values within normality - Serologies: Lues, HBV, HCV, HIV negatives Differential diagnosis: STI from human papillomavirus (HPV) plus anxiety due to fear of severe disease vs STI from HPV plus systemic involvement due to another concomitant disease. Clinical trial: A good general condition patient with exploration, ECG, blood test and serology results normal, who expresses his fear of a STI. Therefore, the diagnosis impression is inclined towards condyloma acuminata by HPV associated with anxiety. CONCLUSIONS STIs are a very frequent pathology in our society, they are associated with fear and shame by the patient which causes anxiety. From primary care is important to treat these diseases as well as educate patients to prevent its transmission.
ACHIEVEMENT OF THE WHO SUSTAINABLE DEVELOPMENT GOALS IN SELECTED COUNTRIES – A ROLE OF FAMILY MEDICINE

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Aims During Zagreb, 2017, VdGM pre-conference exchange, one presentation has motivated us to investigate if there are differences in achievement of WHO Sustainable Development Goals (SDGs) in participating countries: Croatia, Israel, Portugal, Spain and UK. Method Selected SDGs indicators were extracted from databases: World health statistics 2017: monitoring health for the SDGs and Global Health Observatory data. Results Only country’s comparison is presented (full results will be available at the presentation). UK is country with higher gross national income per capita. The health spending as a share of GDP was higher in Portugal. General government health expenditure as percentage of general government expenditure was higher in UK. Skilled health professional density was greater in UK. The number of practicing doctors per 1,000 populations was higher in Portugal. Life expectancy at birth was higher in Spain and health life expectancy at birth was higher in Israel. Maternal mortality was higher in Portugal. Neonatal mortality was higher in Spain. Under-five mortality was higher in UK. Diphtheria/tetanus/pertussis immunization among 1-year olds was high in all countries. Probability of dying from CVD, cancer, diabetes, CRD between age 30 and 70, was higher in Croatia. Total alcohol (15 years of age) consumption was higher in Croatia and UK. Road traffic mortality was higher in Croatia and Portugal. The similar situation was with suicide mortality, higher in Croatia and Portugal. Conclusion The results clearly indicate that SDGs indicators are not in accordance with the health care resources in particular country. It is well known that the whole society should be involved, but Family Medicine as a part of health care system has to take its own responsibility too.
IMPACT IN HOME DEATH OF END-OF-LIFE CARE IN A PORTUGUESE FAMILY HEALTH UNIT

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BACKGROUND Portugal has an hospital death rate as high as 64% and lacks a nationwide palliative care (PC) network. Patients in need of PC often depend only in Primary Health Care (PHC) teams. It is relevant to know the results of the practice of PC in PHC. AIM To study, in a PHC practice: 1. the association between PC led by the family doctor/nurse and home death; 2. the PC practice in a PHC team. METHODOLOGY Design: analytical, case-control study. Setting: community, PHC unit, Lisbon Region, Portugal. Population: deaths in the community, 5 years (N = 272). Sampling: Census. Data collection: revision of death certificates (DC) and clinical records. Inclusion criteria: Patients using PHC with causes of death eligible to receive PC (n = 125). Case = death at home; control = hospital death, matched by sex, age, and cause of death. Variables: demographic, death-related, clinical and social. Statistics: descriptive; odds ratio for risk comparison. RESULTS About 70% of the deaths were of PHC users; of those, 52% died at home; the probability of having received PC led by PHC team was significantly higher (OR = 2.59, 95% CI [1.26-6.39]) than for those who died in the hospital. The main cause of death was cancer (30%); mean age 78; 7.5 comorbidities/patient. In the last month of life, patients received 1.2 medical and 3.5 nurse home visits; got identified 2.5 non-controlled symptoms (commonest: pain, vomiting, dyspnea); 11% received subcutaneous medication, 47% regular care of wounds; 32% antibiotics; 85% social support; 31% a registered family conference, and 24% a DC by his family doctor. DISCUSSION It seems acceptable an association between PC led by PHC team and the death at home. The role of family teams should therefore be considered in the organization of PC networks.
NOT ALL ABDOMINAL PAIN IS GASTROENTERITIS...

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AIMS: A 36-year-old woman, with no relevant medical history, consulted for vomiting after ingestion, diarrhea and abdominal pain. Not relationships, not pregnancies. Physical examination: generalized pain throughout the abdomen, normal rest. Not fever. It was diagnosed of incipient gastroenteritis. In less than 24 hours he returned due to persistence and increased symptomatology, focusing the abdominal pain in the left iliac fossa. It is referred to the emergency department for complementary tests. Description: The patient was conscious and oriented, not fever. Abdomen soft and depressible, pain in iliac fossa and left flank, rest was normal. Analytical: leucocytosis of 12000 and PCR 7.25, normal rest. Normal urine test. Stool study (stool culture, virus, cl difficile toxin): negative. Abdominal TAC: thickening of the sigmoid wall over 4 mm, hyperechogenic around fat and diverticular formation with hypoechoic wall due to edema, small extraluminal gas bubble. Diagnostic: Acute Diverticulitis with perforation contained. Conclusions: The patient was admitted with hospital treatment. If there is hemodynamic instability or abscess greater than 5 centimeters, we would proceed to percutaneous drainage or laparotomy if inaccessible to drainage. Most of the time, it is a mild condition that responds well to treatment. Colonoscopies will be recommended after the diverticulitis has healed. It is important to take into account the symptoms and an early diagnosis to avoid later complications.
PATIENT'S SAFETY - ANTICOAGULATION MONITORING IN ATRIAL FIBRILLATION

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Aim and background: Atrial fibrillation (AF) is the most prevalent sustained arrhythmia associated with an increased risk of stroke and global mortality. Warfarin use is limited by its narrow therapeutical range. Therefore, time in therapeutic range (TTR) assessment is a crucial tool to determine if patients have an increased risk of hemorrhagic or thromboembolic complications. According to the European Cardiology Society, we considered good anticoagulation control when TTR>70%. We intended to improve therapeutic anticoagulation control of patients under treatment with warfarin. Methods: On July 2015, using our health care center software, we identified the patients with AF diagnosis. Between October 2015 and March 2016, TTR was calculated using Rosendaal method. Towards a better control of anticoagulation therapy with warfarin, an anticoagulation protocol for patients under warfarin was presented and introduced, as well as some corrective procedures. With these interventions, we intended, as our primary outcome to increase patients’ TTR to over 70%. Results: Of the 105 patients with AF, 65(61.9%) were excluded. Our population was in total 40 patients, with a median age of 73 years old. After the first assessment, half of the population had TTR>70%; 17 patients had a TTR between 30-70% and 3 presented TTR<30%. After our intervention, we observed a global raise of 9.83% on TTR, where 26 patients presented TTR>70%, with the reduction of patients with TTR 30-70% and <30%. Conclusion: This work was successful, facing the global improvement of 9.83% on TTR, with a decrease of 15% of patients with labile INR (<70%). Globally, there was an improvement in the control of anticoagulated patients. So, there was an increase in therapeutic safety and effectiveness.
ULTRASOUND (US) DIAGNOSIS OF MUCOCELE OF THE APPENDIX IN PATIENTS WITH ACUTE PAIN IN THE RIGHT FOSA ILIAC

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Aims: to identify the US features of mucusof the appendix coexisting with acute appendicitis. Description: A 43-year-old man attended the emergency department due to abdominal pain in the right iliac fossa that lasted six days. The pain is colic type of hours duration with slight improvement after intake of ibuprofen. Normal intestinal transit. No nausea. No vomiting. No fever. Abdomen: soft, and palpable, without pain in the right fossa iliac, with slight increase in pain to the flexion of the lower extremity. Blumberg and negative Murphy. Abdominal ultrasound: At the level of the right iliac fossa, a rounded lesion of heterogeneous content of 5.5 x 4.5 cm is observed. Abdominal CT: Localized lesion at the level of the right iliac fossa in relation to the cecal appendix of 4.1 x 5.2 with gross and peripheral calcifications its wall, with hypodense central zone with thickening of the adjacent fat. It is associated with another lesion of 3 cm of distal and medial location. Conclusions: The appendiceal mucus is a rare pathology of the appendix characterized by a cystic dilatation of its lumen with accumulation of mucinous material. It is usually associated with other tumors and has a high percentage of recurrences. It may be asymptomatic, be discovered incidentally in the course of a radiological examination, or present with pain in the right iliac fossa suggestive of acute appendicitis. Due to the latest advances in imaging techniques, the mucus is no longer diagnosed in the surgical field, being the findings of the ultrasound and CT characteristic of this entity. Knowing this pathology allows us to include it in the differential diagnosis of pain in the right iliac fossa, with subsequent follow-up by your primary care physician.
I HAVE DIARRHEA AGAIN

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AIMS: An 84-year-old man with a personal history of atrial fibrillation, benign prostatic hyperplasia and operated on by transurethral resection 2 months ago with episode of diarrhea caused by clostridium difficile treated with oral metronidazole. He is worried about the consultation due to diarrhea of 6-7 daily stools, of 1 week of evolution, of liquid consistency with mucous remnants, postprandial heaviness, abdominal pain and some self-limited vomiting. It is referred to the emergency department for complementary tests. DESCRIPTION: Good general condition. No fever. Arrhythmic auscultation at 76 beats per minute. Abdomen without palpable masses. No signs of peritoneal irritation. Painful to diffuse palpation. Rectal touch: without pathological products. Analytical: normal renal function, normal ions, normal amylase, leukocytosis with left shift, PCR 5.1, negative calprotectin. X-ray normal. Stool: toxin A / B detection for clostridium difficile positive. DIAGNOSIS: Acute inflammatory diarrhea secondary to 1st recurrence of Clostridium difficile infection. CONCLUSIONS: Clostridium difficile diarrhea is a severe case of inflammatory diarrhea, predominantly nosocomial, in patients who have received antibiotics in the last 3 months, leading to pseudomembranous colitis fulminating, so what the early performance are key to avoid associated complications. It can occur up to 3 months after taking antibiotics. Up to 20% of cases recur the following month without prior antibiotics, and can be treated as the first episode. In 40% of the cases that present a relapse suffers a third episode, where the use of metronidazol due to associated neurotoxicity would be avoided.
FALSE APPENDICITIS

