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# BOOK OF ABSTRACTS

Core Values of Family Medicine:  
Threats and Opportunities



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# Core Values of Family Medicine: Threats and Opportunities

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## Keynote Lectures

Contribution ID: 1892

### Patient centeredness and patient safety– how can GPs meet both these goals?

Amanda Howe

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One of the major challenges in generalist practice is to be competent in many areas of clinical knowledge, procedural skills, and evidencebased options for testing and treating. Another is to link all of this 'doctor' agenda with the needs, views and unique situation of each person who is their patient. While it is a recurring pleasure of being a GP to enter again and again into the challenge of putting the person at the centre of our practice, we also have to manage our time, our own emotional and intellectual capacity, and offset the needs of the patient in front of us with the many who also need our help. And we know that overload, whether at an individual or systemic level, is a major cause of error and also professional burnout. The additional uncertainties and consequent safety measures which have been introduced by the COVID19 pandemic have added to our dilemmas – how to make safe diagnoses and be patient centred in the remote consultation setting, and how to retain the breadth of our best practice while meeting the added demands of the new context. This keynote will attempt to move beyond these dilemmas to share some lived experience and principles that can guide us to achieve both goals.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1898

### Visions for the future, vocational training and special aspects esp. family violence

Raquel Gomez Bravo

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Family violence is a global public health problem, which constitutes a violation of human rights and is considered a hidden epidemic. Family violence (also named domestic violence, domestic abuse or battering) includes intimate partner violence, child abuse/neglect and elder abuse, among others and can take many forms: physical, emotional, verbal, sexual, psychological, etc. Its consequences involve serious damage to the physical, mental and social well-being of individuals and families.

Primary health care professionals may be the first or only point of contact for victims who may be hesitant or unable to seek other sources of assistance. These professionals are in the unique position to offer a safe and confidential environment to facilitate disclosure of violence, and provide appropriate support and referral to other resources and services.

Evidence shows that abused women use health care services more than non-abused women, and identify health care professionals as those who they would trust the most with disclosing an abuse. Yet, they tend not to disclose abuse unless specifically asked. Therein lies a problem: most of the practicing physicians have received either no or insufficient education or training in any aspect of family or gender violence.

The scope of the problem is alarming: WHO indicates that about 1 in 3 (35%) of women worldwide have experienced either physical and/or sexual violence by intimate partner or non-partner violence in their lifetime. However, experts know that rates of all forms of family violence are underestimated.



Why are we not prepared to face an epidemic like this? What are the reasons behind this lack of knowledge and barriers to take action? How can we, health care professionals in the frontline, assume our roles and responsibilities to provide the best care possible to victims, families and perpetrators?

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1899**

**Hospital at home, home care, palliative care**

Ron Sabar

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As the medical needs of people are expected to increase substantially in the immediate future, health care policymakers and providers must rethink the current modal of providing health care. Two hundred years after the modern hospital revolution, started by pioneers such as Florence Nightingale, the pendulum of place of care, is slowly shifting from the hospitals and clinics, back to our patients homes. Just like the biggest taxi company in the world has no taxi cars of its own (Uber) and the biggest hotel company in the world has no hotel rooms of its own (Airbnb), so will the largest hospitals in the world, in the very near future, have no hospital beds of their own. Health care is going back home, or rather to the homes of our patients. It is true for end of life care as it is for acute care. As primary health care providers we must re-define our role in this revolution. This process involves both the macro elements of care coordination, but also the micro process of learning all over again the art of taking care of people in their own home without them having the feeling that we have 'invaded their castles'. We call it 'Being a Professional Guest'. Because even though, it's still about patients, health care providers and medicine-they are not the same patients they were 200 years ago, we are not the same health care providers and it is certainly not the same medicine.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1900**

**Experience with Covid-19 pandemic**

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Family Doctors are in the frontline of this pandemic, working under high pressure and the threat of becoming ill themselves. They are often the first to assess, diagnose and treat patients with Covid-19. In a short time they adjusted their practices to protect both their patients and themselves from the silent presence of Sars-Cov2. The pandemic has a severe impact on the population, and undoubtedly socially deprived groups are the most affected. Indeed, already existing inequalities are being exacerbated by the current situation. How do family doctors deal with these challenges? How are they managing to protect the most vulnerables? Together with such challenges, this time also presents us with opportunities. Effective approaches underpin the value of a strong Primary healthcare system, and of the core values of family medicine. In our lecture we will show evidence of the impact of Covid-19 on Family Practice and the importance of strong primary care collaboration, as well as a practical example on how to deliver person-centred integrated Primary Care to vulnerable groups.

Conflict of interest / Interessenkonflikte

no / nein



## 1. Managing primary care / Praxismanagement

### 1.1. Diagnostic strategies / Diagnostische Strategien

#### Contribution ID: 8

#### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

Workshop

#### Help-my patient has a sick liver! Hepatology-workshop for GPs

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Abnormal liver tests are regularly seen in blood test results of asymptomatic patients. How should we interpret these results or react to them? Is it reasonable to search for common or rare diseases?

After a brief theoretical explanation, we will describe the diagnostic workup steps in general practice and give simple methods to handle these abnormal results. This workshop will treat different situations in general practice by means of clinical vignettes the participants are going to work on. It addresses to students, young and senior doctors who feel uncomfortable in hepatology.

Conflict of interest / Interessenkonflikte

no / nein

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#### Contribution ID: 52

#### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

ePoster

#### Paraneoplastic neuropathy associated with Hodgkin's lymphoma

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**Background:** Paraneoplastic neuropathy occurs in patients with cancer and can not be explained by tumor, metastasis, infections and adverse effects of cancer treatment.

**Questions:** How emerges paraneoplastic neuropathy in early stage cancer?

**Methods:** Case report from practice.

**Outcomes:** A 38-year-old male patient presented with weight loss, night sweats weakness and sensory loss in the lower extremities. He had symmetrical, ascending neuropathy and negative deep tendon reflexes. Infectious and malignant involvement were excluded with cerebrospinal fluid cytology. Brain and spinal magnetic were normal. Reduced amplitude was found in nerve conduction studies in lower extremities, sensory and motor responses could not be obtained. F response was reduced. The findings supported Guillain-Barré syndrome. Physical examination showed mild paleness and lymphadenopathy in the right supraclavicular area. White blood cells:  $20 \times 10^9$ , C-reactive protein: 40 mg / L. Viral markers showed no active infection. Ultrasonographic: multiple hypoechoic peripheral lymphadenopathies. Lung computed tomography revealed conglomerated lymph nodes in jugular chains, mediastinum and anterior chest wall. Lymph node biopsy result was mixed cellular Hodgkin's lymphoma. Doxorubicin, bleomycin, vinblastine and



dacarbazine chemotherapy protocol was initiated. Intravenous immunoglobulin 2 g / kg treatment was administered. Partial recovery was observed and physical therapy continued.

**Discussion:** The association of paraneoplastic syndrome with lymphoma is rare. When these syndromes show association with tumor or onco-neuronal antibodies are detected, diagnosis of paraneoplastic syndrome can be made.

**Take home message for practice:** Early recognition is important as a delay in treatment.

Keywords. Lymphoma, cancer, neuropathy, weakness.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 68

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### Ordinary lumbar pain: Not everything is as it seems.

Irina Hernández Medina, Ester Ras Vidal, Elisabeth Tapia Barranco, Ana Isach Subirana, Josep Balsells Ghiglione, Ana Urbaneja Díez, Teresa Mauri Rojals, Gabriela Gutiérrez Ferriz, Pablo Hsu Chung, Sara Gómez Aranda

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**Background:** 48 years old man, without allergies, and smoker of 15 cigarettes per day. No chronic medication. He presented a single episode of right renal colic five years ago with normal ultrasound study. He consulted because of a new episode of right lumbar pain, without radiation, for 24 hours. Without fever nor more symptoms.

**Questions:** Which is the differential diagnosis in this case? Does he present any alarm sign?

**Methods:** He had right costovertebral angle tenderness to fist percussion and the rest of examination was normal. Abdominal X-ray was performed, without findings. Urine analysis showed haematuria. Considering initial diagnosis of renal colic, analgesics were prescribed and the patient was aware of alarm symptoms.

**Outcomes:** Two days later he consulted again because of fever and asthenia. Examination shows axillary temperature 38.7 °C and auscultation of crackles in the right pulmonary base. The chest x-ray reveals right basal pneumonia.

**Discussion:** Renal colic pain is a frequent consultation in Primary care and emergency department. In this case we can see how a clinical symptom that we usually associate with renal colic results in pneumonia. Since there is no alarm sign we can inform the patient about them and advise him to come back for medical evaluation.

**Take Home Message for Practice:** Since 10% of cases with this symptom may not be related with renal lithiasis, we must be very cautious and make a wide and complete differential diagnosis. We should keep in mind aortic disease, digestive and respiratory pathology.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 69

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien



## Presentation form / Präsentationsform

ePoster

### What eosinophilia can reveal

Irina Hernández Medina, Ester Ras Vidal, Elisabeth Tapia Barranco, Isabel Sánchez-Oro Vallés, Ana Belén Castellví Margalef, Arantxa Osés Viñas, Xavier Floresví Aubia, Joan Boj Casajuana, Marina de la Torre Trillo, Carles Perpiñán Auguet

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**Background:** 72 year old man, without allergies. He suffered from hypertension and was taking enalapril 50mg/24hours. Nonsmoker. He consulted because of asthenia for two months. He did not present toxic syndrome nor other clinical symptom. His general aspect was good and he was not on fever.

**Questions:** How should we approach to the diagnosis? Is it necessary to ask for any complementary test?

**Methods:** Blood test revealed normal glucose level, liver and kidney function. Blood count of leukocytes was  $20.31 \times 10^9/L$  and eosinophils were  $11.57 \times 10^9/L$ . Also, a stool study was performed.

**Outcomes:** Stool culture was negative, but serial parasite stool studies revealed an intestinal infection by *askaris lumbricoides*. The patient was treated with mebendazole 100mg twice a day for three days and it was repeated three weeks later. After 15 days we performed a blood test. The results were  $10.5 \times 10^9/L$  leukocytes and  $1.5 \times 10^9/L$  eosinophils. Finally, three months later the blood count was normal.

**Discussion:** Non-specific symptoms are challenging for physicians. To do a basic check-up can help us in order to rule serious pathologies out. That includes blood test, stool test and x-ray if necessary. Eosinophilia as a biological sign of parasitic disease can occur in helminthiasis and also in some protozoosis.

**Take Home Message for Practice:** Always ask for complementary test if necessary. Eosinophilia is a frequent consult in primary care and we must always keep it in mind.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 70

#### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

ePoster

### New oral anticoagulants prescription in primary care in Spain: from research to daily clinical practice.

Irina Hernández Medina, Ester Ras Vidal, Elisabeth Tapia Barranco, Isabel Sánchez-Oro Vallés, Ana Belén Castellví Margalef, Arantxa Osés Viñas, Xavier Floresví Aubia, Joan Boj Casajuana, Marina de la Torre Trillo, Carles Perpiñán Auguet

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**Background:** New anticoagulants are changing the anticoagulation treatment panorama due to their easy posology and efficacy.

Discussion Point: Evaluate new oral anticoagulants (NACO) prescription in a Primary care centre.

**Content:** Cross-sectional observational study in an urban primary care center. Patients over 18 years old who have ever taken NACO. We analyzed the presence of NACO prescription, indication and duration of treatment, Charlson index, polymedication (5 or more drugs), adverse effects, sociodemographic variables



and adequacy of the prescription based on recommendations of the Spanish Agency of Medications and Health Products (AEMPS).

**Results:** 147 patients. Mean age was 75.6 and 51% were women. 33.40% were treated with both NACO and AVK drugs. 84,4% suffered from hypertension. Mean value of Charlson Index was 5.5 with a 10-year survival of 29.7%. Significant difference was observed in alcohol consumption, myocardial infarction and diabetes according to sex. Men were at a higher risk. Most prescribed NACO was dabigatran (36.7%), with a mean duration of 33 months. Polypharmacy average value: 7.6 drugs. Chad2Vasc average score: 3.7. Indication of prescription was non-valvular atrial fibrillation (NVAf) in 85% of cases and in 82,3% the prescriber was a medical specialist. Acenocumarin was previously used in 27.2%. Main reason for change were poor INR control (9.8%), a non-collaborative and unsupervised patient (4.8%) and adverse effects (6,1%). We detected an inappropriate use of NACO in 13.6%.

**Take Home Message for Practice:** Family doctors should carry out an exhaustive control of these patients in order to detect wrong management as soon as possible.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 97

### Abstract subtopic / Abstract Unterthema

#### 1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### Multiple myofascial pain syndrome.

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### Reason For Consultation

68 year old patient with L5 - S1 lumbociatica, who comes to our office for pain control.

### Personal History

Intolerance to buprenorphine, tapentadol, pregabalin, gabapentin, tramadol.

Surgical interventions: Left knee prosthesis.

Treatment in the first consultation. He has been given metamizole, dexamethasone, dipotassium clorazepate, nabumetone, omeprazole.

### Current Illness

Pain from cervical to sacrum to right, chronic, but now sharpened, mechanical type and puncture. It radiates to right leg. Thigh, knee and leg on foot. He notes hypoesthesia type that has partially recovered, neuropathic type pain.

The pain wakes him at night. He walks with a crutch for the prosthesis of the left knee.

### Physical Exploration

Lassegue and Bragard Positive

### Supplementary Tests

Lumbar magnetic resonance:

Severe interapofisario degenerative changes at level L4-5 and L5-S1, with bilateral involvement.

Moderate posterior generalized disc protrusions are observed, mainly in L4-5 and L5-S1.



Slight reduction in the size of the central spinal canal at level L4-5, of multifactorial origin. A moderate reduction of the bilateral foraminal caliber in L4-5, moderate / severe and of right predominance in L5-S1 is also observed.

### Diagnostic Orientation

Lumbar disc protrusions.  
Lumbar degenerative changes  
Multiple myofascial pain syndrome. Right pyramidal

### Treatment Plan

-Rehabilitation.  
-Infiltration of painful points.  
-hydromorphone Hydrochloride 4mg / 24 hours + Duloxetine 30 mg / 24 hour

### Conclusions

Myofascial pain syndrome is commonly treated by primary-care physicians, including family medicine doctors, general practitioners, and internists. Other physicians who treat myofascial pain syndrome include physiatrists, orthopedists, and rheumatologists.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 103

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### Group health education and polyarthralgia.

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### CLINICAL CASE:

Woman of 52 years, with:

1-diagnoses of:

- a- Cervicodorsalgia.
- b.-Low back pain, lumbar spondyloarthrosis with foraminal stenosis L3-L5.
- c- Right subtalar arthritis.
- d- Constipating osteitis of the iliac.
- e- Idiopathic vertebral hyperostosis.

2. Current problem: Polyarthralgia.

3-Treatment:

- Medication: Tramadol 37.5 mg, paracetamol 650 mg every 8 hours according to the guidelines. If joint inflammation occurs use Naproxen 500: 1-2 times a day (use Omeprazole only if dyspepsia). The patient, not improved, the evaluation on the Visual Analog Scale (VAS) is 8.
- It is added to the treatment, Group Health Education, in the "Active Coping Strategies Unit for Primary Care Pain", a drug-free pain treatment program based on neuroscience education. patients understand what is happening to them and understand the physiology of chronic pain. Our patient has a modification

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in the evaluation on the Visual Analog Scale (VAS) moving to the value of 2.

#### 4-Conclusions:

Participation in health education activities significantly improved quality of life, decreased disability, catastrophism and fear of movement, and also managed to significantly reduce the intensity pain and drug use.

#### 5-Bibliography:

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Conflict of interest / Interessenkonflikte  
no / nein

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#### Contribution ID: 104

#### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

ePoster

### Evaluation of quality indicators for patients with chronic obstructive disease (COPD) in Primary Care.

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#### Background & Aim

Study of the quality of the registration of chronic obstructive disease (COPD) screening patients assigned to a Health Center (HC) and compare them with patients with HF with the health area (HA) and patients in the Autonomous Community of Castile and León (CyL) (during the 2018).

#### Method

Design: Longitudinal evaluation: Palmer's Quality Cycle

Setting: An urban health care center.

Population and Sample:

EPOC patients  $\geq$  14 years.

Interventions:

-Internal evaluation, dimensions: scientific-technical, quality, adequacy, accessibility, continuity of care; data related to the care process and intermediate results; explicit, evidence-based procedural criteria. Subjects: analysis of coverage. Analysis on the evolution of treatment compliance. The Z statistical test for comparing proportions,  $\alpha$  0,05.

#### Results

Compliance criteria (year 2018):

Percentage of patients with COPD, recorded in Electronic Clinical History:

% COPD: HC 2,74%, HA 3,27%, CyL 3.25%

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% COPD-Spirometria: HC 8,21%, HA 14,42%, CyL 11.65%  
% COPD-flu vaccine: HC 59,29%, HA 61,77%, CyL 61.93%  
% COPD-pneumococcal vaccine: HC 61,43%, HA 61,88%, CyL 62.02%  
% COPD and anti-smoking advice: HC 4,26%, HA 12,28%, CyL 5.6

#### 4. Conclusions:

The analysis of the records of the screening indicators for patients with COPD makes us aware of the importance of patient control.

Registration allows us to evidence improvements in the care process.

To make a good registry of the controls, to adapt the interventions with the patient, adapting them to each case.

After our analysis we say that we must improve the recruitment of patients with COPD and the quality of the records of the care process.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 110

#### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

Lecture / Vortrag

#### Derterminants of effectiveness of AF case-finding in primary care

Juan Ballesta Ors, Eulalia Muria Subirats, Blanca Lorman Carbo, Francisco José Sánchez Galindo, Josep Lluís Clua Espuny

*Primary Care, ICS Institut Catala de la Salut, Tortosa, Tarragona, Spain, Spain*

**Background:** atrial fibrillation (AF) is often asymptomatic and screening is not routinely undertaken.

**Objective:** evaluate the feasibility and effectiveness of a population-based case-finding program and to identify the enablers or barriers for its implementation.

**Methods:** Cross-sectional study of a health care case-finding program for AF (from 01/01/2016 to 31/12/2017) that included 48336 people  $\geq 60$  years in the region of Terres de l'Ebre (Catalonia, Spain). We analyzed the effect on the prevalence of AF and, stratified by age, on the incidence of new diagnosed AF. We assessed the sociodemographical and clinical variables related to the realization of opportunistic screening.

**Results:** 32090 (62.4%) people were screened for AF. We observed a significant increase in the AF prevalence after 2 years of program intervention (5.9% to 7.7%,  $p < 0.001$ ). The detection of new AF cases was significantly higher in the screening group across the whole of the age range. 765 (2.6%) new AF cases were diagnosed using opportunistic screening.

Age  $\geq 70$  years, semi-urban residence, institutionalized status, Pfeiffer score  $\geq 2$ , Charlson score  $> 3$ , and number of visits  $\geq 7$ /year were significantly associated with having opportunistic screening.

**Conclusions:** A health care program of case-finding is feasible and it is associated with a significant increase in the prevalence and incidence of AF. The results depend on factors such as the ease of access to health care, age, place of residence and comorbidities.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 112



## Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

Lecture / Vortrag

## Relationship between AF-risk, ischemic stroke AF-related, and cognitive dysfunction in population ≥65 year-old. MIND-COR Study.

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### Background:

The number of individuals with atrial fibrillation (AF) and cognitive impairment (CI) will increase 150% by 2050.

The main objective of this study is to elucidate the relationship between AF-risk, the ischemic stroke, and the cognitive dysfunction.

### Methods:

Multicenter, longitudinal and retrospective community-based study of cohort ≥65 year-old without AF between 1/1/2013-31/12/2017 conducted by 11 Primary Care teams. Variables: sociodemographic; Charlson, CHA<sub>2</sub>DS<sub>2</sub>VASc score, Pfeiffer and NIHSS scores from records database (primary care, specialty clinics and hospitalizations). Kaplan-Meier to evaluate mortality.

Descriptive analysis. Cox regression to create an AF risk score was developed: Q1 (lowest AF-risk)-Q4 (highest AF-risk). Incidence density (ID) rate per 1000/people/years of AF and stroke; and CI prevalence were calculated by risk stratum.

### Results:

46706 (women 49%) cases, aged 78.01±11.9 and average follow-up time 4.9±0.7 years. Q4 risk group (Q4) was characterized by *women's* (85.2%), *highest age, AF, stroke, CI and mortality*.

1244 AF were diagnosed (ID 10.5/1000/year's IC95% 9.9-11.2). Q3-4 levels included 53.8% AF in men vs 84.2% in women. 214 strokes were diagnosed and 78.5% happened in Q3-4, especially among women (88.1%). The stroke and AF were diagnosed simultaneously in 9.8% (ID 5.8/1000/year CI95% 3.4-8.1) and showed higher severity (NIHSS 7.25±8.62 vs 4.55±5.74, p=0.002). Cognitive impairment increased 2.6% (Q1) to 16.4% (Q4) significantly higher in women (17.6% vs 12.1%)

### Conclusions:

Differences were found according to gender and risk groups. The risk-based screening could improve the effectiveness of AF screening in primary care.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 113

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Hemianopsia and multiple sclerosis.

Iker Sierra-Martínez<sup>1</sup>, Leticia Sierra-Martínez<sup>2</sup>, Rosario Martínez-Fuerte<sup>3</sup>, Natalia Sanz-González<sup>4</sup>

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Woman, 34 years old, smoker, family history of autoimmune diseases. In our consultations since June 2012, that his illness, with 5 weeks of pregnancy of his first child, in the form of heteronymous hemianopsia, without eye pain. Magnetic resonance imaging (MRI) showed normal pituitary gland and hyperintensity of both optic nerves to the chiasma, with some small juxtacortical lesion. This clinic remained stable, with fluctuations during the first months and was postponed to complete the study until the end of pregnancy. Due to the atypicality of the condition, a diagnosis was not initially established and we followed the patient in our consultations. MRI (March 2014) unchanged from the previous one. Clinically, the alteration had disappeared and the neurological examination was normalized. He presented oligoclonal bands in CSF and the rest of the immunological and serological study was negative. AQP-A4 negative antibodies.

She remained clinically and radiologically stable, with MRI in 2015 and 2017 unchanged, with a new pregnancy in 2014 without complications.

In October 2019 consultation by trunk clinic, MRI (10/7/2019) showing 4 new lesions, two active, compared to 2017.

I received steroidal treatment and have improved.

Exploration: Normal cranial pairs. There is no motor or non-sensitive deficit. Romberg and unstable tandem. DIAGNOSTIC: Patient who meets time and space dissemination criteria for multiple sclerosis. It has presented two outbreaks, in June 2012 and in September 2019

PLAN: It is proposed for treatment and the different options are presented, jointly opting for dimethyl fumarate and healthy lifestyle plan.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 116

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

Workshop

### Differential diagnosis: an educational board game

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Abteilung für Allgemeinmedizin, Präventive und Rehabilitative Medizin, Philipps-Universität-Marburg, Marburg, Germany

**Background:** Learning about the diagnostic process preferably takes place in practice. However, there are often limitations regarding time, logistics and the availability of suitable patients. When teachers construct cases, these often suffer from being too typical and implying a definite solution, contrary to the problems presented by real patients.

Target group: General Practice educators, doctors in training, GPs

**Methods:** We have developed a board game simulating the diagnostic process in generalist settings, such as general practice and hospital emergency departments. Case constellations are to a large degree driven by random processes. The sequence of inductive foraging, triggered routines and hypothesis provides an underlying the structure to the evolving case. The game helps understand these terms as well as the



prioritization of diagnostic information, action thresholds, costs, when to stop gathering data etc. As diagnostic information comes in, participants discuss their value regarding relevant hypotheses. As in real life, cases do not always have a clear solution. The game shows the uncertainty pervasive to the diagnostic process. At the same time, it is highly entertaining and funny.

**Format:** Participants will play the game in two parallel groups (English and German).

**Objectives:** Participants learn the objectives and rules of the game. They become familiar with concepts relevant to making a diagnosis in generalist settings.

**Number of participants:** 15 + 15

**Presenters:** Presenters are affiliated with the Department of General Practice at the University of Marburg. Diagnosis in primary care has been a research and teaching focus for 15 years

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 121

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### Prevention of fragility fractures

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A 70-year-old female patient who goes to the emergency department after suffering a fall at home. It refers to pain at rest and to the mobilization in the lower right limb at the level of the upper femur. Shortening of the right leg and external rotation is observed. Functional impotence AP radiograph of right femur and hip showing pertrochanteric fracture. Enter with the diagnosis of right pertrochanteric fragility fracture to perform surgery. and is surgically operated performing reduction and osteosynthesis with endomedular nail of proximal femur.

### Conclusions:

Fragility fractures are quite frequent, and postoperative ones can be longer and more complicated than normal, which makes patients bedridden or with reduced mobility, which unfortunately will enhance that osteoporosis and bone weakness.

Be aware of risk factors associated with fragility fractures, such as age, having had a previous fragility fracture, family history (of osteoporosis or fragility fractures), great weight loss, or treatment with corticosteroids chronically Also being a woman, or an early menopause are risk factors, which in our case are present.

Very important, as always, to make a good medical history and physical examination, being able to suspect nutritional deficits, low physical activity of the patient, or vertebral crushing and hypercifosis characteristic of vertebral crushing due to bone fragility. The doctor, assessing these risk factors, can suspect an osteoporosis or a risk of fracture of high fragility, being able to request densitometry or calculating an FRAX in consultation.

The main thing in these cases is prevention, primary, secondary and tertiary.

Conflict of interest / Interessenkonflikte



no / nein

**Contribution ID: 172**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**Multiple myeloma in pregnancy**

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**Background:**

Hematological malignancies as multiple myelomas (MM) are rare in women and exceptionally rare in pregnancy.

**Questions:**

Can we suspect of a Multiple Myeloma in pregnancy?

**Methods:**

Case description based on medical records and literature revision of all previously published cases on PubMed database in English, with MeSH terms "Multiple Myeloma" and "Pregnancy", resulting in 7 articles, corresponding to 43 reported cases.

**Outcomes:**

A 35-year-old patient was followed during her pregnancy in primary care without any complications. She presented a mild microcytic and hypochromic anemia in the second trimester and oral iron supplementation was initiated. At 38 weeks of gestation, the patient went into labor, giving birth to a healthy child. The persisting anemia of the postpartum raised suspicion and the diagnose of Multiple Myeloma IgG K was established 2 months after delivery. She was admitted to the hospital to initiate treatment and on her fourth day of hospitalization, she passed away due to a pulmonary embolism. She was always very reluctant to the idea of being hospitalized and that may have delayed the diagnosis.

**Discussion:**

Owing to the few cases reported, there are no specific orientations to the management of this condition neither is known what influence pregnancy might have on the disease progression. MM symptoms are very similar to those of normal pregnancy: asymptomatic proteinuria, anemia, and fatigue, which usually do not raise concerns from physicians.

**Take Home Message for Practice:**

To think the unthinkable to achieve better outcomes for both mothers and newborns.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 362**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

**Not such an idiopathic deep vein thrombosis... A May-Thurner Syndrome case report**



Gabriela Machado<sup>1)</sup>, Yuliya Kuzmyn<sup>1)</sup>, Joana Afonso<sup>1)</sup>, Ana Marinho<sup>2)</sup>, Diogo Prates<sup>3)</sup>, Filipe Mateus<sup>4)</sup>, Mara Silva<sup>5)</sup>, Marta Freitas<sup>2)</sup>, Ricardo Coelho<sup>6)</sup>, Ana Valério<sup>1)</sup>

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Venous thromboembolism (VTE) is an important cause of cardiovascular incapacity and mortality. Annual incidence of VTE is 1-2/1000. The most important risk factor is the previous history of deep vein thrombosis (DVT), which increases the risk of a new episode in 25%.

We present the case of a 37 year-old female patient, previously healthy, recently registered in our Primary Health Care Unit, who requested a warfarin prescription. We booked an appointment and discovered a serious of previous hospitalizations because of DVT of the left lower limb and pulmonary thromboembolism (PTE) that had begun at the age of 24. In one of those episodes the diagnosis of May-Thurner Syndrome was made. The investigation for thrombophilias was negative. Presently the patient is under oral anticoagulation with warfarin.

May-Thurner Syndrome consists in the compression of the left common iliac vein by the right common iliac artery. According to the literature it is present in 18 to 49% of the cases of left lower limb DVT. As such, in the presence of a left lower limb DVT without a known cause, this syndrome must be excluded. With this case report we pretend to emphasize the importance of the general practitioner in the study of patients with DVT to identify secondary causes of this disease, in order to prevent new events. Furthermore, this case also shows the value of the first contact of the physician with the patient, concerning the global approach to the patient's health.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 361

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

Lecture / Vortrag

## Quality and safety significant event analyses-a prerequisite to quality improvement?

David Moores, Mirella Chiodo

Family Medicine, University of Alberta, Edmonton, Canada

**Background:** Since 2013 the Department of Family Medicine, University of Alberta has required its Family Medicine Residents/Registrars to successfully complete educational and process objectives specific to Quality and Safety in Family Practice/Primary Care. **Questions:** Conventional institutionally-based quality and safety and quality improvement initiatives lack the benefits of comparable family practice/primary care data. The challenge is developing a robust database better reflecting the quality and safety challenges of integrated care. The addition of community-based quality and safety perspectives and quality improvement will inform the necessary changes for improved error identification and analysis. **Methods:** Based on a comprehensive quality and safety literature review, specific to family/general practice and primary care, educational materials and processes were identified and the Department of Family Medicine purchased a site license to utilize a



U.K. based initiative-TVC's Patient Safety in Primary Care, for all residents and faculty. **Outcomes:** The two fundamental pillars of the program are quality and safety *educational content* and the *processes of identifying and analyzing significant events* in clinical practice. To date over seven hundred significant events have been identified and subjected to analysis. Family Medicine Residents and practice staff are encouraged to utilize significant event analysis as a platform for quality improvement initiatives in their practices. **Conclusion/Take Home Message:** The addition of a family practice/primary care focus allows more inclusive opportunities to learn of the quality and safety challenges and QI opportunities of integrating health services. Such analyses provide a rich addition to conventional quality improvement initiatives.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 180**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Secondary lesions due to porphyria cutanea tarda**

Rita Maia, Maria Jesus Clara

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**Background:** Porphyria Cutanea Tarda (PCT) is the most common form of porphyria. It results from a deficient uroporphyrinogen discarboxylase enzyme (URD) in heme synthesis pathway and consequent accumulation of porphyrins in skin, liver and blood. There is usually a triggering factor: alcohol, viral infections (hepatitis B and C and HIV), iron overload, which causes inhibition of URD activity. The main cutaneous manifestations are photosensitivity, vesicles, blisters, hyperpigmentation and hypertrichosis in the photo exposed areas.

**Discussion Point:** Discriminate different skin lesions and their pathologies.

**Case Report (Content):** A 52 years old male, was referred to Dermatology department due to erosions and crusting on face with 2 years evolution. He also presented these lesions on the back of the hands with forearm extension surfaces, associated with hypertrichosis and marked photo aging on face. He had clinical background for alcoholism, untreated hepatitis C and heroin addiction. A blood test reveals abnormal liver function, increased urine porphyrins, ferritin elevation and heterozygous H63D mutation in HFE hemochromatosis gene. He was diagnosed with PCT. After treatment with phlebotomies, low-dose hydroxychloroquine and photoprotective he was referred for hepatitis C treatment. The last flow up revealed gradual resolution his lesions.

**Take Home Message for Practice:** Skin is the largest organ in our body and through it, we can diagnose different diseases when other symptoms are absent. General practitioners should know different cutaneous presentations for early diagnosis and treatment of trigger causes, avoiding serious complications.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 216**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster



## Metastatic tumor of unknown primary origin: a case report

Patrícia Figueiredo, Patrícia Gouveia, Ana Cristina Prata, Ana Cristina Vitorino, Patrícia Santos, Paulo Mata  
*USF Sobreda, ARSLVT - ACES Almada-Seixal, Sobreda, Portugal*

**Background/Questions:** Cancer of unknown primary (CUP) is a malignant widespread metastatic disease without an identifiable primary site after extensive clinical investigation. CUP is the third to fourth most common cause of death due to cancer-related mortality. High risk for developing CUP is seen in heavy smokers.

**Methods:** Qualitative description of case reported.

**Outcomes:** A 62-year-old man, ex-smoker, was observed in our consultation due to a right submandibular mass. At the initial visit, the mass was covered by reddened skin and was elastic, hard, and immobile on palpation. The presence of malignant disease such malignant lymphoma or cervical lymph node metastasis was suspected on basis of the clinical and neck computed tomography (CT) imaging findings. The patient was referred to secondary care for diagnosis and treatment. Whole-body positron emission tomography (PET) demonstrated abnormal accumulation in the right cervical and aortopulmonary lymph nodes and showed pulmonary, abdominal, pelvic and osteomedullary lesions. Resection of cervical mass, adenoidectomy and tonsillectomy were performed. Histopathological examination revealed cervical lymph node metastasis of undifferentiated squamous cell carcinoma. Whole-body CT were performed to locate the primary cancer, but its origin remained unknown. Postoperative therapy consisted of chemotherapy, with good response after 6 cycles of treatment.

**Discussion/Message:** The diagnosis and treatment of CUP are challenging due to its late presentation, difficulty in diagnosis, and therapeutic resistance. Comprehensive medical history and complete physical examination are crucial. Strategies need to be developed to expedite the diagnosis of cancer and avoid unnecessary delays in treatment.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 223

#### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

ePoster

## Urinary sediment microscopy

Peter Sigmund

*Ordination, STAFAM Steirische Akademie für Allgemeinmedizin (Styrian academy for family medicine), Gamlitz, Austria*

The diagnosis of urinary tract and kidney affections is mainly based on the examination of the urine. In clinical settings urine can be assessed according to its colour, cloudiness or smell, and also with the help of urine dipsticks. On enzyme sensitive areas dipsticks can indicate the presence of cells: leucocytes as a sign for urinary tract infections or erythrocytes in cases of microhematuria. The use of dipstick-testing alone however could lead to an incorrect diagnosis due to their low sensitivity and specificity. A variety of interfering chemical reactions can for instance falsely indicate the presence of leucocytes. Whenever a patient's clinical appearance or symptoms are unclear, the microscopical evaluation of urinary sediments can confirm or rule out urinary tract infections with a high level of certainty and prevent unwarranted antibiotic treatment.



Erythrocytes as well can be easily visually detected, instead of relying on failure-prone chemical reactions. In addition, urinary microscopy allows us to see other physiological as well as pathological components like bacteria, cylinders, crystals, kidney cells or trichomonads.

The poster explains the diagnostic aspects as well as the preparation of urinary sediments, and shows corresponding microscopic images, which can also be seen in a QR-linked video.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 230

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### Case presentation: lymphadenopathy, splenomegaly, pancytopenia and epstein-barr virus

Bekir Aktura, Nilüfer Aktura

*Güneştepe Family Medicine Center, Güngören/Istanbul, Turkey*

### Background:

General practitioners encounter the vast majority of patients with Epstein-Barr virus-related disease, i. e. infectious mononucleosis in children and adolescents. But the Epstein-Barr virus (EBV)-pancytopenia is a rare entity in the spectrum of lymphoproliferative diseases associated with the EBV.

### Case:

9 -year-old girl is brought to the family physician by her mother because of swelling in her neck. Her mother had just noticed. Fever and pharyngitis were not present. Multiple submandibular lymphadenopathy and splenomegaly were detected. Complete blood count revealed pancytopenia: (Hemoglobin: 11.4 g/dl, Platelets:76000 White Blood Cells:3630) Patient referred to the tertiary center and in there, EBV DNA was positive. Bone marrow biopsy and aspiration were also performed and bone marrow was normocellular. At the end of the 6th day, the patient was discharged from tertiary center. Now the girl is completely healthy who is still under control by family physician and the tertiary center. It has been two months after the disease by now.

### Conclusion:

Although EBV related pancytopenia is rare; EBV infection seems frequent in family medicine practice. While presenting to this uncommon case, we aimed to review EBV and related diseases in primary care.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 245

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Two cases of an unusual diabetes

Joana Bragança<sup>1</sup>, Filipa Órfão<sup>2</sup>, Marina Lima<sup>1</sup>, Célia Pinheiro<sup>1</sup>

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## Background:

Latent autoimmune diabetes in adults (LADA) is a disease in which, despite the presence of autoantibodies against pancreatic beta cell antigens (ICA) at diagnosis, the progression to insulin dependence is heterogeneous. Usually, patients are aged between 30 and 50, have family or personal history of autoimmune disorders, normal BMI and hyperglycemic symptoms with increased risk of ketoacidosis.

## Case report:

We present two cases of LADA.

The first patient is a woman aged 67 that presented with fatigue and weight loss. Endoscopic exams were requested but revealed no findings. Later the patient referred polydipsia and blood work showed a glycemia of 260mg/dL. Glargine was prescribed and ICA requested. These showed positive titers and the patient initiated an intensive insulin scheme.

The second patient is a woman aged 47 that resorted to the ER with altered mental status. Blood work showed a glycemia of 383mg/dl and pH of 6.5. She referred weight loss, polydipsia and polyuria and glargine was prescribed. Her physician latter requested ICA which showed positive titers. An intensive scheme of insulin was initiated.

## Discussion:

Given the presence of hyperglycemic symptoms, weight loss and the swift progression to insulin dependence with a normal BMI, we made the presumptive diagnosis of LADA in both cases. The first case is unusual because it occurs in an elderly patient and the second shows ketoacidosis as the inaugural presentation. Because LADA is a heterogeneous entity, the practitioner should be aware of its main features to make the diagnosis and appropriate treatment.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 261

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

Workshop

## Major end-of-life symptoms in family medicine: consensus workshop for optimal assessment and treatment

Jean-Claude Leners

*General Medicine, Long Term Care and Hospice Care, Ettelbruck, Luxembourg*

## Background:

End of life symptoms may be sometimes challenging in family medicine as they can occur unpredictably and a rapid assessment and treatment is needed

## Target group:

All family doctors will accompany at least several times a year some of their patients until end of life, as this is part of the core business for general practitioners. This means that the management of some relevant symptoms is important to know.

## Didactic Method:

As always in palliative medicine, we can rely on guidelines, from different european societies, and we will discuss the differences on some of the major documents; on the other hand the practical approach in end of life is nevertheless often an « off label » use of some medications; we will analyse together with the audience



threats and opportunities of these. Three case reports (3 times 45 minutes) out of the daily hospice practice will help us to illustrate the treatment options.

### **Objectives:**

It should be possible by end of the workshop to resume in a concise manner our common way of handling in regard of the following three symptoms: anxiety, agitation and delirium. We will include non-medical and medical aspects.

Estimated number of participants:

In order to give all colleagues the opportunity to participate actively in the workshop, the number should probably not exceed 25 or 30 participants

### **Workshop leader:**

He is since 38 years an active family doctor, working part-time in a hospice with 3 other colleagues, all of them also general practitioners.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 270**

#### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

#### **Presentation form / Präsentationsform**

ePoster

### **Waiting for Sjögren**

Helder Sousa, Nuno Teles Pinto, João Teles

*USF Fânzeres- ACeS de Gondomar, Porto, Portugal*

**Background:** Sjögren syndrome (SS) is a systemic chronic autoimmune disorder, characterized by dryness of the mouth and eyes, and often these are the initial complaints posed to family physician. Diagnosis is made by specific clinical criteria (specially the American-European classification criteria), autoantibodies, and histopathology. However, not every patient with the diagnosis of SS fulfills the proposed criteria.

**Case report:** 80-year-old woman with personal history of hypothyroidism, type 2 diabetes mellitus and depression. The patient presented in 2016 to the family physician with complaints of xerostomy and xerophthalmia since a year ago. Medicated with pilocarpine, improving xerostomia. The autoimmunity study showed positive alpha-fodrin autoantibodies. Due to suspected SS the patient was endorsed to an internal medicine consultation: scintigraphy of the salivary glands was compatible with SS. The salivary gland biopsy was classified on grade 2 in the classification of Chisholm-Manson. In view of these results, the patient does not meet (yet) diagnostic criteria for SS, maintaining annual surveillance and pilocarpine.

**Comment:** Like many rheumatic diseases, which presents a dynamic nature, the fulfillment of the diagnostic criteria of SS may not be met at the beginning of symptomatic presentation. However, the patient's symptoms and complaints, even if not fully frameable in a pathological entity, need to be valued by the family doctor. In the case previously described, and although the diagnosis of SS is not yet certain, a therapeutic strategy guided by the patient's complaints and not by a potential diagnosis was adopted, which represents an holistic and patient-oriented practice.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 363**

#### **Abstract subtopic / Abstract Unterthema**

## CONTENT

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## Core Values of Family Medicine: Threats and Opportunities

### 1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

ePoster

#### **Breast cancer "out of sight": a primary carcinoma of axillary accessory breast case report**

Gabriela Machado<sup>1)</sup>, Yuliya Kuzmyn<sup>1)</sup>, Joana Afonso<sup>1)</sup>, Ana Marinho<sup>2)</sup>, Diogo Prates<sup>3)</sup>, Filipe Mateus<sup>4)</sup>, Mara Silva<sup>5)</sup>, Marta Freitas<sup>2)</sup>, Ricardo Coelho<sup>6)</sup>, Teresa Calheiros<sup>1)</sup>

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Ectopic breast tissue has been reported to occur in about 6% of the population. Primary carcinoma of ectopic breast tissue is rare, representing 0.3% of the cases of breast cancer, and is considered to have a worse prognosis than the carcinoma of the anatomic breast. The axilla is the most frequent site of the primary tumour.

We present the case of a 62 year-old female woman with a personal history of papillary thyroid carcinoma (she underwent a total thyroidectomy 10 years before), and with no family history of breast carcinoma. She consulted her general practitioner after noticing a lump in her left arm, near the axilla. Physical examination showed a non-tender mass measuring 1.5 cm in diameter, which was interpreted to be a lipoma. For cosmetic reasons she underwent excision of the mass by a dermatologist and the histological examination of the specimen showed infiltration of the subcutaneous tissue by a ductal carcinoma of the breast, with the margins positive for neoplastic cells. The breast MRI was normal. She underwent a second surgery to widen the excision and a sentinel lymph node biopsy was done, that revealed no malignant invasion. She is currently under adjuvant hormone therapy and radiotherapy.

There is no difference in diagnosis and symptoms of ectopic breast carcinoma compared with carcinoma of the anatomic breast. With this case we pretend to emphasize the importance of considering this disease in the differential diagnosis of axillary masses in General Practice.