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Aims: Differential diagnosis in a possible case of appendicitis. Description: A 16 year old man arrived with acute pungent abdominal pain. It started in the epigastrum two hours before his arrival, however the pain is now located in the RIF. The patient was afebrile, without variations in the depositional habit and he was suffering nausea without vomiting. Abdominal examination: soft, depressible, slightly painful in epigastrum and with acute pain in RIF. Sign of Blumberg positive. Sign of Rovsing and Murphy negative. Preserved peristalsis. Negative renal percussions. He was sent to the hospital with the following results: BLOOD ANALYTIC: CRP 0.16, glucose 106, creatinine 0.79, leukocytes 13.100 (91.6% neutrophils). URINE ANALYTICS: No presence of nitrites, pyuria or hematuria. ECOGRAPHY: RIF is explored at the point of maximum pain referred by the patient without identifying the appendix, parietal thickening, free fluid or other inflammatory signs. Rest of the exploration without significant findings. The patient is subject to future controls to verify that it does not evolve to appendicitis or to be able to diagnose another etiology: Urinary infection, distal ureteral lithiasis, mesenteric adenitis, gastroenteritis, inflammatory bowel disease or testicular torsion. Conclusion: There are several situations that can lead to an erroneous clinical diagnosis, simulating an acute appendicitis. The variability of appendix position may be responsible for atypical manifestations. The set of clinical history, physical examination and complementary tests is useful both when confirming an acute appendicular disease and discarding it. Ultrasound is a highly sensitive and specific exploration. A positive test confirms the disease with a 95% certainty but a negative test does not rule it out.
A CHALLENGING DIAGNOSIS IN PRIMARY HEALTH CARE: ABOUT A CASE-REPORT

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Aims: The aim of this work is to aware General Practitioners (GP) not to undervalue headache symptoms. Headache is a common cause for pediatric patients to seek medical care. From many possible diagnoses only a small minority of children will have a serious cause. Recognizing the warning signs will help us improve the clinical approach to these patients. Case Report: Male, 12 years old, with a nuclear functional family, in a middle-low class of Graafar, phase IV of Duval's Cycle. Personal history of ADHD diagnosed at 7 years old, under methylphenidate during 5 years. Taken by his mother to their GP on the 11/04/2016, due to front parietal stabbing headaches, with 6 months of evolution, initially slight and rare, but at the time of appointment occurred 2 to 3 times a day, with photophobia, dizziness and occasionally awake from sleep. Physical examination was normal and paracetamol in the adequate dose relieved the pain. A CT scan of the head was performed, showing a fibrous dysplasia of the left frontal bone and space-occupying lesion in the right pterygopalatine fossa. An urgent referral to Neurology was made but patient recurred to ER with recrudescence of the symptoms and diplopia one month later. At November 2017, after many hospitalizations, medical procedures and appointments with several medical specialities, the diagnosis remained unclear. Major symptoms reverted with corticotherapy. Differential diagnosis stands between an inflammatory pseudo tumor and/or Tolosa-Hunt Syndrome. At the moment more studies are needed to support these hypotheses. Conclusion: As a gatekeeper of the primary care, GP has a privileged position to suspect of a rare diagnose and promptly refer to the correct medical specialty and also to give family support till diagnosis is made.
SEPSIS BY CAPNOCYTOPHAGA CANIMORSUS

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50-year-old woman, without relevant background. She does not take regular medication and works as a teacher in a children's school. It enters from critical services by picture of petechia, fever and general malaise. Given this finding and due to the high clinical suspicion of presenting meningococcal sepsis, we proceed to activate the sepsis code protocol. The study of the critical patient and the complications derived from this septic frame led to determine the possibility of finding a causative germ for which medication could be administered. Given this condition, intensive treatment and support were required because there were many complications.
A SURPRISE IN THE SPECULUM

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Aims: present a clinical case about a vaginal infection complicated by a foreign body; discuss the importance of Family Planning appointments as an opportunity for health literacy. Description: Female, 18 years old, nuclear family. Obstetric index 0000. July 2017: appointment with her family doctor, because of a white abundant vaginal discharge, with fishy odor, that started three weeks before, but aggravated on the last days. When asked, she reported unprotected sexual intercourse. On the gynecological exam, the leucorrhea was not visible (hygiene previous to the appointment), but, when the speculum was removed, a rest of condom that broke one week before was visible. She was medicated and asked to do blood tests to screen for sexual transmitted diseases. She returned twelve days later, with normal blood test results and an improvement of her symptoms. Conclusions: Bacterial vaginosis is an important cause of leucorrhea. Foreign bodies may cause bad odor and cause complications. Family Planning appointments constitute an important moment for education and health promotion - intensification of the importance of the condom and review of the intimate hygiene techniques.
SPECIALIST TRAINING IN FAMILY MEDICINE IN TRANSITIONAL COUNTRIES: SIMILARITIES AND DIFFERENCES

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Aims In December 2017, pre-conference exchange was organized by Foundation for the Development of Family Medicine in Croatia and VdGM. The presentations about organization and functioning of family medicine (FM) in participating countries, including specialist training (ST), was one of the activities. The aim of this small research was to find out the similarities and differences in ST between participating, transitional countries: Croatia, Czech Republic, Latvia, Poland and Turkey. Method The presentations and the following discussions on the characteristics of ST were analyzed according to the predefined criteria. Results GPs are recognized as specialists in FM in all countries and ST does exist in all of them. But, ST is prerequisite for work in FM in Czech and Latvia, while in Croatia, Poland and Turkey it is possible to work without training. ST in duration of 4-year is presented in Croatia and Poland, and of 3-year duration in Czech Republic, Latvia and Turkey. Rotation between hospital and FM teaching practices is the characteristic of all countries as well as the theoretical educational content, but various in duration. Final exam is obligatory in all countries and the universities and governments are mainly responsible for the provision of ST. Only in Czech and Latvia, professional organization are involved. Conclusion There are more similarities then differences on ST in the five transitional countries. But, still there are a space for improvement. Croatia, Poland and Turkey should try to implement obligatory ST for all doctor working in FM, while Czech, Latvia and Turkey should think about 4-year duration. All countries, except Latvia and Czech, should think about decentralization of the provision of ST, a greater involvement of professional organization.
A CASE OF CHAGAS DISEASE

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A 43-year-old patient with a history of renal colic two years ago and constipation for 5 years, who came to the Emergency Department due to a 48-hour duration of diffuse abdominal pain. He also reports a mild dysphagia for solids from a year ago. The exploration revealed a large abdominal distension and a pseudomasa. The simple X-ray of abdomen in standing, before and after a cleaning enema, shows a hugely dilated colon (megacolon). The patient is originally from Bolivia (rural area of Cochabamba) and has been living in Spain for 4 years. In your family environment there are cases of Chagas disease. Most likely, it is a chronic infection with Trypanosoma cruzi with digestive involvement (colonic and esophageal). Digestive involvement occurs in 10% of patients in the chronic phase of the disease. It usually manifests between 20 and 40 years. The esophagus and the colon (particularly the rectum, sigmoid and descending colon) are the most affected organs. Evolution is slow, causing high morbidity. Esophageal symptoms simulate achalasia and the most prominent abdominal symptoms are abdominal pain and constipation.
WOULD YOU AGREE EQUIP CONSENSUS STATEMENT “EQUITY, AN ESSENTIAL DIMENSION OF QUALITY IN PRIMARY CARE”?

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EQuIP, the European Society for Quality and Safety in Family Practice, produced in 2017 a consensus statement entitled “Equity, an essential dimension of quality in primary care”. The consensus includes eleven points that relate to practice organization, processes of care, patient’s social status assessment, interprofessional collaboration, community oriented primary care, resource allocation, health professionals training on equity of care, quality improvement methods to improve equity, and the potential advocacy role of primary care professionals faced to health and health care inequities. Aims of the workshop To reflect on the relevance of the consensus in the participants’ countries. To make the consensus concrete with case studies. To understand what the consensus implies in everyday practice. Description of the workshop First, the core concepts related with equity will be presented. The participants will get the consensus (a double-sided A4 sheet). They will work in small groups (5 to 10), and for each point they will discuss if it is clear, relevant, feasible in different countries. In order to illustrate different points of the consensus, they will give examples of equity problems, and solutions, when they exist. They will reflect on the best strategies to disseminate the consensus in their countries. Groups will present a summary of their reflection. EQuIP experts will propose a synthesis. Conclusion We hope that participants 1) will take ownership of the consensus, 2) will be motivated to bring reflection and debate to each country, 3) will try to implement some points of the consensus in their practice.
DRUGS AND DEPRESSION IN ELDERLY PATIENTS IN FAMILY DOCTOR’S PRACTICE

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Aim and background. In elderly people depression is still a serious problem resulting in poorer clinical course of various diseases. On the other hand, elderly patients are more prone to take greater number of medicines. The aim of our research was to find a possible relationship between the prevalence of depression and taking drugs in older patients.

Material and Method. We enrolled 261 patients aged 67 ± 6 years, 94 men and 164 women, who consecutively came to see the doctor. Patients’ clinical information on comorbidities and drugs being taken was collected. The Geriatric Depression Scale (GDS), including 30 questions, was performed and depression was recognized when the score was above 10. The data were analyzed with statistical methods. Results. Depression was recognized in 34% of the enrolled patients, more frequently in women (p<0.0001). There was a relationship between the presence of depression and number of particular drugs taken daily (OR 1.18, p<0.01), number of tablets taken daily (OR 1.02, p<0.013) and taking sleeping pills (OR 2.9, p<0.005). We also found a correlation between the grade of depression (score of GDS) and the number of particular drugs taken daily (r= 0.19, p<0.05) and the number of tablets taken daily (r= 0.18, p<0.05). No significant relationship was found between the prevalence of most common diseases and the occurrence of depression.

Conclusions. 1. Depression is a real health issue in family doctor’s practice. 2. Greater number of drugs or pills taken daily, and taking sleeping pills, may suggest a possibility of depression in elderly patients.
ADOLESCENT KNOWLEDGE ABOUT HEALTHY SEXUAL BEHAVIOR IN A SCHOOL SETTING

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Background Adolescence is the period when many risky behaviors with impact on health as adults start. Early formation of healthy lifestyle patterns can prevent or delay disease and disability in adulthood. One of the mainstream topics of health promotion in this age regards family planning and sexually transmitted diseases (STDs) prevention. Aim To evaluate secondary school adolescents knowledge regarding sexual health and STDs prevention. Methods From 2012 to 2017, a group of family medicine residents used an objective-based learning methodology in a health education project for 11th grade students. This includes an initial anonymous assessment with 5 core questions in multiple choice manner about: Q1- Selecting the name of first menses Q2- Considering different sexual orientations a disease Q3- Selecting normal or abnormal human sexuality behaviors Q4- Emergency contraception action and side effects Q5- Contraception methods that can prevent STDs Answers were included in a database and a descriptive assessment took place. Results A total of 614 initial assessments were obtained (27 blank answered). The mean age was 16.6 years and 55.1% of the respondents were female. The percentage of adolescents that answered correctly to each question was: Q1-82.3%; Q2-86.5%; Q3-89.4%; Q4-19.6%; Q5-78.1%. Conclusions Contraception emergency (Q4) was the area with the worst performance. Interference with future fertility and abortive mechanism of action of emergency contraception and efficacy of hormonal methods on STDs protection were the main myths. Globally, secondary school adolescents knowledge about family planning and STDs prevention was considered insufficient considering that these students had previously been presented with educational contents about these issues.
“KNOW TO BECOME MORE” - A SEXUAL BEHAVIOUR INTERVENTION PROJECT IN ADOLESCENTS

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Background Adolescence is the period when many risky behaviours start. Therefore, health promotion in this age can lead to disease prevention, being one of the mainstream topics of family planning and sexually transmitted diseases prevention. Aim To describe the project “know to become more” and evaluate its efficacy. Methods Since 2012, a group of family physician residents (FPR) created and provides an objective based learning project in schools, for sexual health education (HE) in adolescents of 11th grade. The intervention is organized in 3 sessions: 1st- FPR discuss and instigate the doubt in adolescents; 2nd- working group in class, with teacher supervision, to answer the objectives and doubts defined in the 1st session; 3rd- each group presents their findings, taking place an explanation by FPR of additional doubts. To evaluate the efficacy of the project, students filled an anonymous quiz pre (5 questions) and post-intervention (20 questions, including the initial ones). Answers were inserted in a data base where a descriptive and analytic (Mann-Whitney test) assessment took place. Results Until 2017, a total of 614 students (55% female) and 598 (56% female), with ages between 15-21, completed the initial and final assessment, respectively. The total grade in the final test varied from 1 to 20, with an average of 16.3. Comparing the grade of the 5 questions included in both assessments, there was a significant difference (p<0.001), with an improvement in the knowledge of the adolescents. Conclusions This work concludes that this intervention, with this specific methodology, is effective as a HE strategy for adolescents. The development of similar projects, regarding different topics and ages, are needed to sustain the interest of its use like a preferable HE mean.
FEVER IN VFR PATIENT (VISITING FRIENDS AND RELATIVES)

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AIMS: To highlight the importance for family doctors to consider tropical malaria in patients with fever after travelling to their home countries. DESCRIPTION: Male, 32 years old, African origin, he had no medical history. Recent travel to its country which is malaria-endemic. Mosquitoes were present in the house where he was living during his stay. He is complaining about headache, abdominal pain and fever. At a physical examination, no meningism, no neurological signs, no dyspnea, no abdominal tenderness. His blood pressure was 130/75 mm of Hg, his pulse rate was 100 beats/minute and his temperature was 38°C. Laboratory tests results showed hemoglobin level 13, 1 g/dL, a thrombocyte count of 65 x 10⁹/L, a leukocyte count of 4.21 x 10⁹ cells/L and a normal differentiation pattern. A C-reactive protein level of 182 mg/L and LDH 307 UI/L. CONCLUSIONS: Incubation period for plasmodium falciparum can be from 12-24 days (or longer if chymo prophylaxis has been taken or semi-immunity developed). At primary care consultation it could be useful to have a rapid test for malaria available. If a positive result is found, transportation to the nearest hospital is mandatory in order to be able to diagnose severe malaria according to the presence of clinical signs/laboratory parameters (TO BE DETAILED IN THE POSTER PRESENTATION) and to obtain the parasitemia in order to provide an adequate treatment and support. Svenson JE, Gyorkos TW, MacLean JD. Diagnosis of malaria in the febrile traveler. Am J Trop Med Hyg. 1995;53:518-521.
A CASE OF ADULT STILL’S DISEASE

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A 67-year-old woman presented for consultation due to a fever of up to 40s, three months of evolution, accompanied by malaise, chills and weight loss. Before the study of a case of fever without focus, the diagnostic protocol is set in motion, leading to the establishment of an empirical treatment and resulting in a rheumatological disease that is difficult to diagnose and, even more so, correct establishment of adequate treatment. The diagnosis of rheumatological diseases poses a challenge for medicine, given that in most cases it includes a varied set of symptoms and signs of different nature among which it has a common link, which is long-term fever. Due to the low incidence, the diagnosis is made through exclusion procedures and the treatment is established based on empirical criteria. In this way, through the study of a case, we will describe the arduous diagnostic task and in the same way its treatment. Finally, given the great possibility of fulfilling Yamaguchi criteria, it is concluded that it is an adult Still’s disease.
A STRANGE BULLOUS RASH - A BENIGN CAUSE

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Background Skin rashes are very common in the clinical setting and they can have varying presentations. Because of possibly being a life-threatening condition, a bullous rash deserves special attention, and amidst its etiologies we need consider sunburn and thermal burns, a phototoxic drug reaction, or drug-induced bullous disorders. Description A 59-year-old woman presents with a bullous rash in the arms and anterior thorax beginning the previous day. She was otherwise well, denying other symptoms. She had no knowledge of diseases, including personal or family history of bullous or inflammatory diseases, and took no medications. Examination revealed a well demarcated bullous rash, affecting mostly the right arm and collarbone area, painful and pruritic, with a base of streaked and linear erythema. The rash blanched with applied pressure, and Nikolsky sign was negative. She had been labouring in the field in the morning of that day pruning trees and flowers and had been under sun-exposure without protection of the affected areas. The clinical diagnosis of phytophotodermatitis was made and she was treated with cold patches and NSAIDs, a topical moderate strength steroid and a 5-day course of oral steroid. It was also recommended the use of sunscreen. Conclusions Phytophotodermatitis is diagnosed when a with contact with photosensitizing plants (mostly limes and figs in our setting) and sun exposure occurs a rash. It is usually a self-limited condition and typically resolves well with supportive care and topical steroids when needed. Besides of other differential diagnoses, because of the strange patterns of lesions in these cases, abuse can also be considered as a differential.
WORLD FAMILY DOCTOR DAY IN A SMALL TOWN

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AIMS: Since 2010 that the Worldwide Family Doctor Day is celebrated on the 19th of May, promoted by the World Organization of Family Doctors - WONCA. It aims to show the contribution that family doctors provide all over the world, through the health systems, and to celebrate progress in the field. RESULTS: With support from the Associação Portuguesa de Medicina Geral e Familiar (“Portuguese Association of Family Medicine”) and regarding the chosen theme for the present year: “Vencer o Sedentarismo... Adeus Depressão!” (“Beating Sedentarism... Goodbye Depression!”), the Family Medicine interns of the Unidade de Saúde Familiar Plátano organized an initiative on a central area of Portalegre. It aimed to promote regular physical activity through a session of relaxation exercises and to point out that an active lifestyle is the antidote for depression, since this is one of the most common mental pathologies in Portugal, with almost 10% of the population suffering from it. Pamphlets informing about the symptoms of depression, the benefits of an active lifestyle and how it affects humour were distributed; these also contained a few examples of recommended exercises. Informal question answering sessions were also held, enabling a closer contact with the individuals at hand and, consequently, the establishment of a closer and more trustworthy doctor-patient relationship. CONCLUSIONS: The intervention within communities - having prevention and health promotion as bases - is one of the cornerstones of Family Medicine. As such, and considering the success of the initiative and the way the intervention might have provided health gains, we intend to develop similar projects in the future.
AMBULATORY BLOOD PRESSURE MONITORING PROTOCOL IN A PRIMARY CARE SERVICE

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Aims Hypertension is a common chronic disease and a major cardiovascular risk factor, involving specific treatment and regular surveillance to minimize its consequences. The latest guidelines support that out-of-office BP should be considered to confirm the diagnosis of hypertension, identify the type of hypertension, detect hypotensive episodes and maximize prediction of CV risk, for which ABPM or HBPM may be considered. NICE showed that the use of ABPM is the most cost-effective method of confirming a diagnosis of hypertension in a population suspected of having high BP. In our country, the vast majority of hypertensive patients are being managed in primary care. Thus, in practice, as ESH recommends, primary care doctors may establish their own ABPM service, or alternatively they may refer their patients to an external ABPM service. However, in our country this last resource is too expensive for our patients. Therefore, in our centre, we manage to acquire an ABPM device and develop a protocol for our clinical setting, that we aim to share with this work. Description Our protocol was developed from recent guidelines of ESH and contains the following topics: - Aims and material: ABPM device, computer with the needed program, dossier with the protocol forms. - Clinical indications: identifying white-coat and masked hypertension phenomena, identifying abnormal 24h blood pressure patterns, assessment of treatment. - Procedures to: order the exam, appointment scheduling, carrying out the exam and report delivery, defining the responsible professionals. - Report parameters and reclassification values. - Flow chart. Conclusions We have so far been able to do 26 exams and conclude that the defined procedures are adjusted to our reality of a primary care service.
CROHN’S DISEASE MASKED BY MIGRAINE