Conflict of interest / Interessenkonflikte

no / nein

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#### **Contribution ID: 283**

#### **Abstract subtopic / Abstract Unterthema**

### 1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

ePoster

#### **Recurrent Pneumonia**

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**Background:** 75-year-old patient with hypertension, type 2 DM, paroxysmal atrial fibrillation, severe OSA, right hemiparesis, dysphagia and aphasia as a result of drainage of abscess of the left temporal lobe, secondary to intervention of chronic otitis. **Questions:** He arrives to the emergency department because of



left chest pain with cough and fever of 38°C of 2 days of evolution. He has presented six hospital admissions in this year with diagnoses of left basal pneumonia and decompensated heart failure in all of them. In exploration: Good general condition, conscious, oriented, blood pressure 100/60, saturation 96% with O<sub>2</sub>, glucose level 128. Normal ECG. Neurologically: Dysarthria and dysphagia, hemiparesis in the right hemibody. Cardiorespiratory: Arrhythmic at 75 bpm, no murmurs, hypoventilation in the left pulmonary base. **Methods:** Leukocytosis (20,800 µL) with neutrophilia (81.5%) in analytical. A left pleural effusion is seen on the chest plate. **Discussion:** In view of the numerous admissions, with involvement in all of them of the left lung, we requested pulmonary CT with contrast, finding a radiopaque foreign body of 14 x 8 mm in the bronchial lumen. **Outcomes:** The patient was referred to the rigid bronchoscopy unit in Granada, where the foreign body that was lodged in the left main bronchus was removed. It was a chicken bone. **Take Home Message for Practice:** In the approach of a case of recurrent pneumonias limited to a particular anatomic region, we have to send imaging technique to rule out anatomical abnormalities or for example, the presence of foreign bodies.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 288**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**Doctor, I can't speak correctly**

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**Background:** 83-year-old patient with a history of clear cell nodular melanoma stage IIIB (left axillary clearance in 2017), who consulted for a clinical picture of paresthesias in the tongue and in the right commissural area of 1 day of evolution with associated right hemicranial headache and dysarthria. Despite her age, she is a patient in an optimal state, both physical and intellectual. Totally independent for basic activities of daily life. **Questions:** In the exploration she presented good general condition, oriented, collaborative, afebrile, Glasgow 15/15, blood pressure 130/75. Neurologically with dysarthria, normorreactive isocoric pupils, preserved eye movements, symmetrical cranial nerves without alterations. No cervical stiffness or meningeal signs. **Methods:** The patient is reluctant to have a brain imaging test, but with her background and with the clinic she has, it is the most recommended thing to do. **Outcomes:** In CT scan of the head, several hyperdense nodular lesions with sizes between 8 and 25 mm are observed, suggestive of metastases. The patient in full mental faculties refuses any medical intervention and signs the voluntary discharge. **Discussion:** Although the patient refuses to be treated, the important thing in this case is knowing how to discern which patients need an imaging test and which patients do not. **Take Home Message for Practice:** In any patient with a neoplastic history and with a neurological clinic, an imaging test must be carried out so that a possible progression of oncological disease does not escape us.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 292**

**Abstract subtopic / Abstract Unterthema**



## Core Values of Family Medicine: Threats and Opportunities

### 1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

ePoster

#### **Helicobacter pylori and Hyperthyroidism – fiction or reality**

Ana Rita Costa, Andreia Gil Ferreira, Ana Nicolau Gomes, Raquel Monteiro

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**Background:** Hyperthyroidism is a disease caused by the excess of thyroid hormones, which may have many different etiologies. Its presentation can be subtle or dramatic, with symptoms like palpitations, hyperhidrosis, fatigue, increased appetite and weight loss. We may also find tachycardia, a warm and moist skin, hand tremor and hypertension. Some studies have shown a correlation between auto-immune thyroid diseases and *Helicobacter pylori* infection. Patients with an auto-immune thyroid disease have a higher susceptibility to contract *H. pylori* and its eradication seems to reduce anti-thyroid antibodies.

**Case-Report:** 55 year-old woman, irrelevant personal medical history. Single parenthood family, stage VI of the Duvall family cycle, Graffar III. She went to her Family Doctor with dysphagia, vomiting, dyspnea, globus sensation and thicker saliva feeling with one-week duration. She denied other symptoms. The patient did a Gastric Endoscopy which showed moderate degree gastritis and was medicated with esomeprazole. While awaiting the results for *H. pylori* search, the patient's symptoms aggravated, which prompted a thyroid function evaluation and thyroid ultrasound. The diagnosis of hyperthyroidism with multinodular goiter and concurrent *H. pylori* infection was established. She was sent to an endocrinologist to perform a scintigraphy and be treated accordingly.

**Conclusion:** Both hyperthyroidism and *H. pylori* infection may produce unspecific symptoms. It is important to consider these diagnoses, for these diseases can have important long-term consequences. Studies have shown an association between auto-immune hyperthyroidism and *H. pylori* infection, which is why it is important to consider the occurrence of both at the same time.

Conflict of interest / Interessenkonflikte

no / nein

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#### **Contribution ID: 300**

#### **Abstract subtopic / Abstract Unterthema**

### 1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

ePoster

#### **My hands are shaking – an approach to tremor in primary care**

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**Background and Questions:** Tremor is the most common movement disorder encountered in primary care. It is a rhythmic, involuntary, oscillatory movement of a body part. The most common tremors presenting in primary care are enhanced physiologic tremor, essential tremor, and parkinsonian tremor. Diagnosis is based on clinical history and physical examination. Therefore, a methodic approach to classify and diagnose tremor is essential to manage this condition. In this review, we present a summary of the characteristics of the most common types of tremor.



**Methods:** Literature review through PubMed, from 2010 to 2019, using the MeSH terms “Tremor” and “Diagnosis”.

**Outcomes:** Rest tremors occur in a body part that is relaxed and completely supported against gravity, whereas action tremors occur with voluntary contraction of a muscle. All persons have low-amplitude, high-frequency physiologic tremors at rest and during action that can be enhanced by anxiety, medication use, caffeine intake, or fatigue. Features consistent with psychogenic tremor are abrupt onset, spontaneous remission, changing tremor characteristics, and extinction with distraction. The most common pathologic tremor is essential tremor; it is an action tremor, transmitted in an autosomal dominant fashion in one-half of cases, and affects up to 6 percent of the population. Tremor present in Parkinson disease is typically asymmetric, occurs at rest, and becomes less prominent with voluntary movement.

**Discussion/Take Home Messages:** Tremor is a frequent disorder, affecting up to 5% of people older than 40 years old. It is thus essential that general practitioners can differentiate between different types of tremor.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 329

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

Lecture / Vortrag

## A tongue laceration in GP practice: whether to suture or not

Pim Keurlings

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### Background/Question:

Severe tongue lacerations, usually from falls or epileptic attacks, are uncommon in GP practice. A mucous laceration of the oral cavity usually don't require suturing and heals spontaneously. But what about tongue lacerations, as the tongue mainly consists of muscle? Whether to suture or not? GP guidelines are lacking.

### Methods:

We performed a systematic search on PubMed and Google Scholar. Additionally we organized a consensus expert meeting with 12 Dutch and Belgian ENT-specialists (August 2019). During this meeting we proposed them the indications suggested in literature to suture tongue lacerations.

### Outcomes:

We found only two retrospective studies with small cohorts and several methodological weaknesses. Using these we weren't able to answer our question so we proceeded to unravel expert opinion. In the consensus meeting we found a striking agreement between ENT-experts. We achieved 7 unanimous consensus criteria in which a patient should be referred to an ENT-specialist for sutures. The remaining majority of patients doesn't require suturing due to the tongue's marked circulation and according healing and regeneration capacity. Experts recommend to (tele)consult them in case of doubts. Conservative treatment consists of wound flushing, cooling and avoidance of warm meals/drinks for one day.

### Conclusion/Discussion:

There is no level I of II evidence to answer our question. We recommend our 7 Tongue Laceration Consensus Criteria (TLCC-7) as a guide for GPs. Most of tongue lacerations probably do not require suturing unless one of the TLCC-7 applies. Future research is needed to strengthen our findings.

Conflict of interest / Interessenkonflikte

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no / nein

## Contribution ID: 351

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### No choking is banal. Secondary pneumomediastine

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### Background:

A 28 years old patient goes to the Health Center for chest pain, dysphagia and vomiting after eating food. Personal history of atopy and doubtful food intolerance to milk protein and gluten. During the history, he refers to a choking episode with chicken bone two days before, since then presenting a nauseous sensation and chest pain.

### Exploration Complementary tests:

Afebril, hemodynamically stable. Saturation O<sub>2</sub> 98%, with no apparent changes in breathing. Normal electrocardiogram, in sinus rhythm. Pain in epigastric region. No signs of jugular engorgement, nor crepitation due to subcutaneous emphysema or dysphonia. Given the history of choking, we refer to hospital emergencies where Thoracic CT is performed, with a single 2.5 mm air bubble in the upper mediastinum, adjacent to the wall of the esophagus (anterior and right) proximal and posterior third of the trachea. Without objectifying alterations in the esophageal wall. He is diagnosed with pneumomediastinum and is admitted for conservative treatment: analgesia and radiological control. Good evolution being high with the recommendation of soft diet, rest and avoid hyperpressure for two months (flights, diving ...)

### Diagnosis:

Pneumomediastinum Differential diagnosis with eosinophilic esophagitis (immunoallergic disease on the rise in recent years: 1 in 1000-2000 people in Europe) due to difficulty swallowing and epigastric pain in patients with food intolerance.

### Comment:

Highlight the importance of the anamnesis and medical history for a rapid diagnosis. In our case, pneumomediastinum can be complicated by producing extrapericardial cardiac tamponade with hypotension and tachycardia, which if not resolved immediately can be deadly.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 353

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster



## Importance of renal biopsy in the treatment and forecast of Lupic Nephropathy

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### Background and case description:

Young Dominican, 23 years old, waitress, no known allergies. No diabetes, hypertension or dyslipidemia. Urinary infections of repetition. Take levonorgestrel / ethinylestradiol from age 14. Social tobacco smoker and occasionally marijuana. Presents edema in lower limbs (MMII) and periorculars of recent onset and rapid evolution. No fever, no macroscopic hematuria or coluria. It hasn't skin lesions or arthritis. No contact with animals, trips abroad, no risky sex.

### Exploration and complementary tests:

Normal neurological and cardiopulmonary. Lower left limb: edema to the thigh, without fovea, with turgid skin to the sacrum and both flanks. Postural hygiene rules, low salt diet are explained and its medication is reviewed, citing it in a week. But it continues with edemas. Hemogram and biochemistry: Low total protein (3.6 g / dl) and albumin (1.7g / dl). Hypocomplementemia C3 (74mg / dl) and C4 (6.5). Systematic urine: + + proteins. Urine 24 hours: Proteins 5.26 g / 24h (nephrotic range), Albuminuria 3468.4 mg / 24h. Serologies: negative. It is referred to nephrology: Antibodies: ANAS positive 1/640, AC anti-DNA 55.4 positive. Renal biopsy: Membranous glomerulopathy, which confirms the diagnosis. Treatment: prednisone, mofetil-mycophenolate and hydroxychloroquine.

### Diagnosis:

Lupus Nephropathy

### Final comment:

Hypocomplementemia and positive antibodies guide a lupus nephropathy, even more so as a young patient, of childbearing age and of Latin American origin. In Primary Care we must not forget the prevalence of these diseases, perform a correct history and exploration, request relevant tests for an early diagnosis and treatment that prevents the evolution of kidney disease.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 356

#### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

ePoster

### A difficult to relieve shoulder pain

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**Introduction:** Perforated gastric ulcers are life-threatening conditions. They typically present with abdominal pain, but sometimes it is not what the patient complains at start. A comprehensive evaluation of the patient is needed for an early diagnosis and prompt treatment, in order to reduce adverse outcomes of this serious disease.

**Methods:** We present the case of young adult with an atypical presentation of a perforated gastric ulcer, and a literature review about the diagnosis of this entity.

**Results:** An eighteen-year-old previously healthy man presented to the Emergency Department with a left shoulder pain, which started six days before. He had a record of four prior visits, including an Orthopedist evaluation, who stated the hypothesis of synovitis. He was taking painkillers and anxiolytics. In the present visit he told us the pain started at rest, without trauma. He had no functional limitation, nor signs of shoulder inflammation. He denied other symptoms. In prior visits, shoulder X-Ray and blood analysis were normal. He was given intravenous anti-inflammatory. Since the pain wouldn't relieve, blood was collected, showing elevated inflammatory parameters. The diagnosis of pneumoperitoneum became obvious through chest X-Ray. He was surgically treated for a small perforated gastric ulcer.

**Conclusion:** This case illustrates the importance of the differential diagnosis of shoulder pain, especially when it is resistant to the medical treatment, focusing on the atypical presentation of a gastric ulcer. The authors also point out that the patient had no accompanying symptoms, and no gastrointestinal complaints, which made the diagnosis a challenge.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 364

### Abstract subtopic / Abstract Unterthema

#### 1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Hypervitaminemia B12: what is the relevance to the clinical practice?

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High serum cobalamin (vitamin B12), also called hypervitaminemia B12, is a frequent and underestimated anomaly, and has been long considered irrelevant from a diagnostic and clinical standpoint. As such, we conducted a review of the literature concerning this topic and tried to define the essential steps in the investigation of patients with this anomaly.

Hypervitaminemia B12 is defined by a rate above 950 pg/ml. Its prevalence has been described as 12%. The finding of high serum cobalamin should first be followed by the etiological investigation. It can be caused by excess vitamin B12 intake, solid neoplasms (most frequently hepatocellular carcinoma and secondary liver tumours, breast cancer, colon cancer, gastric cancer and pancreatic tumours), malignant blood diseases, liver diseases, kidney diseases and inflammatory diseases, as rheumatoid arthritis and systemic lupus



erythematosus. Taking these causes into consideration, the etiological investigation may involve the search for excess intake, clinical examination, complete blood tests, thorax x-ray and abdominal ultrasound.

We concluded that, as hypervitaminemia B12 can be the first sign of serious diseases, further studies and protocols are needed to guide physicians when dealing with this finding. As general practitioners, we play an essential role in detecting this anomaly and take further investigations.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 425**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**From nocturia to obstructive sleep apnea: a case report**

Miao Qi Ye Ji, Susana Rivas Vilela, Ángela Martínez Pérez

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**Background:** A 74-year-old male, former smoker, with obesity (BMI 30,6), hypertension and type 2-diabetes mellitus.

Questions: He consulted his family physician due to nocturia with frequent awakenings started 5 years ago.

**Methods:** He denied insomnia, heart failure symptoms, urinary tract infection symptoms and lower urinary tract symptoms (I-PSS: 5). No findings on physical examination. However, he explained that he didn't have a bed partner until recently and that she complained about his loud snoring. He denied choking during sleep. He explained daytime sleepiness but was used to it, hence never consulted. Epworth Sleepiness Scale: 22. He was referred to the respiratory department and tested with polysomnography. Apnea-hypopnea index: 66.

**Outcomes:** He was diagnosed with severe obstructive sleep apnea (OSA). CPAP therapy was initiated and behavior modification such as weight loss and exercise were again recommended. Follow-up: patient reports decreased symptoms with a noticeable improvement in his life quality.

**Discussion:** Most OSA patients present daytime sleepiness, snoring or choking during sleep. However, patients could underestimate their symptoms, mistaken it with fatigue or not being aware of the events, especially if they don't have no partner to witness them. Less common symptoms include nocturia, but it is important to keep OSA in mind in the differential diagnosis, especially if associated with other related symptoms and risk factors.

Take home message for practice: It is essential to complete a proper anamnesis at primary healthcare that allow us to achieve an adequate diagnosis and management.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 432**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Managing urinary tract infections in Primary Care: Acceptance and Feasibility of FLEXICULT™**



Guido Schmiemann<sup>1)</sup>, Iris Kattner<sup>1)</sup>, Jutta Bleidorn<sup>2)</sup>

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## Background:

Current German Guidelines recommend Trimethoprim, Nitrofurantoin, Pivmecillinam and Fosfomycin as a first choice for uncomplicated urinary tract infections (UTI). Despite these recommendations chinolones (like ciprofloxacin) are still among the most commonly prescribed agents. Flexicult is a validated Point-of-Care test that allows a susceptibility testing within 24hours.

## Aim:

Is an implementation of the Flexicult test in Primary Care in Germany feasible? What are the perspectives of patients, medical assistants and physicians (General Practitioners and gynecologists) on using the test?

## Method:

Feasibility study with General Practitioners (n= (7) and Gynecologists (n=3). For a 3 month period Flexicult was offered to all women with suspected UTI as a diagnostic instrument in addition to usual care. Feasibility was assessed by standardized interviews (physicians and medical assistants) and questionnaire (patients). Additionally, changes in antibiotic prescriptions for UTI will be assessed retrospectively.

## Results:

117 patients have been included (5-27/practice,  $\approx$ 11,7. Preliminary results already helped to identify relevant organisational/structural barriers, such as the short durability of the test (78 out of 195 tests delivered expired before use).

The majority of patients accepts the waiting period of 24 hours for the test result (54%) before treatment decision. All physicians and medical assistants interviewed (10physicians/ 10 assistants) were interested to implement Flexicult in their practice.

## Discussion:

Despite high acceptance by patients and practice teams the existing organizational barriers are relevant arguments against a broad implementation.

## Take home message:

Flexicult is perceived as a useful tool for handling UTI in Primary Care

Conflict of interest / Interessenkonflikte

yes / ja

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## Contribution ID: 436

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Hemithyreidectomy. Can something go wrong? Case Report.

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**Introduction:** Hypothyroidism and multinodular goiter is a frequent health problem, especially in female patients. Many of them are under the control of their GP, others by the endocrinologist. In many cases the surgical solution is proposed and generally well accepted.



**Brief Clinical History:** A 39-year-old female with a history of: iron-deficiency anaemia, chronic gastritis and hypothyroidism with multinodular goiter and a family history of follicular thyroid carcinoma contacted her GP and was sent to the endocrinology outpatient clinic. She has been under control with periodic blood tests and ultrasound check-ups. In the last one the 3,5 cm solid nodule was found; fine needle aspiration was negative for malignant cells. The hemithyroidectomy was proposed and the patient accepted it. Immediately after the surgery, she presented the palpebral ptosis and miosis of her left eye, and hemihypoesthesia in her left arm. She was evaluated by the ophthalmologist and the neurologist. The post-surgical Horner's syndrome was diagnosed. Currently the patient is recovering progressively.

**Differential Diagnosis:** cervical spondylosis, Pancoast tumour, thyroid tumor

**Final Diagnosis:** multinodular goiter, post-surgical Horner's syndrome

**Discussion:** Horner's syndrome consists of palpebral ptosis, pupillary miosis and facial anhidrosis. It is a consequence of the interruption of the sympathetic innervation of the eye and face, being a rare complication of cervical surgery.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 440

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### A rare cause of a shoulder pain. Case Report.

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<sup>2)</sup>Endocrinology, Torrevieja University Hospital, Torrevieja, Spain

**Introduction:** Glenohumeral osteoarthritis and rotator cuff syndrome are frequent reasons of consulting GP, in many cases the surgical solution is not recommended, so we opt for non-invasive procedures such as intraarticular infiltrations.

**Brief Clinical History:** A 76-year-old female with a history of: COPD, ascending aorta aneurysm, hypercholesterolemia and hypothyroidism contacted her GP because of intense shoulder pain. The RX was done revealing no apparent lesions and the patient was sent for the intraarticular infiltration. Meanwhile, the pain intensity increased so she consulted the Trauma Surgeon and had the MRI scan done. On examination she presented the pseudoparalysis of the right arm, MRI scan revealed a bone tumour on glenoid fossa with circumferential soft tissue compression. The patient was admitted to the Internal Medicine Ward for further investigation. The PET-CT revealed a malignant mass in upper left lung lobe with a diameter of 3cm with multiple adenopathies and bone metastasis. Bronchofibroscope showed no endobronchial mass, but a thickened mucosa on the lobar bronchus with its' complete occlusion. The patient stayed in for 6 days and, finally, was discharged with an analgesic treatment and urgent oncology visit to determine further treatment.

**Differential Diagnosis:** metastatic mass, primary bone tumour, myeloma

**Final Diagnosis:** lung adenocarcinoma with bone metastasis

**Discussion:** Shoulder pain and the "frozen shoulder" syndrome are common causes of GP consultation. Consciousness of the possibility of its' rare but severe origins and a detailed clinical exam with bone imagining can help to discharge them early.

Conflict of interest / Interessenkonflikte  
no / nein

## CONTENT

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## **Contribution ID: 457**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

ePoster

### **An unusual case of “giant” endocervical polyps**

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#### **Background:**

Cervical polyps are benign lesions originating from the endocervical canal of the uterus, mostly asymptomatic, which usually appear in woman's late reproductive years. The aetiology is unknown, but they are one of the most common causes of acute uterine bleeding in pre and postmenopausal women with a prevalence between 10-24% in women undergoing endometrial biopsy or hysterectomy. Polypectomy is required if they are symptomatic, large or atypical.

#### **Methods:**

Case report.

#### **Outcomes:**

Healthy 50-year-old woman in menopause, consults her family doctor for cervical cancer screening by HPV testing. During the pelvic exam, 3 polypoid formations of about 5 cm each exiting through the cervical os were found; The patient didn't reported pain or bleeding when the formations were tractioned.

Due to the exuberance of the findings, the lesions were photographed and a uterine ultrasound was requested, which didn't revealed any significant alteration. Then, the patient was referred to an hospital gynaecology department. During the hospitalar medical consultation, the lesions were removed by torsion and the histology revealed endocervical mucous polyps. The patient was discharged with recommendation to keep follow-up in primary care setting.

#### **Discussion:**

Although cervical polyps are benign and mostly asymptomatic lesions, in this clinical case, the “gigantic” and unusual size of the polypoid lesions impressed the family doctor. The aim of this clinical case is to share an unusual clinical presentation of one of the most frequent findings of the gynecological exam, capturing the curiosity of the observers through a real image.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 464**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

ePoster

### **Paget disease of bone: a case report**

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**Background/Questions:** Articular pain is one of the most commonly seen symptoms in general practice. Most of the times it means an inflammatory or degenerative condition, however if symptoms persist, there might be an additional need to investigate. Paget disease of bone, is a focal disorder of bone metabolism, it is characterized by an accelerated rate of bone remodeling. It is fairly common in aging bone and it is often asymptomatic. Its onset is typically after age 55, with a slight predominance in men.

**Methods:** Case-Report

**Outcomes:** A 63 year old caucasian male, with history of dyslipidemia, presented generalized joint pain that didn't respond adequately to analgesic drugs. At the same time, the patient was prescribed blood work to assess the possibility of a pathological process besides the degeneration of articular surfaces related to aging. The results showed an increase in Alkaline Phosphatase (AF) (562 UI/L) with no other changes in liver function markers.

Posteriorly, bone metabolism was investigated and a bone scintigraphy was prescribed. The result was: "hyperfixation of biphosphonates on the left shoulder blade, 9th right costal arch and right pelvic bone with increased bone mass – Paget Disease of Bone". The patient was informed of this result, started adequate medication and started follow-up with an Internal Medicine consultation.

**Take Home Message for Practice:** Less common diagnosis should be considered in the onset of refractory symptoms and adequate research should follow so that the diagnosed condition is adequately treated and the well being of the patient is assured.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 468

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

## Spontaneous pneumomediastinum – an important differential diagnosis in children and adolescents with chest or neck pain

Mengfei Xiong

*MOHH, singapore, Singapore*

A 14-year-old previously healthy boy presented to the emergency department with sudden onset of pleuritic retrosternal chest pain radiating to his throat two days after taking a rollercoaster ride. There was no significant cardio-respiratory or gastrointestinal symptoms and no history of trauma or foreign body ingestion. Physical examination was unremarkable and blood tests including cardiac enzymes, as well as electrocardiogram were normal. In view of pleuritic chest pain with neck pain, chest x-ray and lateral neck x-ray were performed, revealing streaky lucencies at the base of the neck-thoracic outlet and prevertebral soft tissue gas. This patient was diagnosed with spontaneous pneumomediastinum, a self-limiting condition in which there is non-traumatic presence of free air in the mediastinum. Despite being described in adult literature, this condition is uncommon in the pediatrics population and tends to be under-diagnosed. Known causes of spontaneous pneumomediastinum include asthma exacerbation, lower respiratory tract infection, valsalva maneuvers, barotrauma, vomiting and foreign body aspiration, but may be idiopathic in some patients. In our patient, the cause of spontaneous pneumomediastinum was thought to be due to valsalva maneuver on the rollercoaster ride. While most patients describe having chest pain, dyspnea and cough, some may present with neck pain, odynophagia or dysphagia. Specific examination findings such as subcutaneous emphysema and Hamman crunch are uncommon and physical examination may be normal. A

## CONTENT

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high index of suspicion is needed and diagnosis is confirmed via imaging. Our patient recovered uneventfully with symptomatic treatment using oxygen and analgesia.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 479**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**Neuro-lupus diagnosis in primary care - Clinical case**

Vera Esteves, Sofia Rodrigues

*USF Descobertas, ACES Lisboa Ocidental e Oeiras, Lisboa, Portugal*

**Background:**

Lupus can affect nearly all the organs systems, including the brain mostly by atrophy, which may be asymptomatic or manifest by light to severe symptoms.

**Questions:**

The importance of the emphatic listening of the patient complaints may lead to unexpected diagnosis.

**Methods:**

We bring up a case observed in a appointment on our primary care facility that has initiated a diagnosis chain terminating in the establishment of neuro-lupus.

**Outcomes:**

M.C.L., 50 years

Active clinical problems: tobacco abuse and lumbar hernia diagnosed in 2016.

It was known by the health team has a "difficult patient", bringing normally to the appointments various numbers of complaints.

Had an urgency appointment in our facility at 4th of May of 2018, in which referred complaints of lack of strength in both superior and inferior members (compromised by objective examination by grade III/V), symmetrically. She also had pain at palpation of shoulders elbows and knees, asymmetrically. The patient was referred to a Rheumatology, meanwhile developed a solar rash and the clinical suspicion of Lupus was established. The time went by, and in September 2019 in one of our appointments she described an "identification of thoughts" which conducted to the prescription of an Cerebral CT, revealing atrophy of frontal lobe.

**Discussion:**

Rheumatological disorders frequently emerge with non-specific symptoms, that should be carefully analysed with detailed clinical history.

**Take Home Message for Practice:**

The emphatic communication is specially important in the so called "difficult patients" as they may manifest pathologies with non-specific symptoms that may be underdiagnosed.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 483**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien



## Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### Approach to a patient with oedema

Aysen Kutan Fenercioglu<sup>1</sup>, Tugba Arpa<sup>1</sup>, Asena Cosgun<sup>2</sup>, Iyigun Gedik<sup>1</sup>, Nurver Turfaner Sipahioglu<sup>1</sup>

<sup>1</sup>Department of Family Medicine, Istanbul University - Cerrahpasa, Cerrahpasa Medical Faculty, Fatih/Istanbul, Turkey

<sup>2</sup>Kartal No.7 Family Health Care Center, Ministry of Health, Kartal/Istanbul, Turkey

**Presented problem:** An eighteen years old girl applied to our clinic with puffy eyes, oedema in feet, difficulty in walking and decline in school performance. These complaints had started 2 weeks ago after a throat infection. In her medical history, there was asthma that was under control for 6 years without medical treatment. There wasn't history of smoking neither alcohol use. Her family history did not include any abnormalities.

**Management:** Her vital signs and physical examination were normal except pretibial oedema in both legs. Abnormalities in her blood tests included decrease in total protein and albumin levels, anemia and hyperlipidemia. Urinalysis revealed 6.5gr/day proteinuria and 4.9gr/day albuminuria. Her blood complement levels were low (C3: 0.47gr/L, C4: 0.05gr/L). Antinuclear antibody (ANA), anti-ds-DNA, p-ANCA, c-ANCA, anti-RNP antibody, anti-SSA antibody, anti-SSB antibody, anti-sm antibody, anticardiolipin antibody, rheumatoid factor levels were normal. T-negativity in all precordial leads was detected in ECG. Echocardiography revealed left ventricular functional abnormality (global hypokinesia), moderate mitral insufficiency and low ejection fraction. Her abdominal ultrasonography was normal. Our initial diagnosis was Nephrotic Syndrome. She was referred to nephrology clinic for a renal biopsy. Her renal biopsy and immunofluorescent analysis demonstrated "full house nephropathy" with IgA, IgG, IgM, C1q and C3 deposits in glomerulus compatible with SLE (systemic lupus erythematosus).

**Outcome:** After 3 months of treatment our patient's gait became normal, oedema and proteinuria recessed.

**Discussion:** Although clinical signs and symptoms of SLE are not present, lupus nephritis should be considered in patients with oedema and proteinuria.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 493

#### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### A chronic pelvic pain syndrome case

Rita Abelho, Bruno Gonçalves

ARSLVT - Lisbon, Parede, Portugal

**Didactic-method:** oral-presentation

#### Presented-problem:

35 years old male, no known medical conditions

The patient presents to his family doctor in January with testicular and perineal pain of moderate intensity, which started 2 months before, that radiated to the gluteal region, and was relieved by defecation and by laying on his back. At physical examination, there was no abnormalities. He mentioned going to the



emergency department with dysuria and testicular pain 1 week after these symptoms began. He was discharged with suspected prostatitis and antibiotics.

### Management:

A blood workup, including a sexually transmitted diseases panel, a pelvic ultrasound and CT were done. A psychiatry consult was requested, but no muscular pathology was found. He was then referred to an internal medicine and urology appointment. The pain remained despite all the different medications prescribed (NSAID's, *Serenoa repens*, Omeprazole, opioids...). The patient gradually developed anxiety symptoms, since his condition wasn't improving. He had 15 appointments with his family doctor in 5 months.

### Outcome:

In May, the case was presented at a Urology Congress. The panel agreed it was likely a case of chronic pelvic pain syndrome (CPPS), an exclusion diagnosis, and recommended treatment with an alpha-blocker and NSAID for 6 months. After 1-2 months, the patient symptoms improved. He remains asymptomatic until now.

### Discussion/open-questions:

With this case, we pretend to illustrate the difficulties of diagnosis and management of CPPS. A holistic approach is needed and advisable, since it has a significant biopsychosocial impact and the patient involvement is crucial to a successful outcome.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 532

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Analyzing heart sound using with Support Vector Machine Technique to improve diagnosis

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<sup>2)</sup>Computer Science, Dokuz Eylul University, İzmir, Turkey

<sup>3)</sup>Family Medicine, Dokuz Eylul University Faculty Of Medicine, İzmir, Turkey

### Introduction:

Heart sound is a crucial and vital parameter for the diagnosis and treatment of heart diseases. In cardiovascular and heart diseases, the characteristics of the heart-specific sounds change, additional sounds may be heard, or some sounds may become faint or disappear.

### Methods:

The heart has four priority sounds (S1, S2, S3, S4). In certain diseases, it is observed that these sounds may vary according to the disease. When examining the sounds of the heart, primarily the pulse and rhythm are examined. Systole and diastole are determined by examining primary and secondary (S1 and S2) heart sounds. But there are many challenges in the study of heard sounds. Listening focuses determine the location and severity of murmurs in the heart. The intensity and other characteristics of sound vary according to these locations. Also the identifying and analyzing the heart sound signal for obtain diagnostic data is challenging for specialists.

### Results:

Here we proposed a support vector machine (SVM) model for improve the diagnosis of cardiovascular diseases and obtain examinable data of heard sounds. And also we are compared with other models for



showing strength of the models between each other. This result gives us comparison of heart sounds differentiation and also gives clue about used models.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 554**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## **New ways forward to face challenges for patient service provision due to the decreasing resources and increasing patient demands**

Bernard Klemenz, Carole Phillips

*General Practice, University Surgery Portsmouth, Portsmouth, United Kingdom*

The WHO estimates a worldwide shortage of 4.3 million physician, nurses and other healthcare workers in developing and developed countries like India, US, Canada, UK, New Zealand and Germany. The WHO Workforce 2030 reports that shortage can mount up to 9.9 million physician, nurses and midwives globally by 2030. Population growth, ageing societies and changing disease patterns are expected to drive greater demands for health care workers in the next 15 years.

In order to optimise and improve the access to and the effectivity of general practice and safeguard high quality of health care provision one has to develop new models of care in order to improve access and quality of service and prevent the burnout of the primary care physician.

New job roles in primary care are evolving, such as practice based pharmacists, specialist nurses, mental healthcare workers, social prescribers, paramedics and physician assistant.

Existing staff is trained up to face patients demands e.g. the receptionists, who are at the forefront of the general practice services, who can signpost patients to other appropriate services for example prescribing pharmacists, direct access physiotherapists or resources for self-help and self-care.

Integrating new technologies into the provision of General Practice services will further improve the access and quality of service delivery in general practice. Internet based face to face consultation, e-consult, computer integrated software for GP referral and decision-making, communication between primary and secondary care will play an increased part of service provision in the future.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 571**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

ePoster

## **The quinolones and tendons, a not infrequent relationship**

Ana Cristina Menéndez López<sup>1</sup>, Lázaro De Castro Peral<sup>2</sup>, Almudena Carrasco Angulo<sup>3</sup>, Aránzazu Sánchez de Toro Gironés<sup>1</sup>, Paula Perona Buendía<sup>1</sup>, Manuel Felipe Nevado Aponte<sup>1</sup>, Francisca María Aceituno Villalba<sup>1</sup>, Celia Beatriz De Castro Bermejo<sup>1</sup>, Ángela Martínez Hernández<sup>1</sup>, Eduardo Pérez Gil<sup>1</sup>

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<sup>3)</sup>Centro de Salud de San Pedro del Pinatar, Servicio Murciano de Salud, San Pedro del Pinatar / Murcia, Spain

## Case Description:

49 years old woman without known drug allergies. Intervened by postpartum hemorrhagic placental accreta and conization by CNI III As background, pneumonia acquired in the community in the previous two weeks, treated with Levofloxacin 500 mg 10 days. He referred pain in the left ankle for 2 days that relates to twist, diagnosing an ankle sprain. Compressive bandage, dexketoprofen 25mg and rest. Post review.

**Exploration and complementary tests:** inflammatory component in both malleoli, as well as hematoma on the external face, swelling of the posterior leg between the calf and heel, can not perform position tiptoe left foot. We refer to the emergency. Radiography is done without objectifying bone lesions. He is referred to traumatology: Thompson sign (+) and the ax sign (+). An ultrasound is performed showing the Achilles tendon rupture. He needed the suture.

**Diagnosis:** Achilles tendon rupture. Differential diagnosis: Ankle sprain, Tibial or peroneal malleolus fracture, retrocalcaneal bursitis.

**Final comment:** highlight the importance of a correct and complete history and exploration, evaluating the background, the treatments performed and their side effects. Achilles tendon rupture is one of the most frequent ruptures, along with the rotator or bicipital cuff. More frequent due to direct trauma, but also as a side effect of certain medications as in our case, that was diagnosed with Achilles tendon rupture secondary to taking quinolones. Prophylaxis of the side effects of fluorquinolones at the musculoskeletal level focuses on rational use, detailing the dose and duration, as well as alerting to clinical suspicion.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 572

### Abstract subtopic / Abstract Unterthema

#### 1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Doctor, ask me for a special blood test

Julián López Marín<sup>1)</sup>, Luis Martínez Antequera<sup>2)</sup>, María Martínez Ferri<sup>3)</sup>, Diego Francisco Roldán Lafuente<sup>4)</sup>, Rocio Romera Martínez<sup>5)</sup>, Vanesa Cascales Sáez<sup>3)</sup>, Jaime López Díez<sup>1)</sup>, Carmen Celada Roldán<sup>3)</sup>

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<sup>4)</sup>MFYC, Cartagena Casco Health Center, Cartagena, Murcia, Spain

<sup>5)</sup>MFYC, Mar Menor Health Center, El Algar, Murcia, Spain

## Background:

A 47-year-old man smoker of a daily pack of tobacco who passed HAV infection came to Primary Care (PC) after an episode of possible acute gastroenteritis resolved three months earlier, demanding a special blood test. This patient is not very frequent in PC, so when he was interviewed about his family situation, he said that he did not have sex with his current partner, he had it with other people and unprotected. The patient does not report any other symptoms.

## Methods:

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Vital signs were normal. Skin without injuries. Without cervical or inguinal adenopathies. Blood and urine tests: without pathological findings. Hepatitis serology, HIV, treponema pallidum, HSV, CMV, EBV: positive for Treponema pallidum; RPR 1/16, TPHA 1/20480.

**Outcomes:**

Early latent syphilis.

**Discussion:**

After treatment with intramuscular penicillin, the new title of RPR was 1/2, so the syphilis is currently treated. We recommended assessment and serology to the possible contacts of our patient.

It is an infection with an increasing incidence. Therefore, our function is essential to recognize as soon as possible the suitable screening, as well as diagnose and treat them if necessary, because this pathology is completely accessible from PC. We must study other sexually transmitted infections before the diagnosis of syphilis, because it is not less frequent, for example, to find a syphilis-HIV co-infection.

**Take Home Message for Practice:**

It is important advise on the use of barrier methods from our medical consultation.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 578**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

**Not everything is what it seems**

María Concepción Galdeano

*Hospital de La Merced (Servicio Andaluz de Salud), Sevilla, Spain*

A 40 years old man smoker presented with hematuria for two days. He denied having back pain, vomiting, fever, or engaging in risky sexual behaviours. He confirmed it was the first episode with these characteristics. An uroanalysis was carried out showing only 60 red blood cells. He was treated with the same medication used to treat urinary tract (ciprofloxacin 500mg/12 hours during 7 days).

After finishing the treatment, he continued with hematuria, he was treated with similar antibiotic medication, (cefditoren 200mg/12 hours), because the uroanalysis showed the same result.

Two months later, the initial symptoms had changed (similar to renal colic) he had low back pain (percussion on kidney +). He did a blood and urine test and an ultrasound due to the persistence of hematuria in spite of the 2 cycles of antibiotics. He was treated with analgesics.

The results of the blood test didn't show anaemia or signs of infection, but the hematuria continued persistent and phosphate precipitates were found in the urine. He had expelled a stone once during urination. The ultrasound described a doubtful bladder injury, it was needed a URO-TC, it was confirmed a bladder neoplasia. We contacted to urologist to speed up therapeutic management

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 602**

**Abstract subtopic / Abstract Unterthema**



## 1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **Diagnostic precision and cost-efficiency of abdominal ultrasounds in a primary care center**

Marcos Sánchez, Azahara Carbonel Tabuenca, Mireia Martínez Martí, Eloísa Esteban Cantó, Antoni Sisó i Almarall, Daniel Cararach Salami, Belchin Adriyanov Kostov, David Martí Grau, Luisa Benito Serrano  
*Spain, Hospital Clinic Barcelona, Barcelona, Spain*

#### **Background:**

After the exposure of the results obtained when performing outpatient ultrasounds, the diagnostic accuracy and what it means for the system must be assessed.

#### **Questions:**

Is there a suitable agreement between primary and second level care ultrasound?  
What cost efficiency results does this translate to?

#### **Methods:**

- Degree of concordance based on reports of ultrasound results.
- Data from the health management service on waiting lists, evolution in the number of requests and their costs.

#### **Outcomes:**

Of 446 evaluations in 2018 (318 abdominals, 63 renal- bladders, 61 renal- bladder- prostate and 4 others), a second radiologist evaluation was requested in 90 cases. Of these: 57 total, 17 partial and 16 disagreements (potentially relevant for treatment 10, 2'2% of the total).

The median delay in days since the request that year was 12 days, compared to 27 in the control health center that did not have its own sonographers. The evolution in the number of ultrasound requests from its implementation in 2011 to 2018 was successively: 321-372-358-412-435-398-495-446. Compared to these, those requested at the control health center: 331-298-352-302-376-340-363-382.

The average price of the performed ultrasound at the health center is € 27, compared to € 36 when it is performed in the hospital by the radiology service.

#### **Discussion:**

Ultrasound in this health center has demonstrated adequate accuracy and considerable economic savings. No conclusions available regarding the number of ultrasounds requested.

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

The implementation of ultrasound at the outpatient level is the future, don't be left behind!  
Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 616**

#### **Abstract subtopic / Abstract Unterthema**

## 1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **Measurements of vitamin D levels in adults in a Primary Health Center. Risk criteria**



Cristina Lebrón, Paula Colacicchi, Rafael Escañuela-García, Alicia Sáez-Gómez, Dolores Martínez-Díaz, Virginia Vallejo-Cañete, Adriana Gaspar-Solanas, Beatriz Barco-Sánchez, Ricardo José Casajuana-Pérez, Francisca Muñoz-Cobos  
*Distrito Málaga-Guadalhorce, Málaga, Spain*

**Background:** Evaluate the presence of risk factors (RF) of hypovitaminosis D for the request of its blood levels in adult patients.

**Methods:**

A retrospective, descriptive study.

Subjects: Patients >18 assigned to the health center with determination of Vitamin D levels.

Variables: age, sex, risk factors (osteoporosis, fractures, kidney disease, liver disease, malabsorption, autoimmune disease, institutionalized, prolonged corticosteroid treatment), blood levels of vitamin D3, calcemia.

**Outcomes:**

250 patients meet the inclusion criteria. 75% women, mean age 64±16.21 years, median 65. 33 patients (13.2%) presents RF: osteoporosis 8.8%, fractures 2.4 %, hyperparathyroidism 2%, Chronic Renal Failure 1,6%, intestinal malabsorption 1.2%, connective diseases 0.4%, institutionalized 0.4%.

Patients with/without RF are comparable in age (66.97±16.45/63.5±16.09). They differ in sex: 91% women in group with RF (91%) - 73.3% in group without RF (p=0.028). The average levels of calcemia are similar in patients with or without RF (9.12±0.55 and 9.03 ±0.42 respectively). The average values of vitamin D in patients with RF are 26.77±15.48 versus 23.61±9.19 in a group without RF, with no significant difference.

**Discussion:**

There is a low percentage of patients with RF, between them the most frequent is osteoporosis. There is no difference in vitamin D levels between patients with/without RF in our population, so it is questionable to use them as a decision tool for their determination.

**Take Home Message for Practice:** There are unclear risk factors for deficit of vitamin D.

**Key Words:** Vitamin D, Risk Factors, Primary Care.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 629**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**Incorporation of abdominal ultrasounds in a primary care center**

Azahara Carbonel Tabuenca, Marcos Sánchez Sánchez, Antoni Sisó i Almirall, Daniel Cararach Salami, Mireia Martínez Martí, Belchin Adriyanov, David Martí Grau, Eloísa Esteban Cantó, María Luisa Benito Serrano  
*Hospital Clinic Barcelona, Barcelona, Spain*

**Introduction:**

We conducted a retrospective descriptive study in 27,491 people (>14years) who had a programmed ultrasonography requested to be performed in the same health center by two trained family doctors during 2018.

**Questions:**



Assess the quantitative and qualitative advantages of the incorporation of abdominal and renal bladder ultrasound in a primary care center in Catalonia.

### Methods:

The variables included were: age, date of request for ultrasound, date of realization, type of ultrasound, reason for the request and findings. Its analysis has been done through a database.

### Outcomes:

446 examinations (318 abdominal, 63 renal-bladders, 61 renal-bladder-prostate and 4 others).

Reasons for consultation: 134 steatosis controls, 132 abdominalgia, 114 analytical alterations, 71 urinary clinic, 57 nephritic colic, 27 others, 17 due to prostate syndrome, 12 vesicular polyp control, renal cyst or hepatic cyst, 5 aneurysm controls already known.

Ultrasound findings obtained: 17 who did not attend their appointment, 69, showed absolute normality, 22 non-pathological findings (renal or hepatic cysts simple, cholecystectomized), 338 pathological findings (including presence of biliary mud, renal microlithiasis or mild steatosis).

### Discussion:

The most requested ecography was abdominal. The three main reasons why it was requested were: control of hepatic steatosis already known, abdominal pain and new analytical abnormalities. The results which predominate were pathological findings whether or not they were related to the cause for initial consultation.

### Take Home Message for Practice:

Abdominal ultrasound in the health center has demonstrated good accessibility.

Its use results in cost reduction for the healthcare system, an earlier diagnose and a greater satisfaction perceived by patients.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 630

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### Brenner tumor, an infrequent ovarian tumor

Fernando Perales González<sup>1)</sup>, Pablo N. Puertas Moreno<sup>2)</sup>, Miren Ibarra Etzala<sup>2)</sup>, Maria Jose Santos Galan<sup>1)</sup>, Adrian Wojcik Hamza<sup>1)</sup>, Antonia Bruno Chica<sup>3)</sup>, Maria Pastor Estebañez<sup>1)</sup>, Alberto Sanchez Bernal<sup>1)</sup>, Alfonso Notario Sanchez<sup>1)</sup>

<sup>1)</sup>Family doctor, M<sup>a</sup> Angeles Lopez-Gomez Health Center, Leganes/ Madrid, Spain

<sup>2)</sup>Resident doctor, M<sup>a</sup> Angeles López-Gómez Health Center, Leganes/Madrid, Spain

<sup>3)</sup>M<sup>a</sup> Angeles López-Gómez Health Center, Leganes/Madrid, Spain

A 55-year-old female with history of breast fibroadenoma and smoker of 20 cigarettes per day, presented with the results of a magnetic resonance due to lumbar pain that shows an incidentaloma of a parauterine mass of 7cm diameter.

On examination, she had obesity with a normal abdominal examination.

We performed an abdominal ultrasound in our Primary Care office, where we have ultrasound equipment, that shows a heterogenous pelvic mass independent from the uterus and bladder: a septal hypoeogenic region and another isoecogenic region with positive color Doppler.



In front of an adnexal tumor of uncertain behavior we referred the patient to Gynecology, who performed a gynecology ultrasound that confirms the presence of a well-defined left ovarian tumor of mixed refringence of 78 per 69 millimeters with thick septa and little color doppler. Negative tumor markers.