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Aim Crohn’s disease (CD) is a chronic inflammatory and autoimmune disorder, sometimes having long periods of remission. It is commonly associated with other autoimmune diseases, such as Hashimoto’s thyroiditis. Description A 34-year-old woman presented to her General Practitioner (GP) with a history of migraine for three years which had worsened over the previous two months with lethargy, cold intolerance and bouts of diarrhea and constipation. Investigations showed: increased thyroid antibodies, TSH-30mU/L, free T4-0.05ng/dl and a thyroid ultrasonography compatible with Hashimoto Thyroiditis. Levothyroxine 100mcg was started. Six weeks later there had been normalization of TSH and T4 counts with an improvement in symptoms. Four months (M) after initial contact she experienced work related stress and subsequently relapse of previously described symptoms, as well as constant pain in the right iliac fossa (RIF). The patient related these symptoms to stress. She was referred to Neurology due to an increase in migraine episodes, 7M after initial contact, having started amitriptyline 25 mg and pm triptan. Both migraine and intestinal symptoms improved. 11M after first contact, the patient was subject to amitriptyline down titration, after which she presented rectal bleeding, diarrhea, dyspareunia and pain in the RIF. On examination 2 anal fissures and pain at deep palpation in the RIF was noted. A colonoscopy was performed confirming CD. Conclusion Stress precipitates the recurrence of both migraine and CD symptoms. In this case, migraine prophylaxis masked CD intestinal symptoms. The GP is in a privileged position to evaluate a patient in detail being a good harvest of clinical history key to diagnosis.
LATE DIAGNOSIS OF ANKYLOSING SPONDYLITIS

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AIMS Ankylosing spondylitis is a chronic inflammatory disease affecting the axial skeleton. It usually begins between the second and third decades. The clinical suspicion is paramount and the diagnosis can be established even when the examinations are not perfectly concordant. Early diagnosis and follow-up appear to be crucial. DESCRIPTION Male, 57 years, former factory worker. In February, referred cervicalgia with an inflammatory rhythm with progressive aggravation in the last 15 days. Examination showed rectification of the lumbar spine and dorsal kyphosis, with anterior projection of the head and neck. There was also a clear limitation of cervical and dorsolumbar movements. Personal history emphasized retirement by disability (2012), motivated by chronic incapacitating cervicalgia and dorsolombalgia due to degenerative osteoarticular disease. Medicated with anti-inflammatory and muscle relaxants with mild improvement. Recent laboratory routines showed increased CRP and Sed Rate; RF was negative and HLA B27 positive. Sacroiliac X-ray suggests advanced ankylosing spondylitis. With the diagnosis of Ankylosing Spondylitis, he was referred to Rheumatology, medicated with indomethacin and methylprednisolone. Screened for infectious diseases to start biological therapy with golimumab. Two months after, he developed Pneumonia. After this episode, he took antipneumococcal vaccination. Since then there have been no intercurrences and has remained asymptomatic. CONCLUSIONS Differential diagnosis of osteoarticular pathologies is an undeniable challenge for the GP. This case was diagnosed too late. Although the work context can be assumed as an etiological confusion, the present osteoarticular alterations are evident, worrying and regrettable. Follow up is also crucial.
NEONATICIDE AND INFANTICIDE: FROM THOUGHTS TO ACTION. HOW TO PROTECT INFANTS AND MOTHERS FROM HARM?

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Aims: While deaths due to diseases accidents and congenital defects have decreased, the homicide of infants has been stable or has increased in some areas. Most health care providers underestimate the frequency of thoughts of child harm among mothers and do not ask about it. The purpose of this work is to summarize recent research findings about maternal filicide and to consider potential strategies for prevention. At the end of this presentation, participants should be able to recognize mother's potential risk, motives and implement preventive measures. Methods: Literature review conducted by searching MEDLINE database in February 2016. MESH terms: Infanticide, mother, thoughts and/or prevention. Seven English articles were included in this work, dated from 2004 to 2015. Results: The majority of infanticides are not related to the mother's mental illness. Five major motives are identified: spouse revenge, unwanted child, fatal maltreatment, altruistic reasons and acutely psychotic women. Infanticidal thoughts are frequent particularly with colicky children and in energy consuming periods (ex: mealtimes). Women prefer not to disclose their thoughts, including trusted GP's, as they feel ashamed. Neonaticidal and infanticidal women have significantly different profiles and doctors should be aware of mother's potential for infanticide. Conclusions: Thoughts of infanticide are not rare and raising awareness helps to assist with early detection and assessment. Women should be directly but sensitively asked about thoughts or worries about harming their children and about specific stressors. Prevention may be difficult but maternal infanticide motives provide a framework for understanding the phenomenon as well as considerations for prevention.
WHAT IS THE REAL ETIOLOGY OF PATIENTS VERTIGO?

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Introduction: Vertigo represents a common symptom that is diagnosed and examined at GP’s office. We should be aware of it and never underestimate the real etiology of vertigo. Case report: 68-year old female visited GP’s office in April 2017 and was examined for rotational type vertigo already lasting for one week. Other symptoms were vomiting, leg tremor and dark ears. After physical examination laboratory test and referral to neurology was ordered. The next day laboratory test results revealed hypochloremia and hyponatremia. Patient was referred to hospital where chest X-Ray detected lung tumour. During the process of staging atrial fibrillation occurred caused by recurrent ionic imbalance. CT scan and bronchoscopy assessed the tumour as small-cell lung cancer of the lower lobe of left lung stage T4N2M0 - clinical stage 3B. In May 2017 our patient started chemotherapy. For good clinical status radiotherapy was initiated in July 2017. After 4 cycles of chemotherapy and radiotherapy complication of febrile neutropenia and postradiational esophagitis has occurred. The patient has completed 5 of 6 cycles of chemotherapy. The regression of the tumour was visible on the control screening after the oncological treatment. At present time our patient is in good physical and psychical status. Conclusion: Although vertigo is a common symptom it might hide uncommon manifestation of illnesses. It is important to pay attention to patient’s symptoms and focus of physical and laboratory examination. In our case report laboratory tests revealed paraneoplastic symptom of lung tumour manifested as vertigo.
A FAMILY CASE

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Patient, a 15-year-old woman from Sweden, who came to the emergency room of the Health Center referring to dysuria and oppressive-continuous pain at the level of the thoracolumbar mechanical characteristics of about 48 hours of evolution. It does not refer fever, nor the presence of urgency, frequency or urgency. Despite the prescribed treatment, the patient reported continuing with discomfort, which is why she decided to go to an emergency department again, but this time she decided to go to the regional hospital to complete a study of her pathology. Upon arrival, added to the previous clinic, also refers to increase the perimeter of the thigh, with coldness, pain, change of color at the level of the perineum. The possibility of expanding the differential diagnosis does not only depend on the availability of complementary tests available to the professional. On this occasion, from the primary care consultation differential diagnoses may be proposed that do not require in all cases to make tests or increase the cost, but rather to ask a series of questions about the family and personal history of the index case. In the case of our patient, she did not relate the family history as an important finding to be taken into account, just as she did not consider it relevant to express that she was pending a genetic study due to a possible haematological alteration in her country of origin. Emphasizing the section “Care for patients with blood problems”
AN INTEGRATED CARE MODEL – IS IT THE BEST RESPONSE TO VIOLENCE AGAINST WOMEN (VAW)? AN EXPERIENCE FROM CASTILLA Y LEÓN, SPAIN.

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Violence against women (VAW) is a serious public healthcare problem that demands a multiprofessional, integrated approach. Fragmentary response from those sectors involved has proven insufficient and unsatisfactory for the victims. Aims Elaboration and setting-up of an integrated care model for VAW, with pilot experiences in healthcare and social services, and other services involved. Method Analysis of previous experience (8 years) of a healthcare intervention on VAW Creation of multidisciplinary, intersectoral work groups for a better analysis of strong points and weaknesses, suggestions for improvement that give a proper response where needed. Design of the new model Study of viability Approval Pilot experiences Results A definition was made of an integrated care model that integrates social and healthcare services with a joint intervention protocol. Share of information between systems Integration of services Judicial system, police, councils, etc. Writing of a guide that supports The point of delivery is located at the healthcare services (PCT) and (Local Social Intervention Centres), where information is integrated and cases are managed. Access and referral ways are established, together with feedback devices and common tools. A plan was set up for the training of professionals Pilot experiences have been initiated in two healthcare districts, and its developing is being monitored in order to assess and adjust them before spreading Conclusions Although conclusive results are not yet available due to the little time passed after implementation, we think that an integrated care model guarantees the best response to the needs of VAW Victims, and overcomes the present coordination problems it also conveys swiftness and safety when channeling into different services
BACK PAIN EVOLUTION INTO SOMETHING ELSE

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AIMS: Acute pulmonary thromboembolism is one of the diagnosis that are common to make in elderly people, but thinking in that illness in a 26 year old boy with a back pain and nothing else could be difficult. DESCRIPTION: A 26-years-old Caucasian male without any illness or allergies, sought treatment for a mile back pain in the first hours of illness. During the following days he started to have signs of high temperature (37 °C), and episodes of puffing when doing some exercise, no other alterations but the back pain was persistent and increases with the inspiration movement. A chest x-ray showed some of the alterations in the left lung and antibiotics were given. He returned to consultation because even with the treatment in 3 days the fever was not stop and he was feeling worst back pain and dizziness. Suspecting Acute pulmonary thromboembolism was referred for a comment about a pain and shallow in the lower right leg (double in size and heated), which the patient did not express before, a CT-ANGIOGRAPHY scan was made and the diagnosis and treatment were implemented. Several studies were conducted and an alteration in the coagulation process was found. The patient was in good health in the follow ups. CONCLUSION:: Suspecting Acute pulmonary thromboembolism in young people without any reference of classic points as oral contraception, flights or family history is very difficult and the finding could be made by a follow up with the same doctor or the worsening of the previous pains and illness.
OBSTRUCTIVE SLEEP APNEA SYNDROME AND INSOMNIA - A NEW COMBINED PATHOLOGY?

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Aims: The association between Obstructive Sleep Apnea Syndrome (OSA) and Insomnia has increased and raised various physiopathological issues. Recent studies show higher prevalence of the symptoms of Insomnia at OSA patients. Consequently this co-morbidity should be addressed multidisciplinary including Pulmonologists, Neurologists, Psychiatrists and General Practitioner(GP). It's imperative to communicate and alert to this serious and growing problem. Methods: A study of the cases registered with sleep disturbances by the Neurology Service during March 17 was carried out taking into account data of co-morbidities and symptoms. The data were analyzed statistically. Results: A sample of 57 patients with sleep disturbances was analyzed. 77.2% were diagnosed with OSA, 15.8% still waiting for polysomnography and 7% with different sleep pathologies. The most frequent symptoms were insomnia, headache, excessive daytime somnolence, snoring and fatigue. The most associated co-morbidities were HPB, Obesity, Diabetes and Depression. Conclusions: With the coexistence of these frequent pathologies, as verified in our sample, a metabolic hypothesis was proposed with activation of the hypothalamic-pituitary-adrenal axis. Thus, through the hypoxia and fragmented sleep of OSA, as well as sleep deprivation (insomnia), the metabolic syndrome comes up. It's known that these disease are risk factors for cardiovascular disease, with impair quality of life and other Psychiatric comorbidities. Because of the large proportion of OSA patients with chronic insomnia symptoms, it's necessary to increase knowledge about insomnia, diagnosis and treatment. Given the association of OSA/insomnia, it's imperative that it be disseminated and thus strengthen the knowledge of GP resulting in an improved healthcare.
COMORBID DIABETES WITH HEART FAILURE; WHICH ONE IS THE INDEX DISEASE?

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As the link between heart failure (HF) and diabetes mellitus (DM) becomes unignorable, so is the need to choose optimal therapies that will not only control diabetes or avoid worsening of heart failure, but indeed lead to the improvement of heart failure. For more than 4 decades, coronary artery disease and hypertension have been considered as the main causes of diabetes-related cardiac dysfunction. HF was originally considered as a result of reduced left ventricular ejection fraction; however, it has been recognized that HF symptoms are often observed in patients with preserved ejection fraction. Diabetes Cardiomyopathy includes HF with both reduced and preserved entities. The choice of glucose-lowering agents plays an important role in the development of HF and related cardiovascular outcomes. Whilst metformin and insulin appear to have little impact on HF progression, the role of sulphonylurea remains uncertain. Thiazolidinediones are associated with a significant risk of HF progression. The incretin-based therapies are generally not associated with any HF interaction. However, a small increase in HF admissions was observed with the DPP-4 inhibitor saxagliptin. The GLP-1 agonist liraglutide was recently shown to reduce cardiovascular and all-cause mortality, yet hospitalization for HF was not significantly reduced. The SGLT2 inhibitors empagliflozin, canagliflozin and dapagliflozin have been shown to reduce HF admissions in patient with type 2 diabetes. In this workshop, we aim to explore 1. The interrelationship between diabetes and heart failure 2. Diagnosis of diabetes cardiomyopathy 3. The role of various antidiabetic drugs on the treatments or exacerbations of heart failure.
THE PRIMARY CARE WORKFORCE OF TOMORROW

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Recent analysis of the health workforce by WHO shows that we will globally lack more than 7 million healthcare workers. This will greatly impact our attempts to reach UN SDG 3 and universal health care for all. Research has shown that primary care is at the core of reaching health equity as it provides continuity and coordination of care that leads to better health outcomes for patients and communities. For us to reach these goals we will need to foster a supportive environment where this is possible. The aim of this workshop is to encourage participants to reflect on the current state of primary care in Europe and to facilitate discussion about what we hope it could look like in the near future. Discussion: What are some of the challenges to equal access to primary care and universal healthcare? Does the role of FM/GP need to evolve to be in a better position to coordinate care and how? Do we need to develop new roles within the primary care team and how would these be integrated i.e. physician assistants, community health workers? What support would primary care teams need from stakeholders/government to be able to provide comprehensive care? How do we improve communication between primary care, patients, communities, secondary/tertiary care and government? The outcomes from this discussion will be used to inform a future VdGM policy paper on Primary Care Workforce.
LINKING PUBLIC HEALTH WITH PRIMARY CARE THROUGH EDUCATIONAL AND RESEARCH ACTIVITIES; AN URGENT NEED NOW MORE THAN EVER

Christos Lionis¹, Agapi Angelaki¹, Marilena Anastasaki¹, Foteini Anastasiou¹, Antonios Bertsias¹, Myron Galenianos¹, Enkeleint-Aggelos Mechili¹, Maria Papadakaki¹, Sophia Papadakis¹, Elena Petelos¹, Emmanouil Symvoulakis¹, Dimitra Sifaki-Pistolia¹, Constantine Vardavas¹, Theodoros Vasilopoulos¹

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During the past five years, we have witnessed a call to action for the integration of primary care and public health, with numerous organisation and institutions adopting it as a strategic priority. Efforts to that direction could enhance and strengthen context-relevant research activities in primary care and general practice. To that direction, the Clinic of Social and Family Medicine (CSFM) of the School of Medicine at the University of Crete has adapted its research strategy and activities, with active involvement in several collaborative capacity-building and research projects, as well as policy-informing initiatives. This round table aims to report the experience gained by the CSFM and discuss how this knowledge could be translated to a strategic model suitable for similar European primary care settings. To this effect, project work funded under the auspices of the European Commission (FP7, CHAFEAEC, HORIZON2020), national collaborative projects, and involvement in efforts in the context of WHO initiatives would be shortly presented. These efforts address a variety of subjects with a high priority for public health research, primary care and general practice including that of appropriate prescribing, cancer prevention and cardiometabolic prevention and registration, smoking cessation, frailty and health ageing, and the care of vulnerable populations, including refugees and migrants. This session is anticipated to underline the importance of the synergies between primary care and public health research to enhance knowledge and the transfer thereof, support collaboration and alignment with researchers and primary care practitioners and as well as to define a theoretical and practical framework for the implementation of similar efforts in suitable settings.
LONG-TERM EFFECT OF AN ACTIVE INTERVENTION (HAPPY AUDIT) TO REDUCE ANTIBIOTIC PRESCRIBING IN PATIENTS WITH RESPIRATORY TRACT INFECTIONS.

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Aim and background. To assess the effect of a multifaceted practice-based intervention (HAPPY AUDIT) carried out six years earlier in order to reduce antibiotic prescribing in patients with respiratory tract infections (RTIs). Material and methods. The 210 general practitioners (GP\s) from eight Spanish areas who had completed the first and second registries in January-March 2008 and 2009 were invited to participate in the third registry in 2015. As in the previous registries, they were instructed to fill out a template for all the patients with RTIs during 15 working days in January-March 2015. A new group of GPs from the same areas who had never participated in courses on the rational use of antibiotics were also invited to participate and acted as controls. A multilevel logistic regression was performed considering the prescription of antibiotics as the dependent variable. Results. 121 GPs who were exposed to HAPPY AUDIT intervention in 2009 (57.6\%) and 117 control GPs never exposed to the intervention registered a total of 22,247 patients with RTIs. Intervention GPs prescribed slightly more antibiotics six years later, albeit without statistically significant differences (OR, 1.08; 95\%CI, 0.89 -1.311), while GPs allocated to the control group prescribed significantly more antibiotics (OR, 2.74; 95\%CI, 2.09 -3.59). However, the antibiotic prescribing rate was significantly higher in both GP groups in patients with acute pharyngitis (OR 2.26 and 2.83, respectively). Conclusions. This study shows that the effect of a single multifaceted intervention targeting antibiotic prescribing is sustainable after six years. However, the modifications of GP prescribing behaviour were not maintained in all the RTIs.
HUNTINGTON'S DISEASE-THE PATIENT'S PERSPECTIVE.

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Background: Huntington's disease is a rare, incurable genetic disease, inherited in an autosomal dominant pattern. It is associated with loss of specific neurons in the basal ganglia and cortex. Characteristic symptoms are behavioral changes, dementia and involuntary movements. The prevalence in most European countries ranges from 1.63-9.95 per 100,000 people. Because the disease is rare, patients with Huntington's disease struggle to find physicians that are able to help them with their complex problems. These patients also experience a lot of stigmatization from society, and the lack of support, both from their own families and available support groups, decrease their quality of life. Aim: Our aim is to raise awareness among family physicians about the complex problems of patients with Huntington's disease and to start a discussion on how to provide a better support system for these patients to increase their quality of life. Method: Case presentation. We report a case of a 38 year-old female patient with Huntington's disease. She was diagnosed 6 years ago by genetic testing. In a patient interview she reported episodes of syncope in her childhood. As of now, her main complaints are coordination difficulties as well as irritability. She has a son who is starting to show similar symptoms as she did as a child. Patient's two siblings, mother and grandfather were also diagnosed with Huntington's disease. It is voluntary to know the results of the genetic test in Poland, and this has led to enormous conflicts in the family. Conclusions: It seems to be extremely difficult to live with Huntington's disease. Family physicians may provide support to the patients by offering home visits and to search for available support groups.
TREATMENT WITH INJECTABLES IS EASIER THAN YOU THINK: HOW TO COMMUNICATE WITH RELUCTANT PATIENTS.

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¹ PCDE, Turkey

Introduction and aim: Health is determined by exposure to multiple risks, the modifiable ones can be avoided by healthy lifestyle and adherence to therapy. Health behaviour change is a complex issue, for patients, as well as healthcare professionals. Patients with chronic diseases like Diabetes Mellitus sometimes perceive therapy as complex and adaptation burdensome which, in turn, results in low adherence to therapy. This workshop (WS) aims to review and practice communications skills for effective behavioural interventions in primary care to motivate and empower reluctant patients to initiate and adhere to injectable therapies. Design and methods: In this interactive WS participants will review together with the facilitators patient-centred clinical communication techniques, especially focusing on microskills to initiate behaviour change by evoking intrinsic motivation of the patient. The WS will be run in small groups (maximum 35 participants) with 2 or 3 facilitators. The program will begin with a presentation on motivational interviewing techniques and will continue with discussion of and reflection on videos of patient-physician consultations portraying different motivational interview scenes. Results: After having attended this WS participants will be able to describe the stages of change (according to the Transtheoretical Model), explain the relationship among ambivalence, readiness to change, and motivation, define motivational interviewing and explain the technique, demonstrate awareness of micro skills to initiate behaviour change.
WHY FAMILY MEDICINE IS THE LAST PROFESSION THAT MEDICAL STUDENTS CONSIDER AS A CAREER CHOICE?