A laparoscopic double anexectomy and biopsy was done with a final diagnosis of Brenner tumor associated to mucinous cystoadenoma.

The Brenner tumor is made by a cluster of transitional cells. 95% of them are benign and around a 1% can present malignant degeneration. They have a low frequency, almost 0.5-0.79% of all the ovarian tumors. They usually appear on females on their fifth decade, often asymptomatic and sometimes they debut with endocrinal symptoms.

Ultrasounds in Primary Care are an innocuous cheap and accessible diagnostic tool for several processes, that helps to build early diagnose and create better referrals.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 631**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

## **A case report of meningioma with gradual muscle weakness as the onset of the symptomatology**

*Elizabeth Gregorutti, Brisa Del amo-Monleon, Sonia Rivas-Zuazo, Silvia Barro-Lugo, Montserrat Llevet-Planas, Montserrat Porta-Borges, Alba Blanch-Mon, Elisenda Guarne-Vidal, Luis Barboza-Alvitez, Sonia Baro-Sabate Larrard Primary Health Care Center, Parc Sanitari Pere Virgili, Barcelona, Spain*

A 31-year-old woman presented to our Primary Health Care Center a 6-month history of gradual muscle weakness in her lower extremities. Unknown relevant medical or family records.

Physical examination highlighted that the knee and ankle reflexes were slightly hyperactive, with right babinski reflex positive. Pupils equal and reactive. Conserved strength and sensitivity of extremities.

The blood test was within normal limits. The cranial TC performed was normal.

While the patient was waiting for the spinal MNR developed, in a period of three months, lost of sensibility of 2nd and 3rd finger of right foot along with sensibility alteration of right leg. Also, urinary urgency but without incontinence, difficulties for the onset of urination or incomplete emptying.

Spinal MNR showed an extramedullary mass, probably subdural, right-sided, in T5-T6, which occupied almost all of the canal and compressed the medulla, with deformity and associated spinal edema. Also, a small intrathecal nodule at the level of L1-L2 with similar characteristics.

These two lesions suggest intradural neurogenic tumors or meningiomas.

T5-T6 laminectomy and dorsal tumor resection was performed.

Anatomical pathology confirmed Transitional Meningioma (WHO grade 1)

Spinal meningiomas are benign tumors that account for roughly 1.2% to 12.7% of all meningiomas and 25% of all spinal cord tumors.

The peak age of occurrence for spinal meningiomas is 40 to 70 years-old, more often in middle-aged women. The treatment is surgical, with the primary goal to achieve complete tumor removal while minimizing neurologic dysfunction.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 645**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

ePoster

### **Symptoms of depression may not always be as they seem**

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The use of serotonergic agents, not only antidepressants, is increasing, in turn this increases the possibility of Serotonin Syndrome. The difference between worsening depressive symptoms and Serotonin Syndrome is very close.

Are we thinking enough about the possibility of a Serotonin Syndrome when our patient worsens after starting treatment with a serotonergic agent?

A 65-year-old man with an stressful job as a lawyer close to retirement, started with depressive symptoms 6 months ago. He was only treated with psychotherapy in the beginning. He started taking anxiolytics and 100 mg of sertraline because of the worsening symptoms. As he was getting worse despite an increased dose of anxiolytics, he was referred to Psychiatry and the dose of sertraline was increased to 200mg for a higher psychomotor inhibition and trazodone was added for insomnia. The patient decided to increase the dose of sertraline to 300mg. The result was that he needed intensive care for myoclonus, altered mental status and autonomic dysfunction.

Hypertension, hyperthermia and tachycardia are the three main symptoms of the serotonin syndrome. He was successfully treated with cyproheptadine. And symptom improvement was seen after changing sertraline and trazodone for duloxetine.

A prodrome of a serotonin syndrome can be misdiagnosed with worsening depressive symptoms. Due to this possibility and its severe consequences doctors must remain alert to this diagnosis. Also consider modifying prescribing practices to minimize the use of multiple serotonergic agents.

The follow-up of a patient after prescribing any treatment should include not only the initial symptoms improvement but the chances of possible side effects.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 646**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

ePoster

### **Colorectal cancer screening - is it worth it?**

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**Introduction:** In Portugal, Colorectal cancer (CRC) has been the major cause of new cancer cases, causing the death of an estimated 11 people each day. Colorectal cancer screening (CRCS) is performed by testing for faecal occult blood (FOBT) every 2 years, in patients with ages between 50 and 74.

**Question:** Is FOBT a good screening test for CRC?

**Methods:** A descriptive, retrospective, cross sectional, observational study was conducted in patients registered in a family healthcare unit. We studied the variables age, gender, FOBT and colonoscopy results and the diagnosis of new CRC cases. Statistical analysis was performed using Microsoft Excel®.

**Results:** 12 164 FOBT were carried out during the analysis period, 8% were positive. 3% of the positive cases developed CRC. 97% had false positives (FP) or other causes of gastrointestinal bleeding. There were 211 new CRC diagnosis, 114 occurred in patients covered by age of screening, 42% had done FOBT, 52% of them were positive.

**Discussion:** FOBT is accessible and easy to perform. But nearly half of positive results were FP and half of the cancer patients covered by screening had negative FOBT. This raises concern about the value of FOBT as a good screening test. About 50% of the new CRC cases were diagnosed outside of the targeted screening age, therefore raising questions regarding the appropriate age for screening. Considering that secondary prevention is one of the most important tools in primary care, more studies are necessary to validate FOBT as a screening test.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 654

### Abstract subtopic / Abstract Unterthema

#### 1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### A case of auto-brewery syndrome

Beatrice M Morna Bejenaru<sup>1</sup>), Margarita Marti Barbera<sup>1</sup>), Laura Arbones Fincias<sup>2</sup>), Laura Ruiperez Guijarro<sup>2</sup>)

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Patient of 46 years old, diabetic type2 and obese, attended several times in Emergency for acute symptoms of alcoholic intoxication (breath, slurred speech, dizziness, disorientation), denying alcohol intake. His family confirms both the abstinence and the direct relation between symptoms and the ingest of carbohydrate-rich meals. Patient does not refer to any prior treatment with antibiotics.

Suspecting auto-brewery syndrome (**ABS**), the study of fibro colonoscopy is normal, no evidence of fungal growth, feces culture normal. We recommend empirically multistrain probiotics during 8 weeks and a meager carbohydrates diet with the improvement of the setting.

**Discussion:** The **ABS** or gut fermentation syndrome is a rarely diagnosed condition in which the ingestion of carbohydrates-rich meals results in endogenous alcohol production and produces symptoms of alcohol intoxication. Common fungi as *Candida albicans* and *Saccharomyces cerevisiae* are identified as pathogens, normally after long course of antibiotic treatments which altered the gut microbiome. It has been seen that after carbohydrate ingestion the blood alcohol concentration is higher in diabetics and liver cirrhosis. Reported also as a complication of Chron's disease and chronic bowel obstruction in the setting of a high carbohydrate diet. Evaluation should include blood alcohol and drug screen, endoscopy study and fluids culture.

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Although treatments lack validation, the carbohydrate diet, short courses of antifungal therapy and probiotics that increase the normal bacteria in the intestinal tract, have been reported in the literature.

**Conclusion:** this diagnosis should be considered in patients with alcohol toxicity and a high carbohydrate diet who deny the alcohol intake.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 668**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**Scoliosis in primary health care**

Raquel Andrade, Inês Gonçalves, António Silva, Filomena Mina, Marina Gouveia, Celeste Freitas  
ACES-SESARAM, Funchal, Portugal

**Background**

Scoliosis is characterized by a deviation of the curvature of the spine observed in the coronal plane, which may occur under various medical conditions. For its diagnosis an X-ray of the spine has to be performed in order to calculate the Cobb angle, that must be at least 10°. The estimated prevalence of adolescent idiopathic scoliosis is approximately 3%.

**Questions**

What is the evidence on the approach to scoliosis in primary health care?

**Methods**

Search of reviews; systematic reviews and meta-analysis in PubMed database and UpToDate.

**Outcomes**

Scoliosis can be divided into two groups: structural (neuromuscular, congenital and syndromic), which corresponds to approximately 20% of total scoliosis, and idiopathic scoliosis, corresponding to 80% of the cases, without a defined etiology and which onset is higher at the beginning of adolescence. It has a multifactorial etiology with the contribution of genetic factors, hormonal changes and connective tissue and platelet microstructure alterations.

Scoliosis is often asymptomatic and the diagnosis is proposed after the objective examination, including Adam's forward bend test, at the routine medical appointment.

**Discussion**

According to the international Society on Scoliosis Orthopedics Rehabilitation and Treatment (SOSORT) the longer the period between the diagnosis of scoliosis and the completion of child growth the greater the risk of developing severe and complicated deformities.

**Take Home Message for Practice**

Although there is no consensus regarding the screening of scoliosis, family physicians should be aware of this situation to allow diagnosis and timely referral.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 715**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien



## Presentation form / Präsentationsform

ePoster

### Patient with disorientation in time and space

Albert Boada Valmaseda, Roser Ros Barnadas, Isabel Gonzalez Saavedra, Maria Reis isern Alibés, Amelia Cristina Espinosa Santana, Marta Soler Costa, Adrian Fernandez Sanchez, Laura Ruiz Martinez, Maria Asunción Altaba Barceló, Mireia Maycas Claramunt

*EAP Guinardó, Institut Català de la Salut, Barcelona, Spain*

#### Background:

59-year-old patient without medical history who comes to refer symptoms of 1 month of dizziness, disorientation in time and space and discrete headache, without any other symptom compatible with neurological focus.

#### Questions:

Neurological exploration was normal except for disorientation in time and space.

#### Methods:

We decided to request a cranial magnetic resonance imaging with results: Expansive process occupying the suprasellar cistern, compatible with craniopharyngioma, associated with supratentorial hydrocephalus. Outcomes the diagnosis was suprasellar craniopharyngioma with obstructive hydrocephalus.

#### Discussion:

Craniopharyngioma is a tumor, often cystic, usually suprasellar, that derives from embryonic cell debris from Rathke's cleft. Clinical presentation depends on hydrocephalus and ophthalmological or endocrinological symptoms are frequent. It is generally considered a benign tumor, but treatment can be complicated by its location. It can recur. The recommended treatment is surgery resection, radiotherapy or a combination of both. Occasionally a ventriculoperitoneal shunt system is required to resolve hydrocephalus. Our patient was treated with surgery, radiation therapy, and a ventriculoperitoneal shunt system.

He is currently asymptomatic

#### Take Home Message for Practice:

- 1.- The neurological symptoms must be studied
- 2.- Benign brain tumors can be complicated to treat.
- 3.- We must monitor the endocrine or ophthalmological symptoms associated with the tumor and its treatment

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 716

#### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

ePoster

### Lupus enteritis as an initial manifestation of systemic lupus erythematosus

Pablo Natanael Puertas Moreno, Fernando Perales González, Miren Ibarra Eztala, Alberto Sánchez Bernal, Raquel Tapia Santamaría, Pablo Macazaga Millán, Laura Calvo García, Rocio López Morales, Jorge Ávila Robustillo, Teresa Giner Barrachina

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21-year-old male with history of autoimmune hemolytic anemia, arrived to Primary Care office with hives, epigastric pain, vomiting and loose stools. On examination he presented epigastric pain to deep palpation and habonous lesions. Diet and antihistamines were prescribed.

After seven days without improving and oral intake intolerance we referred him to hospital emergency. Initially, colonoscopy and gastroscopy were normal.

He had reactivation of his hemolytic anemia, so prednisone treatment was started. Shortly thereafter, he had an alteration of the behavior and spasticity of left hemibody, so urgent brain resonance was performed, that showed multiple ischemic / hemorrhagic lesions on brain cortex and white matter. He also had a serious acute renal failure (creatinine 5.7 mg/dl) and proteinuria so he was admitted to the Intensive Care Unit (ICU). Renal biopsy was performed that showed membranous glomerulonephritis due to lupus nephropathy type V. Treatment with of methylprednisolone 1g and plasmapheresis was decided. He was diagnosed of severe outbreak in the debut of Systemic Lupus Erythematosus (SLE), so the patient remained admitted on the ICU for six months.

SLE is a chronic systemic autoimmune inflammatory disease, with a huge variety of clinical presentations and high morbidity and mortality. Debut is usually given by the presence of skin (73%) and musculoskeletal (67%) symptoms. 18% of them debut with digestive manifestations, as in our case, a lupus enteritis.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 758**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

ePoster

### **Approach to dizziness in primary health care**

João Pedro Marques, Jose Pérez, Rita Freitas, Clara Portel  
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#### **Background:**

Dizziness is one of the most frequent reasons for consultation in Primary Health Care. Dizziness is a nonspecific concept that involves a set of subjective symptoms such as: feeling faint; empty; lack of stability or balance; vertigo; change in balance.

The state by which the body's posture is maintained against the forces of gravity results from the interaction of three major symptoms: visual, vestibular, proprioceptive.

#### **Discussion:**

To describe a model of a systematic approach to dizziness that allows a good differential diagnosis and an effective therapeutic orientation.

#### **Content:**

A good differential diagnosis begins with a correct description of the symptoms, characterizing them through the clinical history and physical examination.

The assessment of the quality of the symptom (frequency, duration and course, seizures, triggering factors, accompanying symptoms), cardiovascular, otoscopic and neurological observation, together with the research and characterization of the existence of nystagmus, cause of dizziness with relative certainty. It is then possible to determine one of the four major causes of dizziness: Psychogenic, Pre-syncope or fainting, Instability or gait disorder, Vertigo.



The observation and characterization of nystagmus is fundamental for the differential diagnosis between peripheral or central vertigo.

**Message:**

Dizziness is a very common medical symptom and often caused by benign disease. However, dizziness can hide situations of real urgency or be the first manifestation of serious illness. The safety of diagnosis and therapeutic guidance is only achieved when a correct approach to the symptom is made.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 764**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**Phantom tumor of the lung**

Vanesa Cascales Sáez<sup>1)</sup>, Jaime López Díez<sup>2)</sup>, Julián López Marín<sup>2)</sup>, Luis Martínez Antequera<sup>3)</sup>, María Martínez Ferri<sup>1)</sup>, Diego Francisco Roldán Lafuente<sup>4)</sup>, Rocío Romera Martínez<sup>5)</sup>

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**Background:**

A 78-year-old male patient comes to the Health Centre complaining of increasing their baseline dysnea. Medical history: hypertension, former smoker, COPD bronchitis phenotype with moderate obstruction, chronic AF and heart failure (LVEF preserved). He describes increase the intensity of breathlessness in the last week, and orthopnea too. He denies cough, expectoration, palpitations nor chest pain.

**Methods:**

Blood pressure: 155/70 mmHg. Temperature: 36.7 °C. Hearth rate: 88 beats per minute. Pulsioximetry: 94%. Slightly tachypneic at rest. Cardiac and lung auscultation: Arrhythmic heart sounds with no murmurs. Hypophonesis with little bibasal crackles. Abdomen usual. No edema limbs.

EKG: AF with adequate hearth rate.

Chest X-ray: Cardiomegaly. Both cardiophrenic angles occupied. Increased density in minor fissure of the right lung with biconvex morphology, not present in previous x-ray.

**Results:**

Clinical diagnosis: Acute heart failure. Possible vanishing or phantom tumor of lung.

Differential diagnosis: Lung carcinoma. Pneumonia. Tuberculosis. Atelectasis in middle lobe.

Diuretic treatment was intensified, with clinical and radiological improvement.

**Conclusions:**

A vanishing or phantom lung tumor is a interlobar pleural effusion simulating a lung mass and can lead to diagnostic errors. It is suspected that its pathogenesis is related to pleural congenital defects or adhesions. It is usually by suggestive heart failure signs and symptoms, but we can find it as a subclinic radiological sign. Its most typical location is minor fissure of the right lung. The quick and favorable evolution si very useful for the differential diagnosis.

Conflict of interest / Interessenkonflikte



no / nein

## **Contribution ID: 766**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

ePoster

### **Patient with tachycardia**

Albert Boada Valmaseda, Maria Isabel Gonzalez Saavedra, Roser Ros Barnadas, Maria Reis Isern Alibés, Amelia Cristina Espinosa Santana, Aranzazu Gonzalez Osuna, Maria Flors Segura Servent, Glòria Porta Mayoral, Maria del Carmen Saenz Serrano, Ana Leticia Vega Vidal, Maria Asunción Altaba Barceló  
*EAP GUinardó, Institut Català de la Salut, Barcelona, Spain*

### **Background:**

46-year-old patient without medical history who comes with 2 months evolution palpitations. Questions

Physical examination shows small goiter, with smooth surface and soft consistency, and tachycardia with heart rate of 115rpm. No other symptoms. Blood tests were performed with TSH 0.003 mcU / mL, FT4 2.43 ng / 100mL, TSIAb 6.13, TPOAb 699 IU / mL, TGAb 83.6 IU / mL

### **Methods:**

Thyroid scan was performed that showed diffuse thyroiditis without nodules and ultrasound scan was normal

### **Outcomes:**

diagnosis was hyperthyroidism due to Graves-Basedow disease

### **Discussion:**

Graves-Basedow disease is characterized by: diffuse goiter, symptoms of hyperthyroidism and ophthalmopathy. The latter can be a) non-infiltrative or b) infiltrative (23-33%). Another characteristic fact is dermopathy: pretibial myxedema present only in 2%-4% .

Treatment can be done with:

Oral antithyroid drugs

Metimazole up to a maximum of 24 months. Remission occurs in 10-75%.

Beta blockers

used in case of tremor, sweating or tachycardia.

Dexamethasone

used when rapid relief of symptoms is required.

Radioactive iodine

choice in elderly, young people with recurrent clinic who do not respond to antithyroid drugs or patients who refuse surgery.

Surgery (subtotal thyroidectomy)

used in case of young patients who do not respond to antithyroid drugs or with bulky goiter with compressive symptoms.

Our patient didn't respond to treatment with oral antitroids drugs for 2 years and subsequently radioactive iodine was performed with disease remission.

He is currently asymptomatic

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

- 1.- we must study hyperthyroidism's etiology to perform appropriate treatment
- 2.- Graves-Basedow's disease treatment can be diverse.

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**Contribution ID: 768**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**Pruritis ani - what to do?**

Sara Reis, André Rocha, Cátia Andrade, Daniela Castro, João Duarte, Lukasz Hermann, Rodrigo Tavares, Sandra Cró

*Unidade de Saúde da Ilha de São Miguel, Ponta Delgada, Portugal*

**Background:** Pruritus ani affects 1-5% of the adult population. Causes of pruritus ani can be classified into idiopathic and secondary. The latter are subdivided into local irritation, infection, inflammation, systemic diseases, neoplasms or anorectal diseases. Only between 25 to 75% are attributed to an identifiable source.

**Questions:** What should be the approach to pruritus ani in primary care?

**Methods:** A narrative review was made. We searched Pubmed/Medline for review articles, guidelines and meta-analysis published in the last 10 years with the term "pruritus ani". From the 19 results obtained, we selected 6 articles, based on their pertinence and relevance.

**Outcomes:** When approaching these patients, a proper history and a thorough clinical examination are very important. When possible, treatment should be directed towards any secondary cause identified. The initial treatment of idiopathic pruritus ani focuses on re-establishing ideal anal hygiene and providing reassurance. These measures are successful in approximately 90% of the cases. In severe cases, a topical corticoid and an anti-histaminic may be given. Depending on the clinical suspicion, complementary exams may be requested on the first visit or if the pruritus was refractory to the prescribed treatment.

**Discussion:** Pruritus ani is a socially embarrassing condition that impairs quality of life, so it's important that the family doctor knows how to manage it.

**Take Home Message for Practice:** In the cases of pruritis ani, possible secondary causes must be identified and treated. When in presence of idiopathic pruritis, conservative measures must be applied.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 803**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**Doctor, my depression prevents me from even eating**

Luis Martínez Antequera<sup>1, 2)</sup>, María Martínez Ferri<sup>2)</sup>, Diego Francisco Roldán Lafuente<sup>2)</sup>, Rocío Romera Martínez<sup>2)</sup>, Vanesa Cascales Sáez<sup>2)</sup>, Jaime López Díez<sup>2)</sup>, Julían López Marín<sup>2)</sup>, Daniel Martínez Antequera<sup>2)</sup>, Jorge Melero Abellán<sup>2)</sup>

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<sup>2)</sup>HGU Santa Lucía, Cartagena, Spain



## Background:

A 62 years-old woman came to medical consultation due to general asthenia and a decrease of strength in lower and upper limbs, mainly in the right half of the body, with difficulty to take the fork and the spoon for eating. In addition, she relates an increase in her usual cough because of increased number of cigarettes owing to her anxiety. The patient links these symptoms with an aggravate of the depression due to her child has just entered in prison.

## Methods:

PA: hypoventilation and left lung crackles. NR: strength in right upper limb was 3/5 and 4+/5 in left upper limb and strength in right lower limb was 4/5 and right lower limb was 5/5 with preserved feeling. Because of these informations, she was leading to emergency department where brain CT was effectuated where six SOLS in left temporal and frontal regions of apparent cerebral metastasis.

The patient was admitted in Internal Medicine department to complete her clinical study. A pulmonary CT confirmed a left hemithorax tumor about 5,1x3,4x7 cm with left pleural effusion.

## Results and conclusion:

Diagnosis: Lung carcinoma phase IV with six brain metastatic lesions.

Through this clinical case we focus on the importance of rule out the origin of physical symptoms rather than connect them with depression or anxiety. Our patient was smoker since 30 years and it has been the main extrinsic reason of lung cancer. In daily service of Primary Care department, the steps of prevention in smoker patients are essential.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 809

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Larva migrans – from Southeast Asia to Portugal

Joana Rita Mendes, Carlos Reis, Mariana Seabra, Maria João das Neves  
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**Introduction:** Cutaneous larva migrans is a zoonotic infection caused by dog and cat hookworms (*Ancylostoma brasiliense* and *Ancylostoma caninum*), most common in tropical and subtropical countries. This entity is the most common cause of dermatological disease in tourists to places with poor sanitary conditions (Mexico, Caribbean and South America). It presents with unilateral erythematous and slightly elevated eruptions, mainly located on hands, feet or buttocks; usually after direct contact with contaminated sand/soil. These lesions may be single or multiple, linear or serpiginous, more or less branched or intertwined. These are usually accompanied by severe pruritus.

**Clinical case:** We report a case of a 48-year-old woman with no relevant personal history who consults the Family Health Unit one day after returning from a trip to Thailand. Initially she presented erythematous skin lesions on the upper limbs, back and feet, with associated exuberant itching. At first glance the picture was approached as scabies and treated as such. However, one week after treatment she reported aggravation of some injuries, particularly in the feet, keeping pruritus and serpentine rash. In view of the worsening of the condition, collaboration of Infectious Diseases was



requested, which reported lesions very suggestive of *larva migrans*, collecting analytical study and *Toxocara canis* serology. Meanwhile medicated with two doses of ivermectin 12 mg, with resolution of the lesions.

**Discussion:** Family physicians should be aware of the existence of this rare but increasingly frequent and emerging entity, and should know its most typical presentation and appropriate treatment.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 813**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

ePoster

### **Dietary supplements impact on clinical practice**

André Rocha, Cátia Andrade, Daniela Castro, João Duarte, Lukasz Hermann, Rodrigo Tavares, Sara Reis  
*Unidade de Saúde da Ilha de São Miguel, Ponta Delgada, Portugal*

#### **Background:**

Dietary supplements are becoming increasingly more common in today's society. Many of these supplements are not properly regulated or aren't regulated at all, so they represent a medical challenge.

#### **Questions:**

What caused the symptoms and analytical alterations in this 42-year-old patient?

#### **Methods:**

Case study. The information was retrieved from the electronic medical record of the patient.

#### **Outcomes:**

Male, 42 years old, smoker, with a history of familiar dyslipidaemia. He was medicated with pravastatin+fenofibrate 40+160mg and took supplements of unknown constitution. During an appointment the patient mentioned muscular pain in the quadriceps region. Upon further study a Creatine Kinase (CK) of 344 was found. As an initial approach the patient suspended the use of pravastatin+fenofibrate and went back to rosuvastatin, a statin he had previously used without issue and a new analytical study was requested. On the follow-up appointment the CK was still elevated despite the fact that he had already stopped all statins of his own volition. However, he was still symptomatic. After a long discussion it was decided that he would stop the supplements, too. This approach wielded a complete recovery from the muscular pain and a normalization of the CK value.

#### **Discussion:**

This report shows that supplements may have adverse side effects and their interaction with medications may also be unpredictable, so they should represent a worry for any doctor.

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

Supplements should be considered a possible cause for unexplained symptoms in patients using them.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 814**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

ePoster



## Doctor, prescribe me pills because I don't bear physical exercise

Luis Martínez Antequera<sup>1, 2)</sup>, María Martínez Ferri<sup>2)</sup>, Diego Francisco Roldán Lafuente<sup>2)</sup>, Rocío Romera Martínez<sup>2)</sup>, Vanesa Cascales Sáez<sup>2)</sup>, Jaime López Díez<sup>2)</sup>, Julián López Marín<sup>2)</sup>, Daniel Martínez Antequera<sup>2)</sup>, Jorge Melero Abellán<sup>2)</sup>

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### Background:

A 44 years-old woman with personal pathological antecedents of total thyroid surgery because of benign multinodular goiter with therapies of L-Thyroxine and calcium carbonate. A week ago, due to high cholesterol levels that appear in a analytics, it was proposed to start a diet and exercise regularly. She came to medical consultation requesting lipid lowering medication considering that she felt general joint pain in lower and upper limbs, hand spasms with perioral and upper limbs paraesthesias.

### Methods:

CA and PA normal results. NRL: no presence of neurological focality. Upper limbs: Stiffness in fingers, slight limitation of mobility due to the pain. Strength and sensitivity preserved in lower limbs and she presents symmetrical pulses, slight bimaleolar edema, non-stiffness, mobility, strength and conserved sensitivity. Negative Chvostek and Trousseau signs. Pharmacological cause is ruled out by taking new drugs and is referred to the emergency department to perform an analysis where Ca 6.4 is observed, the rest without significant alterations. It was dispensed two calcium gluconates vial and the symptoms were reduce. It is indicated to increase calcium 600mg 3 pills each 8 hours and an analytical control in one week.

### Results and conclusion:

Diagnosis: Severe symptomatic hypocalcemia.

The hypocalcaemia could be presented without clinical symptoms or even, it could lead to a great vital risk. Any ionic disorder must be considered in a clinical context and not like an isolated alteration. It is crucial relate the symptoms of the patient with her personal and medical antecedents since the primary care step.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 819

#### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

ePoster

## Acne vulgaris: Approach and guidance in Family Medicine

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*USF Sete Caminhos, Gondomar, Portugal*

**Background:** Acne Vulgaris is the most prevalent skin disease in adolescence. This chronic inflammatory disease may have a significantly deleterious effect on their self-esteem and emotional state. We know that Family Physicians are the first point of contact with these patients and effectively manage most patients with acne.

**Objective:** Develop a diagnostic and therapeutic approach algorithm for Acne Vulgaris in Family Physician practice and clarify referral criteria for Dermatology.



**Methods:** Review of available scientific evidence on the subject (PubMed, Medscape, original and review articles published until December 2019, and clinical guidance standards).

**Discussion:** The most common reason for treatment failure is insufficient duration of therapy. Successful treatments require months of topical agents and, in many cases, additional systemic therapies. We can divide this pathology according to its severity: Mild or Comedonic Acne, Moderate Acne or Papule-pustulosa, Severe or nodule-cystic acne and Conglobata acne. Topical treatments which should contain either a retinoid or benzoyl peroxide as monotherapy or in combination, are required for several months, and this should suffice in minor early inflammatory and/or comedonal acne. Once lesions become clinically more apparent, inflammatory and papular, a systemic agent is required. General treatment measures are fundamental and transversal to all degrees of severity: careful daily hygiene of the skin; controlling the use of cosmetics; avoid manipulation of lesions and respect the therapeutic plan. It is prudent to recall that adolescents accept most health advice from their peers or from the internet. Frequently they do not value the input of medical practitioners.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 824

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Improving Colorectal Cancer Screening -- Evaluation of an Intervention in Jerusalem

Aviezer Gabbay, Dr.Yishai Lev

Family medicine, Clalit health services, Jerusalem, Israel

More than 3000 persons are diagnosed with colorectal cancer in Israel annually. Screening every year or two using fecal occult blood tests decreases the incidence of advanced diagnosed cases and decreases the disease-related mortality. Despite the rising prevalence of screening in Israel, a significant portion of the target population (41%) still avoids performing the screening test.

**Objectives:** To evaluate the efficacy of mounting fecal occult blood test kits on caretaker table stands in improving the rate of screening for the disease, thereby reducing the disease related mortality and morbidity.

**Methods:** Stands containing Fecal Occult Blood Test kits were sent to 17 primary Clalit Health Services clinics in the Jerusalem district, selected randomly. The clinics' staff were asked to place the kits either in the nurses' stations (12 clinics) or on the primary physician's desk (5 clinics). The remaining 87 clinics in the Jerusalem district formed the control group for the intervention group.

**Results:** The 17 clinics in the study group (n=8221) improved the rate of screening for colorectal cancer from 28.6% in the year before the intervention to 41.9% during the research year. This represents a relative improvement of 46.5%. Patients in the clinics that did not place the stands (n=36,908) showed a relative improvement of 34.6% (from 32.9% previously to 44.3% this year).

**Conclusions:** The intervention studied increases compliance of fecal occult blood testing and shows a relative improvement of 11.9% as opposed to the control group. The method is inexpensive and easy to implement. We therefore recommend it.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 832



## Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Polineuropathies - Differential Diagnosis

Osório Raquel, Freitas Jorge

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The neuropathies are frequently a challenge for doctors due to various etiological diagnosis. In most cases it demands expensive resources and time applied to the diagnosis, as well as in the choice of an effective therapy, with consequent damage to patients' quality of life.

Progressive neuromuscular diseases can be acquired or hereditary, and are caused by an abnormality of any component of the lower motor neuron - anterior horn cell, peripheral nerve, neuromuscular junction (pre-synaptic or post-synaptic region), or muscle. Many neuromuscular diseases are multi-system disorders affecting multiple organ systems.

Early diagnosis is facilitated by knowledge of the common initial clinical presentations of specific Progressive acquired or hereditary neuromuscular diseases (NMDs) and in many cases the early diagnosis has potential implications for treatment and prevention of secondary conditions.

In the context of a neuromuscular disease diagnostic evaluation, the clinician still must be able to obtain a relevant patient and family history and perform focused general, musculoskeletal, neurologic and functional physical examinations to direct further diagnostic evaluations.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 883

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Nuclear Medicine: Knowing its perks

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**Introduction:** There are several diagnostic and therapeutical applications of Nuclear Medicine (NM). To ensure an adequate prescription, it is very important for Family Doctors (FD) to know which NM exams are available in the community and their primary indications.

**Aims:** to know the indications and availability for prescription of NM exams in Primary Health Care and which of them were prescribed by FD at a Family Health Unit (FHU).

**Methods:** Pubmed database, Cochrane database reviews, Trip database, UpToDate, Canadian Medical Association, Portuguese journals and academic books in the field of study were searched for quantitative and qualitative studies in the past 10 years using the MeSH terms: nuclear medicine, radiopharmaceuticals,

## [CONTENT](#)

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primary care, family medicine. A brief descriptive study of NM prescriptions in Conde de Oeiras FHU was made between 2015-2019.

**Discussion:** At Conde de Oeiras FHU, NM exams are mainly prescribed for the study of cardiovascular, bone and endocrinological diseases (respectively, myocardial, bone and thyroid scintigraphies). We discuss the main criteria for NM prescriptions, in order to minimize mistakes and provide better security for the doctor and the patient.

**Conclusion:** solid knowledge about indications and availability of NM exams will allow a more appropriate prescription and therefore provide a better outcome with less adverse effects. With this work we intend to illustrate and reflect about the practice of FD.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 921

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Chronic Obstructive Pulmonar Disease – a practice report of an family healthcare unit

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**Introduction:** Chronic obstructive pulmonar disease (COPD) is a common respiratory condition characterized by airflow limitation, associated with high morbidity and mortality. COPD causes high resource utilizations with frequent clinician office visits, frequent hospitalizations due to acute exacerbations and the need for chronic therapy.

**Relevance:** The prevalence of COPD in Portugal is 14%, wich corresponds to 800000 patients. However, only 137000 are registered in primary health care with this diagnosis and only 37% have the diagnosis confirmed by spirometria. Smoking remains an important risk factor in our population.

**Aim(s):** To structure a consultation dedicated to COPD in our healthcare unit, improving the diagnosis, treatment and follow-up of our patients.

**Description:** All patients of the unit diagnosed with COPD were invited to the consultation. It was checked if the patient had recent spirometry performed, if spirometry was correctly interpreted, if the disease status classification was in accordance with the GOLD 2019, if the therapy was appropriate to the GOLD classification and if the patient had a correct inhalation technique, and if the national guidelines for vaccination against influenza and pneumonia was followed.

**Discussion:** Currently, there are 131 patients in the consultation: 60% are male and 40% are female, with an avarage age of 68 years. 54% had no recent spirometry recorded. 28% had any medication. Most of the patients had no GOLD classification registered neither vaccination.

**Conclusion:** There was an improvement in the correct diagnosis of COPD, therapeutic adequacy and reinforcement of adherence and training for the use of inhaled devices.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 949



## Core Values of Family Medicine: Threats and Opportunities

### Abstract subtopic / Abstract Unterthema

#### 1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

ePoster

#### A dangerous diet

Almudena Carrasco Angulo<sup>1)</sup>, Aranzazu Sánchez de Toro Gironés<sup>2, 3)</sup>, Ana C. Menéndez López<sup>2)</sup>, Lázaro De Castro Peral<sup>3)</sup>, Cecilia Bolarin Angosto<sup>1)</sup>, María Pilar García García<sup>3)</sup>, Carmen Alcaraz Conesa<sup>3)</sup>, Mario García Aroca<sup>3)</sup>, María del Mar Muñoz Ayuso<sup>3)</sup>, Izaskun Sánchez de Toro Gironés<sup>2)</sup>

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<sup>3)</sup>Hospital Universitario Los Arcos del Mar Menor, San Javier-Murcia, Spain

**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 periorales, 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 furosemid

**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.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 936

#### Abstract subtopic / Abstract Unterthema

#### 1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

#### Generalized hyperpigmentation: differential diagnosis

Alejandro García Ros, María de los Ángeles Abellán González, Alejandro Ruiz Nicolás, María Bueno García, Belén Carrión Martínez, Borja Jiménez Ormabera

Family and Community Medicine, Murcia Health Service, Cartagena (Community of Murcia), Spain

#### Presented problem:



A 59-year-old woman who for 2 months referred to: asthenia, loss of 9 kg of unjustified weight, dizziness without turning objects, nausea and occasional episodes of vomiting. Allergies: Nolotil. Medical background: hypothyroidism. No surgical background. No relevant family background. Chronic treatment: Levothyroxine. Temperature: 37.2°C; TA: 97/58. Cardiac auscultation: rhythmic at 55 bpm. Respiratory auscultation: preserved vesicular murmur, without added pathological noises. Normal abdominal and neurological exams. Dermatological examination: generalized hyperpigmentation, predominantly on the back of the feet and hands.

### Management:

Electrocardiogram: sinus bradycardia at 55 bpm. Analytical: Na 126 mmol/l; K 6.1 mEq/l; 0.3 nmol/L cortisol; ACTH 9860 pg/ml; folic acid, zinc and vitamin B12 without alterations; normal blood count; liver, renal and thyroid functions without alterations. Chest x-ray: normal. Thoraco-abdominal CT scan: hyperplastic adrenal glands. Mantoux: positive. Auramine staining in sputum: negative. Lowenstein culture: Mycobacterium tuberculosis.

### Outcome:

Diagnosis: Addison's disease of tuberculous etiology.

Our patient was treated with isoniazid, rifampicin, pyrazinamide and ethambutol for 9 months. In addition, she had the substitute treatment with hydraltesona and fludrocortisone.

### Discussion:

Differential diagnosis: Hemochromatosis; scleroderma.

The Internal Medicine Service will be in charge of its outpatient follow-up, being initially reviewed every 3 months.

### What we can learn from this/open questions:

It is crucial to perform a correct history that includes the drugs the patient takes and a thorough physical examination. Moreover, it is necessary to request a blood count, liver, kidney and thyroid function, levels of folic acid, zinc and vitamin B12.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 937

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### Detecting porphyria cutanea tarda in primary care services. Case study

Lucia Higuera, Sofía Peter

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**Introduction:** Porphyrinuria cutanea tarda (PCT) is a rare disorder caused by deficient levels of an enzyme called uroporphyrinogen decarboxylase. Approximately 80% of all cases are acquired. An excessive alcohol intake, exposure to estrogens, and hepatitis C infection are common precipitating causes. It is characterized by painful and blistering cutaneous lesions that develop on sun-exposed skin. The skin becomes fragile and may peel after minimal impact. Skin hyperpigmentation and hypertrichosis are also common symptoms. Liver abnormalities may also occur.

**Objective:** to learn how to recognise the cutaneous symptoms and signs of a rare disorder such as PCT by presenting a case report.

**Methodology:** case report and patient medical records were used



**Case report:** a 57 year old man, reports to his family doctor for a year history of blistering and itching skin lesions on the back of his hands. He is a gardener and the signs appear after microtrauma or simply by scratching. He has no comorbidities but alcohol intake was reported. A physical examination revealed only hyperpigmented macules and scarring of the back of the hand skin. No blisters or hypertrichosis were observed.

**Results:** a blood test shows elevated ferritin and liver enzyme values. Hepatitis C infection is detected. Considering symptoms, signs and blood test results the patient is sent to the dermatological service where they diagnosed PTC by biopsy and abnormally high urinary porphyrin levels.

**Conclusions:** gathering symptoms, signs, personal history information and laboratory data was essential to be able to suspect a rare disorder in primary care services.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 940

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### Emergency: fever and dyspnea in 56 year old man. Home or hospital treatment?

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<sup>6</sup>Gerencia de Atención Integrada de Almansa, Servicio de Salud de Castilla-La Mancha (SESCAM), Almansa, Albacete., Spain

**Background:** He's a 56-years-old, no smoker. He's hypertensive in treatment with enalapril-hydrochlorothiazide 20mg/12.5mg daily. He has not know drug allergies or medical-surgical diseases of interest.

**Questions:** Is the Pneumonia Severity Index scale useful in primary care?

**Methods:** He's a 56-year-old male referred to hospital emergencies from his Family doctor for **fever up to 38°C of 48-72 hours of evolution and dyspnea**. On physical examination, he presents good general condition, eupneic, without neurological focus data. T<sup>a</sup>38.7°C, O<sub>2</sub>-92% and 100-bpm. Rhythmic cardiac auscultation without murmurs, and pulmonary auscultation with **crepitanes in the right pulmonary base**.

**Outcomes:** Chest x-ray:normal cardiothoracic index, free costofrenic sinuses, **infiltrate in the right pulmonary base**. Blood test:without alterations and arterial blood gas: pH-7.43, pCO<sub>2</sub>-29.9, pO<sub>2</sub>-67.1, sat-93.4%

**Discussion:** The patient was diagnosed with right basal pneumonia with secondary mild hypoxemic respiratory infection. The patient was clinically and hemodynamically stable and he obtained a PSI Class II



score, so it was decided to discharge with home observation and treatment with levofloxacin 500mg/24 hours for 7 days. One month later, the asymptomatic patient recovered from the infectious respiratory process comes to the consultation of his Family Doctor for radiological control and he was presenting radiological resolution of the process.

**Take Home Message for Practice:** PSI allows us to calculate the probability of morbidity and mortality among patients with pneumonia, and precede the need for hospitalization. Its objective is to classify the severity of pneumonia to determine the amount of resources required by your health care.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 952**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### **Papulo-pustular lesions in an immunosuppressed patient: differential diagnosis.**

*Alejandro García Ros, Alejandro Ruiz Nicolás, María Isabel Vargas López, Antonio Carbonell Asensio, Rosa María Requena Ferrer, Borja Jiménez Ormabera*

*Family and Community Medicine, Murcia Health Service, Cartagena (Community of Murcia), Spain*

### **Presented problem:**

A 44-year-old male who for 3 weeks referred to the appearance of pruritic dermatosis in the facial and cervical regions, with no apparent relationship with a specific trigger. In addition, he comments worsening of the general state and feverishness eventually, denies weight loss. No known allergies. Medical background: chronic HIV infection. No surgical background. No relevant family background. Chronic treatment: Dolutegravir/Abacavir/Lamivudine.

Temperature: 36.8°C; TA: 136/78. Cardiac auscultation: rhythmic at 80 bpm. Respiratory auscultation: preserved vesicular murmur, without added pathological noises. Normal abdominal and neurological exams. Dermatological examination: papules and follicular pustules not painful in the following regions: chin, mandibular branches, ear pavilions and neck, no adenopathies are palpated.

### **Management:**

Analytical: biochemistry without alterations; CD4 450/ml T lymphocytes (double figure compared to the pre-treatment levels). Chest x-ray: normal. Mantoux: negative. Auramine staining in sputum: negative. Exudate of papulo-pustulate lesions: inconclusive. Skin biopsy: lymphohistiocytic infiltrate and eosinophilic spongiosis.

### **Outcome:**

Diagnosis: Eosinophilic folliculitis secondary to inflammatory immune reconstitution syndrome.

Our patient was treated with topical corticosteroids. Other therapeutic options are: topical calcineurin inhibitors, indomethacin and narrowband UVB therapy.

### **Discussion:**

Differential diagnosis: Seborrheic dermatitis; acne vulgaris; bacterial folliculitis.

### **What we can learn from this/open questions:**

Eosinophilic folliculitis usually appears on the face and trunk, in the form of erythematous-pruritic papules and pustules. Although it is more prevalent when CD4 T lymphocytes are below 250/ml, they can also appear after antiretroviral therapy has been initiated by immune reconstitution syndrome.

Conflict of interest / Interessenkonflikte



no / nein

**Contribution ID: 956**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**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 childbearing (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.

**Diagnosis:** 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 childbearing, 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.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 962**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**Magnesium supplementation and muscle cramps - what's the evidence?**

Mara Arruda<sup>1)</sup>, Daniela Pacheco<sup>2)</sup>, Joana Meneses<sup>1)</sup>, Maria Rita Sousa<sup>2)</sup>

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**Background:** Leg cramps are a common, mostly idiopathic, health problem. Magnesium is an intracellular cation, that plays an important role in metabolic reactions and muscle function, and is widely used for cramp prophylaxis.

**Question:** Is magnesium supplementation effective treating muscle cramps?

**Methods:** In november 2019, the authors performed a research on the National Institute for Health and Care Excellence Guidelines Finder, Canadian Medical Association Practice Guidelines InfoBase, The Cochrane Collaboration, Database of Abstracts of Reviews of Effectiveness, Bandolier, Evidence Based Medicine and Pubmed databases, using MeSH terms "magnesium" and "muscle cramps". Articles in English, published between november 2009 and november 2019, with non pregnant, healthy human populations were included. The SORT scale, from the American Academy of Family Physicians, was used for assigning evidence levels (EL) and recommendation forces (RF).

**Outcomes:** Three of 13 articles were included: a meta-analysis (EL 1) and two systematic reviews (EL 2). Those studies conclude that magnesium supplementation does not offer a clinically important benefit over placebo in prophylaxis or treatment of idiopathic cramps, as the percentage change in cramps per week from baseline was small and nonsignificant.

**Discussion:** There is no evidence supporting oral magnesium supplementation in muscle cramp treatment (RF B), as differences weren't found in the frequency and intensity of muscle cramps in treatment vs placebo groups. More studies, performed with larger-scale trials, longer follow-up and minimized selection bias, should be done to reinforce this information.

**Take home message:** There's no quality evidence that supports magnesium supplementation in muscle cramps treatment.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 963

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### Vulvodinia management in primary care

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*Unidade de Saúde da Ilha de São Miguel, Ponta Delgada, Portugal*

**Background:** Vulvodinia is a diagnosis pertaining to vulvar pain lasting at least three months, without a clear identifiable cause and its prevalence is 8%. This condition has debilitating consequences for women's health and quality of life.

**Questions:** What should be the approach of vulvodinia in primary care?

**Methods:** Narrative review. We searched PubMed/Medline for review articles, guidelines and meta-analysis published in the last 5 years with the term "vulvodinia". From the 220 results obtained, we selected 9 articles, based on their pertinence and relevance.

**Outcomes:** When approaching these patients, a proper history and clinical examination are very important in order to exclude secondary causes of vulvar pain (e.g. infectious, inflammatory, neoplastic...). Classification of vulvodinia is based on 4 factors: site of pain; whether it is provoked, spontaneous, or mixed; onset; and



temporal pattern. The heterogeneity of women suffering from vulvodynia poses a challenge to identifying a “gold standard” treatment. So far, the best treatment options for vulvodynia are psychological interventions, pelvic floor physical therapy and vestibulectomy (for provoked vestibulodynia). Some pharmacological treatments may be beneficial.

**Discussion:** Family doctors (FD) deal with vulvovaginal complaints regularly and the diagnostic process proves to be complicated. Vulvodynia is a chronic condition that presents management challenges. Complete resolution of pain is often an unrealistic goal, so pain reduction or enhanced pain management skills may be enough for increasing women’s quality of life.

**Take Home Message for Practice:** FD can diagnose and treat women with vulvodynia. Women will benefit from a multidimensional approach to therapy.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 966

### Abstract subtopic / Abstract Unterthema

#### 1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Multiple visits to the emergency service - a case of nutcracker syndrome

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### Background:

Nutcracker Syndrome (NS) is a rare clinical entity consisting of compression of the left renal vein by the superior mesenteric artery as it travels between it and the abdominal aorta. The compressive process leads to different levels of extrinsic renal artery stenosis, from asymptomatic episodes to episodes of macroscopic hematuria, proteinuria, renovascular hypertension, left flank pain, dyspareunia, dysmenorrhea and pelvic varicose veins. It is more prevalent in females and it can be diagnosed at any age, but particularly during the 2<sup>nd</sup> and 3<sup>rd</sup> decades of life.

Renal veins Doppler ultrasonography is the exam of choice in the initial evaluation, being confirmed by imaging exams such as CT and MRI.

The treatment is controversial, ranging from conservative treatment to nephrectomy.

### Case Description:

Between 2015 and 2019, a 24-year-old Caucasian woman, without noteworthy personal and family clinical background, resorted several times to the Emergency Department with vomiting, diarrhea and abdominal distension and pain. Numerous alternative diagnoses have been made, such as Acute Gastroenteritis, Urinary Tract Infection, among other.

Due to the large number of emergency episodes, the patient was examined by gastroenterologist who requested an abdominal CT, and diagnosed NS.

The patient underwent an unsuccessful left renal vein stenting, which subsequently forced a renal auto transplantation, which was performed without complications.

### Take Home Message:

In the GP daily practice, establishing NS diagnosis is difficult and usually made after the exclusion of other problematics. A great level of suspicion is therefore crucial in patients with diversified clinical findings.

Conflict of interest / Interessenkonflikte



no / nein

**Contribution ID: 971**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**An invisible disability, deafness**

Almudena Carrasco Angulo<sup>1)</sup>, Aranzazu Sánchez de Toro Gironés<sup>2, 3)</sup>, Ana C. Ménéndez López<sup>2)</sup>, Lázaro De Castro Peral<sup>3)</sup>, Francisca Aceituno Villalba<sup>2)</sup>, Manuel Felipe Nevado Aporte<sup>2)</sup>, Carmen María Sánchez Perona<sup>2)</sup>, Eduardo Pérez Gil<sup>2)</sup>, Guadalupe Fernández Cañavate<sup>2)</sup>, Salomón Rivera Peñaranda<sup>2)</sup>

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**Introduction:** The deafness is a pathology of the auditory organ, inherited or acquired, that prevents the presentation or makes forget the language. In the world there are 70million people with hearing impairments, with different methods of communication (oral, sign language or both).

**Objectives:** Avoid that the difficulty to communicate increases your feeling of loneliness. Understand that the deaf-mute patient is more vulnerable to emotions. Know that their irritable, estrangement and even aggressive behaviors often express their frustrations.

**Description:** When calling patients, usually three by three, only two answer. When I finish with them I go out again and repeat the same name. A man with the appointment paper in his hand says with a very serious, deep, unusual and high-pitched sound "I´m!". He enters staring at me and with a difficult diction says: "It hurts" indicating the lower back. The problem starts with the history, he doesn't understand me. I use universal gestures, and then I write in large letters (but...if you are deaf, not blind!). He points to his eyes and mine, as he writes, I lose eye contact generating mistrust and my discomfort. I raise my head, speak slowly and look into his eyes as I deliver the recipes and smile.

**Conclusions/Applicability:** With will, dedication and time, the boundaries between professionals and disability can be saved. It is necessary to gain the trust of these patients, since as the others need their analytical controls and prevention programs, although their limitation makes it difficult for us to communicate with them.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 979**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**Patient with chronic pelvic pain, about a case**

Maria Antònia Bonany-Pagès, Cristina Iglesias Carrión, Pedro Aapricio Ruiz de Castañeda, M<sup>a</sup> Angels Piñar Mateos, Laura Haro Iniesta, Judith Ferragutcasas Butiñà, Elisabet Güell Figa, Lourdes Rosa Rafael Valdivia, Elena Soriano Suarez, Ricardo Manuel Paim

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**Background:** A syndrome defined by chronic, continuous or intermittent hypogastric pain, lasting more than 6 months, related or not to menstrual cycle and associated to dyspareunia is often overlooked. Its prevalence is estimated between 5,7% to 26%. It causes around 10% of gynaecological visits. Differential diagnosis should be done between gastrointestinal, urological, gynecological, osteomuscular, neurological and psychological causes.

**Case discussion:** Woman 42 years old, multiparous, suffering chronic venous disease, lumbar disc herniations and fibromyalgia. Multiple queries for recurrent cramping hypogastric pain and in sacral lumbar region, associated with dyspareunia, dysuria and polyarthritis were done. Multiple complementary examinations were performed such as hormonal blood tests, urocultures, abdominal and bladder ultrasound scans, and abdominal CT scan. Results were normal. She complained that hypogastric pain decreases her quality of life. She consulted to primary health care emergency room because the hypogastric pain. A Physician trained on phlebology diseases who was on duty attended her. She did a vascular diagnostic approach. Patient was derivate to a vascular service. An Angio-CT was ordered. It showed a left ovarian venous insufficiency with significant ipsilateral pelvic congestion. An embolization of the ovarian veins was made.

**Outcomes:** After treatment the pain disappeared, and the quality of life was restored.

**Discussion:** Congestion syndrome is poorly understood in primary care.

**Take Home Message for Practice:** Primary care plays a very important role in detecting this disease. Referral to vascular surgery for confirming the diagnosis minimizes complementary tests. Treatment will return health and quality of life to the patient.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 984

### Abstract subtopic / Abstract Unterthema

#### 1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## "If it wasn't for the stain, I wouldn't have noticed anything: Notalgia paresthesica"

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<sup>2)</sup>Primary Care, Canary Health Service (SCS), Tacoronte, Spain

**Background:** 62-year-old female patient with a personal history: arterial hypertension and depression in treatment with Valsartan 160mg and Desvenlafaxina 100mg.

Since May 2019, she began with pain unspecific, constant and persistent in right dorsal area, with movements and at night rest, that does not improve with usual analgesics and physiotherapy.

A few weeks later, itching and hyperalgesia are associated, with burning sensation in the same area without skin lesions. Initially, we suspect Herpes zoster neuralgia and was treated with Amitriptyline without improvement.

Methods: Few month later on physical examination, we watch a hyperpigmented patch of 4 cm approximately orange-brownish in the right dorsal paravertebral area, with pain on palpation in the symptomatic area. No pain with back movements. Radiography: no lesions. Analytical: normal. Bone scintigraphy: no bone metastases. Suspected diagnosis: Notalgia paresthetica.



**Treatment:** Capsaicin topic 0.075% and Tapentadol 50 retard is started with improvement of pain in few weeks.

**Results:** Notalgia paresthetica is a sensory neuropathy involving the dorsal spinal nerves. The characteristic symptom is pruritus on the back, occasionally accompanied by pain, paresthesia and/or hyperesthesia, which results in a well-circumscribed hyper pigmented patch in the symptomatic area.

**Conclusion:** It is an underdiagnosed pathology, and little known, whose confirmation diagnosis is with biopsy.

We believe that knowledge of this pathology is essential by the family doctors for an early diagnosis allowing a specific treatment from the beginning of the symptoms, which will improve the evolution of patients and avoid the use of ineffective and unnecessary drugs.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1003

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

Workshop report from the practice / Werkstattbericht aus der Praxis

## The first injectable Therapy in Type 2 Diabetes

Baruch Itzhak

*Diabetes Unit, Clalit Health Services, Haifa, Israel*

Type 2 Diabetes is a growing epidemic worldwide. The disease is mainly treated and controlled by Family Physicians. This workshop will present the recent guidelines of ADA /EASD and the use of practical tools for decision making in treating patients. The workshop is based on case studies and interactive session. The focus is on treating T2D patients with GLP1RA according to the new guidelines.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1017

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Just another muscular pain

Ricardo Manuel Paim, Pedro Aparicio Ruiz de Castañeda, Maria Angels Piñar Mateos, Maria Carrillo Camps, Güell Figa Elisabet, Cristina Iglesias Carrión, Elena Soriano Suarez, Laura Haro Iniesta, Judith Ferragutcasas Butiña, Lourdes Rosa Rafael Valdivia  
Institut Català de la Salut, Figueres, Spain

**Background:** Muscle pain is a common pathology in Primary Care. It has multiple etiologies, mostly benign that have a good response to analgesic treatment. It is important to consider the patient's medical history when treating and/or studying this symptom.

**Case discussion:** A 53-year-old patient consulted for omalgia with paresthesias and loss of strength in the upper left limb in September 2014. He had a history of axillary Hodgkin's disease on the left axillary level



treated with chemotherapy and local radiation in 2006 in Andalusia. The patient was studied by traumatology with initial diagnosis of osteoarthritis. In 2015, he received rehabilitation due to pain persistence and poor response to the analgesic tract, with the addition of deltoid atrophy and incipient tumor at this level. The patient was referred to hematology and traumatology for reevaluation.

The hematologist requested an ecodirected biopsy which was reported as a mesenchymal tumor versus fibrosarcoma. He was referred to the sarcoma unit of the Catalan Institute of Oncology, and underwent surgery in March 2016.

Definitive anatomopathological diagnosis was of a high-grade fusocellular sarcoma with myogenic differentiation in the area of previous radiotherapy.

**Take Home Message for Practice:** Radio-induced soft tissue sarcomas are a rare clinical entity. They develop over an average latency period of about 10 years and include different histological types. This pathology is often a diagnostic challenge. It is important to consider the possibility of developing tumors in areas of preventive irradiation and to consider the biopsy of any new lesions.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1031

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Rapidly progressive inflammatory breast cancer in elderly man: a case report.

Alejandro Ruiz Nicolás, Alejandro García Ros, Ángel Sebastián García Collados, Encarnación Esparza Pérez  
*Servicio Murciano de Salud, Cartagena, Spain*

### Presented problem:

A 92-year-old man referred the appearance of a painful, hot and indurated left retroareolar nodule in the last fifteen days. NSAIDs and amoxicillin/clavulanate were prescribed. After a week the lesion is much worse, consisting of a retroareolar tumor and overlying skin with obvious phlogotic signs. Medical background: high blood pressure, chronic kidney disease, atrial fibrillation, asymmetric gynaecomastia after taking tuberculostatic drugs (isoniazid/rifampicin/ethambutol). Chronic treatment: pantoprazole, furosemide, doxazosin, acenocoumarol.

Physical examination: 3\*3cm retroareolar nodule adhered to deep planes that retracts left nipple, painful erythematous skin. Left axillary lymphadenopathy > 2cm.

Ultrasonography: deep nodule suggestive of malignancy.

Biopsy: poorly differentiated infiltrating carcinoma, E-cadherin+, intermediate positivity to estrogens and progesterone.

### Management:

The case was brought to the tumor board, conservative management was decided and a bicalutamide-based chemotherapy was prescribed.

Three months later, the patient was diagnosed with liver metastases as a result of an episode of anasarca, jaundice and macroscopic hematuria.

### Outcome:

Diagnosis: metastatic undifferentiated infiltrating breast carcinoma.

The patient was included in a palliative care program.

### Discussion:

## CONTENT

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Breast cancer is an uncommon entity in men, and exceptional in the elderly, with few published studies related to this sector of population. Ruling out malignant neoplasm when finding breast nodules in men is strongly recommended when infectious mastitis is no longer a valid diagnosis.

### Open questions:

Isoniazid-induced gynaecomastia is described in many case-reports. The atypical presentation of a rapidly progressive carcinoma on previous asymmetric gynaecomastia could make us think of an etiological link with drugs not established to date.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1039

#### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

ePoster

### When HbA1C deceives!

Ana Raquel Machado, Nelson Machado, Paulo Azevedo, Raquel Peixoto  
*ACeS Alto Ave, Guimarães, Portugal*

**Introduction:** Diabetes Mellitus is an increasingly frequent chronic disease in our society, and its prevalence increases greatly with age. Hemoglobin A1c (HbA1C) determination is used for diagnosis and monitoring of glycemic control. However, the accuracy of dosing methods is affected by several factors. **Case Description:** 60 years old overweight female patient, non-smoking, no alcohol consumption. Presents as personal background: Gilbert syndrome, lymphopenia under study, inflammatory bowel disease and rectal adenocarcinoma in 2009. In a 2019 laboratorial study, fasting blood glucose was 140mg/dL. Analytical reassessment showed fasting blood glucose of 157mg/dL and HbA1C of 3.9%. Given the laboratory discrepancy further analysis was required which revealed 4.8% HbA1C. An alternative method of blood glucose assessment was chosen and the patient had 300µmol/L fructosamine. Request for a study of protein electrophoresis that turned out to be normal, so the patient was directed for further study in internal medicine. **Discussion:** Despite the advantages of HbA1C in the diagnosis and monitoring of diabetes, the limitations and factors that influence its determination should be known.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1047

#### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

ePoster

### Tele dermatology: regular use in daily practice

Elisabet Güell i Figa, Laura Haro Iniesta, Pedro Aparicio Ruiz de Castañeda, Ricardo Manuel Paim, Cristina Iglesias Carrion, Elena Soriano Suarez, M. Àngels Piñar Mateos, Judit Ferragutcasas Butiña, Agnes Casademont Aradas, M Antonia Bonany Pages  
*Family Medicine, Institut Català de la Salut, Figueres, Spain*



## Background:

In a society where speed and technology are the engine of everyday life, it's obvious that medicine is looking for ways to find the same direction. Clearly, a great tool is telemedicine.

## Discussion Point:

At our primary care center a proposal was made through teledermatology to try to improve accessibility, prioritize tumor pathology and reduce the waiting list. Initially, a pilot test was performed where only two expert doctors made referrals to dermatology via a digital platform, where they could telematically contact dermatology hospital specialists. This improved the management, diagnosis and prioritization of tumor pathology. After that, it was proposed to extend the experience to all the faculty members. Therefore, they received training in dermatoscopy and purchased different appliances to supply to all members of the team.

## Content:

Our primary care center only makes telematic referrals with the specialty of dermatology. This is achieved through the description of the case and the attachment of some photographs of the pathology to be discussed. Depending on the type of pathology, the dermatoscope is used to take more pictures. In this way, dermatologists can provide a more accurate response to possible diagnosis and subsequent treatment, and make a proposal to the general practitioner to be managed through an online platform.

## Take Home Message for Practice:

Coordination between different levels of care is key to ensuring the improvement of the patient's health. Telemedicine is a tool that can help us, especially if responsibility and continuity of care can be assured through this path.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1049

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Distinguishing omalgia diagnosis: beyond the shoulder tendinitis

Isabel González Saavedra, Amelia Espinosa Santana, Roser Ros Barnadas, Albert Boada Valmaseda, Reis Isern Alibés, Arancha González Osuna, María Asunción Altaba Barceló, Adrián Fernández Sánchez, Flors Segura Servent, Carmen Sáenz Serrano

*CAP Guinardo, Instituto catalán de la salud, Barcelona, Spain*

**Background:** In a visit for omalgia, we assume that's about osteotendinous pathology. We explore mobility and painful muscle points. The differential diagnosis is wider and it includes diverse origins like pulmonary, cardiac, neurological and vascular. **Questions:** How should we address the differential diagnosis of an omalgia? **Methods:** Male of 44. He works in a factory lifting weights with his arms and making repetitive movements. In May 2018, he consulted for left omalgia. The pain was radiated towards the armpit and upper left hemithorax and it worsened when he realized the abduction maneuver. Physical exploration: painful glenohumeral mobility, tendon and deep axillary palpation and an increase superficial venous collateral circulation. **Outcomes:** -Axillary ultrasound: extensive deep vein thrombosis of the axillary, brachial, subclavian and left brachiocephalic vein and a parcial thrombosis in the basilic vein. The diagnosis was deep venous thrombosis of armpit and left arm. He took heparin and referred to vascular surgery and Hemostasis to complete the study with normal results. -Dynamic NMR was normal and thoracic strait syndrome was ruled out. **Discussion:** The deep vein thrombosis mainly affects the lower extremities. It can appear in 5% in



upper extremities, usually in the axillary or subclavian veins. The clinical signs are inconstant and nonspecific, therefore the diagnosis needs the clinical orientation, the D-dimer and the Doppler echography. **Take home message:** for practice It's important to expand the range of diagnoses and think that not any painful shoulder is caused by tendinopathy. So that even in someone young and healthy, we have to make the differential diagnosis of other entities.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1052**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### **Subacute dementia: a case report about differential diagnosis and management**

Alejandro Ruiz Nicolás, Alejandro García Ros, Ángel Sebastián García Collados, Encarnación Esparza Pérez  
*Servicio Murciano de Salud, Cartagena, Spain*

### **Didactic method:**

Case report and discussion.

### **Presented problem:**

A 77-year-old male has been presenting ataxia, progressive memory loss and intermittent episodes of dysarthria for a month. There was no previous head trauma. Medical background: allergic to aspirin, diabetic, high blood pressure and anticoagulated due to two episodes of deep venous thrombosis. Peptic ulcer and cholelithiasis. Prostatic adenoma.

Chronic treatment: acenocoumarol, metformin, olmesartan-amlodipine-hydrochlorothiazide, pantoprazole and tamsulosin-dutasteride.

### **Management:**

Physical examination: facies amimica. Short step march with wider-based gait. Cogwheel rigidity more pronounced in lower left limb and bradykinesia. No alterations in strength nor sensitivity. Romberg test negative. Mini-mental test: 19/30.

Urgent CT is requested to rule out intracranial injury and interconsultation with Neurology.

Cranial CT: subacute sub-parietoccipital subdural hematoma at different stages of evolution.

Coagulation: INR 2.4; prothrombin time 2.4.

### **Outcome:**

Diagnosis: Subacute dementia due to bilateral subdural hematoma.

Given these results, Hematology is contacted to reverse anticoagulation and is referred to Neurosurgery of the Virgen de la Arrixaca Hospital (Murcia), performing scheduled hematoma drainage. He is discharged after 5 days with good recovery and gradual improvement of the clinic.

### **Discussion:**

Many entities with varied etiologies may exhibit subacute cognitive impairment. It is an important task to establish an adequate differential diagnosis, which in our case mainly aimed at bleeding caused by inadvertent trauma in an anticoagulated patient.

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

It is crucial to identify those data that suggest dementias for potentially treatable causes to start treatment early and return the patient to an adequate functional state.

Conflict of interest / Interessenkonflikte



no / nein

## **Contribution ID: 1061**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

ePoster

## **Non-alcoholic fatty liver disease and the family physician: what we should know**

Teresa Raposo, Ana Duarte

*USF Andreas, Mafra, Portugal*

The term non-alcoholic fatty liver disease (NAFLD) describes the excessive liver-fat accumulation, in those who do not have excessive alcohol consumption. Includes a disease spectrum that goes from simple steatosis to liver cirrhosis and hepatocellular cancer. Currently, NAFLD is the main cause of hepatic chronic disease on developed countries.

Family doctors have a natural position to be frequently the first contact point with the NAFLD, however some studies indicate that the detection and reference rates are low, which could indicate a training need. According to the most recent European guidelines, the screening should be done in those who have metabolic syndrome. Referral to a specialist is recommended in the presence of elevated liver enzymes or in the presence of steatosis with elevated risk of fibrosis. To evaluate this risk, there are several, accessible, approved scores.

Treatment for NAFLD could be implemented in primary healthcare setting and mainly implies lifestyle changes and associated co-morbidities treatment. At least 7% of weight loss is needed to reduce steatosis and inflammation. To treat comorbidities (diabetes, hypertension and dyslipidemia) some drugs seem to be more suitable, due to the reversing histological abnormalities potentialities. High-risk individuals, with steatohepatitis, could be treated with specified drugs; however, more secure and effective drugs are expected.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 1074**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

ePoster

## **A rare case of music medicine**

Isabel González Saavedra, Roser Ros Barnadas, Albert Boada Valmaseda, Reis Isern Alibés, Amelia Espinosa Santana, Asunción Altaba Barceló, Ana Leticia Vega Vidal, Adrián Fernández Sánchez, Marta Soler Costa, Laura Ruíz Martínez

*CAP Guinardo, Instituto catalán de la salud, Barcelona, Spain*

**Background:** Persistent /recurrent hiccups has an impact on the patients quality of life and it may be the first manifestation of an underlying disease, of different severity and of possible origin in multiple organs, what complicates the differential diagnosis and the complementary examinations to be performed.

**Questions:** What's the diagnostic attitude of a general practitioner towards a patient with persistent



hiccups? **Methods:** 72-year-old male; hypertension, dyslipidemia, atrial fibrillation and ischemic heart disease. No toxic habits. Recurrent hiccups since a year ago, daily frequency and duration more than half an hour. No other symptoms. Normal examination. Differential diagnosis: 1- Phrenic/vagus/glossopharyngeal nerve irritation (digestive/mediastinal/cardiopulmonary/otolaryngological/diaphragmatic pathology). 2-Neurological injuries. 3-Pharmacological/metabolic/toxic causes. 4-Psychological. Blood test/chest-X-ray/EKG/gastroscopy/chest-abdomen CT scan, and brain MRI are all normal. He doesn't take drugs. With treatment he doesn't get better. **Outcomes:** Finally it's detected coincidence to start playing the saxophone in an autodidactic way. It's suggested that poor breathing technique may cause gastric distension secondary to ingested air. We indicated stop playing the instrument, and the hiccups disappeared.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1125

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Strategies for reduction medication error in Primary Health Care: an evidence-based review

Joana Sousa<sup>1)</sup>, Francisca Mendes<sup>1)</sup>, Lara Cabral<sup>1)</sup>, Anabela Balazeiro<sup>2)</sup>, Sara Mortágua<sup>2)</sup>

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<sup>2)</sup>USF Norton de Matos, Coimbra, Portugal

**Background:** Clinical governance is essential for health care, being patient safety one of its constituents. Adverse drug events is one of the most important causes of morbidity and mortality in primary care.

**Questions:** What is the evidence of interventions to reduce medication errors in Primary Health Care?

**Methods:** Research of studies published between 2015 and 2020, using the MeSH terms "medication error", "primary health care" and "accident prevention". The American Academy of Family Physician's Strength of Recommendation Taxonomy scale was used to assign levels of evidence and strengths of recommendation.

**Outcomes:** We included 5 studies: a systematic review and meta-analysis, a scoping review and 3 clinical trials. The systematic review concluded that interventions probably make little or no difference to the number of people admitted to hospital, number of hospitalisations, emergency department visits or mortality. The scoping review found a statistically significant decrease in medication errors with the interventions. One of the clinical trials shown no statistically significant decrease in medication errors. Another trial verified the initiation of quality improvement processes after the intervention. The last study shown significant decrease in patients considered at risk of an adverse event.

**Discussion:** The interventions for reducing medication errors have little evidence to improving patient safety (strength of recommendation B). There are only few studies realized in primary health care, being most of them performed in hospital setting.

**Take Home Message for Practice:** It is crucial to carry out further studies about this subject due to its importance for the primary health care.

Conflict of interest / Interessenkonflikte  
no / nein



## **Contribution ID: 1138**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

ePoster

### **For purpose case resolved with ultrasound**

José María Fernández González, Hector Leonardo Lugo Ramos, Ana Cristina Gil Acosa  
*Urgencias, Hospital de Jerez, Jerez, Spain*

For purpose case resolved with ultrasound

#### **Background:**

A history of smoker, high blood pressure and dyslipemia, in chronic drug treatment with losartan and simvastatin

#### **Questions:**

This is a 54-year-old patient who consulted for pain on the right flank of months of evolution, re-sharpening for 2 days.

#### **Methods:**

The patient was afebrile and was there for increased pain and skin coloring.

He had tender pain in right hypochondrium with 3-toed hepatomegaly, positive Murphy, globulus abdomen with no signs of peritonism.

It stands out jaundice in skin and mucous membranes. After findings we questioned the patient again, highlighting weight loss of up to 8 kg in 2 months, and decay that she justified by the heat. Biochemical blood count was requested and analgesia is scheduled.

#### **Outcomes:**

We perform study with clinical ultrasound: in liver highlights structural changes with multiple LOEs images, the greater than 6.2 x 6.07 cm, hypoecogenic, irregular edges, mixed appearance, with lobed liver edges, and increased liver size.

In light leucocytosis analysis with neutrophilia, elevation of cholestasis enzymes, as well as mild elevation of bilirubin.

The patient is re-interrogated in a targeted manner and has commented in recent months for intestinal transit alterations and dark stools.

#### **Discussion:**

After clinic ingesting with ultrasound characteristics, study admission is carried out for liver lesions compatible with metastasis.

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

This clinical case attempts to give value to clinical ultrasound in primary care and emergencies. Emphasize the importance of anamnesis, as well as re-interrogating patients to direct diagnosis.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 1140**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

ePoster



## Internet gaming disorder: an emerging problem

André Rocha, Cátia Andrade, Daniela Castro, João Duarte, Lukasz Hermann, Sara Reis  
*Unidade de Saúde da Ilha de São Miguel, Ponta Delgada, Portugal*

**Background:** Video games are becoming more prevalent in our society. So, disorders related to them are more common and the DSM-5 and ICD-10 already recognise the existence of Internet Gaming Disorder (IGD).

**Questions:** What is known about IGD?

**Methods:** A narrative review was made. We searched Pubmed for systematic reviews, guidelines and meta-analysis, published in the last 5 years, with the MeSH terms "Video Games" and "Behaviour, Addictive". We obtained 18 results from which we selected 10.

**Outcomes:** Most articles use the DSM-5 definition of IGD but commonly point that it is lacking. The prevalence of IGD is higher in Asia, males and adolescents. Escapism was found to be an indicator of excessive video gaming, mainly due to poor relationship with parents/family or peers. Many articles noted that specific in-game factors increase risk. In adolescents, a higher BMI, mild increase in problematic behaviour, tendon disorders and thrombosis are associated with IGD. In adults, the most common effects were sleeping problems, mood disorder symptoms, suicidal ideations and alcohol/substance abuse. Most treatment options lack good quality evidence, nonetheless, treating subjacent issues may help. Psychotherapy and family therapy may also be effective.

**Discussion:** IGD is becoming increasingly relevant, but its definition needs to be improved and better-quality studies are required across all aspects of the disease.

**Take Home Message for Practice:** Despite the lack of evidence-based information, IGD should be considered in the primary care setting since it can be a symptom of a problematic social/familial relationship. Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1144

#### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

ePoster

## Belching complaints - Evaluation and Management in primary care

Rita Fernandes Ferreira<sup>1</sup>, Jéssica Peres<sup>1</sup>, Tânia Caseiro<sup>1</sup>, Carolina Gil<sup>1</sup>, Raquel Plácido<sup>2</sup>, José Almeida<sup>3</sup>

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<sup>3</sup>UCSP Montemor-o-Velho, ACeS Baixo Mondego, Montemor-o-Velho, Portugal

**Introduction/Aim:** Problems with intestinal gas, like eructations, are a common complaint to family doctors, that can occur not only as an isolated symptom but also accompanied by other gastrointestinal complaints. Although belching is regarded as normal behavior they can occur at high frequency or become persistent, becoming troublesome.

**Materials and Methods:** Narrative review based on a Pubmed and UptoDate research of scientific articles published in the last 10 years, in English, with the MeSH terms "eructation" and "management".

**Results:** Belching can occur by two mechanisms: the gastric belch, which is the result of a vagally mediated reflex leading to relaxation of the lower esophageal sphincter and venting of gastric air and the supragastric belch which is a behavioral peculiarity. These may also occur due to gastro-esophageal reflux and functional



dyspepsia, but other symptoms usually predominate. Individuals with belching disorder usually have habitual air swallowing (aerophagia) and air may transit only to the esophagus before being vented (supragastric belching). In the absence of alarm features usually no investigation is required. Behavioral therapy it's the first line to decrease belching complaints.

**Conclusion:** Belching disorder is part of functional gastrointestinal disorders therefore the treatment is based on behavioral strategies. A trusting therapeutic relationship is essential for patients to understand and accept that the evaluation for other conditions has been adequate, to accept the limitations of therapy and incremental improvements of symptoms, and to engage in effective self-management. Further study is justified to uncover additional therapeutic options for this benign but disabling condition.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1147**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Association of anaemia with clinical symptoms commonly attributed to anaemia – analysis of two population based cohorts**

Simone Kiel<sup>1</sup>, Gesine Weckmann<sup>2</sup>, Nele Friedrich<sup>3</sup>, Jean-François Chenot<sup>1</sup>, Aniela Angelow<sup>1</sup>

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<sup>2</sup>Faculty of Applied Health Sciences, European University of Applied Science, Rostock, German

<sup>3</sup>Institute for Clinical Chemistry and Laboratory Medicine, University Medicine Greifswald, Greifswald, Germany

**Background:**

Fatigue, shortness of breath, lack of energy and concentration are common reasons for consultations in general practice. These symptoms are commonly attributed to anaemia.

**Aim:**

We investigated the association between symptoms commonly attributed to anaemia (fatigue, lack of energy and concentration, shortness of breath) in the presence of other confounding factors, such as depression, medication, insomnia and other medical condition and the presence of anaemia.

**Methods:**

We used billing, laboratory and interview data from two independent population-based cohorts (**Study of Health In Pomerania (SHIP)**). A complete case analysis was performed using logistic regression models.

**Results:**

A total of 5406 participants of which 30% complained about fatigue, 17% about lack of energy, 17% about lack of concentration and 24% about shortness of breath, were included in the analysis. Anaemia was prevalent in 6.7% (364) of the study population. 34% of participants with anaemia complained about fatigue, 22% about lack of energy, 19% about lack of concentration and 39% about short breath. Neither univariate nor multivariate logistic regression models showed significant associations between the symptoms fatigue and lack of concentration and anaemia. Anaemia was of borderline association with lack of energy and shortness of breath. After adjusting for confounder, the association was not significant anymore. Depression, insomnia, specific medication and number of medication, Asthma, COPD and chronic kidney disease had a stronger association with the symptoms.

**Conclusion:**



The clinical symptoms commonly attributed to anaemia are unspecific and can be more likely explained by other factors.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1186**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

**Chronic Cough. Which red flags?**

Rita Abelho, Bruno Gonçalves

*ARSLVT - Lisbon, Parede, Portugal*

**Didactic-method:** oral presentation with quiz

**Presented-problem:**

Woman, 73 years-old

Previous smoker (25 pack-year, stop at 43 years), Hiatal hernia, Hypertension, Dyslipidemia, overweight, depression.

Usual medication: esomeprazole 20, atorvastatin 10, escitalopram 10, trazodone 150.

Schedules an appointment in December due to persistent dry cough for 8 weeks and tiredness. No respiratory infection preceded these symptoms. Her recent blood work and physical examination was unremarkable.

**Management:**

An X-ray was ordered. It revealed a nodular figure in the transition of the median to the inferior right lobe. The CT confirmed the existence of an ovoid mass with regular outline along the oblique fissure. The patient was sent to a Pulmonology consult.

During this period, the cough severity increased which prevented the patient from sleeping at night despite being medicated with an opioid. She also reported episodes of haemoptysis and chest pain due to the effort of coughing.

**Outcome:**

A bronchoscopy showed a fungal infection possibly due to a Middle Lobe Syndrome. The patient did antifungal therapy for 3 months without success, so surgery was proposed to remove the median lobe. She is now on respiratory rehabilitation.

**Discussion/open-questions:**

With this case, we pretend to alert to the impact in quality of life that a very common symptom can have if severe and sustained in time. Despite rare, this diagnosis was possible due to attention to red flags.

It was essential for this patient the availability of her family physician and his comprehensive approach, until the final diagnosis was revealed and the cough ceased.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1191**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster



## **Alopecia approach in adults in primary health care**

Vitória Aleixo<sup>1</sup>, Filipa Moreira<sup>2</sup>, Vera Nunes<sup>3</sup>

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<sup>2</sup>USF Lapiás, Sintra, Portugal

<sup>3</sup>USF Monte da Lua, Sintra, Portugal

**Introduction and objectives:** Hair loss is a common concern and frequent reason for adults to visit their family doctor. It usually has a significant impact in one's quality of life, both in self-esteem and self-image, as this is a health problem strongly associated with social stigma. Alopecia management can be very challenging as it might have different clinical presentations and multiple possible etiologies; thus, it is pertinent to systematize the approach of this health problem. For that, we made a narrative review for the approach of this problem at outpatient consultations in primary health care.

**Methods:** Bibliographic research of scientific articles was collected from *Pubmed* database, using the MeSH terms "alopecia", "approach", "therapy", "treatment", "therapeutics", and "primary health care". There were selected five articles written in english, published from September 2010 to September 2017. It was also used *Uptodate* database information.

**Results:** The review of the mentioned bibliography allowed us to build an algorithm for the systematic approach of alopecia in adults, considering its etiology, clinical characteristics, the patient's gender, age, ethnicity, concomitant systemic diseases, previous hair treatments, or family history of alopecia.

**Discussion/Conclusion:** Being the process of agenda-sharing as crucial as the daily appointment's time limitation, the purpose of this algorithm is to provide an important tool for the approach of alopecia in order to increase the quality of life of this patients as well as update physicians about the latest evidences regarding this health problem.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 1199**

#### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

#### **Presentation form / Präsentationsform**

ePoster

## **A case of Celiac Disease: attending the hidden signs**

Teresa Amaral, Mariana Silva, José Pedro Garcia, Inês Rua, Cátia Quina

USF Santa Joana, Aveiro, Portugal

**Introduction:** Celiac disease (CD) is a chronic multiorgan autoimmune disease that affects the small bowel and is precipitated by the ingestion of gluten.

**Description:** A 37-year-old woman, with a prior history of vitiligo and depression and family history of gastric carcinoma (mother at 57 years), presents to her Family Doctor referring recurring symptoms of fatigue, diarrhoea, nausea and abdominal pain for the last 2 years, combined with weight loss (6kg) in the past year. Investigation exams were requested.

The patient returns after 6 months reporting, besides previously mentioned gastrointestinal symptoms, abnormal menstrual haemorrhage in the past 3 weeks accompanied by recurring pain in legs and inguinal area. Performed blood tests presented iron anaemia and the endoscopy with duodenal biopsy showed lymphocytic infiltration and villous atrophy.



The patient was prescribed with iron supplementation, advised to start a gluten free diet (GFD) and was referred to a gastroenterologist for testing CD, that was later confirmed with positive TTG-IgA. After 6 months of following a GFD the patient presents improvement of gastrointestinal symptoms and normalization of haemoglobin.

**Discussion:** CD is a complex medical condition which can present a wide variety of symptoms that can cause delay in diagnosis. GFD is the only effective treatment and family doctors should know how to properly advise their patients regarding their dietary needs and restrictions, especially in cases where nutritionist guidance is not immediately available. CD management also requires a careful follow up to monitor and investigate signs of micronutrient deficiencies and low bone mineral density.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 1219**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

ePoster

## **Knowing our patient's history: an atypical presentation of lung cancer**

Maria Ines Rocha, Maria Alberta Magalhaes

*USF Lidador, AcES Maia/Valongo, ARS Norte, Maia, Portugal*

### **Introduction:**

Smoking is one of the common risk factors for several diseases and malignancies. As such, doctors have to be alert to all signs and symptoms when it comes to a smoker patient.

### **Case report:**

50 year old man, smoker (20 pack-year). No other relevant medical history, no usual medication. Presented to family doctor with bilateral lower extremity oedema for some months, worse in the last week, and moderate asthenia. No other symptoms or signs were present. Blood analysis showed a slightly elevated alkaline phosphatase and a low level of serum albumin. Lower extremity venous doppler was negative. Due to persistent symptoms, low albumin levels, and given the patient's history, a broader investigation was performed. Lung imaging showed a mass in the right superior lobe with suspicious characteristics and patient was referred to a Pneumo-oncology consult. After further exams, lung adenocarcinoma with visceral pleura invasion (stage II-B, pT3 N0 M0 R0) was diagnosed. Patient underwent surgery and chemotherapy and is currently under surveillance, with good prognosis.

### **Discussion:**

This is an unusual presentation of lung cancer, with no typical symptoms present at time of diagnosis. Although low serum albumin is highly unspecific, in the presence of asthenia in a smoker, malignancy should be considered in the differential diagnosis.

### **Take Home Messages:**

Family doctors have a privileged position when it comes to knowing all patient's individual history, and being the first point of contact can be much more aware and sensible to alarm symptoms.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 1222**

### **Abstract subtopic / Abstract Unterthema**



## Core Values of Family Medicine: Threats and Opportunities

### 1.1. Diagnostic strategies / Diagnostische Strategien

#### **Presentation form / Präsentationsform**

ePoster

#### **Constitutional syndrome as a manifestation of systemic lupus erythematosus: Management proposal of the constitutional syndrome**

Begoña Tiessler Martínez, Susana Reviriego Mazaira, Emilio José Ruíz Fernández

*Trainee, Málaga, Spain*

**Introduction:** To present an approach in the management of constitutional syndrome reporting a case.

**Methods:** A 45-year-old male, without any personal background, comes to Primary Care because of involuntary weight loss (7 kilos in a month). He also feels more tired than usual and has lost his appetite. No other symptoms reported. Physical examination was completely normal. The blood tested positive for pancytopenia and antinuclear antibodies (ANA). Chest X-rays and an abdominal ultrasound were normal. Fecal occult blood test (FOBT) was negative, as well as the serology and tumor markers. An appointment with Internal Medicine was requested with the diagnosis of suspected systemic erythematosus lupus (SLE).

**Conclusion:** Fatigue, anorexia, and involuntary weight loss are the symptoms of constitutional syndrome (CS). This case fits the symptoms of SLE but is rather nonspecific; therefore, it is not considered to be classified as SLE. The causes of CS can be divided into three groups: psychiatric, neoplasms and non-neoplastic diseases. There are no guidelines for CS, but there are some proposals. First, personal background, anamnesis, and physical examination have to be done. Check the weight loss and diagnose depression. Then, a blood test can help to find out some disorders: TSH, ESR, CPK, ANA, serology, tumor markers. Also, ask for a chest X-ray, FOBT, and abdominal ultrasound. Finally, with the results, especially if they are negative, the patient should have an appointment with Internal Medicine for further studies.

Conflict of interest / Interessenkonflikte

no / nein

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#### **Contribution ID: 1241**

#### **Abstract subtopic / Abstract Unterthema**

### 1.1. Diagnostic strategies / Diagnostische Strategien

#### **Presentation form / Präsentationsform**

ePoster

#### **The importance of recognizing Lyme disease at an early stage**

Dídac Parramon, Carme López, Iris Forcada, Bibiana Galí, Isabel Sanchez, Clauce Gassen, Sílvia Garcia, Anna Aulina, Albert Busquets, Irina Ivanova

*Santa Clara Primary Care Health Centre, Institut Català de la Salut (ICS), Girona, Spain*

**Background:** Lyme disease is a spirochaetal disease caused by *Borrelia* species and transmitted by *Ixodes* ticks.

**Questions:** Why is important to recognize Lyme disease at an early stage?

**Methods:** Clinical case of erythema migrans.

**Outcomes:** Clinical case of a 54 years old woman with a skin rash on her arm. It started 15 days before and she was initially treated with an antifungal cream with no response. She had been hiking in the woods one month before the rash appeared and had suffered several insect bites. The rash was suggestive of erythema migrans. We prescribed doxycycline 100mg twice daily (15 days) reaching a complete remission of symptoms.



**Discussion:** The number of Lyme disease cases in Europe has increased steadily in recent years due to many factors, including climate change.

Erythema migrans occur in 80% of patients and only 25% of them recall a tick bite, so it is often misdiagnosed. It is not painful but occasionally itching and hot. It expands slowly with central clearing. Diagnosis is clinical based. Serologic testing is not recommended since it is usually negative at this early stage.

It is highly important to correctly diagnose and treat erythema migrans since the evolution of the disease to further stages can be systemic, affecting heart, central and peripheral nervous system, joints and skin, with a chronic course being difficult to treat

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

A correct identification of erythema migrans is important to minimize the impact of the late Lyme disease.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 1256**

#### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

#### **Presentation form / Präsentationsform**

Lecture / Vortrag

### **Clinical pathways in patients with non-indicated thyroid ultrasound. A mixed-method study.**

Susann Hueber<sup>1</sup>, Johanna Tomandl<sup>1</sup>, Valeria Biermann<sup>2</sup>, Oliver Schöffski<sup>2</sup>, Harald Tauchmann<sup>3</sup>, Roman Gerlach<sup>4</sup>, Martin Tauscher<sup>4</sup>, Ewan Donnachie<sup>4</sup>, Thomas Kuehlein<sup>1</sup>, Stefanie Stark<sup>1</sup>, Marie Kluge<sup>1</sup>, Larissa Burggraf<sup>1</sup>

<sup>1</sup>Allgemeinmedizinisches Institut, Universitätsklinikum Erlangen, Erlangen, Germany

<sup>2</sup>Chair of Health Management, Friedrich-Alexander-University Erlangen-Nürnberg, Nuremberg, Germany

<sup>3</sup>Chair for Health Care Economics, Friedrich-Alexander-University Erlangen-Nürnberg, Nuremberg, Germany

<sup>4</sup>Bavarian Association of Statutory Health Insurance Physicians, Munich, Germany

**Background:** The use of ultrasound to screen for thyroid disorders in people without any symptoms might be a trigger for overtreatment. A non-indicated use of thyroid ultrasound can lead to cascade effects defined as chain events of diagnosis and treatment that are difficult to influence once they have been started.

**Questions:** Which clinical pathways of patients undergoing a non-indicated thyroid ultrasound can be described? Which factors influencing diagnostic and treatment patterns can be identified?

**Methods:** Mixed-method study: (1) Claims data of the Bavarian Association of Statutory Health Insurance Physicians were used for retrospective analysis (n = 82.130). Non-indicated use of sonography was defined as having an initial TSH test followed by a sonography within 28 days. Data were clustered with regard to medical procedures. (2) Qualitative interviews with GPs (n=25) and patients with thyroid disorders (n = 26). Interviews were analyzed following the qualitative content analysis of Mayring.

**Outcomes:** Routine data showed that 6 % of the patients were examined frequently. If so, ultrasound was applied early in the process. For 50 % of them we could not yet find an indication. Qualitative data reveal that clinical decision making was influenced by patient- and GP-related factors as well. Data analysis is still in progress and results will be available until the conference.

**Discussion and Take-home message:** The use of sonography without indication can trigger overdiagnosis. By analyzing clinical pathways, we can contribute to the identification and reduction of medical overuse. The project is embedded in the PRO PRICARE research network.