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Background. In Kyrgyzstan there are currently working half of the needed number of family doctors (1500 vs. 3000). Meanwhile medical schools of Kyrgyzstan prepare large number of specialists. Purpose. The purpose is to learn the factors that affect the perception of family medicine and identify determining factors in career choice. Material and Methods. Cross-sectional study with use of the original questionnaires. Survey is performed among medical students of 1, 5 and 6 year of their undergraduate study at the largest medical school of Kyrgyzstan. Extensive variables are calculated. Results. 120 medical students are surveyed, 63 female and 57 male respondents (52.5% and 47.5% accordingly). Only 25% among 1st year students, 13% at the 6th year, and only 5% students at the 5th year responded that they are interested in the career of family medicine. 25% of the 1st year students, 55% of the 6th and 90% of the 5th year admit that family medicine is not valued in our country. 90% of the 1 and 5 year students indicated that salary is a key factor for their career choice. While 100% of the graduates admitted that salary is a main determining factor affecting the career choice. 30% of all respondents assess care provided by the family doctors as of low level. 25% of students hear negative comments about the career of family medicine from administration and faculty teachers; 40% - from specialists and 50% - from residents and young researchers. Conclusions. Current situation of a career choice puts the whole primary care in danger of collapse. Survey results demonstrate urgent need for activities which target factors that were identified as determining for a career choice (image of a family doctor, salary, influence of the teachers, family medicine leaders).
TIME TO KNOW HOW HARD THE PRACTICE OF FAMILY MEDICINE IS: LESSONS FROM KYRGYZSTAN

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Title: Time to know how hard the practice of family medicine is: lessons from Kyrgyzstan Background. Family doctors today are the warriors who are expected to fight the HIV, TB, mental health, NCD and many other health battles while there is no evidence of how they feel about their competence in daily clinical situations. Purpose. The purpose is to learn about various aspects of family doctors’ practice as identified by themselves. Methods. 123 family doctors representing all seven provinces of Kyrgyzstan were surveyed with original paper questionnaire which included open-ended questions and questions with Likert-scale responses. Results. A majority (63%) of family doctors have no access to computers and even more (71.4%) have no access to Internet. While the vast majority reported that they provide women health care (pregnancy care 89.3%, family planning 93.4%, gynecology 78%), 33% of the surveyed admit being not confident in providing such care to women, and 22% admit an absolute lack of skills in gynecology. The highest rates of absolute lack of practical skills doctors admitted were in surgical procedures (17.8% of family doctors admitted that they have no skills in suturing and boil drainage). 77% of family doctors provide mental healthcare while 56.9% feel lack of confidence and competence in providing it. Conclusion. 1. Family doctors of Kyrgyzstan have very little access to computers and Internet, which limits their e-learning resources and continuous medical education. 2. Simple survey based on honest self-assessment show alarming data and should be a red flag for politicians and medical schools and advocate for financial, material and training support to prevent a failure of family medicine care in Kyrgyzstan.
MANAGEMENT OF GASTROENTEROLOGICAL DISEASE IN PRIMARY CARE; STATE OF THE ART 2018

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Background Gastro-intestinal complaints are frequently presented in primary care across Europe; on average 7-10% of the consultations relate to the GI tract. The underlying disease spectrum varies from transient benign GI infections disease to cancer. The most frequent diagnoses in primary care are gastro-oesophageal 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, all of which have impact on the disease management in primary care. In this symposium we present the “state of the art” management for gastrointestinal disease in primary care. Chair: Dr. Pierluigi Fracasso. ESPCG Educational Officer. General Practitioner. Rome, Italy. 1. Introduction by chair. Gastroenterology in primary care : State of the art 2018. 2. Gastroesophageal reflux disease. Prof. Juan Mendive, ESPCG President. Family Physician. Barcelona. 3. Dyspepsia, peptic ulcer disease and Helicobacter Pylori. Prof. Niek de Wit. Julius Center. UMC Utrecht, the Netherlands. 4. Irritable bowel syndrome. Prof. Jean Muris. ESPCG Secretary. Department of General Practice University Medical Center Maastricht, the Netherlands. 5. Food intolerance, allergy, and coeliac disease. Prof. Christos Lionis. Dept. of General Practice. University of Crete, Heraklion, Greece. 6. Discussion, final remarks and closing.
GASTROENTEROLOGICAL CANCER IN PRIMARY CARE; DIAGNOSTIC CHALLENGES IN GASTRO-INTESTINAL DISEASE

Juan Mendive\textsuperscript{1}, Knut-Arne Wensaas\textsuperscript{2}, Niek de Wit\textsuperscript{3}, Christos Lionis\textsuperscript{4}, Bohumil Seifert\textsuperscript{5}

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Background Almost all gastrointestinal disease initially presents in general practice, and although organic bowel disease such as cancer, IBD or serious infections is rare, the impact on prognosis and quality of life is high. Timely diagnosis is a challenge, and the task for the GP is to balance between adequate and overdiagnosis. In this symposium we will discuss the diagnostic process in general practice for patients with GI symptoms 90 minutes symposium (4 presentations of 20 minutes, 10 minutes discussion) Chair: Prof. Juan Mendive, ESPCG President. Family Physician, Barcelona. 1. Introduction by chair: Testing for Gastro-intestinal (GI) diseases in primary care. 2. Diagnostic testing for bowel symptoms: microbiology, calprotectin, FIT, what makes sense? Dr. Knut-Arne Wensaas. Dept. of General Practice, Bergen University. Norway 3. Diagnostic evaluation of abdominal pain. Prof. Niek de Wit, Julius Center, UMC Utrecht, the Netherlands. Abnormal liver tests; what to do? Prof. Christos Lionis. Dept of General Practice. University of Crete, Heraklion. Greece 5. Achieving earlier diagnosis of GI cancer. How to assess risk and use tests effectively. Prof. Bohumil Seifert ESPCG Public Affairs Officer. General Practitioner, Prague. Czech Republic. 6. Discussion, final remarks and closing.
ESPCG ACKNOWLEDGE AND THANK YOU WORKSHOP. WORKSHOP ON THE MEMORY OF PROF. MAŁGORZATA PALKA (POLAND)

Juan Mendive¹, Bohumil Seifert², Małgorzata Zwolińska - Wcisło³, Katarzyna Nessler³

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This is a workshop on the memory of Małgorzata Palka, a vocational family physician. A well-known friend and colleague, active member in Poland at the College of Family Physicians and at the Polish Society of Gastroenterology as well as internationally at the European Academy of Teachers in General Practice/Family Medicine (EURACT) as well as the European Society for Primary Care Gastroenterology (ESPCG). Her aptitudes and skills on the family medicine field involved not only the practice compromise as general practitioner but also her research and teaching capacities at the Department of Family Medicine at Jagiellonian University Medical College in Kraków, where she will always have a good memory through her friends and colleagues. Main research and field of interest of Małgoratza were GI problems in primary care. This is why she has been many years on a permanent compromise as the Polish representative in the ESPCG. From ESPCG we would like Malgoratza remain in our memories forever as well as she will be surviving on her family and friends. Chair, Prof. Juan Mendive, Family Physician, Barcelona. President of ESPCG 1. Introduction by chair. Margoratza: our Polish colleague and friend at ESPCG. 2. Working with Margoratza on colorectal cancer screening project for ESPCG. Prof. Bohumil Seifert. ESPCG Public Affairs Officer. General Practitioner, Prague. Czech Republic. 3. Margoratza Palka: My colleague and friend at the University. Prof. Małgorzata Zwolińska - Wcisło - gastroenterologist. Jagiellonian University Medical College. Kraków. 4. Margoratza Palka: A veritable Family Physician. What I learnt from her. Katarzyna Nessler MD PhD. Department of Family Medicine. Jagiellonian University Medical College. Kraków 5. Final remarks, closing.
CO-PRODUCTION FOR APPLIED RESEARCH AND HEALTH INEQUALITIES, SHORTENING THE TIME FROM IDEAS TO CHANGED PRACTICE

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In England the National Institute for Health Research has funded 13 Collaborations for Leadership in Applied Health Research and Care (CLAHRC). This presentation will summarise the approach and work of one, in the North of England. This is the only CLAHRC that is hosted by a Primary Care organisation, and that has an overarching focus on health inequalities. This CLAHRC has 38 partners including three universities, nine local government authorities, over 20 healthcare organisations six of which are primary care district organisations (CCGs). What sets this CLAHRC approach to applied health research apart, is the expectation that all research embeds co-production; through including the views and active engagement in projects of professionals, both clinical and management, as well as the public and academics, working together from agreeing the research question through to delivery. Co-production ensures the focus of research is relevant to practice, and can be implemented, and that it matters to patients, professionals and the public, whilst building research and implementation science capacity among the workforce. The talk will give examples of the types of research, ways to embed co-production throughout the research pathway and thus how to build effective working relationships between academics, practitioners, managers and the public. It will also focus on toolkits and approaches used to build effective collaborations, break down barriers to effective engagement and shifting the culture for research and implementation, with a focus on research with the potential to reduce health inequalities.
THE HEALTH INEQUALITIES ASSESSMENT TOOLKIT FOR RESEARCHERS (HIAT)

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Very few published research studies contain data on the impact of an intervention on health inequalities (HI), even though this is a worldwide concern. Academics & health professionals involved in research need ways to consider how health inequalities might relate to their topic & research design, what data it would be useful to collect, & how they might know they have had an impact on health inequalities as a result. Although there are tools for health service redesign & delivery to build in elements of health inequalities, there’s no tool for researchers to incorporate health inequalities into their research plans & designs, so we developed an on-line & paper tool for researchers to use: the Health Inequalities Assessment Toolkit www.hiat.org.uk This was developed iteratively through meetings bringing together healthcare professionals, academics & the public working in small & larger groups to develop & refine the toolkit. This presentation will demonstrate the HIAT with examples of how it can be integrated into applied health research. The toolkit integrates public involvement throughout. It has 4 core elements: Clarifying HI issues; Designing the work to maximise the potential to reduce HI; Evaluating & monitoring HI impact; Planning for wider HI effects. It supports users to consider how socio-economic inequalities contribute to health inequalities & act as a barrier. It emphasises the importance of public and patient involvement in equity sensitive research. It encourages users to think what further partnerships (for example with local government) might increase the positive effect of planned research. The HIAT is also relevant to systematic reviews & evidence synthesis, capacity building work, knowledge exchange, implementation projects & evaluation.
BUILDING COMPASSION AMONG PRIMARY CARE TEAMS

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Schwartz rounds were developed by the Schwartz foundation to bring together staff groups in a facilitated confidential structured forum to talk about the emotional aspects of their work. The rounds are for all staff, and are non-hierarchical. These are held regularly, with all staff invited to attend. After setting up these rounds for interdisciplinary groups of healthcare students within the University of Liverpool in 2016, we are now working with Brownlow Health, the largest general practice in the city, to establish Schwartz rounds within their practice. They will be managing and facilitating the rounds, and we will be facilitating the evaluation. We have set up an evaluation of the Liverpool University student rounds, and are extending that to evaluate the rounds in Brownlow Health as they begin in 2018. Mirroring the approach taken by Maben et al in their ongoing NIHR-funded national evaluation, we are collecting data through written and online surveys covering domains in Compassion, Insight and Self Reflection, Resilience, Empathy and Professional Quality of Life as well as demographics and process data, plus feedback about individual rounds. We will present preliminary (baseline) data from the practice, within the contexts of our ongoing University rounds evaluation. NOTE: We could do this as a workshop and Gundi and I could run a demonstration round in that, but we would need 2 or 3 volunteers from Primary Care (local GPs academics?) to prepare them as case presenters. We would need an hour altogether to do that.
"DYNAMIC VISEGRAD" - GP’S COMPETENCIES AND COOPERATION WITH SPECIALISTS

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Aims: The Visegrad 4 countries (Czech Republic, Hungary, Slovakia, and Poland) have lots of similarities in their health care systems, yet there are numerous and essential differences too. Wide and liberal competencies of GPs in some of them are in contrast to the narrow and restricted ones in the others. The ratio of referrals to secondary care might be one of the measures of quality of skills and competencies of GPs. However, a number of referrals are also resultant of legal regulations. Such invalid procedures might lead to worse overall quality of care for some groups of patients, the higher workload of specialists and prolonged waiting time for consultation. Other issues, related to professional competencies, also deserve more attention, objective analysis, and the introduction of changes into the healthcare systems.