Conflict of interest / Interessenkonflikte



no / nein

## **Contribution ID: 1270**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## **Improving diagnosis of chronic respiratory diseases through easy access to spirometry – example of a family health unit in Portugal**

Hannah Gough

*USF Andreas, Mafra, Portugal*

The most common chronic respiratory diseases globally and in Portugal alike are chronic obstructive pulmonary disease (COPD) and asthma. The global prevalence of COPD is estimated to be 12.38%, with studies in Portugal showing a similar prevalence ranging from 9-14%. Asthma is estimated to have a prevalence of 8.2% of adults in the European Union and 6.8% of the population in Portugal. Family physicians play a vital role in enabling early diagnosis and treatment of both COPD and asthma which is facilitated by the close patient-physician relationship.

Easy access to lung function testing, which is fundamental for diagnosis, is known to aid this process. In the family health unit USF Andreas in Portugal, patients referred by their family doctor have simple access to spirometry testing, which is located in the same building.

Since implementing easy access to spirometry, a modest increase in the prevalence of COPD and asthma among the population of the family health unit was observed. This most likely represents improved diagnosis. However, these respiratory conditions are still underdiagnosed, as shown by the 4.81% and 1.39% prevalence of asthma and COPD diagnosed in the population of the family health unit USF Andreas in 2019. Accordingly, it is important to raise awareness of these conditions amongst patients and physicians alike. It also highlights the need for lung function tests to be ordered and carried out promptly which allows for early diagnosis and intervention, and easy access to these tests is key.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 1291**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## **Protocol of Investigation Work - Eligibility for DOAC of patients taking warfarin**

José Marques, Rita Cunha, Rafaela Cabral, Paula Rodrigues, Inês Santos, João Figueiral, Rita Esteves, Teresa Camurça

*ACeS Dão-Lafões, Viseu, Portugal*

### **Introduction:**

Oral anticoagulation is indicated for prevention of embolism by atrial fibrillation or venous thromboembolism. The used anticoagulant is warfarin, needing regular INR monitoring. There are available four direct oral anticoagulant (DOAC): dabigatran, rivaroxaban, apixaban and edoxaban, that don't require similar



monitoring, but cannot be used in patients with mechanical valve prostheses or with moderate or severe mitral stenosis.

Regarding chronic kidney disease (CKD), warfarin can be administered at any stage adjusting INR, but DOAC needs adjustment or even interruption according to CKD stage. Similar happens with chronic liver disease: warfarin can be used in any Child-Pugh (CP) class with INR adjustment while DOACs are all prohibited in the CP-C class.

### Goal:

The goal of this protocol is to assess which Familiar Health Unit (FHU) patients that are taking warfarin and would be eligible to DOAC.

### Methods:

To assess it we will collect data about:

- Patients on warfarin and time in the therapeutic range (TTR)
- Clinical indication oral for anticoagulation
- GFR and CP calculation
- Chronic medication

### Discussion:

The FHU has about 14,000 patients, of which 141 are on warfarin and 238 are on DOAC. For all taking warfarin we will proceed according to methods described above.

This research work is not intended to place DOACs in a superior position over warfarin. Both have their therapeutic indications and warfarin remains a first-line drug as an oral anticoagulant.

There are several reasons for prefer or continuing to take warfarin, including a TTR > 70% in the last year, patient preference or economic reasons.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1292

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### Fever and rash: what could it be?

Mileydy Paredes Millán, Noemí Bermudez Chillida, Harriet Phyllis Pinnegar

Primary care center La Marina, Catalan health institute, Barcelona, Spain

Clinical history: A 44-year-old male, with no relevant medical history had been afflicted with a dry cough, odynophagia and diarrhoea for 5-7 days. Afterwards he became feverish and a non-pruritic papularmacular rash and eye redness appeared so he consulted our emergency department. During the interview he also explained that he had had non-protected sex in the last month.

On examination we found a maculopapular rash on face, trunk and limbs not affecting hands and feet, and conjunctival hyperemia. The patient's vital signs and the rest of the examination were normal. Blood count, renal and hepatic profile were within normal standards, HIV, CMV, HbsAg, HVA, HVC, treponema tests were negative. X- Ray of the thorax showed a bilateral interstitial pattern and a CT scan showed an hyperdense ground glass pattern in the upper left lobe, suggestive of pneumonia.

Diagnosis: Fever and rash compatible with measles and pneumonia.



Protocol of action: The patient was admitted to hospital with symptomatic and empirical treatment for pneumonia and suspicion of measles. Pharyngeal smears and urine sample was taken and sent to the reference center.

When confronted with a case clinically compatible with measles, it must be declared urgently (before 24 hours), in order to take epidemic control action immediately and send laboratory tests to confirm the case.

A careful epidemiological survey is essential, including detailed history of immunization, identification of the source of infection, identification of contacts especially susceptible contacts. They have to be vaccinated or receive the immunoglobuline accordingly.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1306

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### "Spots" from the past

Tiago Silva, Filipe Vaz, Liliana Rumor, João Guerra, José Silva, Joana Batista, Pedro Paulo, Sandra Cunha  
*USF Marquês de Marialva, Cantanhede, Portugal*

**Didactic method:** Powerpoint or Poster Presentation

**Background:** Fixed drug eruption is an adverse skin drug reaction characterized by the sudden onset of single or multiple round edematous erythematous-violaceous plaques that recur in the same locations after reexposure. Typically, after regression, they remain as hyperpigmented, postinflammatory macules. Clear identification of the causing drug is not always possible, but NSAIDs and antibiotics are the most common.

**Presented Case:** A Twenty-four year old man presented with 3 oval, pruriginous, non-scaly macules, with a central violaceous area surrounded by an erythematous halo, on his right thigh. Those lesions had first appeared 5 years before, after taking an antibiotic (whose name he doesn't recall), acquiring afterwards a hyperpigmented coloration. When asked, the patient remembered he had started amoxicillin only 3 days before this new episode to treat an otitis. The connection between the drug and the lesions was suspected and the patient was referred to Dermatology. There, topical corticoid was prescribed with local redness and edema turning into persistent hyperpigmented coloration. The fixed drug eruption diagnosis was then assumed.

**Outcome:** Full Recovery – specific drug eviction recommended.

**Discussion:** Antibiotics are fundamental drugs in clinical practice. Nonetheless they must be used only in under specific recommendations, due to the risk of resistances but also adverse reactions. On the other hand, the multiplicity of cutaneous manifestations, either as a disease or adverse reaction, makes their interpretation very challenging. In any case, complementarity between primary care and hospital specialties is an essential tool to ensure the best healthcare.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1317

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform



ePoster

### Teledermatology – Practice Report

Ana Marinho<sup>1</sup>, Marta Freitas<sup>2</sup>, Ricardo Coelho<sup>3</sup>, Mara Silva<sup>4</sup>, Gabriela Machado<sup>5</sup>, Joana Afonso<sup>5</sup>, Filipe Mateus<sup>6</sup>, Diogo Prates<sup>7</sup>, Teresa Raposo<sup>8</sup>, Teresa Peneda<sup>2</sup>

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<sup>7</sup>*ARSLVT, USF Pinhal de Frades, Seixal, Portugal*

<sup>8</sup>*ARSLVT, USF Andreas, Mafra, Portugal*

**Background:** The diagnose of skin cancer is clinical and, as often as possible, confirmed by histopathological examination.

The family doctor's role is screening and early detection of potential malignant lesions.

**Questions:** Explain the Teledermatologic screening established between USF Cova da Piedade and Garcia de Orta Hospital (GOH), describe the articulation and referral protocol and present the main referral reasons in 2019.

**Methods:** Bibliographic research in teledermatologic protocol. Data from Alert P1 (referral electronic system).

**Outcomes:** The protocol consists in explain the process and obtain informed consent, collect relevant clinical information and proper imaging, sending it by AlertP1.

A dermatologist evaluates this information and will either schedule an appointment, or propose a diagnosis and treatment plan.

In the USF Cova da Piedade the 2019 referral had 39 patients. Of the 39 patients 15 had appointment in dermatology, being the average response time 40 days, 6 was denied for insufficient clinical information and 18 obtained diagnostic and/or therapeutic hypothesis without the need to have an appointment.

**Discussion:** The GOH is responsible for the care of a high number of patients, translating into low accessibility.

Teledermatology is a time saving tool by streamlining workflows, accessibility and costs, procuring early detection capacity for injuries that require urgent intervention, and decrease unnecessary burden to the hospital addressing simple problems in Primary Care.

**Take home message for practice:** The incorporation of technologies has been constant in the evolution of clinical practice, contributing to its optimization.

Teledermatology allows shorter response time and effective screening of skin lesions.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 1345

#### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### Sudden chest pain

[CONTENT](#)

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Cecilia Martín, Ladislao Cervera, Carmen Flores

*Family and community medicine, Spanish Public Health System, Algeciras. Cádiz., Spain*

A 44-year-old man was brought by the ambulance to the emergency area because of a sudden chest pain going with vagal response. His medical history only included one packet of cigarettes per day smoker and hypertension with Enalapril 20mg treatment. The patient refers to us that he was playing with a videogame when he suddenly feels an oppressive middle chest pain with sweating, dyspnea and a cough with a bit of red blood. Once the patient gets to the consultation room we see he is pale, sweating with a remaining pain so after the examination and the electrocardiogram, which showed an elevation of ST only in V2 and an incomplete RBBB, we begin with heart attack initial treatment, drew blood from the patient and we made him a chest x-ray.

We sometimes find problems to make a proper diagnosis in chest pain, especially when the information we have from the patient anamnesis, physical examination and his electrocardiogram is so no determining. We mainly think of heart attack when we face chest pain but this time thanks of the x-ray discovery we could guide the patient and his treatment through the right path. It is capital for us to have the whole differential diagnosis of chest pain in mind, among other syndromes of course, because, what would have happened if a widened mediastinum couldn't have been seen in the chest x-ray? What would have you done?

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 1353**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

ePoster

### **Chronic complications during Crohn's disease**

Raquel Gracia Rodriguez<sup>1)</sup>, Alicia Moscoso Jara<sup>2)</sup>, Ana Luz Luque Ruano<sup>2)</sup>

<sup>1)</sup>Centro de Salud de Bujalance, Córdoba, Spain

<sup>2)</sup>Centro de Salud Sector Sur, Córdoba, Spain

### **Introduction/Aim:**

Crohn's disease is a chronic inflammatory disease that affects the gastrointestinal tract. The prevalence of Crohn's disease is increasing in adults and children. Patients with Crohn's disease are at increased risk of cancer, osteoporosis, anemia, nutritional deficiencies, depression, infection and thrombotic events.

**Materials and Methods:** Case report

### **Results:**

A sixteen years old patient arrived to the primary care center due to pain at the hypogastrium area before and after the meals, depositions with strong smell, fatigue, eight kilo weight loss and anemia during the last eight months and, for the last week, fever and vomits. At the primary care center, ultrasound and biochemical analysis of blood were performed but they did not suggest any pathology. The patient was referred to the gastroenterology department and the diagnosis was Crohn's disease.

Seven months later, the patient came back to primary care due to fever and nodular erythematous cutaneous eruption. He was referred to the dermatology department and a biopsy was performed. The diagnosis was erythema nodosum.



A year later, the patient came back to primary care due to pain when moving the left thigh for the last few weeks. After physical exploration, a magnetic resonance (MRI) was performed and the result led to the diagnosis of myositis ossificans.

### **Conclusion:**

To reduce the risk of complications, primary care physicians and gastroenterologists should familiarize with the management of the Crohn's disease and work together in order to achieve a diagnosis at its earliest.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 1359**

#### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

#### **Presentation form / Präsentationsform**

ePoster

### **Faciae latae tendonitis or patella fracture**

Miren Ibarra<sup>1, 2)</sup>, Miren Perales<sup>1)</sup>, Pablo Natanael Puertas<sup>1)</sup>, Alberto Sánchez<sup>3)</sup>, Pablo Macazaga<sup>1)</sup>, Raquel Tapia<sup>1)</sup>

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A 35-year-old male, without history of interest, presented two months of non-traumatic right knee pain, he does not remember causing maneuvers or signs of visible inflammation, he took some nonsteroidal anti-inflammatory drugs (NSAID) and put it on ice.

On physical examination, he presented pain at the external face of the right knee in the area of the fasciae latae insertion, does not present pain when performing valgus or varus maneuvers, negative meniscal maneuvers, negative anterior and posterior drawer test.

We decided to perform ultrasound in primary care office, that showed a cortical disruption in the lower pole of the patella, we do not observe collections in that area. In fasciae latae insertion zone we saw signs of mild inflammation.

We decided to check the ultrasound finding by performing a patella X-ray, which confirms what we appreciated in the ultrasound study, only in the lateral vision we could see the inferior pole division, being compatible with a bipartite patella.

The patient was treated with physiotherapy and a NSAID cycle with reduction of his fasciae latae lesion and clinical improvement.

Ultrasound is a useful method for the diagnosis and monitoring of tendon and muscle pathology. As in other anatomical areas we can reach ultrasound findings other than expected, so it must be complementary to a good history and physical examination, but it can also help to reach diagnosis of musculoskeletal pathology. In this case we arrive at an unexpected finding that usually behaves asymptotically, unless overload or trauma into the area.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 1369**

#### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien



## Presentation form / Präsentationsform

ePoster

### **Anorexia in adolescence - a manifestation of myasthenia gravis**

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#### **Background:**

Nonspecific complaints are frequent in adolescence, and the various differential diagnoses should be considered, even in those situations in which the symptoms resemble the most common diseases in this age group.

#### **Case Description:**

Young female, 13 years old, that reported in a surveillance consultation, weight loss and asthenia. Physical examination revealed a BMI 13.74, with no other changes. Complementary diagnostic tests (hormonal and rheumatologic study, thyroid and abdominal ultrasound, brain tomography and electrocardiogram) revealed no changes. Anorexia nervosa was hypothesized, so she started a nutrition consultation and requested a Pediatric consultation, which was missed. She only returned after one year, maintaining low body weight (BMI 14.53) and asthenia. She also referred diplopia and solid dysphagia, so Pediatrics consultation was urgently requested. Weight stabilization occurred (BMI 14.5-15), but dysphagia and asthenia progressively worsened. At 15 years of age, she not only maintains his previous complaints, but also started dyspnea, orthopnea and bilateral ptosis. Was hypothesized Myasthenia Gravis, later confirmed by electromyography and analysis (positive Ac MUSK). She started treatment with pyridostigmine and corticosteroids and was hospitalized for stabilization. On the second day of hospitalization she had a cardiorespiratory arrest requiring invasive ventilation. She has progressively recovered and now, with 18 years old, she is clinically stable, taking only Pyridostigmine Bromide.

#### **Discussion:**

Myasthenia Gravis in its initial presentation can be confused with other diseases, especially in adolescence. It is important not to devalue complaints and to ensure investigation, preferably with the support of a multidisciplinary team.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 1375**

#### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

#### **Presentation form / Präsentationsform**

Lecture / Vortrag

### **The long road to a diagnosis**

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**Background:** Sarcoidosis is a granulomatous disease characterized by the presence of noncaseating granulomas. It affects multiple organs and the involvement of at least two is required for a diagnosis. The lung is the most commonly affected organ. The prognosis is variable. Remission occurs in half of the patients.



**Case description:** Male patient, 40 years old, belonging to a nuclear family. He goes to the primary care unit for painful bilateral malleolar edema and chest pain. The patient denies cough, abdominal pain or urinary disorders. He presents without fever, with a normal blood pressure, no changes in cardiopulmonary auscultation, a painless abdomen and exuberant bilateral maleolar edema. The patient is referred to the emergency department. He performs chest X-ray, abdominal ultrasound and blood tests which reveal a high C-Reactive Protein and elevate D Dimers. The diagnosis of arthritis is considered. Ten days after the diagnosis, the patient is detected with atrial fibrillation and starts complaints of productive cough. A scan CT chest is performed and reveals sarcoidosis.

**Discussion:** The diagnosis of sarcoidosis requires compatible clinical and pathological findings. Sarcoidosis is diagnosed through the biopsy of an organ or in the presence of signs in which the clinician suspects of the pathology. The patient may not have any symptoms.

**Conclusion:** The diagnosis of some pathologies is complex. The role of the general practitioner is crucial in cases such as this one, since the link between primary and secondary health care is central to the correct and early diagnosis of the disease.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1392

### Abstract subtopic / Abstract Unterthema

#### 1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## The lower ALT cutoff value is more suitable for NAFLD screening than the current value

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**Introduction:** NAFLD (Non-alcoholic fatty liver disease) is a globally common hepatic disease. Liver chemistries, especially alanine aminotransferase (ALT), is known to be the simplest way to screen NAFLD. There have been many studies which insist the cutoff of ALT be lowered than the current value.

**Objectives:** This study is to show the lower cutoff of ALT is more suitable for NAFLD screening, and compare ALT with fatty liver index and NAFLD fat score in diagnostic quality.

**Methods:** A cross-sectional study of 261,704 Korean adults who underwent health examinations at Kangbuk Samsung Hospital Health Screening Center was performed. Fatty liver was diagnosed by ultrasonography.

**Results:** The prevalence of NAFLD was 44.1% in men and 12.7% in women. The area under the curve (AUC) of receiver-operating characteristics (ROC) curve was significantly bigger when the ALT cutoff was 20 mg/dL (0.674 in men, 0.689 in women) than when it was 40 mg/dL (0.689 in men, 0.561 in women). Youden index was the highest when ALT cutoff was 26 mg/dL (sensitivity 68.71%, specificity 72.91%) for men and



16 mg/dL (sensitivity 71.73%, specificity 70.36%) for women. AUC (95% confidence interval) for ALT, fatty liver index, and NAFLD score was 0.777 (0.775-0.780), 0.836 (0.833-0.838), and 0.791 (0.788-0.793) in men, and 0.776 (0.772-0.780), 0.902 (0.900-0.905), and 0.820 (0.816-0.824) in women respectively.

**Conclusion:** The new ALT cutoff is more predictable for NAFLD screening than the current one. However, fatty liver index and NAFLD fat score are more powerful in distinguishing NAFLD than ALT alone.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1423

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### Adult-Onset Type 1 Diabetes – A Case Report

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**Background:** Type 1 diabetes, once known as juvenile diabetes, is a chronic condition in which the pancreas produces little or no insulin. Genetic factors, some viruses and autoimmune reactions may contribute to identify the cause which is often a challenge. Unlike children, adults often have residual beta cell function and this means they may need very little or no supplemental insulin for some time. This is characterized as latent autoimmune diabetes in adults (LADA) and it can be mistakenly diagnosed as type 2 diabetes which is more prevalent in adults. Clinical features more frequent in LADA compared with type 2 diabetes at diagnosis are age of onset < 50 years old, acute symptoms, BMI < 25 g/m<sup>2</sup> and a history of autoimmune disease. **Case Report:** A 34 years old female, BMI 17 g/m<sup>2</sup>, presented an occasional capillary glycemia of 450 mg/dL. She had a personal history of negative results in gestational diabetes screening one year before and flu-like symptoms after delivery, when she started to notice polydipsia, polyuria and weight loss. Proceeded immediately to be blood tested: glucose 333 mg/dL; HbA1C 10%; C-Peptide 0,77 ng/mL. With insulin therapy, the glucose levels normalized. **Discussion:** Differentiation between type 1 and 2 diabetes in adults is difficult but a correct diagnosis is vital to provide the best treatment. Since all these patients need insulin for life, the identification of pancreatic insulin secretion failure cause will not change the approach, however the auto-antibodies should still be tested to discard autoimmune diseases.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1428

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### A nap a day keeps hypertension away? - evidence-based review



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## Background:

Hypertension is one of the most common medical problems encountered in the primary care setting worldwide. Napping is common practice among the elderly and in some countries is also a regular routine across all age groups, and is even traditionally viewed as a healthy lifestyle. Actually, the risk of hypertension in adults who regularly take a nap is unclear.

The objective of this review is to assess the relationship between napping and hypertension.

## Methodology:

A literature search was performed using the terms “nap” and “hypertension”, on several databases. Limits were applied for the language (English and Portuguese) and period of time (January 2010-2020). The inclusion criteria were based on adult population, not pregnant, taking a nap regularly compared with non-nappers and the outcome was the decreased risk of hypertension.

The “Strength of Recommendation Taxonomy” (SORT) system was used to evaluate the level of evidence and assignment the strength of a recommendation.

## Results:

Our search strategy yielded 133 potentially relevant articles and after exclusions application, 5 articles were included in data analysis: 1 systematic review/meta-analysis and 4 cross-sectional studies.

The daytime nap seems to increase the risk of hypertension but napping during night work may be a protective factor for hypertension. Some studies reveal divergent results about the midday nap duration for hypertension development and gender differences.

## Discussion:

To clarify the contradictions and to confirm these findings, future studies are needed, particularly larger and prospective longitudinal studies, with representative samples and adjusting for potential confounders.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1431

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Poland's syndrome, a luso-spanish case report

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## Background:

Poland's syndrome is an uncommon congenital disorder characterized by a unilateral absence/hypoplasia of the pectoralis major muscle and a variable degree of ipsilateral upper extremity abnormalities. The extent and severity vary among individuals, affecting more frequently males, although many remain undiagnosed. Therefore, it is important to alert clinicians to this underreported condition.

## Case Description:



A 4 month old male infant, belonging to an upper middle class nuclear family, in phase III of Duvall's cycle, presents to the health unit to begin his surveillance.

Second son of a Spanish mother, without any family history of note. Spontaneous, desired but not planned pregnancy, with surveillance beginning on the second trimester. Fever of unknown etiology on the 20th week of pregnancy, treated with ampicillin. Rest of the pregnancy and delivery occurred without problems.

Up until now, the infant was followed at a hospital in Madrid where he was born. Following the observation of an anterior chest wall depression by his grandmother, the Poland's Syndrome was diagnosed. No other abnormalities were observed.

After returning to Portugal, besides the surveillance at primary care, he was also referred to Pediatrics at the hospital.

### Discussion:

In malformation cases, it becomes important to remind the family doctor role as the provider of holistic, comprehensive, person-centered, family oriented and coordinated care. In this specific case it is essential to evaluate the child's development, but also to answer the parents' concerns. Special attention should be paid to the impact that the malformation can have throughout child's life.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 1436

#### Abstract subtopic / Abstract Unterthema

#### 1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

ePoster

### AL amyloidosis and primary biliary cholangitis – an improbable association

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**Introduction:** Amyloidosis forms a group of diseases that share the pathological extracellular deposition of insoluble fibrils in various tissues/organs. In AL amyloidosis these are made up of monoclonal light chain fragments produced by a small indolent plasmid clone. The clinical presentation is extremely variable, with renal and cardiac involvement being the most common forms.

**Case description:** male, 72y, with history of hypertension, diabetes mellitus and COPD. He was admitted to the emergency department with fever, dyspnea, cough, dysphonia, myalgia and edema. He was diagnosed with tracheobronchitis. Analytical study revealed acute kidney injury (AKI), normocytic and normochromic anemia, hypoalbuminemia, cholestasis and an increased protein/creatinine ratio. Renal ultrasound was performed, revealing no changes. The patient was admitted to the hospital internment for study, revealing: 24h proteinuria of 14g; no monoclonal, immunoglobulin and/or total light chain peaks in electrophoresis, with negative serum and urinary immunofixation; negative viral serologies; normal thyroid function. Given the evolution, with rapidly progressive AKI, a renal biopsy was performed, with the resulting histology compatible with AL amyloidosis with lambda chains ( $\lambda$ ) deposits. The medullary study excluded multiple myeloma. Free LC assay was increased. Autoimmune studies demonstrated positive antimitochondrial and

## CONTENT

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antinuclear antibodies. The patient met the diagnostic criteria for AL amyloidosis and primary biliary cholangitis (PBC), having started ursodeoxycholic acid and cytostatic treatment.

**Conclusion:** AL amyloidosis, although rare, should be considered with findings of proteinuria and AKI. The authors didn't find an association between AL amyloidosis and PBC described in literature, making this case even more peculiar.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1441**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

## **What masks behind a cold: an extensive pleural effusion and maybe a neoplastic disease**

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**Didactic Method:** Anamnesis, consultation of clinical records and bibliographic research related to the case

**Presented Problem:** 72-year-old man, former metalworker and former smoker, with personal history of Cardiac Surgery (Aortic mechanical valve prosthesis), Hypertension and Dyslipidemia, came to an appointment with his Family Doctor to show some lab and cardiac exam results. While he was leaving the medical room, he stated, "I had a cold three weeks ago". Then proceeded by saying he had a cough with sputum and wheezing for at least three months, but denied recent fever.

**Management:** Pulmonary auscultation presented decreased vesicular murmur throughout the left hemithorax, and thus a Chest X-ray was requested.

**Outcome:** The patient returned to an appointment to show the test result, which revealed an image of "Pleural effusion that occupies almost all left hemithorax". He then discloses he had also dyspnoea and weight loss (3kg) for the last two months, but never told any doctor.

The patient was referred to the Emergency Office, since his respiratory complaints were aggravated. He then performed complementary diagnostic tests (Diagnostic Thoracentesis, Laboratory research for Tumor markers and Chest CT), for screening of neoplastic disease. Currently, the patient maintains follow-up in Thoracic Surgery and is diagnosed with Incarcerated Lung, awaiting surgical decortication.

**Discussion:** It is crucial that the Family Doctor keeps its devotion through all stages of patient appointments and evaluates every symptom presented, despite less important at first sight. Therefore, this performance can avoid progression of diseases and lethal health repercussions on the individual.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1444**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

ePoster



## Mindfulness meditation for insomnia - what is the evidence?

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### Introduction:

Insomnia is the most prevalent sleep disorder and one of the main complaints of patients that search for medical care. It has consequences on sleep quality, daily activities and it is associated with increased morbidity and mortality from several diseases. Mindfulness meditation (MM) can promote relaxation and many health benefits have been shown across stress related conditions, including sleep disturbance.

The objective of this study is to review the evidence of MM interventions for the treatment of insomnia.

### Methods:

A bibliographic search was performed, using the terms "Sleep Initiation and Maintenance Disorders" and "Meditation", on several databases. Limits were established for period of time (January 2010-2020) and language (English, Portuguese and Spanish). The American Family Physician's Strength of Recommendation Taxonomy was used to establish the quality of the studies and define the strength of the recommendation.

### Results:

A total of 53 articles were identified, from which 8 were selected: 7 RCTs and 1 meta-analysis. The RCTs reported that MM significantly decreased the severity of insomnia and improved sleep quality, when compared to control groups. The meta-analysis suggest that MM may contribute to modestly improve sleep parameters including total wake time, sleep onset latency, sleep quality and sleep efficiency.

### Conclusion:

MM may be an effective option for the treatment of insomnia (SOR B). However, further studies with larger sample size are needed to achieve more consistent results.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1446

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Generalized edemas of progressive presentation

Albert Boada Valmaseda, Roser Ros Barnadas, Isabel Gonzalez Saavedra, Maria Reis Isern Alibés, Amelia Crisitina Espinosa Santana, Maria Asunción Altaba Barceló

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**Introduction:** Eosinophilic fasciitis is not frequent. Predominantly affects males of middle age. It has a symmetrical induration in

limbs and trunk with eosinophilia. It's painful, limits mobility and seem edemas. It does not respond to diuretics. It is treated with oral corticosteroids. Diagnosis hard.

**Case:** Male 44 years old; he came for edema

With asthenia, no dyspnea or urinary disorders. Do not family background. No toxic habits. Do not clinical history Physical examination: 176 cm; 75 kg; Blood pressure 132/83 mmHg; Normally colored skin and mucous membranes; preserved vesicular murmur; heart tones rhythmic without blows or friction; 82 beats per minute; Abdomen no alterations; diffuse edema in limbs



lower (EEII), upper and abdomen, without fovea, with skin tense  
Complementary examinations: Analytics: leucos  
14.0x10<sup>3</sup> / mm<sup>3</sup> (58% N; 12.9% L; 21.3% Eo); Proteins 60g / L  
Stool parasites: negative. 24 hour urine protein: 175  
mg / 24 hours Abdominal ultrasound: normal. Rm  
EEII: inflammation of muscle fascia. Diagnosis  
differential: heart failure, insufficiency  
renal, hypoalbuminemia, parasites  
Diagnosis: fasciitis  
Eosinophilic  
Treatment: oral corticosteroids.  
Evolution:  
healing.

**Home message:** In a patient with edema generalized and that does not present symptoms associated with heart failure, kidney failure, blood proteins, or signs of anasarca by liver disease, the practice of a complete blood and urine analysis. In those cases that the result be accompanied by elevated eosinophils, parasitic diseases must be taken into account. In case of persistent infiltrated edema or indurated it may be appropriate to perform a skin biopsy deep, which allows to obtain a sample of muscle, which will give us almost definitive information.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1448**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**Atypical presentation coronary artery disease (CAD): a case report**

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**Introduction:** Coronary artery disease (CAD) is a pathological process characterized by atherosclerotic plaque accumulation in the epicardial arteries, whether obstructive or non-obstructive. The dynamic nature of the CAD process results in various clinical presentations, which can be conveniently categorized as either acute coronary syndromes (ACS) or chronic coronary syndromes (CCS).

**Case Report:** male, 69 years old. Personal diseases: dyslipidemia, lung cancer and chronic obstructive pulmonary disease. He went to his family doctor with epigastric pain with 2 weeks long, tightness and radiates to neck, triggered by exercise and also during night. It was decided to start cardiac study – **electrocardiogram**, echocardiogram, exercise **stress test and cardiac catheterization**. Meanwhile, the patient resorts to the hospital emergency 2 more times with the same symptoms, complementary diagnostic tests without alterations having been discharged at home with symptomatic treatment. The result of previous exams was: 1-vessel coronary artery disease (coronary artery disease has atheromatosis with 90% stenosis in the middle segment and 30% plaque in the distal segment. Patient has started double platelet anti-aggregation and underwent angioplasty.



**Discussion:** Careful evaluation of patient history, including the characterization of anginal symptoms, and evaluation of risk factors and manifestations of cardiovascular disease, as well as proper physical examination and basic testing, are crucial for the diagnosis and management of CAD.

**Conclusion:** CAD can be modified by lifestyle adjustments, pharmacological therapies, and invasive interventions designed to achieve disease stabilization or regression.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1458**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**Raynaud's phenomenon management**

Albert Boada Valmaseda, Roser Ros Barnadas, Isabel Gonzalez Saavedra, Maria Reis Isern Alibes, Amelia Cristina Espinosa Santana, Maria Asunción Altaba Barceló  
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**Background:**

A 38-year-old patient who comes to refer clinical picture compatible with Raynaud's phenomenon of long evolution.

**Questions:**

It doesn't refer clinical history of interest. It has no other symptoms. It does not refer any current drug treatment.

Physical examination is normal. The blood pressure is 131/83.

**Methods:**

In the study of Raynaud's phenomenon, blood tests are performed: ESR 11 mm; Antinuclear antibodies 1/320; native anti-dsDNA 18; rest of autoimmunity tests were normals.

Outcomes

diagnosis was secondary Raynaud's phenomenon

**Discussion:**

Raynaud's phenomenon is an exaggerated vascular response to cold or stress manifested by skin colour changes at several locations, having three characteristic phases: pallor (white), cyanosis (blue) and rubor (red). When the cause is not known this phenomenon is termed primary Raynaud's phenomenon and secondary Raynaud's phenomenon when underlying disease is involved, autoimmune disease being the most frequent cause of the secondary form. Primary Raynaud's phenomenon has a good prognosis and can be treated medically without the need for specialist assessment, unlike secondary Raynaud's phenomenon which needs specialist assessment and treatment. A general practitioner needs to know the classification, the basis for treatment for signs and symptoms control and know when a patient requires specialist evaluation for treatment according to other diseases which may be present or coexist.

**Take Home Message for Practice:**

In this case, and given the alterations in the blood test, patient was referred to the rheumatologist for evaluation and confirmation of the diagnosis: Systemic lupus erythematosus?, scleroderma?

Conflict of interest / Interessenkonflikte  
no / nein



## Contribution ID: 1461

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### Doctor my is skin burning - clinical case

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**Background:** Infection with the varicella-zoster virus (VZV) causes two clinically distinct infections. Chickenpox, which is the primary infection, and herpes zoster that results from reactivation of latent VZV in the sensory ganglia.

**Case description:** 66-years-old caucasian woman, inserted in a nuclear family, in phase VIII of the Duvall family cycle.

In an acute consultation, the patient presented a rash with about 3 days of painful evolution, described as a sensation of "burning the skin", located on the inside of the left thigh and lumbar region. Denied fever, fatigue or headache. Objective examination revealed a skin rash, erythematous papules and vesicles, which appeared to have an apparent location of a single dermatome (L2) or two contiguous dermatomes (L2-L3). The diagnosis was made and started treatment: valacyclovir 1000mg 3 times a day for 7 days, associated with analgesic therapy (gabapentin 300mg per day). She returned after a week with a marked improvement.

**Discussion:** In immunocompetent individuals, the diagnosis of herpes zoster is based only on the clinical presentation. In certain cases the disease can present atypical skin lesions, especially in immunocompromised patients.

This atients can transmit VZV to individuals who haven't had chickenpox and haven't received the varicella vaccine. It's up to the family doctor to advise on measures to prevent contagion. In addition, these patients should avoid contact with pregnant women who have never had the disease or the vaccine, premature or low birth weight children and immunocompromised individuals.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1469

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### Approach to female urinary incontinence in primary health care

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<sup>2)</sup>*Primary care center USF Fernão Ferro Mais, Fernão Ferro, Portugal*

**Introduction and objectives:** Urinary incontinence is defined as any involuntary loss of urine. It is a prevalent health problem, especially in women (25-45%), and this prevalence increases with age. Associated with psychological, social and economical stigma, it is frequently underdiagnosed and undertreated and has a great impact in individual's quality of life.



**Methods:** Bibliographic research of scientific articles in *Pubmed* database, using the MeSH terms “urinary incontinence”, “adult” and “primary health care”. They were selected five scientific articles, written in english, published between August 2009 and November 2017. It were also included *NICE Guidelines* of June 2019, and *EAU Guidelines* of March 2017.

**Results:** When approaching female urinary incontinence at Primary Health Care center, it is crucial to make an accurate characterization of the problem that allows the application of an appropriate therapy. Thus, it's essential to have a complete anamnesis and specific physical examination. The algorithm that we present is a useful guide for a systematic anamnesis, physical examination, clinical diagnosis, choice of relevant complementary diagnosis exams, and pharmacologic and non-pharmacologic therapies.

**Discussion:** As female urinary incontinence is a frequently present but a patient's non selected problem to be discussed at the doctor appointment, the primary care physician must be aware of its prevalence, risk factors, and be proactive in its prevention, early detection and treatment, since early intervention has an important impact in patient's quality of life.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1474

### Abstract subtopic / Abstract Unterthema

#### 1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### Pott's disease - an improbable diagnosis

Maria Inês Pereira da Silva, Joana Vasconcelos Pinto, Manuel Viana  
*USF São João do Porto, Porto, Portugal*

**Introduction:** Osteoarticular tuberculosis is the third most frequent presentation of extrapulmonary tuberculosis. The axial skeleton being the most affected site. This type of tuberculosis is called Pott's disease. We present a clinical case that alerts for this uncommon diagnosis, whose nonspecific and insidious presentation can delay the diagnosis and treatment.

**Clinical case:** An 82-year-old man presents himself for a consultation in November 2018, referring pain in his left hemithorax and dorsal region. He denied respiratory or neurological symptoms and hadn't changes on the physical exam. We medicated with anti-inflammatory and explained the warning signs. The patient returns on February 2019, with the same symptoms. Between consultations, he went to the hospital's emergency department, having performed analgesics (with partial response) and a chest X-ray that was normal. Given the temporal evolution, we performed a chest Computed Tomography (CT) that described “reduction of the disc space D6-D7, bone destruction of vertebral bodies with discreet surrounding collection, suggestive of a spondylodiscitis”. The patient was sent to the emergency department, where they performed a bone biopsy that was positive for *Mycobacterium Tuberculosis*. Pott's disease was confirmed, and the patient started treatment.

**Discussion:** The most common symptom of Pott's disease is local pain that increases progressively in severity. Because of this subacute course, and the fact that image methods (specially x-ray) aren't always sensitive in the beginning, the diagnosis of Pott's disease is frequently delayed. Treatment should be instituted quickly to improve prognosis.

Conflict of interest / Interessenkonflikte  
no / nein



## Contribution ID: 1478

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### About a case of ventricular tachycardia

José María Fernández González, Hector Leonardo Lugo Ramos, Ana Cristina Gil Acosa  
*Urgencias, Hospital de Jerez, Jerez, Spain*

#### Background:

Female 80 -year-old patient, pacemaker carrier (MPC) antedant of Atrial Fibrillation, Cardiomyopathy, in treatment with Flecainide, Propanolol, Digoxin, Rivaroxaban.

#### Questions

Go to the emergency primary care per 5-hour course of evolution with dyspnoea of minimal effort associated palpitations, not chest pain, not another clinicAssociated.

#### Methods:

Exploration and Complementary Testing

Conscious, eupneica, FC: 120 lpm, TA: 100/70. Not IY. Thorax: AC: tachycardial tones, not murmurs.

AP: MVC preserved. Rest without particular. In analyticsprothrombin and thromboplastin timealtered, negative heart markers. Rest unaltered.

ECG: wide QRS tachycardia which impresses ventricular tachycardia. After placement magnet is evidenced Flutter headset. Is with the UCI service, after which derived. The Pacemaker shows the flutter is interrogatedas a cause of tachycardia. It's programmed AAI to DDD mode and receives amiodarone with proper control.

#### Outcomes:

Clinical Judgment

Wide QRS tachycardia mediated by Pacemaker.

Differential Diagnosis

- Ventricular tachycardia.
- Aberrant supraventricular tachycardia.
- Hydroelectrolytic alteration tachycardia.

#### Discussion:

In the presence of wide QRS tachycardia differential diagnosis should be made with tachycardia Ventricular. QRS evidence is shown at the ECG>120msec. May be supraventricular tachycardia aberrant, with intraventricular conduction preexcitation or electrolyte disturbances,

Also include mid-range tachycardiac, where the spicules in front of them are displayed QRS. For differential diagnosis medical history is important. If there is a historyIAM, angina or ICC, etc. In the ECG, there is a need for compare the QRS of tachycardia with baseline: a change in the axis or morphology of the QRS suggestsTV; if the QRS has blocking morphologybranch suggests TSV with aberrancia.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1573

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform



ePoster

## Parental burnout syndrome: how to recognize and prevent it.

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**Background:** Parental burnout syndrome is related to parenthood and characterized by emotional and physical exhaustion, contrast with previous parental self, emotional distancing from their children, and loss of parental accomplishment. Between 2 and 12% of parents are affected. However, very few literature has tackled this problem so far.

**Objective:** To review the assessment, diagnosis, and prevention strategies for this syndrome.

**Methods:** a classical review of literature, using search terms "Parenthood burnout" and "Parental burnout", filtering articles with free full text available, published in the last 5 years, in English. We found 56 articles and selected 19 based on the abstract.

### Discussion:

Parental burnout is influenced by demographic factors, such as number of children at home, parental and child age. Parents' and children's personality traits, more specifically, parental meticulousness and lack of emotional control were risk factors. By contrast, agreeableness and perseverance were protective factors. Parental burnout has a statistically similar effect to job burnout on addictions and sleep problems, a stronger effect on couples' conflicts and partner estrangement mindset and a specific effect on child-related outcomes (neglect and violence) and escape and suicidal ideation.

A few assessment tools have been developed, such as the BR2 instrument, which measures the balance between parental stress-enhancing and stress-alleviating factors, and the Parental Burnout Inventory scale, an adaptation of the Maslach Burnout Inventory scale specifically targeting parental burnout.

### Conclusion:

Parental burnout can influence the parent-child relationship with impact on child growth and emotional development, so early recognition and diagnosis is critical.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1485

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Can Attention Deficit Hyperactivity disorder be related with caffeine consumption during pregnancy?

Sara Rocha<sup>1)</sup>, Marta Matias Costa<sup>2)</sup>, Maria da Luz Fonseca<sup>3)</sup>, Joana Bordalo<sup>1)</sup>

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**Background:** Attention Deficit Hyperactivity Disorder (ADHD) is the most prevalent mental disorder in childhood. Some literature suggests that there might be an association between caffeine consumption during



pregnancy and the alteration of neurodevelopment in children. This study aims at reviewing literature on caffeine consumption during pregnancy and childhood ADHD.

### Methods:

Evidence-based review. Inclusion criteria: Population (pregnant women), Intervention (caffeine consumption), Control (no caffeine consumption) and Outcome (symptoms of ADHD after 36 months). Articles were obtained from different databases published in the last 10 years in Spanish, English and Portuguese. MESH terms: "attention deficit hyperactivity disorder", "caffeine" and "pregnancy". Exclusion criteria: repeated articles; non-compliance with inclusion criteria. SORT scale used to assign levels of evidence (LE) and strengths of recommendation

### Results:

From 4 articles selected, two fulfilled the inclusion criteria: 1 cohort study (LE 2- prospective study; fixed cohort; non-blinded; adequate sample size, 13% of discontinuation and 1 SR (LE 2- moderate quality; includes 5 articles). These studies showed no association between caffeine consumption during pregnancy and ADHD symptoms in children.

### Discussion:

Very few studies have evaluated the association between caffeine consumption during pregnancy and ADHD. Differences between study designs have been noted. For instance, the age at which symptoms are observed, the outcome assessment and type and dose of exposure to caffeine. Current evidence is insufficient to associate caffeine consumption during pregnancy and ADHD symptoms in childhood (strengths of recommendation B).

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1486

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

Lecture / Vortrag

## CRIBMI: an informatic tool helps screening infectious diseases in migrants in Primary Care(PC)

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<sup>4)</sup>Tropical Medicine, Barcelona Institute for Global Health, Barcelona, Spain

<sup>5)</sup>Global Public Health, Karolinska Institutet, Stokolm, Sweden

**Background:** Migrant health status may be improved if the presence of some infections is early identified through the implementation of a screening program.

Questions and methods: Pilot study conducted in 8 primary care centers (PCCs) to evaluate the feasibility of a screening program through a software-device implemented in the informatics system used at PCCs. The device, implemented for 10 months in 4 PCCs, alerted for each patient the screening recommendation for 7 infections according to sex, age and country of origin. It was compared in other 4 PCCs where only a training strategy was implemented.

Out from the seven infectious diseases, four were common (HIV, HBV, HCV, tuberculosis) and three imported (strongyloidiasis, schistosomiasis, Chagas disease).

## CONTENT

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Results were performed with difference in difference analysis to estimate the effect of the prompt intervention.

**Outcomes:** The mean difference between the treatment and control groups in the monthly number of diagnosis made after the intervention was 1.00 95%CI(-0.12 - 2.12, p=0.078) for the group of common infectious diseases and 1.69 95%CI(1.06-2.32, p<0.001) for the group of imported diseases. Interpretable as 12 and 20 additional yearly diagnosis for each group.

Discussion: The software-device has improved the coverage of the screening program at PC level. With the prompt, number of diagnosis was higher in the intervention PCCs especially for imported diseases. Cost-effective study is needed.

**Take Home:** The use of an electronic prompt helps PC professionals to screen infectious diseases in migrants. Number of diagnosis increases, treatment can be provided and migrant health status improves

Conflict of interest / Interessenkonflikte  
yes / ja

## Contribution ID: 1487

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### Leishmaniasis and anemia a case report

Theocharis Lepenos<sup>1</sup>, Maria Liarou<sup>1</sup>, Dimitrios Amorgianos<sup>2</sup>, Ioannis Christodoulakos<sup>1</sup>, Evdoxia Doumouliaka<sup>1</sup>, Efstathia Tsampou<sup>1</sup>, Dimitrios Bellos<sup>3</sup>, Dimitra Grammenou<sup>1</sup>, Epameinondas Sakellaridis<sup>1</sup>

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Leishmaniasis is a chronic disease caused by *Leishmania species* and includes cutaneous, mucosal, and visceral syndromes. Anemia is the most common hematological manifestation of visceral leishmaniasis.

A 40-year-old male farmer with a past medical history of schizophrenia presented in the Health Center of Amfikleia with tiredness and weakness over the last 6 months. Physical examination was unremarkable, apart from mild sinus tachycardia and skin pallor. Routine blood investigations revealed normocytic anemia with normal levels of B12 and folate and normal iron studies. The case was discussed with the gastroenterology and hematology teams and the patient returned for review. The main challenge for the general practitioner was to persuade the patient to be admitted to the hospital for further investigations for his persistent pancytopenia. Finally, after long discussions and counseling, the patient consented for hospital admission and bone marrow aspiration which revealed *Leishmaniasis*.