Description: Two main areas will be discussed during the workshop: range of competencies of GPs in selected medical conditions and cooperation between GPs and secondary care specialists. V4 country representatives will present current situation pointing strengths and limitations of local policies. Then in guided small-group brainstorming followed by plenary discussion, the participants will try to identify best practices worth implementing in V4 countries. The list of 10 best ideas will be chosen up for further evaluation and practical use. Conclusion: Comparison of strengths and limitations of different health care systems, focused on patient’s benefits, should lead to clear conclusions. Systematic changes in primary health care, including increase of range of professional competencies for GPs, should be proposed and introduced where necessary.
SPIROMETRY MADE EASY

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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 readily 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. - Practice with interpretation. 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.
CHRONIC OBSTRUCTIVE RESPIRATORY DISEASE 2018. (COPD) WHATS NEW, AND WHAT ISN’T.

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Chronic Obstructive Pulmonary Disease (COPD) is a common respiratory problem caused by exposure to smoke from cigarette smoking, or, indoor air pollution from passive smoking or 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. The symposium (which will be interactive) will cover; The importance of a correct diagnosis how to achieve this, action following diagnosis, disease classification and treatment, vaccination in COPD which, when and how?, exacerbations get in early! Finally there will be 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.
CHALLENGING ASTHMA

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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 symposium will cover issues as; diagnosis and problem identification, the difference between unstable, severe, and uncontrolled asthma, red flags in management, appropriate management, the role of inhalers, type, and inhalation technique. The International Primary Care Respiratory Group (IPCRG) is a special interest group associated with WONCA Europe.) All speakers are general practitioners and are well known Internationally in primary care circles, especially with reference to respiratory medicine.
STRESS COPING STYLES AND RISK OF ALCOHOL USE DISORDERS IN MED STUDENTS.

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Background: medical profession is related to high levels of stress, therefore requires effective stress coping mechanisms. Studies indicate that there is a risk of developing alcohol dependency for those who present avoiding stress coping strategies, and learn to use alcohol as stress reliever. Aim of the study: The relationship between stress coping style and motivation to alcohol consumption was studied in the context of alcohol dependence risk in medical students. Material and methods: Study group included 268 med students. Authors used Alcohol Use Dependency Identification Test (AUDIT), Coping Inventory for Stressful Situations (CISS) as well as self-designed questionnaire to examine motivation and usual situations related to alcohol consumption in students. Results: 94% of students reported alcohol consumption during past year. Risky or harmful alcohol use was found in 16% of med students and 22% dentistry students, high risk of alcohol dependency was diagnosed 2% of cases. More than 50% of students reported drinking for coping motives. Subjects showed moderate levels of all stress coping styles: task, emotion, and avoidance-oriented. Medicine students used avoidance oriented coping (social diversion subtype) more often than other students. There was no correlation between stress coping styles, drinking motives and alcohol dependence risk in the studied group. Conclusions: Lack of correlations may stem from methodological limitations (subjective character of questionnaires). Further studies are necessary to point out the sensitive moment throughout medical education and practice, when drinking becomes the leading stress coping mechanism for groups at high risk of substance dependency.
PATIENT WITH AUTISM SPECTRUM DISORDER IN PRIMARY CARE PRACTICE

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Background: treating adult patients with Autism Spectrum Disorder is a challenge for medical professionals. Knowledge about special strategies and accommodations for patients on the autism spectrum can benefit doctors with easier work and better compliance to treatment. Although prevalence of Autism Spectrum Disorders estimates around 62/10000, subclinical cases occur more often than diabetes (23% of population). A large number of today autistic adults remains not formally diagnosed and/or may have been misdiagnosed with other conditions. Family physicians may recognize characteristics of autism spectrum in undiagnosed patients or in patients with other diagnoses. Traditionally, autism spectrum has been conceptualized as a social-communication disorder, though a fast growing number of research characterizes it as a difference in information processing. Aim: to raise awareness about signs and symptoms of autism in adults and to provide tips for primary care practitioners. Our presentation focuses on difficulties in ways to deal with communication and interaction with autistic patients. There are significant differences in communication rules, sensory processing, body awareness and pain perception in patients, that should considered, and explained in the sake of effective cooperation with patient. To obtain individualized information about key points prior to visit, may help patient to plan, organize and calm down. Medical professionals need to be aware, how to prepare a patient with special needs for examination, tests, medical procedures, as well as how to deal with sensory overload and meltdowns. Conclusions: Providing a patient-friendly environment and sensitive approach to intense distress related to medical encounters will improve treatment compliance.
IDENTIFICATION OF RESEARCH GAPS TO ENABLE BETTER PRIMARY HEALTH CARE MODELS OF CARE AND FINANCING IN LOW AND MIDDLE-INCOME COUNTRIES

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Aim & Background: Attendees will discuss preliminary findings of WONCA Research Committee project, funded by Ariadne Labs (Gates Foundation support), & help shape next steps. The project aimed to identify the available research & gaps in the evidence base in the areas of (1) primary health care (PHC) organisations & models of care, including workforce issues, & (2) primary health care financing of low & middle income countries (LMIC). The project was led by the Chair of the WONCA Research Working Party with President & with input from many WONCA members & academic leads. Project design included literature review & Delphi online consensus survey. Methods For each 2 topics (primary health care organisations / models of care & financing) the project will produce the following outcomes: Map of existing gaps in knowledge including areas where there is evidence of what works to improve the gap. List of 10-15 prioritised research questions. Research implementation plan that proposes how to answer at least 3 prioritised research questions & defines how research will be produced to answer questions within a network structure. The workshop will report on prioritised research questions & proposed research, & explore the feasibility of these being implemented in LMIC settings. The session will involve 2 short presentations on the two strands of the project (PHC organisation & models of care, & PHC financing), with reflections on the work done to date, followed by small group discussion & then plenary session with conclusions. Results This workshop addresses key areas of development in PHC across LMIC, & solicit comments & suggestions from participants in in the processing of the research. This will be of interest to many WONCA practitioners, policy leads, & researchers.
THE PREVALENCE OF THE CLASSICAL CARDIOVASCULAR RISK FACTORS IN PRIMARY HEALTH CARE IN POLAND – THE RESULTS OF THE LIPIDOGRAM2015 STUDY

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Aim. The epidemiologic assessment of classical risk factors of cardiovascular diseases: dyslipidemia, hypertension, diabetes mellitus, obesity and smoking in primary care in Poland. Material and methods. The questionnaires were completed by the study physicians based on the patients’ medical history, interviews and physical examinations. Inclusion criteria: 1. individuals over 18 years, who are under care of the given physician-investigator in the primary care clinic; 2. individuals voluntarily seeking medical assistance for any medical reason in the 4th quarter of 2015 or 1st and 2nd quarter of 2016; 3. individuals who sign the informed consent to participate in the study. All the patients were tested for blood serum fasting: lipid profile (total cholesterol, LDL-cholesterol, HDL-cholesterol, triglycerides) and glucose. The laboratory tests were performed in one central laboratory in Poland. Results. 13,724 patients older than 18 years, recruited by 440 study physicians were involved in the study. 63% of patients were women. The average age of the patients was 56,4 years. The most common cardiovascular risk factor in Poland was dyslipidemia - 59% of the patients enrolled in the study. The next risk factors were respectively: arterial hypertension - 40%, obesity - 34%, smoking - 17% and diabetes mellitus - 10% of the patients enrolled in the study. Conclusions. The most common risk factors in Poland are dyslipidemia, hypertension and obesity. The results of the LIPIDOGRAM2015 Study demonstrate that men seek the advice of primary care physicians less frequently than women, so that the actual prevalence of the risk factors for cardiovascular diseases among men may be higher than estimated.
SYMPTOMATIC TREATMENT IN COMMON INFECTIONS

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It is common knowledge that in most common infections there is no need for antibiotic treatment. Side effects are more frequent than beneficial effects in most patients and there is the threat for inducing bacterial resistance. Therefore there has been and still is a growing focus on symptomatic treatment to alleviate symptoms and improve disease course. In this workshop new scientific insights in the effects of symptomatic treatment in common infections in primary care will be presented and discussed. Trial evidence about the impact of using NSAIDs for symptom control in respiratory tract infections, and the evidence for a link with septic complications will be discussed. Then the available trial results on the effects of oral steroids in common respiratory infections, being sinusitis, acute sore throat and acute cough will be presented. In addition the effects of symptomatic treatment in urinary tract infections will be discussed, based on recent trials in this field. Besides presenting new insights we will involve participants of the workshop by asking them about their use of symptomatic treatment in daily practice and by discussion on differences between countries.
WORKSHOP ON ROLES OF PARTNERS IN PRIMARY CARE FOR AN INTEGRATED CARE IN EUROPE FOR CANCER; WONCA EUROPE NWS AND SIGS, ECCO, EFPC, CA-PRI