The patient was treated with intravenous Amphotericin B over 21 days, as per the local guidelines. Hematological improvement was noted within a week and a complete reversal of the hematological abnormalities -after 4–6 weeks from the onset of the treatment.

Doctors should have a high index of suspicion for Leishmaniosis especially in atypical clinical manifestations which can delay the diagnosis. Patients with significant mental illness are often difficult to treat due to a lack of compliance with medical advice. The doctors should be able to build a good relationship with these patients and find the necessary solutions to improve their care.



Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1499

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### When alcohol is an escape for caregivers

Helena Lages<sup>1</sup>, Isabel Madaleno<sup>1</sup>, Sofia Morgado<sup>2</sup>, Alexandra Rocha<sup>2</sup>, Teresa Sardinha<sup>3</sup>

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<sup>2</sup>USF Santo António da Charneca, Setúbal, Portugal

<sup>3</sup>USF Lavradio, Setúbal, Portugal

**Didactic method:** Anamnesis, consultation of clinical records and bibliographic research related to the case

**Presented problem:** 42-year-old man, with personal history of prior drug and alcohol abuse, father of a child diagnosed with myotonic dystrophy, of whom he is a fulltime caregiver. Came to an appointment with his Family Doctor, wanting to do a “medical check-up”. At physical examination, the patient had alcoholic breath and told his doctor he was having problems dealing with his daughter’s disability and coping with his ex-wife who had a psychiatric disorder.

**Management:** Since the community nurse previously warned the physician about the patient’s recent alcohol abuse, hepatic function was requested.

**Outcome:** The patient returned to an appointment to show the test result, which revealed thrombocytopenia of 38000 / $\mu$ L and elevated ASL (286), ALT (107) and GGT (1808). Despite the warnings of a possible haemorrhagic event, the patient still denied **alcohol abuse** and refused to attend a Gastroenterology appointment. **Nevertheless, he** compromised on having an abdominal ultrasound done until the next doctor visit, decision that gave the physician hope he would change his mind. Although, the patient never came back for the next appointment and therefore the doctor still seeks his best interest, contacting community support.

**Discussion:** It is crucial that the Family Doctor keeps its devotion to all patients, even the ones who miss appointments or do not seem to care about their health. Therefore, the physician must find strategies to promote disease prevention and treatment.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1513

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### This is a strange fever. Case report

Julia Maria Lopez Resusta, Patricia Sofia Suarez Lindblad, Oihana Aguirre Salegui, Jose Franco Lorente, Iraide Serra Campillo, Iñigo Alberto Segarra Sanchez-Cutillas, Carmen Peiro Agramunt, Cecilia Verges Aguilo, Cecilia Vicens Colom, Nuria Martin Fernandez



*Unidad Docente Medicina Familiar y Comunitaria, IB Salut, Mahon, Spain*

A 45 year old woman, who works as a veterinarian, approaches her primary care doctor on account of a high fever and systemic symptoms with no other suspected origin. As it is winter season, this case is first assumed to be caused by a respiratory virus. However, after a week and a half, symptoms do not improve. She comes again with her subjective impression that this fever does not seem like other cold or flu-like syndromes she has had in the past. Physical exploration, besides 39°C fever, is anodyne. Some colleagues of her veterinary center have also similar symptoms.

### Methods:

*Complementary tests*

Blood test: CRP 7.5 ProCalcitonine 0.45

Imaging tests: no significant findings

1st serology: Negative

2nd serology: IgM Coxiella Burnetii positive.

### Results:

*Diagnostic impression: Q Fever*

The patient was treated with Doxycycline for two weeks before the serological confirmation of the disease because of the high suspicion of zoonotic infection given her laboral background, with significant improvement in the first 2 days. No further abnormalities were found.

### Conclusions:

For the correct diagnosis of this patient illness, it was absolutely necessary to do a correct clinical history to find her particular background and risk factors which exposed her to a zoonotic infection. Moreover, it is important to know that a first negative result of a first serology does not rule out infection and must be repeated at least 2 weeks later if the clinical suspicion is significant.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1521

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

Workshop

### How do we treat our atrial fibrillation patients?

Pedro-Rafael Martinez-Lopez<sup>1)</sup>, Elena Pacheco-Lorenzo<sup>2)</sup>, Sergio Perez-Gonzalez<sup>2)</sup>, Lucia Ocaña-Martinez<sup>1)</sup>, Irene Roldan-Gomez<sup>1)</sup>, Gerardo-Andres Boillat-Oriani<sup>1)</sup>, Jose-Carlos Perez-Sanchez<sup>1)</sup>

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### Objective:

Studying how the therapeutic approach is in our patients with permanent nonvalvular atrial fibrillation with a CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 0 or 1 in Primary Care.

### Methodology:

Design: A cross-sectional, observational study carried out in two Urban Health Centers.

Study population: Patients diagnosed with permanent nonvalvular atrial fibrillation with a CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 1 or 0 in our urban health centers.



**Inclusion criteria:** Patients of eighteen years or over diagnosed with permanent nonvalvular atrial fibrillation with a CHA<sub>2</sub>DS<sub>2</sub>-VASc score lower than 2 scale.

**Exclusion criteria:** Patients diagnosed with paroxysmal atrial fibrillation, patients with mechanical heart valves or those diagnosed with severe mitral valve disease, patients with pathologies that require the use of continued anticoagulant or antiplatelet treatment, patients with comorbidities that contraindicate the use of anticoagulation or antiplatelet and terminal disease.

**Sampling technique:** Systematic random sampling. Sample size n = 142 patients (95% confidence level, 80% statistical power). Variables: age, sex, scope, professional that indicate the treatment, quota belonging, years of disease evolution, treatment time, comorbidities.

**Statistical analysis:** Descriptive analysis of quantitative and qualitative variables and bivariate analysis. To control the possible confusing variables, we will perform a multivariate analysis using a multiple logistic regression model.

### **Applicability:**

- Clarify and establish the therapeutic attitude to be followed in patients diagnosed with permanent nonvalvular atrial fibrillation.
- Detect difficulties or reasons why there is not an adequate follow-up or treatment in Primary Care of certain patients with atrial fibrillation.
- Contribute to scientific knowledge.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 1527**

#### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

#### **Presentation form / Präsentationsform**

ePoster

### **Things are not always what they seem - hematuria's differential diagnosis**

Joana Teixeira e Silva, Helena Brandão, Carla Longras, Raquel Reis Lima, Nídia Silva  
*Lagoa Family Health Unit, Matosinhos Local Health Unit, Matosinhos, Portugal*

**Background/Aim:** Exercise is one of the many causes of hematuria. Exercise-induced hematuria can be defined as gross or microscopic hematuria that occurs after strenuous exercise and resolves with rest in individuals with no apparent underlying kidney or urinary tract pathology. The aim of this case report is to discuss the differential diagnosis of hematuria and to convey that symptoms can be misleading.

**Results:** 63-year old male, with no relevant diseases or chronic medication and no known allergies, who presents in October 2019 to an acute care appointment with gross hematuria after running, with no other urinary symptoms and a negative Murphy sign. Renal ultrasound, blood renal function analyses and cessation of exercise were advised. The ultrasound showed multiple kidney stones in the left inferior renal region. This is a case of probable hematuria secondary to the kidney stones, aggravated by post-exertional dehydration. A CT scan was requested for characterization, and the patient was made aware of any signs that should make him seek emergent medical help and a Urology consultation was requested.

**Conclusions:** In many patients, particularly young adults, hematuria is transient and of no consequence. However, there is an appreciable risk of malignancy in older patients with hematuria, even if transient. Hematuria may be a symptom of an underlying disease, some of which, can be life threatening and some of which may be treatable. It is important to be aware of the different diagnostic possibilities even when the symptoms make one diagnosis seem obvious.



Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1541

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### What is more important: language or communication?

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Effective doctor-patient communication is an important clinical function in building a therapeutic doctor-patient relationship.

This case is about a man, 60 years old, from Ukraine, that is working in a factory in Portugal, with great difficulties in speaking Portuguese. He goes to his local medical centre on the 18<sup>th</sup> July 2019 for the first time with a knee pain for about 6 months, with mechanical characteristics. For its skinny and pale appearance and because there were no physical examination records, it is suggested to the patient to be weighed which causes an admiration: he raises his hands to show that he had lost 10 kilograms in about 2 months. He points to his neck and it is perceptible that he suffers from dysphagia too. During the observation, he coughs several times. Pulmonary auscultation reveals diminished breath sounds at the base of the right lung. He has no family in Portugal. In order to explain the diagnosis plan, a Ukraine doctor is called. At the end of conversation, he smiles and it is clear that he understood and accepts the plan. After all the exams, he is diagnosed with disseminated tuberculosis and amygdala carcinoma and admitted at the hospital.

Doctor's communication and interpersonal skills allow the comprehension of patient's perceptions, feelings and fears. The physical exam begins at the first moment you see the patient. In this case, and besides the language barrier, the communication was still possible and the patient was correctly diagnosed.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1548

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### Use of urine dipstick and cyto-bacteriological analysis for the management of community-acquired urinary tract infections in Tunisia

Skander Essafi<sup>1, 2)</sup>, Lahmer Nahla<sup>1, 3)</sup>, Lataief Omezzine Amel<sup>2, 1)</sup>

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<sup>3)</sup>Primary healthcare center Oued Blibene, Sousse, Tunisia

### Background:



Urinary tract infection (UTI) is a common condition in general practice and the second cause for antibiotic prescription. In Tunisia, national guidelines have been developed and validated to support general practitioners in their daily diagnostic decision and prescription(1). There is a need to evaluate diagnostic strategies in this common infection to help effective antibiotic stewardship actions.

### Methods:

This descriptive cross-sectional study included all consenting GPs in Sousse, Tunisia, who treated patients for a UTI from June–September 2019. The appropriate use of urine dipstick tests and cultures for diagnosing UTIs was evaluated.

### Results:

330 prescriptions were included from 76 GPs; 58% of the GPs reported having read the guidelines. The mean age of patients was 47 years old. Low-risk (female) cystitis was the most common diagnosis (n=211, 69.4%). Urine dipstick tests were appropriately indicated in 21.8% (n=46) for cystitis. Urine cultures were ordered in 60.3% (n=199) of patients. Urine culture order was appropriate in 73.7% (n=88) of patients with risk of complication and inappropriate in 52.6% (n=111) of low-risk patients. 15.8% (n=12) GPs reported issues with dipsticks, these included availability and cost. 8% (n=6) GPs reported issues with urine cultures.

### Conclusions:

Adherence to Tunisian national guidelines for diagnosing UTI patients is low, and may be improved by increasing the availability of diagnostic tools and encouraging Continuous Professional Development for GPs. Higher adherence to guidelines could reduce the cost of diagnostic tools and minimise antibiotic resistance.

### References:

1. STPI Recommendations tunisiennes de prise en charge des infections urinaires communautaires 2018. Available at: <https://tinyurl.com/wv5kf52>

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1585

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## 40 Years of Newborn Screening for Metabolic Diseases

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**Introduction:** The National Programme for Newborn Screening of Metabolic Diseases began in 1979, at the initiative of the Medical Genetics Institution. Firstly it included the screening of Phenylketonuria. Its goal is early detection and intervention in newborns affected by diseases that, although rare, have significant health implications. Currently, the programme's headquarters is the Instituto Nacional de Saúde Doutor Ricardo Jorge. The department responsible for the screening analyses more than 400 samples from hospitals and health clinics all over the country.

**PURPOSE:** Review of the Newborn screening and early diagnosis programme when it comes to its characteristics and technical features, reinforcing the importance of Primary Care physicians and nurses in early intervention.

**Methods:** Revision of the National Programme for Newborn Screening - main features and strategies for the correct collection and handling of blood samples.



**DISCUSSION:** The Newborn Screening celebrated in 2019 forty years of existence and since then the span of screened diseases has increased significantly. It made it possible for early detection, intervention and treatment of newborns affected. The errors committed during blood sampling might compromise a correct blood analysis which can lead to delayed diagnosis and worsening of prognosis.

**Conclusion:** The Newborn Screening Programme allows for the diagnosis of 24 inborn errors of metabolism, congenital hypothyroidism, cystic fibrosis, with the perspective of increasing its span to more diseases. The accurate knowledge about the screening and the correct approach to sampling are fundamental for the identification of these diseases leading to early intervention and treatment.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1602**

### **Abstract subtopic / Abstract Unterthema**

#### 1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

ePoster

### **Ovarian torsion: an unusual cause of lumbar pain.**

Beatrice M Morna Bejenaru<sup>1)</sup>, Laura Arbones Fincias<sup>2)</sup>, Laura Ruipérez Guijarro<sup>2)</sup>

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<sup>2)</sup>Primary Health Care Center Viladecans 2, Catalan Institute of Health, Viladecans, Barcelona, Spain

### **Case report:**

A 34-years-old woman consulted for sudden and intense left lumbar pain, without radiation for 2 days. No complains of abdominal pain, urinary symptoms, vomiting or fever. Treated as a backache with anti-inflammatories, the pain increases and on the 3-rd day radiates to lower abdomen and pelvis and presents nausea. On palpation the abdomen was soft, no rigidity and was felt a painfull ovarian mass. Referred to Emergency, the ultrasonography revealed ovarian cyst on the left side, which was twisted. Ovarian cystectomy was performed by laparoscopy.

### **Discussion:**

Ovarian torsion refers to partial or complete rotation of the ovary and the fallopian tube along its vascular pedicle, resulting in ischemia. Occurs at all ages, more on the right side (60%), in presence of cysts or ovarian mass, usually benign and over 5 cm diameter.

Most common symptoms are acute lower abdominal pain lasting for a few hours, vomiting, fever, and local abdominal tenderness. The intensity of pain increases with time and may radiate from lower abdomen to back and thigh. In some cases, nonspecific symptoms mimicking gastrointestinal cause or low back pain, as in our case, may lead to delay in diagnosis, infarction and ovary necrosis.

It is an emergency condition requiring immediate surgery to preserve the ovary and avoid complications such as cyst rupture, peritonitis, sepsis and adhesions.

### **Conclusion:**

Ovarian torsion is a rare but emergency condition to be taken in consideration, especially in nonspecific symptoms, in order to avoid the delay in the diagnosis.

Conflict of interest / Interessenkonflikte  
no / nein



**Contribution ID: 1607**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**Prevalence of cardiovascular risk factors in primary care units**

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**Grounding:** The burden of Atherosclerotic Cardiovascular Disease (ASCVD) and ASCVD risk factors remains high. Primary health has an important role in all levels of prevention, earlier recognition, diagnosis and management of the ASCVD risk factors.

This study evaluates the prevalence of ASCVD risk factors in adults in two primary care units.

**Methodology:** Observational, analytical and multicentric study. Data collected from MIM@UF® system from November 2019. Data from 2 units. Variables: sex; age range (18-44, 45-64, ≥65 years); ICPC-2 code K86 and K87 (Hypertension); 15 (Chronic alcohol abuse); P17 (Tobacco abuse); T82 (Obesity); T89 and T90 (Diabetes) and P93 (Lipid disorder).

**Results:** Patients with at least one ASCVD risk factor was 86,2% in Unit A (6828 patients) and 90,6% (7720 patients). In Unit A, the prevalence of alcohol abuse, smoking and obesity was higher in men, 89%, 65% and 60%, respectively, unlike the other risk factors. The same is observed in unit B, except in obesity. Diabetes is almost equal between gender in both units (Unit A: 51% men and 49% women; Unit B: 48% men and 52% women). Alcohol abuse, smoking and obesity have higher prevalence rates between 45 to 64 years old unlike hypertension, diabetes and lipid disorder which are higher above 65 years old.

**Discussion and conclusion:**

The number of adult patients with ASCVD risk factors is higher than 85% in both units. Adopting a team-based care approach and engaging patients in shared-decision could help identify and address potential barriers of pharmacological and non-pharmacological treatment.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1624**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**Angioedema that doesn't respond to treatment**

Maria Angels Piñar Mateos, Pedro Aparicio Ruiz de Castañeda, Ricardo Manuel Paim, Elisabet Güell Figa, Maria Antònia Bonany Pagès, Elena Soriano Suárez, Cristina Iglesias Carrion, Maria Carrillo Camps, Laura Haro Iniesta, Agnès Casademont Aradas  
EAP Figueres, ICS, Figueres (Girona), Spain

**Background:** Angioedema is a common pathology seen in primary care and emergency. The usual treatment consists of antihistamines, corticosteroids and epinephrine. It's important to protect the airway.



**Case discussion:** A 31-year-old woman consulted for recurrent attacks of angioedema without urticaria or itch for one year. She presented swelling of the lips, eyelids, tongue, and sometimes genitals, arms or legs, which lasted between 12-24 hours and several days. Some episodes were accompanied by dysphagia and abdominal pain. She worked as Social Educator and there was no family history of angioedema. The attacks get worse during menstruation or in stressful situations. Consulted most of the time at the primary care and emergency. Presented poor response to usual treatment at high dose. The patient was referred to Dermatology: several antihistamines were rotated and skin tests were performed and found to be normal. Due to the little clinical improvement was referred to Internal Medicine: they requested the complement and genetic study, and was finally diagnosed of Hereditary Angioedema (HAE) type III with normal C1-INH. Finally she was referred to Allergology where she is being monitored. She started treatment with Tranexamid acid and Icatibant. In case of acute attack, fresh frozen blood plasma can be used.

**Take Home Message for Practice:** Think about HAE if angioedema does not respond to usual treatment. Ask the patient if there is a family history of angioedema, and don't reject HAE even if it's negative. Drugs such as ACE inhibitors and estrogens should be avoided in HAE.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1634

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Management of dyslipidaemias - what's new in the european 2019 guidelines

Pedro Palma

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Dyslipidaemia is a medical condition affecting over 50% of the Portuguese population. And despite being a multifactorial condition it's everyday becoming more prevalent due to our society current lifestyles.

Here I intent to discuss and review the new ESC 2019 guidelines for the management of dyslipidaemia, as well as highlighting the aplicability of such in the portuguese and european population after a careful reading and analysis of said guidelines.

Due to the high prevalence of this condition on the population and the implications it has on patients with a higher cardiovascular risk, being fully updated and informed about the new developments on this topic becomes extremely important.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1645

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Attention to bone pain of inflammatory origin in primary care

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Ankylosing spondylitis is a group of diseases of an inflammatory nature that are characterized by family aggregation, pathogenic mechanisms, association with HLA-B27 and gastrointestinal and genitourinary infections.

Pathology: Affection of Enthesis affection. Sacroileitis and spondylitis.

Clinic: Joint and extra-articular signs and symptoms chronic inflammation of the entheses and tendency to bone neoformation and ankylosis occurs.

Prevalence between 0.1 and 2.5% and above all is important for its impact on the individual, society and at the socio-health level. Diagnostic delay approx. 6 years.

Inflammatory lumbar pain and peripheral oligoarthritis are recommended, especially of lower limbs, as key data for suspected ankylosing spondylitis.

The first evaluation of a patient with suspected ankylosing spondylitis should include: medical history, physical examination, laboratory analysis (hemogram, biochemistry, GSR, PCR, HLA B27) and radiological study (MR and ecography).

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 1657**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Difficulties in diagnostic process of acute osteomyelitis - clinical case in general practice**

Victoria Tkachenko, Kofi Odei Asare-Ansah

Department of Family Medicine, Shupyk National Medical Academy of Postgraduate Education, Kyiv, Ukraine

**Didactic method** – to describe clinical case of acute osteomyelitis in general practice

**Presented problem:** Incidence of osteomyelitis is approximately 13 in children and 90 in adults per 100,000. Osteomyelitis is more common in males in developing countries and mainly caused by Staphylococcus aureus. Early and specific treatment is important. Management was done according to guidelines for joint syndrome and osteomyelitis of American association of family physicians 2018, American association of radiology on diagnosing and managing osteomyelitis 2016.

**Outcome:** a 69 year old man in outpatient clinic had complains of swollen right hand which was warm to touch and tender. X-ray showed no bone inflammation. Patient was admitted to the trauma unit where he was managed conservatively with analgesics, antispasmodics for 10 days, discharged home without significant changes with referral to rheumatologist. No rheumatological disease was found. General practitioner saw a patient on 30th day of continuous and progressed tender swollen very painful right hand, strict limitation of movements, marked red skin and signs of inflammation, confirmed by elevated Leukocytes, high sedimentation or erythrocytes (above 45) and C-reactive protein levels. X-ray was requested. The osteomyelitis was recognized. The empirical osteotropic antibiotic (clindamycin for 4 weeks) was prescribed



with weekly labtests, which showed reduced level of inflammatory markers which finally normalized on the third week as well as right hand.

**Discussion, home massage:** Osteomyelitis is rare disease that can be missed and lead to chronic process with complications. General practitioners should consider osteomyelitis in differential diagnosis in patient with swollen painful limbs.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1661

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Approach of sexology in clinical practice of Family Doctor

Sofia Garcia W.<sup>1, 2)</sup>, Ana Catarina Fortunato Silva<sup>1)</sup>, Ana Rita da Silva Pereira<sup>1)</sup>, Paulo José Pina Barreto Augusto<sup>1)</sup>

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<sup>2)</sup>*UCSP Anadia III, Anadia, Portugal*

### Background:

Regarding the holistic and longitudinal approach of the patient, sexual health should be one of the axes of action and prevention in primary care. Beyond the health benefits gained through satisfactory sexuality, there is also an opportunity to do sexual education, preventing sexual transmitted diseases and promoting conscious and safe family planning. Health professionals should be able to handle sexual matters asking simple, straight forward and clear questions, keeping in mind that without asking, the patient may not express doubts or complaints. The Family Doctor has a privileged relationship with patients. Therefore, must be proactive identifying problems related with the experience of sexuality and conjugality, always respecting the individual preferences of each person.

**Target group:** Health professionals, in particular nurses, medical doctors and medical students.

**Didactic method:** Brainstorming concepts of sexuality and training beliefs and values related to sexual health. Brief presentation in powerpoint support concerning the approach to sexuality in a clinical context. Role-play with clinical cases to practice.

### Objectives:

- Characterizing the issues that can affect a relationship at different stages of the life cycle
- Acknowledging of the importance and impact of sexuality on the patient's wellbeing
- Recognition of the difficulties of health professional regarding sexual anamnesis
- Practice communication and diagnostic skills

**Estimated number of participants** – 30

**Brief presentation of the workshop leader:** Sofia Garcia W. - 2nd year training in Family Medicine and Post Graduated in Clinical Sexology by the Portuguese Society of Clinical Sexology. Actually coordinator of a sex education programme amongst high-school teenagers.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1689



## Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## High digestive hemorrhage caused by non-steroid anti-inflammatory drugs (NSAIDs): A case where prevention and iatrogeny are mixed

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NSAIDs are one of the most prescribed pharmacological classes in the treatment of pain and inflammation, representing the first therapeutic line. However, they should be prescribed for the shortest time, with the lowest effective dose and attention to their side effects.

An 84-year-old man, active, with a history of arterial hypertension, dyslipidemia, and chronic venous insufficiency, is first observed on 03/2017, with complaints on left long-standing gonalgia. He was medicated with meloxicam in SOS. Reassessed 1 month later, he was diagnosed with myocardial ischemia and valvular regurgitation. We opted for acetylsalicylic acid (AAS) 100mg for primary prevention.

He return on 02/2018 for uncontrolled and incapacitating gonalgia. He was discharged from hospital because of high digestive hemorrhage due to gastric ulcer caused by NSAIDs. It was determined that he would be taking meloxicam daily and ketoprofen - never prescribed for this patient before. AAS was discontinued and tapentadol was introduced for pain control.

This clinical case aims to highlight the importance of preventing gastrointestinal bleeding associated with NSAIDs. The risk of prolonged exposure of the elderly population to AINE's is well known, but because of the ease of access, class banalization and drug interactions, these cases continue to be prevalent. In all elderly patients, it is essential to have a good drug history, weigh the benefits and problems of drug introduction, have in consideration the gastrointestinal risk factors, promote gastric protection with a proton pump inhibitor and educate the patient for possible side effects on the drug in question.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1691

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Do we treat chronic obstructive pulmonary disease differently in women?

Hervás Amparo<sup>1)</sup>, Vilaseca Josep Maria<sup>1)</sup>, Gené Laia<sup>1)</sup>, Sanchez Nuria<sup>1)</sup>, Cazar Daniel<sup>1)</sup>, Magraner Emma<sup>1)</sup>, Montañola Laia<sup>1)</sup>, Peña Ana<sup>1)</sup>, Fibla Anna<sup>1)</sup>, Garrido Francisco<sup>2)</sup>

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<sup>2)</sup>Software and Administrative Developer, Hospital Vall de Hebron, Barcelona, Spain

### Introduction:



Chronic obstructive pulmonary disease (COPD) is a prevalent and potentially preventable cause of death. The aim is to evaluate if we indicate a treatment specifically based on the characteristics of COPD in women in primary care (PC).

### Materials and methods:

Cross-sectional, descriptive and multicenter study. Inclusion criteria: patients with an active diagnosis of COPD in 2018. Data collection data base of two urban primary centers.

### Results:

There are no differences founded between genders regarding levels of forced expiratory volume in first minute FEV1. A bivariate analysis was performed to find the association between the different existing treatment regimens according Global Initiative for Chronic Obstructive Lung Disease 2009 (GOLD) and gender. In GOLD stage1 patients, there was a statistically significant difference in use long-acting beta2 agonists (LABA) treatment by gender, being more common in men ( $p = 0.038$ ). A statistical difference was found in GOLD stage3 with short-acting beta2-agonists (SABA) treatment, with women being treated more frequently ( $p = 0.009$ ).

### Conclusion:

No differences were found in the risk of stratification for FEV1 in gender with COPD. LABA treatment in patients with GOLD 1 predominates in men. The SABA treatment is more useful among women with GOLD 3. These results may not be conclusive. It seems that it may be necessary to take into account not only FEV1, but also the level of dyspnea and the number of exacerbations in the last year, by the GOLD 2020 recommended.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 1697

#### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

ePoster

### Non-antibiotic prophylaxis in itus - A theme review

Joana Afonso<sup>1</sup>, Gabriela Machado<sup>1</sup>, Yuliya Kuzmyn<sup>1</sup>, Filipe Mateus<sup>2</sup>, Marta Freitas<sup>3</sup>, Mara Silva<sup>4</sup>, Ana Marinho<sup>3</sup>, Diogo Prates<sup>5</sup>, Ricardo Coelho<sup>6</sup>

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### Background:

Urinary tract infections are a major reason for consultation in primary care. Almost a third of women with a urinary tract infection (UTI) will experience at least one recurrence. Recurring UTIs are defined as at least 3 episodes in 12 months or at least 2 episodes in 6 months. Within recurrent UTIs, we can divide: relapses (UTI caused by the same microorganism after adequate treatment) or re-infections (UTI caused by a different microorganism or by the same after adequate treatment).

Re-infections can be managed with low doses of antibiotic prophylaxis, a short course of antibiotic therapy after the onset of symptoms or post-coitus antibiotic prophylaxis.



Prophylactic antibiotic therapy is effective but leads to increased antibiotic resistance by microorganisms and side effects.

### Questions:

This review aims to systematize all non-antibiotic therapies and understand the degree of evidence that supports their use

### Methods:

As such, we proceeded to a bibliographic review of the topic at pubmed with the terms: non-antibiotic strategies; prevention and control; urinary tract infections

### Outcomes:

There are prophylaxis where colonization is prevented such as estrogens (topical estrogens have been shown to increase the colonization of lactobacilli from 20-30% to 60-100%), specific lactobacilli that have been shown to be able to interfere with adherence, growth and colonization uropathogenic bacteria.

Other non-pharmacological prophylaxis act in terms of adherence prevention, such as cranberry juice (with contradictory results) and daily intake of D-Mannose.

### Discussion:

There aren't so many studies that support these therapies and their use should be considered on a case-by-case basis

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1701

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

## Identification and monitoring of Psychoactive Consumption in General Practice

Inês Pereira

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**Introduction:** Portugal has a prevalence of consumption of psychoactive substances, namely cannabis, heroin and cocaine above the European average, also showing a high consumption of alcohol. The Regional Association for Rehabilitation and Socio-Cultural Integration of the Azores, ARRISCA in portuguese, is a social intervention institution whose mission is to promote the reduction of consumption of psychoactive substances, the prevention of addictive behaviors and the reduction of dependencies, as well as promoting scientific, technical, organizational and ethics of practice in psychosocial rehabilitation and socio-cultural integration.

**Goal:** Identify risky consumption and accompany psychopharmacological therapy and family and social reintegration, in order to promote the health of the individual and his family. .

**Description:** ARRISCA develops its activities in treatment programs, namely opioid substitution, with Methadone or Buprenorphine, and alcohol deprivation, as well as. Medical consultations to users who perform the treatments there with a view to promoting the treatment of withdrawal syndrome, stabilization, dose adjustment, transfer, discontinuation of treatment programs with opioid agonists, referral to psychiatric consultation and treatment or referral of other medical pathologies.

**Discussion:** Since there are patients followed in different treatment programs over several years and with a significant impact in the social and family context, this pathology should be seen as chronic and frequently



addressed in the evaluation of general and family medicine, so that the family doctor know and understand the psychosocial problem of abusive consumption and how it affects the individual and family dynamics.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1715

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Doctor, my legs are swelling

Alejandra Marco Rodríguez<sup>1)</sup>, Enrique Nieto Pol<sup>1)</sup>, Borja Jiménez Ormabera<sup>2)</sup>, Anyhela Karin Lozada García<sup>3)</sup>

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**Background:** Graves-Basedow disease is an autoimmune disease that may consist of hyperthyroidism, diffuse goiter, orbitopathy, and/or pretibial myxedema.

**Questions / Discussion Point:** What is the differential diagnosis of a limb edema?

**Content:** A 46-years-old woman complains about lower limbs edema and dyspnea since one week. She was lying in bed because of a stomach flu in the last few weeks. Physical examination: 35.8°C, SpO<sub>2</sub> 99% and non-pitting edema in both lower limbs. Pulmonary and cardiac auscultation were anodynes. She was sent to the emergency department where a deep vein thrombosis, pelvic vein thrombosis, pelvic compression and chest pathology were ruled out. The patient also complains about weight loss, palpitations, tremors and heat-intolerance. Thus, she is sent to an endocrinology consultation where complementary tests were performed. A blood test with TSH<0.01, T<sub>4</sub> 4.79, thyroid ultrasound which shows an enlarged gland with increase flow on Doppler-ultrasound and thyroid gammagraphy with high and homogeneous technetium-99m-recruitment, confirms Graves-Basedow disease. Treatment with high doses of methimazole and beta-blocker was started. High doses of antithyroid drugs were needed to maintain euthyroid status. Besides, the patient develops orbitopathy. Due to the patient's condition, bilateral total thyroidectomy was performed as definitive treatment.

**Take Home Message for Practice:** Graves-Basedow disease may be a very complicated diagnosis in case it is not considered in differential diagnosis. Non-pitting edema and hyperthyroid symptoms were the key in this clinical case which can be generally suspected in the primary care consultation.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1727

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### Pregnancy and bell's palsy – a two faced case report

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<sup>3)</sup>Casa dos Pescadores Family Health Unit, Póvoa de Varzim, Portugal

**Introduction:** Bell's palsy (BP) is an acute peripheral facial nerve paralysis of unknown cause. During pregnancy, the risk of developing the disease triples, particularly in the third trimester and first week postpartum. The diagnosis is clinical, usually presenting with a unilateral progressive paralysis of the facial muscles. Prompt treatment with short-term oral glucocorticoids improves the prognosis. The present case report emphasizes the need for general practitioners (GP) to have a heightened awareness of BP clinical features.

**Case presentation:** A 27-year-old gravida-2 para-0 (1 miscarriage) pregnant woman at 33 weeks and 4 days of gestation presents to her GP with complaints of right facial paralysis for 1 day that started on the forehead and periorbital area and progressed downward, affecting the right eye occlusion. On examination, the patient demonstrated an inability to close her eyelid as well as generalized weakness of her right face, including her forehead, flattening of the right nasolabial fold and ipsilateral labial commissure deviation. The patient was diagnosed with BP and began treatment with oral glucocorticoids, artificial tear drops and physical therapy. On follow-up visit after 3 weeks, the described symptoms were noted to improve significantly. The patient remained under follow-up with her GP and physical therapy treatment.

**Discussion:** The regular follow-up of pregnant women and knowledge of both their personal and family history, gives the GP a privileged perspective for detecting pregnancy complications. Early appropriate diagnosis and management of BP is important to reduce the risk of possible complications such as the risk of developing pre-eclampsia.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1735

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### Insists, persists and finds – A case report

Ana Marinho<sup>1)</sup>, Mara Silva<sup>2)</sup>, Filipe Mateus<sup>3)</sup>, Marta Freitas<sup>1)</sup>, Joana Afonso<sup>4)</sup>, Ricardo Coelho<sup>5)</sup>, Diogo Prates<sup>6)</sup>, Gabriela Machado<sup>4)</sup>, Teresa Raposo<sup>7)</sup>, Teresa Peneda<sup>1)</sup>

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**Didactic method:** Atherosclerosis is a disease with slow evolution and multifactorial etiology. It's characterized by the formation of atheromatous plaques.

**Presented problem:** A 59 years old female patient with history of uncontrolled arterial hypertension due to poor therapeutic adherence, dyslipidemia, depression, smoker and sedentary lifestyle presented with chest pain that gets relief with rest with months of progression and a nervous sensation.



**Management:** On physical examination persistent high blood pressure. Laboratory results didn't show alterations, echocardiogram reported mild aortic valve regurgitation and 64.3% ejection fraction (previously known) and inconclusive exercise stress test. Myocardial perfusion scintigraphy revealed a small, reversible, doubtful perfusion defect for antero-apical ischemia in stress. The patient was referred to cardiology where cardiac catheterization was requested.

**Outcome:** The coronary angiography disclosed a 80% stenosis on circumflex second marginal and 80% stenosis on right coronary middle segment and anterior descending. Angioplasty with stent placement was performed. The patient started clopidogrel and aspirin with symptoms relief.

**Discussion point:** Atherosclerotic diseases symptoms start when the growth or rupture of the plaque reduces or obstructs the blood flow. In Western societies, atherosclerosis is a major cause of death related with heart attack and stroke.

**What we can learn from this:** It is up to the family doctor to maintain a high suspicion and not be satisfied before clarifying the etiology of the symptoms, valuing the clinical history and knowledge of the context, as well as working on the prevention of risk factors.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1743

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

Lecture / Vortrag

### Can we improve our referrals to Cardiology? Impact of a massive care continuity project.

Jose-Miguel Bueno-Ortiz<sup>1, 2)</sup>, Noelia Fernández Villa<sup>3)</sup>, Ángel Baeza-Alcaraz<sup>3)</sup>, Francisca-María Muñoz-Franco<sup>3)</sup>, Andrea Hernández-Costa<sup>3)</sup>, Isabel-Beatriz González-Riquelme<sup>3)</sup>, Antonia Ballesta-Cabrero<sup>3)</sup>, Mariana Villaescusa-Pedemonte<sup>3)</sup>, Domingo-Andrés Pascual-Figal<sup>3)</sup>, Sergio Manzano-Fernández<sup>3)</sup>

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**Introduction:** CarPriMur project <https://carprimur.com/> includes different training activities (face-to-face and online courses), care activities (high-resolution consultations, the availability of a teleconsulting system and the role of a consultant cardiologist) and community activities. Our aim was to assess the referrals (R) appropriateness from Family Doctors (FD) to Cardiology before and after its implementation

**Methods:** We compared the R made from FD to Cardiology in 10/2017 and 10/2018 (before and after CarPriMur implementation). 14 primary healthcare centers from a 252,985 inhabitants Health Area were included. The primary outcome was R appropriateness, assessed by a cardiologist and a FD according to CarPriMur local consensus guidelines. If disagreement, a third practitioner was consulted.

**Results:** N=469 R. After assessment, 267 (60.7%) were considered appropriate, 173 (36.9%) inappropriate and 29 (6.2%) unclassifiable. Comparing both periods, the number of R was significantly reduced after the project implementation (327 in 10/2017 vs. 142 in 10/ 2018;  $p < 0.001$ ). Moreover, most of inappropriate R were made before the project implementation (136 (78.6%) 10/2017 vs. 37 (21.4%) 10/2018). Inappropriate R were reduced by 17.5% 10/2018, compared to 10/2017 (44.7% vs. 27.2%;  $p < 0.001$ ), leading to reduction of 99 inappropriate R (136 vs 37;  $p < 0.001$ ).



**Conclusions:** The implementation of this kind of projects not only reduces the total of R from FD to Cardiology, but also significantly increase the percentage of the appropriate ones. These results highlight the importance of these projects for care continuity improvement and for an efficient use of healthcare resources.  
Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1749

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Profile of patients medicated with statins in a Familiar Health Unit

José Marques, Rita Cunha, Rafaela Cabral, Inês Santos, Paula Rodrigues, João Figueiral, Rita Esteves, Teresa Camurça

ACeS Dão-Lafões, Viseu, Portugal

### Grounding:

Statins are, nowadays, widely prescribed because of the importance of lowering blood lipids to prevent cardiovascular diseases. Recent studies revealed the importance of even lower targets of LDL in patients with diabetes mellitus.

### Aim:

The objective of this investigation work was to understand the profile of patients medicated with statins in a Familiar Health Unit (FHU) and to understand if those patients are reaching the LDL targets needed to its own cardiovascular risk.

### Methodology:

Data were collected from 5 family physician files in a FHU of statin-medicated patients (statin type and dose). The cardiovascular risk of each patient was calculated through their comorbidities and SCORE criteria. Following this, each patient specific LDL targets were compared with their most recent LDL cholesterol value.

### Discussion and Conclusion:

A total of 1207 statin-treated patients were obtained. The most commonly used statin was atorvastatin, followed by simvastatin and rosuvastatin. By individually analyzing each patient's LDL value it was found that 83% of the medicated patients were not meeting the LDL target criteria for their specific cardiovascular risk. From this 91% of diabetic patients were not reaching their LDL target.

It is important to intensify treatment with statins to reach the indicated targets for each level of cardiovascular risk. To achieve this task it may be necessary to increase the prescribed statin dose or to switch to a higher intensity statin type. After this analysis we intend to carry out in the future a work of quality improvement.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1755

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### Evaluation of cough in adults – a narrative review



Raquel Castro, Beatriz Abreu Cruz, Sofia Cavaco Raposo, Tiago Villanueva, Carla Cardoso, Mariana Sousa Silva

*USF Reynaldo dos Santos, Lisbon and Tagus Valley Regional Health Administration, ACES Estuário do Tejo, Póvoa de Santa Iria, Portugal*

**Aim:**

Systematize cough approach in adults.

**Methods:**

Research for articles in English on Pubmed with the terms "cough management".

**Results:**

A cough as a symptom is a frequent manifestation in the context of primary care. Estimating the duration of cough is the first step in narrowing the list of potential diagnoses. It can be divided in acute cough (less than 3 weeks), subacute cough (between 3 and 8 weeks) and chronic cough (more than 8 weeks).

The cause of the cough can be determined by identifying typical characteristics in the patient history, eliminating alternative causes and response to therapeutic trial attempts.

For acute cough, the most common causes are: respiratory infections (mainly viral) and exacerbations of underlying diseases such as asthma and chronic obstructive pulmonary disease (COPD).

For subacute cough, the most common causes are: postinfectious cough and exacerbation of underlying diseases such as asthma or COPD, and upper airway cough syndrome (UACS).

For chronic cough, the most common causes are: UACS, gastroesophageal reflux disease/laryngopharyngeal reflux disease, asthma and nonasthmatic eosinophilic bronchitis. Other potential causes are angiotensin-converting enzyme inhibitor use, sitagliptin use, environmental triggers, tobacco, COPD and obstructive sleep apnea.

It is important to be aware of red flags in search of a potentially life-threatening condition, as well as clues for environmental and occupational factors that might be contributing to the cough.

**Conclusion:**

Cough is a frequent manifestation in the medical office and the duration of cough should lead us to a diagnosis.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1759**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**Doctor I've stopped seeing**

José María Fernández González, Hector Leonardo Lugo Ramos, Sara Ríos Gómez Urgencias, *Hospital de Jerez, Jerez, Spain*

**Background:**

A 73-year-old woman with no allergies and a history of high blood pressure and atrial fibrillation. In treatment with Candesartan, Rivaroxaban and Furosemide.

**Questions:**

Go to the emergency room for a sharp decrease in vision that had begun 6 hours earlier and which improved later without regaining previous vision. No other neurological alteration was objectified.



## Methods:

In consultation the patient is well hydrated and eupneic. Blood pressure: 159/96. Oxygen saturation: 95%. Cardiac auscultation: arrhythmic at 90 beats per minute. Neurological exploration: oriented in time, space and person. Normal language. Preserved eye movements. It is objective left-eponymous homonymous hemianopsia. Strength and sensitivity are preserved.

## Outcomes:

Uncharmless blood tests.

Electrocardiogram: atrial fibrillation at 90 beats per minute.

It is derived to ophthalmology for titration, where ocular pathology is ruled out.

## Discussion:

In the differential diagnosis of acute decrease in sudden onset vision, it is important to take into account: Retinal detachment. Occlusion of the central artery/vein of the retina. Vitreous hemorrhage. Ischemic optic Neuritis. Hemianopsia homonymous. Tumors or abscesses of the central nervous system.

The patient returns to the emergency room with the same clinic, so cerebral CT is requested: acute/subacute right occipital ischemic infarction.

## Clinical Judgment:

Acute/subacute right occipital ischemic infarction, probably of cardio-embolic origin.

## What we can learn from this:

The final diagnosis would consist of a left eponymous hemianopsia due to acute/subacute right occipital ischemic infarction likely of cardio-embolic origin, in a patient with a prior atrial fibrillation and poor adherence to treatment.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1763

### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Got crooked

Teresa Coelho, Ana Torres

*Unidade de Saúde Familiar Mactamã - Sintra - Portugal, Massamá Sintra Portugal, Portugal*

This case reviews different perspectives on Peyronie's Disease (PD). On one hand, it brings up patient-physician communication as a therapeutic agent. On the other hand, it reviews PD's approach.

It reports to a 68-year-old man with hypertension, dyslipidemia, fasting blood glucose abnormality, who's been bothered with a certain symptom for a long time. The patient consulted his General Practitioner (GP) and told her there's a penile deviation during erection, for years now. The patient denies erectile dysfunction, premature ejaculation, LUTS.

The patient emphasizes there's great emotional burden associated with the symptom, not only due to anxiety, but also because of his age and given the fact the GP is a woman. The GP immediately reassured the patient, clarifying the diagnosis. The GP also suggested an Urology appointment. The patient felt relieved for being able to communicate with his GP.

PD is an acquired fibrotic disorder of the penis albuginea tunic resulting in deformity. It may cause pain and erectile dysfunction. There's a prevalence of 0.4-9%, affecting men over 50. Risk factors described: trauma,



genetic predisposition, smoking, alcoholism, diabetes. PD presents with penile pain, palpable plaques and curvature deviations. Most patients experience decreased penile stiffness.

The diagnosis is mostly clinical. PD is disabling, leading to quality of life loss. Treatment may be medical (Pentoxifylline) or surgical (penile curvature correction).

Lastly, this case reviews the medical approach on PD and illustrates the importance of patient-physician communication. The initial medical approach may constitute a therapeutic moment as described by this patient.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1794**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **Facial swelling - an usual starting point**

Inês Moura

*ARS Norte, Vila Nova de Gaia, Portugal*

### **Background:**

Facial swelling has different etiologies, one of the most frequent is related to dental pathology. The range is diverse, from congenital causes to acquired ones and as a manifestation of an underlying systemic disease. The clinician must have a thorough knowledge regarding this subject.

### **Description:**

A 73 years old men with multiple comorbidities presented with hemifacial edema and a ulcerated lesion in the gingival mucosa. After a biopsy a Lichen Planus was assumed. There was an initial improvement followed by a new decline which led to new investigations including a biochemistry, serology and Cranioencephalic CT. With the suspicion of an auto-immune disease the patient was referred to the secondary care where the definite diagnosis of Sarcoidosis was made.