David Weller¹, Ian Banks², Shiomo Vinker³, Roar Maagaard⁴, Ferdinando Petrazzoli⁵, Zalika Klemenc-Ketiš ⁶, Raluca Zoitanu⁷, Danica Rotar Pavlic⁸, Jasna Vučak⁹, Mehmet Urgan¹⁰

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² European Cancer Organisation (ECCO), United Kingdom
³ EGPRN, Israel
⁴ EURAC, Denmark
⁵ EURIPA, Italy
⁶ EQuIP, Slovenia
⁷ VdG, Romania
⁸ EFPC, Slovenia
⁹ Europrev, Croatia
¹⁰ Ankara University (on behalf of Wonca Europe EB), Turkey

Background ECCO is a not-for-profit federation existing to uphold the right of European cancer patients to the best treatment and care, promoting interaction between all organisations. By progressive thinking in cancer policy, training, and education ECCO promotes cancer research in prevention, diagnosis, treatment and quality care. Recently, it has taken on the task of better defining roles for primary care (PC) in cancer control in EU. ECCO produced a position statement for discussion. WONCA-E was asked to engage in this exercise, along with other organizations in PC setting. Methods The statement is drawn in large part from the bringing together of professions and patient representatives. At a European oncology congress, the roles for PC in prevention, screening, management, healthcare delivery approaches integrating primary and secondary care were discussed for the first time. WONCA-E will be an essential setting to go further to talk and discuss on the statement. ECCO addresses all professionals involved in cancer control, EU, national policy makers influencing healthcare systems and the organisation of cancer care. Results The statement advocates a multidisciplinary/patient-centred approach to integrated cancer care, coordination of the care process, with clearly defined roles for all professionals, improvement of communication between professionals involved in cancer care, the development of integrated care models which reflect the differing patient needs associated with different cancer types. Conclusions The task now is to consult widely and discuss concepts of the statement in WONCA-E Conference. The project should provide a deeper understanding of the role PC can play in improving cancer outcomes across Europe.
OPTIMAL PRIMARY CARE NEEDS "DARING DOCTORS"; HOW TO SUPPORT PRIMARY CARE PHYSICIANS IN LIMITING OVERDIAGNOSIS AND AVOIDING UNNECESSARY MEDICAL INTERVENTIONS.

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BACKGROUND: Due to the rapidly expanding medical knowledge the public demand for medical interventions, such as diagnostic tests and treatment, is increasing continuously. Especially in European health systems with low-threshold access to healthcare, GPs struggle with the question: must everything be done what possibly can in every situation? Irrational use of medical services leads to overdiagnosis and too much medicine in many countries. GPs are of vital importance to support patients in making rational choices. We need daring doctors who provide optimal, and not maximal, care to their patients. Daring doctors are GPs who serve their patient with their expertise, who take responsibility for adequate use of public means, and try to prevent overdiagnosis and irrational treatment. They practice shared decision making and discuss the need for medical interventions within the context of the patients’ personal life-perspective. AIM: In this interactive workshop two key challenges for "daring doctors" will be discussed: prevention of overdiagnosis and limiting unnecessary medical interventions. Description program: 0 Introduction; chair 5. The Daring Doctors movement in the Netherlands; background and aims. Marije Holtrop 15. Overdiagnosis and too much medicine: scientific overview: Niek de Wit, 30. Interactive discussion about the role of the GP in preventing overdiagnosis; chair 40. "Brave patients" demonstrating patients’ initiatives in limiting medical interventions. Frederieke Pijbes 50. End of treatment decisions in primary care; examples from the Netherlands; Stan van de Buijs/ Josephine Kan 65. Interactive discussion: the GP’s role in limiting needless medical interventions; chair 75 closing remarks: chair
ONCOLOGY SET OF REGULATIONS - A SYSTEMIC SOLUTION FOR ONCOLOGICAL PATIENTS IN POLAND. THE ROLE OF THE GENERAL PRACTITIONER (GP).

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Aim. Presentation of the set of law regulations in oncology - a systemic solution introduced in 2015 in Poland. Pointing out the legal basis, presentation of the foundations of the set and reasons for setting it up. The paper describes the procedures in the so-called "fast oncology path" and the role of the General Practitioner (GP). Material and methods. Review and analysis of legal acts on which the described solution operates. In addition, conclusions of oncological patients coordinator, who works in one of Cracow's hospitals, are included. Results. According to the assumptions of the Polish Ministry of Health, the set up solution were supposed to provide quicker access to oncological diagnostics, coordinated healthcare and to provide oncology services without a limit. Those services are provided based on "DILO card" - Oncology Diagnostics and Treatment Card. The reasons for setting up a new solutions of organization and financing oncological services were relatively low expenditures on oncological diagnostics, long waiting time for oncological diagnostics services and high mortality caused by cancer diseases in Poland, compared to other European countries. The procedure was divided into set of stages. The oncological path depends on the place in system, where the DILO card was set up. Authorization to set up the DILO card in case of suspected cancer as well as in the case of a recognized disease, has a primary care physician (GP) and a doctor in specialist dispensary care. Moreover, DILO card can be set up in the hospital ward in case of histopathological confirmation of the cancer disease. Conclusions. GP is essential part of the oncology system in Poland who has the authorization to set up the DILO card and as a "gatekeeper" obtained crucial permissions.
EPCCS STATE OF THE SCIENCE SYMPOSIUM - DILEMMA’S IN FOLLOWING GUIDELINES FOR CARDIOVASCULAR DISEASE

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Cardiovascular problems and disorders are among the most common reasons for encounter in general practice. Despite the existing guidance, there is still a high variation of performance that may vary across setting and sometimes dilemmas arise when following the guidelines. In line with one the missions of the European Primary Care Cardiology Society (EPCCS), we will use of common clinical scenarios and cases in order to interactively discuss selected clinical cases, including a multimorbid patient with heart failure, a young person with acute pericarditis and old frail patient with atrial fibrillation. The cases will be presented by EPCCS council members and available guidance produced by the European Society of Cardiology and the EPCCS will be utilized.
EPCCS STATE OF THE SCIENCE SYMPOSIUM - KEY ISSUES FOR PREVENTING STROKE IN AF

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Atrial fibrillation (AF) is the most common cardiac arrhythmia, present in around 1% of the population and 7% of over 65's, and incidence may double by 2050. The most important clinical significance of AF is the associated five-fold increase in the risk of stroke. Furthermore, AF-related strokes tend to be more severe and have higher mortality. However, AF related strokes are potentially preventable and thus population-based screening for AF is increasingly being considered. There have been many trials and guideline updates on AF treatments to prevent stroke. Several factors have led to an increased interest in AF screening; The prevalence of AF is increasing; Newer simpler treatments are available in the form of Direct Oral Anticoagulants (DOACS) that are safer and as effective as the existing treatment of Vitamin K antagonists, albeit at higher cost; many relatively inexpensive screening devices for detecting AF in the community have been developed. The most recent European Society of Cardiology guidelines recommend opportunistic screening for AF by pulse taking or ECG rhythm strip in patients >65 years of age, but recommend further evaluation of systematic AF screening programmes in at-risk populations. Programme 1. Atrial fibrillation burden, its importance in stroke, and summary risk reduction options Professor Richard Hobbs (Oxford, UK) 2. Should we be screening for AF? - evidence and practice Dr Clare Taylor (University of Oxford, UK) 3. Practical steps for managing anticoagulation - how to use VKA and DOACs Professor David Fitzmaurice (University of Warwick, UK) 4. Panel and audience debate on remaining issues for primary care in AF Symposium organized by the European Primary Care Cardiovascular Society (EPCCS), a WONCA Network/SIG
CLOSE THE GAP BETWEEN PRIMARY CARE AND PUBLIC HEALTH

Job FM Metsemakers\(^1\), Rawaf Salman\(^2\), Anna Cichowska Myrup\(^3\)

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Speakers: Prof. Salman Rawaf, Professor of Public Health Director, WHO Collaborating Centre and Public Health Faculty of Medicine School of Public Health Imperial College, London, UK Dr. Anna Cichowska Myrup Programme manager Public Health Services WHO Europe, Copenhagen, Denmark Chair: Prof. Job FM Metsemakers Past President WONCA Europe Netherlands

One of the strategic objectives of WONCA Europe is integrating Public Health into Primary Care. Primary care, derived from family medicine (General Practice), proved its value and effectiveness in reducing amenable mortality from communicable and non-communicable diseases, by reducing hospitalization and the use of emergency department visits, improving patient outcomes and helping to counteract the negative impact of poor economic conditions on health. Now we face the challenge to move from a disease model of primary care service to a more proactive model based on public health principles. Dr. Anna Cichowska Myrup will outline the importance and characteristics of a stable and well-functioning Public Health system. Furthermore, she will present the objectives of the WHO in that field. Based on collaborative work between WHO EURO and Imperial College London, Prof. Salman Rawaf will report on the best practices with best outcomes within the scopes of public health and primary care. Research has identified the potential models suitable for different systems and settings. Can we move our service from a disease to a more holistic model? What will be the implications for health policy? The WONCA Europe Open Meeting will provide ample opportunity to discuss this topic.
PROACTIVE PRIMARY CARE FIT FOR PURPOSE: INTEGRATING PUBLIC HEALTH INTO PRIMARY CARE

Rawaf Salman.

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Introduction: Primary care, derived from family medicine (General Practice), proved its value and effectiveness in reducing amenable mortality from communicable and non-communicable diseases, by reducing hospitalization and the use of emergency department visits, improving patient outcomes and helping to counteract the negative impact of poor economic conditions on health. Countries oriented towards primary care have populations with better health and services that are delivered at lower costs. Now we clearly need to move from the disease model of primary care service to a more proactive model based on public health principles. Methods: A collaborative work between WHO EURO and Imperial College London: - A Systematic Review to identify the best practices with best outcome within the scopes of public health and primary care - Identifying the best evidence-based practices and developing potential models suitable for different systems and setting - The evidence-based models of integration will be developed for application to progress health systems around the globe. Findings: Various models are emerging from this evidence-based review of good practice. Countries could use any of these models in solo or combination of two or more to enhance their health systems and improve population's health. Conclusion: Proactive comprehensive primary care is a different approach from the current services provided by many countries. Most of current services are disease based and the challenges of moving to health based could be met through the findings of this joint WHO-Imperial College research.