With increasing doses of corticotherapy there was a clinical improvement but also a decline due to side effects and decompensation of comorbidities. After 1 year of follow up, the patient shows signs of neurological involvement with loss of strength in the lower limbs and with a rapid decline in functionality.

### **Discussion:**

Sarcoidosis is characterized by the formation of non-necrotizing epithelioid granulomas of an unknown origin. It usually presets with multiorganic manifestations. The oral mucosa involvement is rare. This report reveals jugal sarcoidosis as the primary manifestation of this disease.

The multiple comorbidities and the rapid evolution of the disease presents as a challenge to the multidisciplinary team that follows this patient with the increasing complexity regarding the patient, the disease, as well as social and familiar aspects

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1795**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien



## Presentation form / Präsentationsform

Workshop

## Recent developments in gastroenterology in primary care

Juan Mendive

*European Society for Primary Care Gastroenterology (ESPCG), London, United Kingdom*

### ESPCG Workshop

#### WONCA Europe, Berlin 24-27 Juny 2020

**Title:** Recent developments in gastroenterology in primary care:

**Objectives:** To present the state of the art in different gastrointestinal problems with special interest in a practical management of them from a primary care perspective.

**Methods:** Different lectures presented by ESPCG members from different European countries will be presented with possibilities for debate and discussion with attenders.

#### Structure and items:

Chair: Dr. Juan Mendive, President ESPCG. Introduction by Chair

1. **Upper GI disease: new developments in management of reflux, ulcer and Helicobacter Pylori.** Lars Agreus, Division of Family Medicine and Primary Care, Stockholm, Sweden
2. **Infectious GI disease in primary care; everything under control?** Knut Arne Wensaas, Dept of Gen Practice, Bergen, Norway
3. **Timely diagnosis of GI cancer in primary care: can we improve?** Prof Niek de Wit, dept of General Practice, Julius Center, UMC Utrecht, the Netherlands
4. **Managing the NASH epidemic: what is the role of primary care?** Dr Christos Lionis, Dept of General Practice, University of Crete, Greece
5. **Irritable Bowel Syndrome: the evidence arena.** Prof. Jean Muris. Dept. of General Practice. Maastricht University, the Netherlands
6. Discussion

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 1802

#### Abstract subtopic / Abstract Unterthema

1.1. Diagnostic strategies / Diagnostische Strategien

#### Presentation form / Präsentationsform

ePoster

## Adrenal insufficiency induced by cortisone injection

Marilena Constantin

*Family Medicine, "Dr. Victor Babes" Diagnosis&Treatment Centre, Bucharest, Romania*

### Introduction:

Primary care is the first contact with the patients. Medical history and physical examination guide us to further investigations in order to establish an accurate diagnosis.

### Case presentation:

We report a case of a 45 years old female patient who came to my office for asthenia, muscle and bone pain, face and lower limbs edema, transpiration, facial erythematopustulous exanthema. One month before patient had received treatment for shoulder pain. She didn't mention any corticoid treatment. I recommended her



blood tests which revealed leucocytosis, hyperglycemia, glucosuria. Clinically the patient had sign of cortisone impregnation so I recommended her cortisolemia which revealed a very low level of cortisone. Patient was referred to endocrinologist who suspected cortisol suppression. To another discussion with the patient she remembered that she received a cortisone injection in her muscle one month ago. Tests recommended by endocrinologist showed low cortisol, ACTH, DHEA-S, testosterone. At present the patient is under endocrinologist follow-up. She is under the treatment with cortisone and vitamin D.

### **Discussion:**

This presentation discusses about adrenal insufficiency in a patient with signs of cortisone impregnation (muscle and bone weakness, hyponatremia, transpiration, facial exanthema). Excessive exogenous glucocorticoid gave her Cushing's aspect and induced suppression of the hypothalamic-pituitary-adrenal axis. Clinical exam guided us to specific recommendations.

### **Conclusion:**

This case proves that medical history and clinical exam still represent an important clue in establishing the diagnosis in primary care.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 1817**

#### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

#### **Presentation form / Präsentationsform**

ePoster

### **The Importance of Being Vigilant**

*Claudia Leão, Daniela Oliveira, Joana Brito, Gwladys Louro, Maria Gato, Inês Roma  
USF Planície, Évora, Portugal*

Small renal masses are a common diagnosis with the rise in accessibility of imaging studies, and have led to an increase in renal surgery, with little influence on the mortality rate from renal cancer. An active surveillance approach is regularly the primary care way of managing these masses, pondering the referencing of the patient to urology according to the evolution of the mass in size and probability of malignant disease (according to the Bosniak scale), in an effort to avoid unnecessary surgery and subsequent morbidity.

Male, 65 years, history of Lynch Syndrome, followed in Primary Care with imaging studies because of the risk of neoplasias.

A routine exam in 2012 found a small renal mass, compatible with simple cyst, for which he maintained regular surveillance. 6 years later, an abdominal TC reveals a larger mass (5.8cm), multiloculated cyst with significant contrast highlight - probable Bosniak IV cyst. The patient was sent to urology, and a renal MRI revealed multiple small, simple cysts bilaterally, and confirmed a left cortical formation with 53x41mm, multiple septa, compatible with a Bosniak IV. A total nephrectomy was performed after the initial tumorectomy resulted in a post-surgery abscess, and histology revealed an intracystic clear cell renal carcinoma.

Active surveillance is a correct approach to small renal masses with low malignant probability and can be performed in a primary care setting, however it demands a continuous monitoring and also active referencing in case of any significant alteration, so the potential intervention is timely and effective as possible.

Conflict of interest / Interessenkonflikte  
no / nein



**Contribution ID: 1827**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**Upper tibia osteosarcoma in a 20 year - old female, the importance of early diagnosis. Case report.**

Anna Holub, Javier Marante Fuertes, Elvira Pacheco Vázquez

*DCCU, Dispositivo de Apoyo - DCCU Cádiz - La Janda, Spain, CADIZ, Spain*

Osteosarcoma is the most common bone tumor in children and young adults and is the third most common cancer in adolescence, occurring less frequently than only lymphomas and brain tumors. Can be classified as high - grade, intermediate grade or low- grade. It is thought to arise from a primitive mesenchymal bone-forming cell and is characterized by production of osteoid. The most common form of treatment is removal of the lesion. Limb-sparing procedures can often be used to preserve function. Chemotherapy can be required to treat micrometastatic disease, which is present, but not detectable in most patients at diagnosis. We present a chondroblastic osteosarcoma of the upper tibia in a 20 year-old female. Diagnosis was confirmed by magnetic resonance imaging (MRI) and histopathology. Neo-adjuvant chemotherapy, en bloc resection of the tumor with ankle arthrodesis, fibular grafting and post-operative chemotherapy was performed. The patient made a full clinical and symptomatic recovery after 2 years of follow-up. However, in many occasions and due to local recurrence limb amputation may be required and its posterior reconstruction. The aim of our work is to put a special emphasis on early diagnosis and multidisciplinary approach in young patients.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1832**

**Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

**Presentation form / Präsentationsform**

ePoster

**BCOR - rearranged- bone tumors. Literature review.**

Anna Holub, Javier Marante Fuertes

*DCCU, Dispositivo de Apoyo - DCCU Cádiz - La Janda, Spain, CADIZ, Spain*

BCOR sarcomas also called Ewing - like are a heterogenous group of tumors that frequently affect pediatric and young adult patients. Accurate classification and distinction from the Ewing sarcoma family of tumor (ESFT) is decisive in patient management. ELS share a significant morphologic, immunohistochemical and clinical overlap with ESFT, thus the differential diagnosis is challenging, especially with atypical ESFT and tumors with unusual immuno-profiles or uncommon clinicoradiological findings. To review BCOR sarcomas and the main clinical, histological, prognostic and treatment options.

We present a clinical case of a 25-year-old male diagnosed of BCOR-CCNB3 Ewing-like sarcoma, who was treated with immunotherapy. This led to a review of this emerging entity. This young male underwent an infracondylar amputation for an undifferentiated fusiform and round cell sarcoma, and was treated with adjuvant chemotherapy and he was followed up. Five months later a CT revealed 4 lung nodules, the FDG - PET CT was positive for metastatic disease; therefore he underwent



thoracic surgery. A year later the CT demonstrated a mass in the superior left lung, a paratracheal implant and another subcarinal mass. He was enrolled in the phase I-II trial with the combination of sunitinib plus nivolumab. In the clinical trial, there was a histologic review with NGS (next generation sequencing) and a genetic fusion BCOR-CCNB3 was identified.

After 8 months of treatment, during which imaging changes were acknowledged, CT revealed progression disease. He was started on chemotherapy. Actually, the patient is stable and has responded to chemotherapy and presents satisfactory response.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1857**

### **Abstract subtopic / Abstract Unterthema**

1.1. Diagnostic strategies / Diagnostische Strategien

### **Presentation form / Präsentationsform**

ePoster

## **Prevention of fractures in the elderly, recommendations during and after confinement Covid-19**

Iker Sierra-Martínez<sup>1)</sup>, Leticia Sierra-Martínez<sup>2)</sup>, Rosario Martínez-Fuerte<sup>3)</sup>, Natalia Sanz-González<sup>4)</sup>

<sup>1)</sup>Traumatology Department, Hospital Medina del Campo (Valladolid), Medina del Campo, Spain

<sup>2)</sup>Valladolid Este Primary Assistance Gerency, Sacyl, Valladolid, Spain

<sup>3)</sup>PILARICA Health Center, Valladolid Este Primary Assistance Gerency, Valladolid, Spain, Valladolid, Spain

<sup>4)</sup>Parquesol Senior Center, JCYL Social Services Gerency, Valladolid, Spain

Traumatologists and family doctors fear an avalanche of fractures that will come with the end of home confinement from the covid-19 pandemic. Fractures that our elders will suffer due to low muscle mass and poor balance. Health education interventions for fracture prevention should be performed.

End of the confinement at home. Tips to prevent fractures:

-The patient will be informed that the state of confinement for a month and a half or more, causes loss of muscle mass and balance. Unless I have taken care of you and have exercised a minimum of one hour a day.

-Before leaving home, you should take a test of your physical condition to determine if you could be a person at risk. Check if you get up from the chairs with one or two hands, if your knee or hip fails, you will be asked to walk a few days with a cane or two with Nordic walking.

-Go out accompanied the first days with a family member.

-Take short walks.

-Try not to carry loads.

-Don't try to gain weight.

-Advise to go to your trusted physical therapist again to evaluate him and give specific exercises for you.

These tips should be included in the follow-up of patients before the end of home confinement, to avoid an increase in the prevalence of fractures.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1883**

### **Abstract subtopic / Abstract Unterthema**



## 1.1. Diagnostic strategies / Diagnostische Strategien

### Presentation form / Präsentationsform

ePoster

### Why medical doctors need to get knowledgeable about the available serologies for Lyme disease: a case report

Gisela Marcelino<sup>1</sup>, João Cerveira<sup>2</sup>, André Teychené<sup>1</sup>, Armand Eichenberger<sup>1</sup>

<sup>1</sup>Private Clinical Practice, Marly, Switzerland

<sup>2</sup>Fribourg's Mental Health Network, Marsens, Switzerland

**Background:** Many diagnostic guidelines have been established to support the diagnosis of Lyme disease, but a recent meta-analysis did not find that 2-tier tests were better than individual tests or vice-versa. Here we present the case of a patient who was diagnosed with the help of immunoblot only, a second-line test which is usually not performed if the first-line test is negative.

**Case report:** A Caucasian Swiss 60-year-old female patient, known for a prediabetes, presented to our clinic with one-week symptoms of migrant polyneuropathy in the L1, L2, L5-S1 right dermatomes. The patient did not recall having been bitten by a tick. The blood analysis did not show any inflammatory syndrome or electrolyte disturbances and a protein electrophoresis was normal. A lumbar and brain MRI did not show any significant discopathy nor signs for a demyelinating or an inflammatory disease. Lyme serologies were performed first with LIAISON® test (Diasorin, Italy) then with *Borrelia* VIRASTRIPE® immunoblot (Viramed, Germany) and a positive IgM result was only obtained with the latter. Therefore, doxycycline 100mg 2x/day was initiated and the symptoms completely resolved after 6 weeks.

**Conclusion:** As shown, it was possible to diagnose this patient and treat her successfully by testing all the available serologies. Furthermore, we were surprised to find out that the IgM sensitivity in neuroborreliosis with the LIAISON® test is only 43.9-46% versus 90-100% with VIRASTRIPE®. Hence, clinicians need to understand the pitfalls of these tests before excluding an active Lyme disease.

Conflict of interest / Interessenkonflikte

no / nein

## 1.2. Call centers and e-health / Callcenter und digitale Lösungen

### Contribution ID: 267

#### Abstract subtopic / Abstract Unterthema

1.2. Call centers and e-health / Callcenter und digitale Lösungen

#### Presentation form / Präsentationsform

Workshop report from the practice / Werkstattbericht aus der Praxis

### Effect of text message reminders to improve medication adherence of hypertensive patients

Yasemin Cayir<sup>1</sup>, Sibel Seker<sup>1</sup>, Yavuzer Koca<sup>2</sup>

<sup>1</sup>Family Medicine, Ataturk University Faculty of Medicine, Erzurum, Turkey

<sup>2</sup>Cardiology, Ataturk University Faculty of Medicine, Erzurum, Turkey

**Background:** Morbidity and mortality are directly related to medication adherence in hypertensive patients (HP).

**Questions:** What is the effect of daily reminder text message on medication adherence of HP?

**Contents:** 71 newly diagnosed HP meeting the inclusion criteria included the study on February-May 2018. Patients were randomized into intervention group (IG) and control group (CG). Daily reminder text message



about medication were sent to patients in IG every morning during a month. Modified Morisky Scale (MMS) was used to evaluate medication adherence at the beginning and end of the study. MMS score and blood pressure in both groups were compared at the end of one month. The mean age was  $47.7 \pm 10.9$  years. There was no statistically significant difference between groups in terms of age, educational status, marital status and BMI ( $p > 0,05$ ). At the beginning of the study, there was no difference between the groups in terms of both mean systolic and diastolic blood pressure, and also medication adherence ( $p > 0,05$ ). At the end of the study, while 36.8% ( $n=14$ ) of CG had medication adherence, 93.9% of IG ( $n = 31$ ) had medication adherence. Medication adherence rate of IG was significantly higher than CG ( $p < 0.001$ ). Moreover, at the end of study, both mean systolic blood pressure ( $125,6 \pm 10,4$ ) and mean diastolic blood pressure ( $79,7 \pm 6,9$ ) of the IG were significantly lower than CG ( $p < 0.05$ ).

**Take Home Message for Practice:** Sending daily reminder text message to the newly diagnosed HP was observed that significantly increased medication adherence.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 273

### Abstract subtopic / Abstract Unterthema

1.2. Call centers and e-health / Callcenter und digitale Lösungen

### Presentation form / Präsentationsform

Lecture / Vortrag

## Healthy ageing through internet counselling in the elderly (HATICE): a multinational, randomised controlled trial

Eric Moll van Charante

*General Practice, Amsterdam University Medical Center, Amsterdam, Netherlands*

The healthy ageing through internet counselling in the elderly (HATICE) trial aimed to determine whether a coach-supported internet intervention for self-management can reduce cardiovascular risk in community-dwelling older people.

**Methods:** This prospective clinical trial among people aged 65 years or over at increased risk of cardiovascular disease randomly assigned participants in the Netherlands, Finland, and France to an interactive internet intervention stimulating coach-supported self-management or a control platform. Primary outcome was the difference from baseline to 18 months on a standardised composite score (Z score) of systolic blood pressure, LDL cholesterol, and body-mass index (BMI). Secondary outcomes included individual risk factors and cardiovascular endpoints.

**Findings:** Among 2724 participants, complete primary outcome data were available for 2398 (88%). After 18 months, the primary outcome improved in the intervention group versus the control group (0.09 vs 0.04, respectively; mean difference  $-0.05$ , 95% CI  $-0.08$  to  $-0.01$ ;  $p=0.008$ ). For individual components of the primary outcome, mean differences were systolic blood pressure  $-1.79$  mm Hg versus  $-0.67$  mm Hg ( $-1.12$ ,  $-2.51$  to  $0.27$ ); BMI  $-0.23$  kg/m<sup>2</sup> versus  $-0.08$  kg/m<sup>2</sup> ( $-0.15$ ,  $-0.28$  to  $-0.01$ ); and LDL  $-0.12$  mmol/L versus  $-0.07$  mmol/L ( $-0.05$ ,  $-0.11$  to  $0.01$ ). Cardiovascular disease occurred in 30 (2.2%) of 1382 patients in the intervention versus 32 (2.4%) of 1333 patients in the control group (hazard ratio 0.86, 95% CI 0.52 to 1.43).

**Conclusion:** Coach-supported self-management of cardiovascular risk factors using an interactive internet intervention is feasible among older persons, leading to modest improvement of cardiovascular risk.

Conflict of interest / Interessenkonflikte  
no / nein



## Contribution ID: 461

### Abstract subtopic / Abstract Unterthema

1.2. Call centers and e-health / Callcenter und digitale Lösungen

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Obtaining patients' medical history using digital devices prior to consultation – first insights into the DASI project

Frank Müller, Eva Hummers, Tobias Schmidt

*Department of General Practice, University Medical Centre Göttingen, Göttingen, Germany*

### Background:

Many practices use patient questionnaires to collect specific information before the consultation. This can include acute medical history, allergies, drug intolerances or previous treatments. However, this information is often not transferred into patients' electronic health records. In the upcoming DASI project, we intend to digitalise this approach and, for this purpose, develop a standardised format for structured medical history data according to current data standards.

### Research Questions / Discussion:

We will assess diagnostic accuracy (primary outcome), satisfaction with treatment and doctor-patient communication if additional information is collected and provided to doctors before the consultation. We will further test in a validation study, if collected patient data are as valid as if collected through a medical interview. Finally, we intend to find out whether the collected data can be used to create predictive models concerning hospital admissions.

### Content:

In the presentation we introduce the evaluation methods of our study, consisting of a pilot, validation and cluster-randomized study, which will start in May 2020 in 20 out-of-hour walk-in clinics ("KV-Bereitschaftspraxen"). In addition, we would like to provide a first look at the intervention.

### Take Home Message:

In DASI we transfer paper based patient questionnaires into the digital age.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 465

### Abstract subtopic / Abstract Unterthema

1.2. Call centers and e-health / Callcenter und digitale Lösungen

### Presentation form / Präsentationsform

ePoster

## e-Consultation – A valuable practice management tool

Mara Silva<sup>1, 2)</sup>, Célia Santos Silva<sup>2)</sup>, André Candelária<sup>2)</sup>, Joana Afonso<sup>3)</sup>, Gabriela Machado<sup>3)</sup>, Ana Marinho<sup>4)</sup>, Marta Freitas<sup>4)</sup>, Filipe Mateus<sup>5)</sup>, Diogo Prates<sup>6)</sup>, Ricardo Coelho<sup>7)</sup>

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## CONTENT

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Organized by  
DEGAM (WONCA Member)





*USF Feijó, ARS LVT, Almada, Portugal*

## Introduction:

Primary Health Care is rooted on the comprehensive and interrelated aspects of physical, mental and social health and wellbeing and it is centred on the needs of individuals, families and communities. In this days Internet is an intrinsic part of our lives and Health cannot be an exception. It is critical to leverage technology and explore new ways of patiente-doctor's communication.

In medical practice, the institutional e-mail can be used as a bridge between the doctor and the patients. To make this communication channel a valuable tool it is necessary to understand the average amount of received messages, what are the main subjects and how to manage them. In this report we aim to talk about the e-Consultation: the use of a physician's e-mail to communicate with patients, in a Primary Care Unit in Portugal.

## Methods:

1. Analysis: number of received e-mails in a year;
2. Categorization: Clinical doubt, Appointment request, Drug's prescribing, Request for image/blood tests;
3. Classification: Solved exclusively by e-mail, Solved with intervention of others, Originating face-to-face consultation.

## Results/Conclusion:

By analysing every patient email, we can better understand which cases were actually solved solely by email and which ones required a follow up presencial appointment. This management tool will very likely reduce the number of face-to-face consultations, thus decreasing the daily number of patients in the clinic. In Portugal the GP's do not have dedicated time in their weekly schedule to attend to their emails. This would be vital to make this new service a common and accepted practice.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 534

### Abstract subtopic / Abstract Unterthema

1.2. Call centers and e-health / Callcenter und digitale Lösungen

### Presentation form / Präsentationsform

ePoster

## A pilot study on the use of video consultation for management of chronic diseases in a primary care clinic

Ziying Goh

*SingHealth Polyclinics, Singapore, Singapore*

**Background:** Family physicians (FPs) often schedule earlier reviews for patients with suboptimal chronic disease control. Some patients find this challenging due to extra cost and time involved. Video-consultation (VC) via smartphones and laptops allows patients to consult FPs remotely from home.

**Questions:** Is use of VC for early review of patients with suboptimal chronic disease control viable in primary care? What do patients and doctors think of VC?

**Methods:** Patients with suboptimal blood pressure or blood glucose, who were able to self-monitor BP and blood glucose respectively, were recruited by nurses during their scheduled visits. Study participants had VC scheduled in 2 to 4 weeks. A survey was administered to patients and FPs after the VC.



**Outcomes:** 4 patients had VC with their FPs. There was high satisfaction rate among patients and FPs. It was easy to set up the necessary equipment for VC. All FPs were able to execute their intended consultation tasks during the VC sessions. Patients agreed that VC is cost-saving and timesaving.

**Discussion:** VC, when used in selected patient group, allows for care to be timely and more accessible. Patients are also empowered in self-management of their chronic diseases.

**Take home Message for Practice:** VC is a feasible tool that is cost-saving and timesaving in the management of patients with suboptimal control of their chronic diseases.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 591

### Abstract subtopic / Abstract Unterthema

1.2. Call centers and e-health / Callcenter und digitale Lösungen

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Describing a Primary Care Digital Health Service implementation: identifying the good practice and the challenge gaps

Patrícia Roberta Oliveira, Luciano Araújo, Denise Khoury, Mariana Figueira  
*Telemedicine, Hospital Sírio Libanês, São Paulo, Brazil*

Background PHC is remarkably increasing in Brazilian private health. In this scenario, Sirio-Libanês Hospital has launched a project that provides PHC for business employees to partnership companies. In order to promote comprehensive patient care through technology, the Telemedicine and the Innovation areas of the Hospital created the Digital Care Network. It is a pioneer project in Brazil because it was created to be integrated to the PHC service structure, offering new possibilities for patients monitoring and management. Discussion We will present the findings of the first year of the project implementation (2019) and share our experiences, exploring the relevant outcomes, the difficulties outdated and the challenges that are to be overcome.

Content Data were collected from the three main products offered to family physicians, nurses and patients:  
- "Doccs" (Online discussion of clinical cases) - the discussion of clinical issues sent by doctors or nurses by message or email.

- "Digital appointment" - return conducted through an app that allows a video conference between doctor or nurse and the patient.

- "Active follow up" - patients monitoring through message. These patients are indicated by the family physicians to reevaluate some health condition treatment such as the evolution of a flu. It's performed mostly by a nurse.

The health professionals are trained by Digital Care Network to use the products keeping the PHC principles even in digital format.

Take Home Message

Tecnology can allow faster patient-centered discussion, monitoring and clinical decisions. PHC professionals can act in all scenarios coordinating care and mediating conflits. Even remotely!

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 615



## Abstract subtopic / Abstract Unterthema

1.2. Call centers and e-health / Callcenter und digitale Lösungen

### Presentation form / Präsentationsform

Lecture / Vortrag

## Travel time and distance to the GP's office among patients using video consultations via public primary care in Sweden

Marek Czajkowski

*Avestahälsan VC, Avesta, Sweden*

Since 2016, a growing interest in using medical video consultations has been observed among patients in primary care in Sweden. Younger individuals in larger cities are known to turn to private eHealth providers but there is very limited data on the users of video consultations provided by public healthcare in other parts of the country.

The aim of this study was to analyze patients' use of video consultations via public primary care in the county of Dalarna, in association with travel times and distances between patients' homes and their GP's offices. Relevant video consultations booked by patients seeking medical care for a new health problem between January and December 2017 were identified. Travel times and distances were estimated using "Google Maps" service for car travel.

365 video consultations were included. Median travel distance was 4,9km and median travel time was 9min. 70 (19,2%) video consultations were booked by patients from Falun, 65 (17,8%) from Borlänge and 48 (13,2%) from Ludvika, which are the 3 most populated cities in Dalarna. Odds ratio for video consultation was also highest for these 3 cities: 1,19, 1,44 and 2,40 respectively. During 279 (76,4%) video consultations, the patient met with a new, previously unfamiliar doctor.

Travel time and distance to the GP's office was often very short. Most of the video consultations were booked by patients from the 3 biggest cities in Dalarna. Patients' use of medical video consultations had a negative effect on the continuity of care, an essential quality aspect of primary care.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 664

## Abstract subtopic / Abstract Unterthema

1.2. Call centers and e-health / Callcenter und digitale Lösungen

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Referral and hospital admission rates at prisons offering scheduled or unscheduled primary care and psychiatric video consultation

Katharina Schmalstieg-Bahr<sup>1)</sup>, Peter Merschitz<sup>2)</sup>, Joachim Szecsenyi<sup>3)</sup>, Eva Blozik<sup>4)</sup>, Martin Scherer<sup>1)</sup>

<sup>1)</sup>Department of General Practice, University Medical Center Hamburg-Eppendorf, Hamburg, Germany

<sup>2)</sup>SAVD Videodolmetschen GmbH, Vienna, Austria

<sup>3)</sup>Department of General Practice, University Heidelberg, Heidelberg, Germany

<sup>4)</sup>A+ Videoclinic GmbH, Hamburg, Germany

### Background:



Although intramural health has to be equivalent to extramural services, prison inmates have less access to specialized health care services. Often, a transport to the nearest extramural medical facility is resource-intensive. Video consultations may offer the chance to deliver cost-effective care for those patients.

**Question:**

How often and why are referrals to secondary care and hospital admissions needed when a scheduled or unscheduled video consultation is offered at a prison?

**Methods:**

In five German prisons, a pilot project was conducted to assess feasibility, acceptance and consultation reasons of primary care and psychiatric video consultations between June and December 2018. This analysis includes the data of 436 consultations from June 2018 to February 2019 and focuses on referral and admission rates, as well as reasons.

**Outcomes:**

In 67,4% (294/436) of all consultations the patient was asked to come back if symptoms persisted or got worse. In 26,6% (116/436) a follow up appointment was scheduled. A referral to other specialists, most often psychiatry, was necessary in 3,9% (17/436). Only in 1,8% (8/436) a hospital admission was needed. Usually (7/8) an admission was the result of an unscheduled consultation and video was used in 87% (7/8). Reasons for admissions were severe abdominal pain, hypotension, suspected myocardial infarction or a suspected schizophrenic episode.

**Discussion:**

Most consultations did not require a subsequent patient transport to external healthcare providers.

**Take Home Message for Practice:**

Using telemedicine allowed a prompt consultation with the possibility to refer patients to other specialties or to hospitalize them when necessary.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 670**

**Abstract subtopic / Abstract Unterthema**

1.2. Call centers and e-health / Callcenter und digitale Lösungen

**Presentation form / Präsentationsform**

Workshop

**Digital tools for communication in primary care: exploring the opportunities and barriers to use**

Shaine Mehta, Patrick White

*King's College London, London, United Kingdom*

**Background:**

The use of SMS messaging in healthcare is well established. Many healthcare administrators use this as part of planned care, such as flu vaccination reminders, appointment reminders, or chronic disease management requesting periodic monitoring.

The use of digital tools, such as personalised SMS messaging, to communicate with patients is expanding in primary care. In the UK, integration of SMS technology with the electronic patient record has enabled direct electronic communication by clinicians with patients. Many clinicians are still not using this in primary care. Previous studies have shown that patients are positive about receiving SMS messages from their doctor. Risks related to consent and confidentiality with SMS use have been reported. Text messaging lacks the nuances of verbal communication, an issue which concerns professional regulators.



## Target Group:

Clinicians (including GP's, nurses and pharmacists) working in primary care.

Didactic Method:

- Mixed-method presentation, using online participation tools to promote interaction and engagement.
- Smaller group working and summary discussions to advance participant thinking in the areas discussed.

## Objectives:

This workshop aims to explore

- a) barriers and facilitators to use of digital tools, such as SMS, for communication with patients in primary care.
- b) practical insights into use of SMS, including use of targeted messages to influence patient experience and healthcare outcomes.

## Estimated number of participants:

20.

## Brief presentation of the workshop leader:

Dr Shaine Mehta is an academic GP and quality improvement lead in London, interested in using digital tools to improve health outcomes and patient experience in primary care.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 698

### Abstract subtopic / Abstract Unterthema

1.2. Call centers and e-health / Callcenter und digitale Lösungen

### Presentation form / Präsentationsform

ePoster

## A digital recommender system (DRS) of health care services - support for individualized care of multimorbid patients in general practice

Peggy Borchers, Mandy Böhme, Karen Voigt, Henna Riemenschneider, Antje Bergmann

*Bereich Allgemeinmedizin, Medizinische Klinik und Poliklinik III, Universitätsklinikum Carl Gustav Carus an der Technischen Universität Dresden, Dresden, Germany*

## Background:

Patients with multimorbidity are a challenging patient group because of the different diagnoses, disabilities and needs. General practitioners (GP) support their patients with recommending need-based external health care services aiming to maintain patients' autonomy. Within the telemedicine-project ATMOSPHERE, a digital recommender system (DRS) was developed based on patient data to support GP in detecting patient-centered external health care services.

## Question:

Does a DRS support GP in patient-centered and need-oriented care of multimorbid patients?

## Methods:

The DRS includes an algorithm that generates individual health care service recommendations based on the results of geriatric assessments. For testing the plausibility of the DRS, written Delphi procedures (with 8 GP) as well as qualitative interviews (with 4 GP) were conducted: First, GP were asked to recommend services based on the developed case vignettes. Second, individual DRS-recommendations were presented to GP that evaluated the recommendations regarding necessity and appropriateness.

## Results:



In the Delphi procedure a high variability of a number of services (1-10, mean=5.6, SD=2.8) and of recommended service contents were reported by the GPs without DRS. The number of appropriate DRS-recommendations ranged from 7-17 out of a total of 20 (mean=11.9, SD=2.5). Based on the qualitative interviews, the additional DRS-recommendations rated as appropriate were located specifically in social care (e.g. home emergency call).

### Discussion:

The DRS generates additionally appropriate recommendations for supporting the patient-centered and need-oriented care of multimorbid patients.

### Take Home Message for practice:

The DRS provides GP patient-tailored information within the growing and changing field of health care services.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 805

#### Abstract subtopic / Abstract Unterthema

1.2. Call centers and e-health / Callcenter und digitale Lösungen

#### Presentation form / Präsentationsform

Lecture / Vortrag

#### Development of an ICT to improve hypertension management: PIA study

Frauke Leupold, Arian Karimzadeh, Birgitta Weltermann

*Institute of General Practice and Family Medicine, University Hospital Bonn, Bonn, Germany*

**Background:** In Germany, more than 30% of practice patients do not reach blood pressure (BP) targets (<140/90 mmHg). International studies show that IT-supported BP management improves hypertension care. Yet, this lacks in Germany. The Innovationsfond-funded PIA-project develops an information communication technology (ICT) for general practices: using the PIA-app patients transmit their BP to practices which reply with adjusted medication plans.

**Research Question:** The framework-based process to develop the PIA-ICT is outlined.

**Methods:** Using the 'Design Science Research Methodology (DSRM)' framework, the PIA-ICT is iteratively developed. This includes the following steps: 1. problem identification and motivation, 2. objectives, 3. design and development, 4. demonstration, 5. evaluation. Steps (3) to (5) are repeated continuously throughout the process.

**Results:** To develop the PIA-ICT, the problem was identified on the basis of GPs work experiences and extended literature reviews (step 1). The aims of the PIA-ICT were developed in cooperation with GPs (step 2): PIA aims at a secured electronic communication between patients and practices regarding BP. In addition to the software developers and scientists, stakeholders (family doctors, patients) were involved in the development and evaluation processes (steps 3 to 5). Currently, the PIA-ICT is tested in 6 GP practices and 30 patients.

**Discussion:** To develop the PIA-ICT an iterative process was important to achieve a high level of acceptance and usability in the target population. The PIA-ICT will be demonstrated using a video.

**Take Home Message:** Iterative processes are important to achieve a high level of usability of ICTs

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 842

#### Abstract subtopic / Abstract Unterthema



## 1.2. Call centers and e-health / Callcenter und digitale Lösungen

### Presentation form / Präsentationsform

Lecture / Vortrag

#### **PIA study: Acceptability of an ICT for hypertension management in general practices**

Arian Karimzadeh, Frauke Leupold, Birgitta Weltermann

*Institute of General Practice and Family Medicine, University Hospital Bonn, Germany, Bonn, Germany*

**Background:** Hypertension is a major risk factor for cardiovascular disease and related deaths. International studies show that IT-supported hypertension care leads to significant improvements in blood pressure (BP) control rates, yet such an approach is missing in Germany. The Innovationsfond-funded project PIA develops an information communication technology (ICT) for German general practices: by PIA-app, patients transmit BP results to practices, which reply with adjusted medication plans. Using the theoretical framework of the Unified Theory of Acceptance and Use of Technology (UTAUT) model, this feasibility study aims to investigate the target populations acceptance of the PIA-ICT.

**Questions:** Which factors influence GP practices' and patients' intention to use PIA-ICT?

**Methods:** Six GP practices and 30 patients are testing the PIA-ICT for 6 weeks. The UTAUT model is applied for its qualitative and quantitative evaluation. The model comprises the constructs "performance expectancy", "effort expectancy", and "social influence" to explain the "behavioral intention" to use a technology. Together with the construct "facilitating conditions", "behavioral intention" has an influence on "use behavior". In this analysis, gender, age, experience, and voluntariness of use are considered as moderating variables.

**Outcomes:** The feasibility study has started. The UTAUT-based evaluation will take place this spring. The results will be presented at the congress.

**Discussion:** The UTAUT results will be respected in the future development of the PIA-ICT to ensure its acceptance in GP practices for hypertension management.

**Take Home Message for Practice:** Consideration of factors that lead to technology acceptance supports the long-term use of a technology.

Conflict of interest / Interessenkonflikte

no / nein

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#### **Contribution ID: 953**

### Abstract subtopic / Abstract Unterthema

## 1.2. Call centers and e-health / Callcenter und digitale Lösungen

### Presentation form / Präsentationsform

Workshop

#### **Heart failure, coronary heart disease and oral anticoagulation**

Til Uebel

*Institute of General Medicine, Universität Würzburg, Würzburg, Bavaria, Germany*

#### **Background:**

Updates were first established at the DEGAM Congress in 2019.

Three guideline authors report on the latest developments in their field and present 3-4 relevant publications from the past 24 months, each for 12-15 minutes, so discussion with the audience is possible for another 10 minutes.

As usual with DEGAM guidelines, advice issues and not diagnoses preferably determine the topic, so it is possible, the speaker refers a study about which is the best to do, if patient with chest pain present.



## Target groups:

Practical doctors, young doctors who visit the congress to get to know national and international developments of our specialist area.

## Method:

Lecture with powerpoint presentation.

## Purpose:

Ensure a balance between university and practical questions.

## Number of participants:

50-70

Last year in Erlangen there were up to 80 participants depending on the session.

Brief introduction of the workshop leader

Til Uebel, general practitioner since 2002, Contact person for guidelines and member of the Institute of General Medicine at the University of Würzburg, spokesman for the Diabetes

Working Group, DEGAM member since 2002. Author of several guidelines in the last decade.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1008

### Abstract subtopic / Abstract Unterthema

1.2. Call centers and e-health / Callcenter und digitale Lösungen

### Presentation form / Präsentationsform

Lecture / Vortrag

## Kompetenzgewinn durch Teledermatologie - Potentiale zur Verbesserung der hausärztlichen Versorgung von PatientInnen mit dermatologischen Beschwerden

Andreas Polanc<sup>1)</sup>, Roland Koch<sup>1)</sup>, Inka Rösel<sup>2)</sup>, Peter Martus<sup>2)</sup>, Stefanie Joos<sup>1)</sup>

<sup>1)</sup>Institut für Allgemeinmedizin und Interprofessionelle Versorgung, Universitätsklinikum Tübingen, Tübingen, Germany

<sup>2)</sup>Institut für Klinische Epidemiologie und angewandte Biometrie, Universitätsklinikum Tübingen, Tübingen, Germany

**Hintergrund:** International wird Teledermatologie erfolgreich in der hausärztlichen Primärversorgung eingesetzt. Im Rahmen der vom Innovationsfonds geförderten TELEDerm-Studie wurde in vorwiegend ländlich gelegenen Hausarztpraxen in Baden-Württemberg ein Telekonsilssystem implementiert. Per „Store-and-Forward“-Technologie wurden Bildmaterial und Patienteninformationen digital an DermatologInnen übermittelt. Die Rückmeldung an die konsilstellenden HausärztInnen erfolgte innerhalb von zwei Werktagen. Die vorliegende Analyse untersucht, ob sich durch den direkten interdisziplinären Austausch Lerneffekte bei HausärztInnen ergeben.

**Methode:** Im Rahmen der gemischtmethodischen Prozessevaluation wurden alle an der TELEDerm-Studie teilnehmenden HausärztInnen (n=58) zu einer schriftlichen Befragung eingeladen. Diese erhob anhand von neun Items (u.a. Vierer-Likert Skala) Erfahrungen und Einstellungen von HausärztInnen zu Lerneffekten durch Teledermatologie. Die Auswertung der Fragebögen erfolgte deskriptiv. Die Befragung wurde durch eine inhaltsanalytische Auswertung von 13 Einzelinterviews vertiefend ergänzt.

**Ergebnisse:** An der von 05-07/2019 durchgeführten Fragebogenerhebung beteiligten sich n=47 HausärztInnen (Rücklaufquote Hausarztpraxen 80%) ab. 53% der HausärztInnen gaben einen Kompetenzzuwachs bei der Diagnosefindung und 47% bei der Durchführung der Auflichtmikroskopie an. Eher kritisch wurde der Effekt auf eine Bereitschaft der Dermatologen zur Kommunikation mit HausärztInnen



gesehen (26% negative Einschätzung auf der Likert-Skala). In den Einzelinterviews wurde von vielen TeilnehmerInnen eine Verbesserung der Behandlungssicherheit bei PatientInnen mit Hautbeschwerden beschrieben. Die Lerneffekte seien durch den direkten interdisziplinären Austausch im Zuge der zeitnahen Rückmeldungen der DermatologInnen möglich.

**Diskussion:** Die im Rahmen der Prozessevaluation erhobenen Ergebnisse lassen auf einen Kompetenzgewinn der HausärztInnen im Bereich Dermatologie schließen. So ergibt sich neben den direkten Vorteilen von Telekonsilen ein zusätzlicher Mehrwert für die flächendeckende Implementierung, der längerfristig die hausärztlichen Funktion stärkt.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 1184**

### **Abstract subtopic / Abstract Unterthema**

1.2. Call centers and e-health / Callcenter und digitale Lösungen

### **Presentation form / Präsentationsform**

Workshop

### **Improved personalized care through lean approach**

Vladan Ilic, Rob Dijkstra

*Westerdokters, Amsterdam, Netherlands*

**Background:** General practice in the Netherlands is facing serious challenges: increasing number of complex patients due to aging population and substitution from secondary care, lack of qualified nurses and urbanization. The classic model becomes insufficient and unsustainable leading to a growing number of burn-out physicians. Owning a GP practice becomes less and less popular with the young doctors, especially in the rural areas.

Four years ago Westerdokters (GP practice in Amsterdam) decided to widely implement e-health and put patients in the lead. At present 65 percent of the patient contacts are managed online, as a result the face to face time for patients is doubled and the number of support personnel could be minimized. This high touch through high tech approach significantly increased the satisfaction of the patients and the doctors. The model is also recognized and successfully implemented in two rural practices. Currently we are adapting the model to be able to upscale it and offer solutions to other general practices.

**Target group:** general practitioners and GP trainees

**Didactic Method:** In this workshop we will present the Westerdokters working method (15min). Participants will be challenged using small group discussions(20min) and use of the Mentimeter (20min) to reflect on possibilities this system has for their practices or regions and will be invited to demonstrate alternative solutions(20min).

Estimated number of participants: maximum 100

Workshop Leaders: Vladan Ilic and Rob Dijkstra are both practicing GPs, Ilic is founder of Westerdokters. Dijkstra is the former president of the Dutch College.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 1519**

### **Abstract subtopic / Abstract Unterthema**

1.2. Call centers and e-health / Callcenter und digitale Lösungen

### **Presentation form / Präsentationsform**



1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## **Clinical decision support and monitoring system for blood pressure monitoring with smart watch and smart phone in hypertension management: "watchTup"**

Vildan Mevsim<sup>1)</sup>, Alp Kut<sup>2)</sup>, Ismail Yurek<sup>3)</sup>, Cetin Akin<sup>1)</sup>, Kubra Ozturk<sup>4)</sup>

<sup>1)</sup>Family Medicine, Dokuz Eylul University Faculty Of Medicine, Izmir, Turkey

<sup>2)</sup>Computer Softwares, Dokuz Eylul University Faculty of Computer Engineering, Izmir, Turkey

<sup>3)</sup>Semafor Technologies Co., Izmir, Turkey

<sup>4)</sup>Vinnova Health & Innovation Co., Izmir, Turkey

### **Introduction:**

The aim of the project is to develop decision support software for treatment, monitoring, treatment compliance and educational purposes for hypertension patients using smart watches and mobile applications for the use of physicians and patients in primary health care services.

### **Methods:**

There are three systems in the "watchTup" software: General Patient System, Hypertension System and Clinical Decision Support System(CDSS). Modelling in the analysis and design stages was made using the UML. Visual Studio software was used in the design process. Android operating system was used in the mobile part of the project, which will be prepared for patients. Private cloud technology was used for the realization of the portal.

### **Results:**

In this project, national and international guidelines on hypertension management are examined and algorithms are prepared. In line with these algorithms, web and mobile based software were prepared by software engineers. Web-based software includes clinical decision support systems, while mobile software is used to collect patient monitoring data. In line with this project, mobile software is designed to collect blood pressure, pulse, step count data via smart watches. These data were shared with the patient and transferred to the CDSS used by the physician for the purpose of monitoring the physician. Software has been tested many times.

### **Conclusion:**

"watchTup", which is a decision support system for treatment, monitoring, treatment compliance and educational purposes, has been developed by using smart watches and mobile applications for hypertensive patients.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 1762**

#### **Abstract subtopic / Abstract Unterthema**

1.2. Call centers and e-health / Callcenter und digitale Lösungen

#### **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Reduction of maternal mortality by an active call-center service for high-risk pregnant women in Rio de Janeiro**

Leonardo Graever

Primary Care Division, Rio de Janeiro Health Secretariat, Rio de Janeiro, Brazil



**Background:** The reduction of maternal mortality (MM) is one of the main goals in global health. The impact of Primary Care (PC) expansion in Brazil on maternal mortality has been demonstrated, but clinical governance is challenging. The use of e-Health tools can facilitate PC performance and induce quality improvement. **Question:** can a call center improve pre-natal care quality by PC teams and impact on MM? **Methods:** a call-center strategy was implemented in a region of Rio de Janeiro, calling regularly high-risk pregnant women to screen for complications related to pregnancy. In case of a positive report, e-mail alerts were generated to PC teams, who should check and perform the indicated actions to ensure patient safety. **Results:** There was a 27% increase in pre-natal care adherence, a 60% reduction in missed appointments, a 25% increase in weekly blood pressure monitoring and a 74% reduction in access problems reported. The number of maternal deaths declined by 50% decline during the intervention. **Discussion:** e-Health tools can improve the quality of care by supporting patients and teams in care coordination and must be used as a tool to help PC services.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1829**

**Abstract subtopic / Abstract Unterthema**

1.2. Call centers and e-health / Callcenter und digitale Lösungen

**Presentation form / Präsentationsform**

Workshop

**The last news on e-health tools essential for a Family Doctor**

José Marques

*ACeS Dão-Lafões, Viseu, Portugal*

Regarding to my experience we all face problems into work with electronic platforms to clinical practice. With this workshop I intend to talk about some electronic platforms tricks, mainly of them, of my creation to help doctors to have a better and easier experience on their clinical practice.

Conflict of interest / Interessenkonflikte  
yes / ja

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**Contribution ID: 1859**

**Abstract subtopic / Abstract Unterthema**

1.2. Call centers and e-health / Callcenter und digitale Lösungen

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Women's adoption of a web-based intervention for stress urinary incontinence – a qualitative study using the FITT framework**

Lotte Fiet-Hulst, Doreth Teunissen, Toine Lagro-Janssen

*Department of Primary and Community Care, Radboud Institute for Health Sciences, Radboud University Medical Center, Nijmegen, Netherlands*

**Background:** Stress urinary incontinence (SUI) is common among women and affects quality of life. Pelvic floor muscle training (PFMT) is an effective conservative therapy, but a minority seeks help. EHealth with PFMT is effective and increases access to care, but it unknown what determines its adoption.



**Questions:** what are the barriers and facilitators of the adoption of an eHealth intervention among Dutch women with SUI?

**Methods:** a qualitative study was conducted by carrying out semi-structured telephonic interviews among purposively sampled women with SUI who participated in the Dutch eHealth intervention. Adoption was studied by applying The Fit between Individuals, Task, and Technology (FITT) framework for the interview guide and for data analysis.

**Outcomes:** n=20, mean age 51 years. EHealth was suitable for women who preferred self-management and an approachable intervention. Personal context and self-discipline determined the ability to schedule the exercises in daily life. Skills were required for handling eHealth, but also for performing PFMT. Despite guidance by technical features, several women remained uncertain about the performance of the exercises and therefore needed contact with a professional.

**Discussion:** adoption of eHealth was mainly determined by individual factors that interacted with technology, or task related factors. Women preferred to try eHealth before visiting a health professional. This would fit with incorporating eHealth in a stepped-care model.

**Take Home Message for Practice:** eHealth for women with SUI could increase access to care. Women underlined the need for contact with a professional, but the implementation in primary care needs to be further investigated.

Conflict of interest / Interessenkonflikte

no / nein

### 1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

#### Contribution ID: 51

#### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

#### Presentation form / Präsentationsform

ePoster

#### Woman with abdominal pain and fever

Pedro Alejandro Gonzales Flores, Oscar Mitchell Salazar Trigoso, Giancarlo Jesus Ormeño Victorero, Magaly Joana Ochoa Alcalá

Primary Health/Emergency department, Catalan Health Institute/Mollet's Hospital, Cerdanyola del Vallès/Mollet del Vallès, Spain

#### Description of the case:

Patient of 33 years old, black-race, arrives at emergency department of Mollet's hospital with abdominal pain and fever since 3 days ago. She's from Senegal (She travelling for her vacations 30 days, and she doesn't receive chemoprophylaxis) and came back to Barcelona 15 days ago.

Pathological background: HIV infection controlled with dolutegravir.

#### Physical exploration:

BP 130/80 mHg HR 89/min T 38,4 °C SpO2 94%

Cardiovascular and Pneumological: Normal

Abdominal: Diffuse pain abdominal.

Neurological: Headache pain. No motor and sensitive deficit. No meningeal signs

#### Supplementary tests:



Analytics: Hb 8,6 g/dL, PCR 15.9 mg/dL AST 30 UI/L, ALT 30 UI/L, LDH 849 UI/L Bilirubin 2,1 mg/dL (Conjugate bilirubin 0,8 mg/dL), CD4 210/mm<sup>3</sup> Sodium 134 mmol/L, Potassium 4,5 mmol/L  
Chest x-ray: Normal  
Thick drop test: Positive to Plasmodium falciparum.  
Parasitemia index 7,3%

### Evolution:

Patient suffers feverish peak of 39.2°C, bad general condition, and starts drowsiness. The fever is controlled with paracetamol IV, but her general conditions and headache got worse. In front of the suspicion of severe malaria, we contact with Clinic Hospital for start treatment.

They indicate Artesunate IV but Mollet's Hospital doesn't have this medication. We start Atovaquone/Proguanil VO and ceftriaxone 2 g IV and we transfer the patient to Clinic Hospital of Barcelona. In that place administer her Artesunate IV, with improvement of general condition and was discharged to her home with indications.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 76

#### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

#### Presentation form / Präsentationsform

ePoster

### Familial poisoning by Black Beleño and its associated neurological syndrome

Francisco Villalba Alcalá<sup>1, 2)</sup>, Ana Belen Romero Cañadillas<sup>1)</sup>, Jose Andres Morero Guerra<sup>1)</sup>

<sup>1)</sup>Center of Health, Health Andalusian Service, Osuna, Spain

<sup>2)</sup>Centro de Salud, Servicio Andaluz de Salud, Osuna / Sevilla, Spain

Couple of 68 years old (male) and 66 (female) with dry mouth, behavioral disturbance, visual hallucinations and even loss of consciousness starting 45-60 minutes after having lunch "frozen field spinach" They had collected a month before. Aggravation during the afternoon motivating hospitalization.

Woman: BP: 147/95 mmHg. Hr: 120 bpm. T<sup>a</sup>: 36°C. SatO<sub>2</sub>: 98%. Disordered speech, Mydriasis, dry skin and mucous membranes. Low level of awareness with Glasgow 10/15. Male: with visual hallucinations (flying pigeons) BP: 157/96 Hr: 77 bpm. T<sup>a</sup> 36°C. SatO<sub>2</sub>: 97%. Disordered speech, Mydriasis, dry skin and mucous membranes (both). Glasgow 14/15. ECG, Rx Thorax and normal analytics (Urine drug abuse test: negative) of both.

Anticholinergic Syndrome by Black Beleño. Treatment with physostigmine was rejected because of no severe commitment of mental state. Gastric lavage and administration of activated carbon should have been performed although supportive and symptomatic may be sufficient if the symptoms are moderate.

When I heard the story, Amanita muscaria poisoning and the stories about Burundanga (scopolamine), as well as the anticholinergic effects of Buscapina (scopolamine) - "I may notice dry mouth and blurred vision..." came to mind. Anticholinergic Syndrome: dryness of mucous membranes, tachycardia-Chyepnea, constipation, paralytic ileus, bladder balloon due to urine retention, CNS involvement... On the opposite side: organophosphorus pesticide poisoning: Cholinergic Syndrome: Myosis, increased secretions: sweating, salivation, bronchospasm, diarrhea and vomiting, bradycardia, lethargy. Atropine treatment.

The ancient Gauls poisoned arrowheads with beleño extract. In high doses it can cause coma-death. Be careful what we collect. They have not taken spinach again

Conflict of interest / Interessenkonflikte

## CONTENT

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no / nein

**Contribution ID: 146**

**Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

**Presentation form / Präsentationsform**

ePoster

**Voluntary Interruption of Pregnancy at Alto Minho's Local Health Unit**

Joana Resse Lascasas<sup>1)</sup>, Joana Peixoto<sup>2)</sup>, Manuel Cruz<sup>3)</sup>, Ana Paula Ferreira<sup>4)</sup>, Paula Pinheiro<sup>4)</sup>

<sup>1)</sup>UCSP Caminha, Unidade Local de Saúde do Alto Minho (ULSAM), Viana do Castelo, Portugal

<sup>2)</sup>USF Mais Saúde, Unidade Local de Saúde do Alto Minho (ULSAM), Viana do Castelo, Portugal

<sup>3)</sup>USP Marão e Douro Norte, ACES Douro I - Marão e Douro Norte, Vila Real, Portugal

<sup>4)</sup>Serviço de Ginecologia e Obstetrícia, Unidade Local de Saúde do Alto Minho (ULSAM), Viana do Castelo, Portugal

**Background/ Questions:** In Portugal, Voluntary Interruption of Pregnancy (VIP) is legally possible until the 10th week of gestation. The number of complications due to abortion has fallen considerably since its legalization in 2007. The aim of this study is to characterize the women admitted in the VIP consultation at Alto Minho's Local Health Unit (ULSAM), considering demographic factors, obstetric background, anticonceptual methods and trends.

**Methods:** This is a descriptive study of the VIP performed between 2008 and 2018 at ULSAM. The data were collected through predefined items on the obligatory declaration platform of the Portuguese Directorate-General of Health. Confidentiality has been ensured.

**Outcomes:** 1669 VIP cases were observed, 1406 of which were first interventions. Considering this subgroup, the majority of women were referred from Primary Care units (52,2%) and denied attending family planning consultation in the previous year (67.6%). 44,4% had no children and the intervention occurred with greater preponderance of the 6th week (28,2%). After VIP, the main contraceptive methods chosen were the subcutaneous implant (27,3%), oral or injectable contraceptives (36%); 9.6% did not choose any method. Around 35% of the VIP were performed between 2013 and 2015.

**Discussion:** The woman that typically searches for a VIP consultation is born and resident in Portugal, single, between 20 and 24 years old, primiparous, and is a high school graduate.

**Take Home Message for Practice:** Recognizing this profile makes it essential to promote health literacy at an early age, enabling a conscious choice of the contraceptive method and promoting family planning.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 176**

**Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

**Presentation form / Präsentationsform**

ePoster

**Pain in the lower back: about a case**

Paula Colacicchi<sup>1)</sup>, Maria Isabel Castillo Trujillo<sup>2)</sup>, Sergio Pérez González<sup>2, 1)</sup>, Irina Rivera Rios<sup>1)</sup>

<sup>1)</sup>Family Medicine, Hospital Carlos Haya, Málaga, Spain

<sup>2)</sup>Emergencies Room, Hospital Carlos Haya, Málaga, Spain



## Background:

Patient Age: 68 years. Male

Disorder: Arthritis in the right knee

Case history:

NKA

Diseases known: HTA, COPD, alcoholism, hyperuricemia, psoriasis.

Patient who came to the emergency room due to pain in the lower back part with 2 weeks of evolution. He came in previously for the same reason and was treated with NSAIDs but without improvement.

## Questions:

Should we adjust the dose of painkillers or should we try to find out the reason of the pain?

## Methods:

Once we receive the patient at the emergencies we can see how he is obnubilated with a poor general condition.

We are proceeding with the physical exploration and we find a warm, edematous knee with limited mobility that impresses with arthritis. We did run a blood test with PCR > 300 and a positive procalcitonin. We decided that the patient had to stay in the observation area.

## Outcomes:

A blood culture is performed where we find staphylococcus aureus growth. Joint fluid compatible with arthritis of bacterial origin is extracted. We begin with spread spectrum antibiotics and once the patient is stable we admit him in the Infectious Diseases service.

## Discussion:

It is extremely important to make a good physical examination. To pay special attention and care to those patients who have come to the emergency room or to their health center on numerous occasions and the clinic persists despite treatment.

## Take home message for Practice:

Perform a thorough physical examination and special attention to patients who come several times to the consultation.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 177

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

ePoster

## Left Hip Pain: About a case

Sergio Pérez González<sup>1)</sup>, Paula Colacicchi<sup>1)</sup>, María José González Vega<sup>2)</sup>

<sup>1)</sup>Family Medicine, Hospital Carlos Haya, Málaga, Spain

<sup>2)</sup>Centro de Salud Puerto De la Torre, SAS Servicio Andaluz de Salud, Málaga, Spain

## Background:

Patient Age: 62 years

Sex: Male

Ethnicity: Caucasian

Disorder: Left hip pain



## Case history:

NKA

Diseases known: HTA.

Toxic habits: 1 pack daily smoker, no drinker

Patient who has come to the emergency room for the third time in the last two months due to sudden pain in the left hip.

We received the patient in the emergency room, we perform a physical examination, appreciating pain at the gluteus level and the back of the thigh with a sensation of crushing that does not improve with analgesia. After continuing with the clinic despite the treatment and due to his background we decided to perform a chest x-ray and a blood test.

### Questions/Discussion point:

Should we discharge the patient or should we continue with the clinical history and symptomatology?

### Content:

Chest X-Ray: bilateral condensations of left predominantly suggest of metastasis are seen as a first possibility. The patient who has a constitutional clinic with weight loss of 7 kilos is kept for further research, he is admitted into Internal Medicine.

### Outcomes:

During his admission a bone scintigraphy, a thorax and abdomen TAC are performed with findings of stage IV Pulmonary Adenocarcinoma with bone and muscle metastases.

The patient is admitted finally to Palliative care with bad prognosis.

### Take Home Message for Practice:

The importance of the complete medical history is crucial and is specially relevant to pay special attention to patients who come several times to the consultation for the same reason and with the same symptoms.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 178

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

ePoster

### The importance of early diagnosis

Sergio Pérez González<sup>1</sup>, Paula Colacicchi<sup>1</sup>, Rafael Escañuela García<sup>2</sup>

<sup>1</sup>Family Medicine, Hospital Carlos Haya, Málaga, Spain

<sup>2</sup>El Palo Health Centre, SAS Servicio Andaluz de Salud, Málaga, Spain

### Background:

Patient Age: 69 years old

Female

Disorder: Dyspnea and hip pain

Case history:

NKA

Diseases known: no cardiovascular risk factors

Toxic habits: smoker 5 cigarettes daily and a glass of wine.

## [CONTENT](#)

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Patient who comes initially to Primary care in March for several reasons between them dyspnea and hip pain. We write a complete medical history and a complete physical exploration and request several tests: a chest x-ray, a spirometry and a blood test.

A pulmonary nodule in the left lung is evident on the chest X-ray and the patient is referred to the Pulmonology department.

**Questions:**

Is correct to study the patient with this findings?. How important is to pay attention to the patient's symptoms?

**Methods:**

Our patient is admitted in May at the Neumology department for further study where a chest CT scan, a PET scan and a biopsy are performed.

**Outcomes:**

Findings: hypermetabolic pulmonary mass in the left upper lobe compatible with primary neoplastic lesion. LSI lung cancer PD-L1 positive adenocarcinoma Stage IB (T2aN0M0).

After a complete set of test with a complete diagnose the patient is discharged and begins with radiotherapy treatment.

In principle, having been diagnose on an early stage, the prognosis is favorable.

**Discussion:**

This is an example of the fundamental role of the Family doctor in diagnosing important diseases and thanks to that, offering a better prognosis for his patients.

**Take home message for Practice:**

Always pay attention to the symptoms of our patients and run a good medical history.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 181**

**Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

**Presentation form / Präsentationsform**

ePoster

**Antibiotic prescription in acute tonsillitis (AT) in adults in a primary health care unit (PHCU)**

Rita Maia, Maria Jesus Clara

USF "A Ribeirinha", Guarda, Portugal

**Background:** AT is an inflammatory process of the tonsils and it affects 5-10% of the adult population. Multiple microorganisms are involved, but the most common is *Streptococcus* group A. The challenge is to know when to institute antibiotic therapy, because it can reduce the risk of complications and the possibility of contagion.

**Questions:** Verify antibiotic prescribing in adults diagnosed with AT in PHCU.

**Methods:** A retrospective observational study of consecutive patients observed during 2018 in a PHCU with the diagnoses with TA was performed. Sex, age, clinic and prescribed antibiotics (and which one) were recorded. Data were obtained through MIM @ UF® and SClinico®. It was executed in compliance with Helsinki Declaration.

**Outcomes:** 170 patients were diagnosed with AT, mostly female (72.9%); mean of age was 39.2 years. Antibiotherapy was instituted in 77.1%, with amoxicillin being the antibiotic of choice (61.1%). In 42



situations other treatment was chosen: 18 azithromycin, 16 amoxicillin/ clavulanic acid (A/ CA), 5 clarithromycin, 1 spiromycin and 2 with combination of 2 distinct classes (1 clindamycin with A/ CA and 1 azithromycin with A/ CA).

**Discussion:** Clinical guidelines are well described in pediatric age, however in adulthood this is not the case, which may justify the different therapeutic approaches observed in this study. Good clinical practice entails antibiotic prescription only with bacterial etiology. Excessive and inappropriate use results in increased bacterial resistance.

**Take Home Messages for Practice:** guidelines to the treatment of AT in adults is needed to prevent overuse of antibiotics.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 219

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

## A case report of acute lymphoblastic leukemia cured by homeopathy

Ghulam Yaseen

*Saher Welfare Foundation, Lahore, Pakistan*

Acute lymphoblastic leukemia (ALL) is a cancer of lymphoid line of blood cells characterized by pallor complexion, progressive fatigue, easy bruising and bleeding, enlarged lymph nodes with bone pains. Incidents of ALL are growing globally with fatal results. A demographic report published by United Nations showed that 53000 cases of ALL were recorded in 2016 worldwide.

A pre-diagnosed case of acute lymphoblastic leukemia of a 5 years old girl, presented in Homeopathic OPD with recurrent chest infection. She was unable to walk or stand due to weakness. Diagnosis was made after bone marrow evaluation. Her WBCs count was very high, Hb and Plts were lower than normal.

She was given Homeopathic medicine *Antum Tart 200* and *Hydrastis 3x*, twice daily for 15 days to cure chest infection. *Calcarea phos 3x* and *Natrum mur 3x* in powder form given QID, for one month to boost her immune system and to regenerate her blood forming cells. Her condition improved clinically upon administration of individualized Homeopathic treatment plan. After taking medicine for first 15 days her chest infection improved. As blood tests repeated her Hemoglobin level became normal. Bone marrow test showed presence of 6% blast cells after treatment of 2.5 months. Treatment was based on pure symptomatic approach according to the laws of Homeopathic philosophy. Homeopathic medicines showed supportive and curative effect. It is best alternative treatment where other treatment methods become persuasive and rife, causing more side effects.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 241

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

Lecture / Vortrag



## Comparing consultation contents in 15 countries. An international descriptive observational quantitative study among 1430 General Practitioners.

Sabine Bayen<sup>1)</sup>, Marc Bayen<sup>1)</sup>, Valéry Hédouin<sup>2)</sup>, Eric Hachulla<sup>3)</sup>, Pavlo Kolesnyk<sup>4)</sup>, Nassir Messaadi<sup>1)</sup>

<sup>1)</sup>Family Practice, University of Lille, France, Lille, France

<sup>2)</sup>Department of Occupational medicine, University of Lille, France, Lille, France

<sup>3)</sup>Department of Internal Medicine, University of Lille, France, Lille, France

<sup>4)</sup>Family Medicine, University of Uzghorod, Uzghorod, Ukraine

### Background:

According to the European legislation, medical training is framed to encourage the increasing free movement of Family Doctors in the European Community and to allow them to practice in the different member countries.

### Questions:

What are differences and similarities in consultation contents of Family Medicine in different countries?

**Methods:** An international descriptive observational quantitative study was conducted between April 2014 and April 2019, using the same questionnaire, based on the French consultation content. The questionnaire included 41 questions, assessing the GPs working condition and the consultation content. It was translated and sent out by mail to the following 15 countries: Germany, Belgium, Croatia, Spain, France, Hungary, Italy, Netherlands, Portugal, United Kingdom, Sweden, Switzerland, Romania, Russia, and Ukraine.

**Results:** The response rate was 28,4 % (n= 1430). The average consultation duration, the number of patients received in the office, the daily workload and the consultation content varied between the different countries. These variations were mostly due to the presence or not of medical assistants, who participated actively in the up-and downstream of the consultation. Furthermore, the consultation contents varied according to the existing healthcare policies and infrastructures.

**Discussion:** An international harmonization of medical training and consultation contents could harmonize international Family Medicine and the free professional movement of Family Doctors.

**Conclusion:** Consultation contents and working conditions for Family Doctors are variable on the international level.

**Take home message:** The free professional movement of Family Doctors who want to practice in another country is not as easy to realize for them.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 263

#### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

#### Presentation form / Präsentationsform

DEGAM only / Nur DEGAM: DEGAM Symposium

#### Hitzebedingte Gesundheitsstörungen

Ralf Jendyk, Peter Maisel, Thomas Kötter

Centrum für Allgemeinmedizin, Westfälische Wilhelms-Universität Münster, Münster, Germany

#### Moderation:

Thomas Kötter

#### Vortragende:

Ralf Jendyk und Peter Maisel

**Titel:**

Hitzebedingte Gesundheitsstörungen

**Ziel:**

Es soll der Stand der neuen S1-Leitlinie der DEGAM "Hitzebedingte Gesundheitsstörungen" im Rahmen des DEGAM-Leitliniensymposiums vorgestellt werden.

**Diskussion:**

Das Thema der hitzebedingten Gesundheitsstörungen wird vermutlich im Laufe der nächsten Jahre zunehmend an Bedeutung gewinnen. Daher ist eine Sensibilisierung für diese Gesundheitsstörungen wichtig. Gerade für die primärärztliche Versorgung ist die rasche Identifizierung schwerwiegender Hitzeschäden für das Überleben der Patientinnen und Patienten essentiell.

**Take Home Message für die Praxis:**

Die frühzeitige Identifizierung möglicher hitzebedingter Gesundheitsstörungen inkl. der möglichen abwendbar gefährlichen Verläufe und damit zusammenhängender Maßnahmen soll beleuchtet werden.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 279****Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

**Presentation form / Präsentationsform**

ePoster

**Abdominal pain in women: about a case**

Paula Colacicchi<sup>1</sup>, Sergio Pérez González<sup>1</sup>, Jose María Santacruz Taledo<sup>2</sup>

<sup>1</sup>Family Medicine, Hospital Carlos Haya, Málaga, Spain

<sup>2</sup>Centro de Salud El Palo, SAS Servicio Andaluz de Salud, Málaga, Spain

**Background:**

Patient Age: 49 years

Sex: female

Disorder: Abdominal pain

Case history:

NKA

Diseases known: none

Patient who came to the emergency room due to abdominal pain that has worsened in the last 72 hours. He has visited his family doctor several times for the same reason for the last two months.

**Questions:**

Should we pay attention to abdominal pains of so much evolution time in an emergency room?

**Methods:**

We proceed with a physical exploration. The patient complains of pain all over the abdomen. No signs of peritoneal irritation, more important pain in hypogastrium and right inguinal area. We request blood test and abdominal x-ray.

**Outcomes:**

The X-ray is normal and the blood test is completely normal except for a PCR of 139.

The patient continues complaining of pain despite analgesia, so we decided to request an abdominal ultrasound:

- right annex increased in size and heterogeneous appearance, gynecological evaluation is recommended.

**CONTENT**

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We send the patient to a gynecological hospital where they find a complex right pelvic tumour and is treated at the moment by the oncology team.

**Discussion:**

It is extremely important to pay special attention and care to those patients who have come on numerous occasions and the clinic persists despite treatment.

**Take home message for Practice:**

Always take into account in the abdominal pain in women the possibility of ovarian cancer as an option. It is very rare, is difficult to diagnose but with an early diagnosis the survival for our patients is high.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 348**

**Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

**Presentation form / Präsentationsform**

ePoster

**Title: Neck Pain - How to Treat a Pain in the Neck?**

*Vera Sousa, Cláudia Alves, Mónica Lopes*

*ARS Algarve, Faro, Portugal*

**Introduction:**

Cervicalgia is a common condition in primary health care with a prevalence of 10%, being a serious cause of suffering, work absenteeism and health care resource consumption. Neck pain can be divided into two major groups: axial neck pain and neck pain with associated pain that predominantly affects the lower and upper extremities. The present study focuses on the treatment of axial neck pain in the context of primary health care. Cervicalgia with neurological impairment needs more careful evaluation.

**Methodology:**

A bibliographic search was conducted in December 2019, under the terms Mesh: neck pain treatment. We selected English language review articles published in the last five years in the databases: Cochrane, MEDLINE / PubMed, UpToDate and we consulted textbooks

**Results:**

A total of 617 articles were obtained, and articles related to cancer and pediatrics were excluded. Of the remaining, 23 were selected for their interest and relevance.

**Discussion of Results / Conclusion:**

Although the incidence of cervical pain is like low back pain, there are fewer studies in cervical pain, and most recommendations are based on grade III / IV evidence. Most acute episodes of neck pain are self-limiting, but about one-third of acute neck pains become chronic. For the majority of the patients, conservative therapy alleviates pain.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 350**

**Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

**Presentation form / Präsentationsform**

ePoster



## Rhinorrhea and cold: about a case

Paula Colacicchi, Sergio Pérez González, María José González Vega  
*Family Medicine, Hospital Carlos Haya, Málaga, Spain*

### Background:

Patient Age: 57years

Sex: female

Disorder: Rhinorrhea and cold of 3 weeks of evolution

Case history:

NKA

Diseases known: HTA, asthma, hypothyroidism.

Surgical background: gastric-bypass, hysterectomy.

No toxic habits.

Treatment: amlodipine 5mg, hydrochlorothiazide 25mg, eutirox 100mcg, terbasmin 500mcg.

Patient who came to her primary doctor referring catarrhal symptoms and rhinorrhea from the right coana for the last 3 weeks. It increases when she makes a physical effort. The liquid is transparent and doesn't know improve with cetirizine or antibiotics. No history of recent head trauma or fever.

We request a CT Skull finding a cerebrospinal fluid fistula.

### Questions:

Should we continue with the treatment with antibiotics or should we try to find the reason that causes the symptoms?

### Methods:

The patient is admitted in the Neurosurgery department where they performed an external lumbar drainage and she is kept in the hospital for neurological surveillance and for further studies.

### Outcomes:

A mieloCT scan is performed finding a small bone defect in the sieve sheet. After several studies and surveillance, the patient was discharge and no further clinic was find afterwards. Currently the patient is asymptomatic.

### Discussion:

This is a clear example of the important role of the Primary Care doctor and how a correct history and physical exploration is essential.

### Take home message for Practice:

It is important to recognize the key symptoms to be able to get the correct diagnosis.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 366

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

ePoster

## Approach to headache in primary health care: a proposal of a protocol

Gabriela Machado<sup>1</sup>, Yuliya Kuzmyn<sup>1</sup>, Joana Afonso<sup>1</sup>, Ana Marinho<sup>2</sup>, Diogo Prates<sup>3</sup>, Filipe Mateus<sup>4</sup>, Mara Silva<sup>5</sup>, Marta Freitas<sup>2</sup>, Ricardo Coelho<sup>4, 6</sup>, Ana Valério<sup>1</sup>



- 1) *USF São João do Pragal, Almada, Portugal*
- 2) *USF Cova da Piedade, Almada, Portugal*
- 3) *USF Pinhal de Frades, Seixal, Portugal*
- 4) *USF Cuidar Saúde, Seixal, Portugal*
- 5) *USF Poente, Almada, Portugal*
- 6) *USF Feijó, Almada, Portugal*

**Background:** Headache is one of the 10 main causes of incapacity in Europe. There are four main types of primary headaches to be considered in primary care, both because of their frequency and associated incapacity – migraine, tension type headache, cluster headache and medication-overuse headache.

**Method:** We conducted a literature review, namely the European principles of management of common headache disorders in primary care and the Therapeutic recommendations of the Portuguese Headache Society.

**Results:** We constructed a protocol to guide the general practitioner (GP) when dealing with a patient with headache. It involves the history of the symptoms, the physical examination and neurological examination, the alarming features that raise the suspicion of a secondary headache, the differential diagnosis between primary headaches, the therapeutic approach (both non-pharmacological and pharmacological, acute and preventive), and when to refer patients to secondary health care.

**Conclusions:** Primary headaches constitute a group of frequent and underestimated diseases that cause much suffering and loss of quality of life to patients. It is necessary that the GP knows how to exclude serious causes of headache, how to diagnose the different types of headaches and how to treat them accordingly, in order to help their patients in the best way.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 407

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

Lecture / Vortrag

### Self-referred walk-in patients in the emergency department – who and why? Results from a multicenter study of respiratory patients

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### Background:

Self-referred walk-in (SRW) patients consulting emergency departments (ED) are frequently treated as outpatients and could supposedly be managed in primary care (PC) in many cases. The EMACROSS study explores characteristics of ED patients presenting with respiratory symptoms, which constitute an important consultation trigger in both ED and PC.

### Questions:

We investigated factors associated with SRW presentation as well as consultation motives and involvement with PC care.



## Methods:

EMACROSS is part of the multicenter research network EMANet, comprising eight ED in the central district of Berlin, Germany. The principal module of the mixed-methods study consists of a quantitative survey of respiratory ED patients, supplemented by secondary hospital records data. Data encompassing demographic and medical patient characteristics and consultation motives was analyzed with descriptive statistics; predictors of SRW were assessed by logistic regression.

## Results:

Factors associated with SRW consultation in the provisional logistic regression model were: academic education, first-generation migrants, high subjective severity of complaints and recurrent nature of complaints. In contrast, chronic pulmonary illness, attachment to a PC practice and higher age lessened the probability. Model refinement and diagnostics are in progress. Subjective severity and symptom-related anxiety as well as organizational issues constituted important consultation motives, while convenience played a minor role. Readiness for alternative care in a PC setting was considerable.

## Conclusions:

Patient characteristics and motives associated with less urgent ED consultations for respiratory complaints were identified. The results indicate subgroups of patients warranting special attention in the efforts to reduce ED consultations in favor of alternative PC care.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 437

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

ePoster

## Insomnia that is not what it seemed: a clinical case

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**Background:** Insomnia is one of the most common symptoms for which adults seek medical advice. The ability to fall asleep and maintain sleep is influenced by multiple factors. Identifying these factors is one of the goals of Primary Care.

Several factors can trigger or favor insomnia, such as pain, nocturia, sleep disorders such as obstructive sleep disnea, psychiatric disorders, tumors or a history of childhood trauma.

**Content:** *Case report:* 59-year-old female who repeatedly goes to her Family Doctor for insomnia, so she is being treated with lorazepam. She does not improve, so she goes to the Emergency Department, where she also reports that she has muscle contractions with loss of strength of the lower limbs for 3 weeks and holocraneal headache. Apart from this, she has loss of appetite with weight loss of about 4 kg in the last month.

The exploration is anodyne, as well as the blood tests.

A cranial CT-scan is performed, where findings compatible with metastatic involvement are observed.

She is admitted in Internal Medicine to complete the study. During admission, a chest CT-scan is performed, where an extensive lung tumor lesion is observed, corresponding to the primary tumor of brain metastases.



**Take home message for practice:** a long-standing insomnia that does not decrease with treatment, associated with headache and loss of strength, it should make us think that there is something else behind it. It is important to make a good anamnesis at Primary Care and refer it to the Emergency Department if needed.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 442

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

ePoster

### Cerebellar stroke mimicking peripheral vertigo. Case report.

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<sup>2)</sup>Faculty of Psychology, UCAM Universidad Católica de Murcia, Murcia, Spain

**Introduction:** Dizziness is a frequent reason of consulting a GP. The differences between the central and peripheral vertigo are not always easy to determine during the clinical exam. Cerebellar infarction is considered a rare cause of isolated vertigo, but it is possible that its prevalence is underestimated.

**Brief Clinical History:** A 73-year-old male with a history of: hypertension, hypercholesterolemia and DM2 contacted his GP requesting an urgent home visit because of severe dizziness, movement illusion and hearing loss of acute onset. On examination: paleness, nauseous, unable to stay up, with a blood pressure of 140/90 mmHg, glycaemia of 174. Cardiopulmonary examination revealed an irregular heartbeat, 120 beats/min, no murmurs and clear lung fields. Neurological exam showed no deficits and ENT exam revealed positional nystagmus. Treatment was administered, the patient was transferred to the local Hospital. The electrocardiogram showed auricular fibrillation with multiple ventricular extrasystoles. The blood test revealed leucocytosis, the urgent CT-scan confirmed an ischaemic lesion on the right cerebellum hemisphere and the echocardiography showed decreased systolic function related with tachycardiomyopathy. The patient was admitted for 5 days, and discharged with a good general state, modified treatment (beta-blockers, anticoagulation), progressive recovery of the dizziness and instability, but with persisting hearing loss.

**Differential Diagnosis:** Acute peripheral vertigo: benign positional paroxysmal vertigo; Meniere's disease; vestibular neuritis;

**Final Diagnosis:** Cerebellar ischaemic stroke, Auricular fibrillation

**Discussion:** Cerebellar infarction is an uncommon cause of vertigo. Consciousness of the possibility of central origins and a detailed clinical exam can help to reduce the number of misdiagnosis.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 498

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

Lecture / Vortrag



## Development of a digital communication tool to overcome language barriers in emergency medical services: DICTUM rescue project

Eva Maria Noack, Jennifer Schulze, Frank Müller

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### Background:

Emergencies require rapid initial assessment and decisions. If patients' complaints or pre-existing conditions cannot be assessed due to language barriers, this may lead to incorrect decision-making and initial treatment. We have developed a software application to help paramedics to overcome language barriers. In Germany, paramedics provide treatment on the scene and transport to definitive care. This lecture provides insights into the development process and implementation.

### Questions:

How must a software application be designed to improve communication with foreign-language patients and thus facilitate medical history taking in emergency medical services?

### Methods:

Action-oriented research including focus group discussions and case trainings with paramedics and software developers. The tool is implemented and evaluated within a clinical trial.

### Outcomes:

Paramedics' active involvement allowed us to reveal and subsequently consider their experience-based knowledge and find out how guidelines are implemented in practice. Which information has to be gained on scene varies considerably from case to case. Paramedics may want to communicate with both adults and child patients as well as with third parties and they need to inform and to ask for consent. Despite its comprehensiveness, the tool has to be rapid to use. The use in the field places demands on hardware (as to robustness, display, volume) and communication options.

### Discussion:

Bringing paramedics and software designers together and involving them actively has contributed greatly to the app development. Especially, the use of mock-ups was very useful.

### Take Home Message for Practice:

Any medical software development should actively involve both end users and developers.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 560

#### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

#### Presentation form / Präsentationsform

ePoster

### A really rare enlarged abdominal perimeter

Miren Ibarra, Fernando Perales González, Pablo Natanael Puertas Moreno, Alberto Sánchez Bernal, Pablo Macazaga Millán, Borja Gabriel Rodríguez, Julia Tapetado Verjaga, Raquel Tapia Santamaría, María Herreros Pérez, Aranzazu Serrano Salazar

*SemFyc, Madrid, Spain*

69-years-old female with history of hypertension and beer consumption of 660cc per day, presented two days of progressive dyspnea, orthopnea and enlarged abdominal perimeter, also fifteen days of cough and gray expectorations.



On examination her oxygen saturation was 97% and tachypnea. Crackling sounds in right lung base without further alterations. ECG in sinus rhythm at 120 beats per minute

We made a chest radiography that shows pleural effusion and parenchymal consolidation in medium right lobule. On the ultrasounds we performed there were bilateral pleural effusion and free abdominal fluid. We referred our patient to Hospital Emergencies

There she had blood pressure of 80/40 mmHg, acute renal failure, anemia (hemoglobin 7.3 mg/dL) and leukocytosis of 27.44 mil/mcL. NT-proBNP 282 pg/dL

Abdominal computed tomography showed perihepatic free liquid, chronic liver disease with portal hypertension and right pneumonia. Paracentesis with hematic liquid but CT angiography did not find a bleeding point so an urgent surgery was excluded.

The patient is admitted on the intensive care unit because of hypovolemic shock due to hemoperitoneum, thus five erythrocytes concentrates were transfused

To complete the study a gastroscopy was performed with final diagnosis of hemoperitoneum probably due to intrabdominal collateral vein bleeding caused by portal hypertension of unknown origin and treatment with somatostatin was started.

Intrabdominal collateral vein bleeding is an infrequent and severe cause of spontaneous hemoperitoneum. Several reports show 100% mortality with conservative treatment and over 70% with urgent surgery. It is a vital urgency that needs an early diagnose.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 596

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

## Abdominal pain, when painkillers don't work anymore and you can't find the disease behind: a case report

José Herrero Rubí, Marta Parras Gordillo, Guillermo Ordax Calvo, Marta García Caballos, Regina Gálvez López, Lucía Sánchez Melguizo

*Andalusian Health System, Granada, Spain*

**Presented problem:** A 69 years old male came to the emergency department referring right upper quadrant pain that had started months ago but had gone worst in the last weeks. It went worse with movement and by eating. He described distended abdomen, occasional vomiting and weight loss. It was the third time he consulted in the hospital for that pain, which couldn't be controlled with first and second WHO analgesic ladder drugs. His medical history was significant for a T12 fracture. He had undergone surgery for vesical lithiasis and umbilical hernia. He reported a 40-pack-year smoking history and 40 grams of daily alcohol consumption. Abdominal examination revealed tenderness to palpation in the right upper quadrant without any rebound tenderness. No other significant findings were found.

**Management.** The only significant laboratory findings were: moderately high GGT and a 11,7 g/dL hemoglobin level. He underwent a radiography and an ultrasonography, without pathology. We requested evaluation from digestive system specialists who dismissed urgent digestive pathology and attributed pain to osteoarticular symptoms and drugs-induced gastric damage.



**Outcome:** The pain needed pethidine to be relieved so an CT-angiography was undertaken under the differential diagnosis of chronic bowel ischemia versus peptic ulcer. It showed a gastric wall thickening. An endoscopy was performed revealing a big gastric ulcer with presence of H.pylori.

**Discussion:** It's common to commit mistakes that compromise patients safety. We should accept they'll occur and try to avoid them by giving emphasis to the clinical findings and think properly before making choices.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 618

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

Workshop

### Escape room "The world of recreational drugs".

Elena Klusova Noguina<sup>1)</sup>, Rocío García-Gutiérrez Gómez<sup>2)</sup>, Miriam Rey Seoane<sup>3)</sup>, Rabee Kazan<sup>4)</sup>, Guillermo García Martínez<sup>5)</sup>, Juan Ballesta Ors<sup>6)</sup>, Victor Ng<sup>7)</sup>, Vasilios Stoukas<sup>8)</sup>, Javier Calvo Sabio<sup>9)</sup>, Cristina Sicorschi Schweidler<sup>10)</sup>

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<sup>6)</sup>Institut Catala de la Salut, semFYC/VdGM, Tarragona, Spain

<sup>7)</sup>Wonca World/ College of Family Physicians of Canada, Toronto, Canada

<sup>8)</sup>ELEGEIA/VdGM, Athens, Greece

<sup>9)</sup>EPES 061 Andalucia, semFYC/VdGM, Sevilla, Spain

<sup>10)</sup>Medgate, Eckental (Nürnberg), Germany

### Background:

The non-medical drug use and abuse is a serious public health issue, responsible for over 2.400.000 life-years lost due to disability and mortality (WHO). An increasing number of cases of life-threatening drug intoxications have shaken the planet in the last 15 years, and the use of psychoactive substances have recently acquired a new dimension owing to atrocity of sexual crimes associated with Drug Facilitated Sexual Assault.

We believe it is imperative for physicians to know the alarming signs and symptoms of Drug Overdose (DoD) to improve it's early recognition, to prevent a consecutive severe neurotoxic damage and to increase the possibility of patient's survival by providing an early and correct treatment.

### Target Group:

All audiences, including patients; Special interest for doctors / nurses interested in emergencies.

### Didactic Method:

Participants will leave the scientific maze of Escape Room only after solving dilemmas of rapid warning-sign's recognition essential to distinguish in intoxicated patient. Analysing algorithms of immediate diagnostic orientation based on physiopathological mechanisms and deciding pharmacological and non-pharmacological treatment are all taught through game, action and adrenaline pumping!

### Objectives:

## CONTENT

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We present a skill-building learning session in an entertaining and time-dependent context of a Medical Escape Room with an opportunity to exercise clinical and diagnostic thinking in the DoD by recreational drugs scenarios, currently more popular and problematic in Europe.

**Estimated number of participants:**

Up to 50-60

**Brief presentation of the workshop leader:**

Elena Klusova-Specialist in Family and Community Medicine, Consultant GP with sub-specialization in Emergency, Ibiza, Spain

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 632**

**Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

**Presentation form / Präsentationsform**

ePoster

**Nurse Triage in Same Day appointments in Primary Care: an illusion or the necessary next step?**

Ana Aires, André Ferreira, Alcino Santos, Rafael Gonçalves

*USF Alpha, Ovar, Portugal*

**Background:**

The first line of contact with health services is through Primary Care, which includes appointments for acute and chronic problems. In Portugal, same day appointments are usually made directly to the physician, causing overuse of those appointments. Triage of these appointments by nurses creating a priority system may improve accessibility.

**Questions:**

How can triage by nurses on same day appointment improve accessibility to primary care?

**Methods:**

A descriptive-analytical cross-sectional study included 25 810 same day appointments that came to a primary care unit with nurse triage from January 2014 to December 2017. A descriptive and inferential analysis was performed with nonparametric tests using the software program SPSS® version 25.0

**Outcomes:**

This study included patients with a median age of 40 years and 60.4% were female patients. 85.9% (n= 22 110) of patients were forwarded to doctor's office, most of them with symptoms suggestive of acute infection. 14.1% (n= 3 641) received nurse treatment or advice, 2,8% (n= 709) of them were scheduled to a doctor's appointment in a maximum of 3 days. There is a statistically significant difference of triage approach due to patient's age and between triage decision made by the patient's usual nurse or another nurse (p<0,01).

**Discussion:**

Nurse Triage improved quality and accessibility to health care. Nurse Triage emphasizes the importance of teamwork between doctor-nurse-patient, as it also stimulates patient health awareness.

**Take Home Message for Practice:**

Same day appointment triage made by nurses may improve the quality of Primary Health care services.

Conflict of interest / Interessenkonflikte

no / nein



**Contribution ID: 644**

**Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

**Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

**An improbable stroke**

Maycoll Vieira<sup>1</sup>, Catarina Vais<sup>1</sup>, Filipa Valentim<sup>2</sup>, Helena Martinha Marinho<sup>2</sup>

<sup>1</sup>Pico's Island Health Unit - Madalena's Health Center, Madalena (Pico), Portugal

<sup>2</sup>Faial's Island Health Unit - Horta's Health Center, Horta, Portugal

**Background:** 26 y/o woman, technician at oenology laboratory. Vegetarian. Irrelevant personal and family medical history. Under no medication, alcohol or tobacco. Physically active. G1P1.

**Event:** In april 2019 the patient is admitted to the emergency services of Madalena's Health Center for paresthesia after a strenuous activity, initially limited to her left hand and afterward spreading to her whole left hemibody, accompanied by ipsilateral reductions in strength and sensibility. She showed a Romberg test with a slight left decay, equilibrium difficulties and left dysdiadochokinesia. A non-contrasted cerebral CT scan showed a lesion on her right cerebral hemisphere, previously unknown.

The patient is transferred urgently to Horta's Hospital, where a contrasted cerebral CT scan denotes an ischemic stroke of the right middle cerebral artery. Urgent treatment is administered. Blood tests performed showed no significant alterations. Autoantibodies were negative. *Holter* monitor and cervical Doppler ultrasound come back normal, echocardiogram shows only an interventricular septal thinning. After 3 days, she's transferred to the hospital in Terceira Island where she's undertakes a cerebral MRI that shows no vascular malformations, and a transesophageal echocardiogram that identifies a minuscule open foramen ovale.

**Result:** Thromboembolism with origin in that territory is assumed to be the cause of the stroke. After 20 days she's discharged with dual antiplatelet therapy and referred to Cardiothoracic Surgery for correction of her foramen ovale.

**Discussion:** Even though strokes are infrequent in young and apparently healthy people, they do occur and exclusion of possible autoimmune, hematologic or malformative causes is mandatory.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 839**

**Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

**Presentation form / Präsentationsform**

ePoster

**Back pain as the inaugural picture of multiple sclerosis**

Carlota Barreira<sup>1</sup>, Daniela Maça<sup>1</sup>, Valter Moreira<sup>2</sup>, Ricardo Araujo<sup>2</sup>, Sara João<sup>1</sup>, Susana Correia<sup>1</sup>

<sup>1</sup>ARSLVT, USF Ajuda, Lisboa, Portugal

<sup>2</sup>ARLVT, USF Descobertas, Lisboa, Portugal

**Background:**



Multiple sclerosis (MS) is the most common cause of neurological disability in young adults worldwide. Europe is considered a high prevalence region for MS.

### Questions:

What are the symptoms of MS?  
Why is MS so difficult to diagnose?

### Methods:

Case description

### Outcomes:

Woman, 27 years old, previously healthy. Came to the emergency department referring a history of back pain, without irradiation, and sensory disturbance in the lower limbs, beginning four days earlier. In the examination, she presented live osteotendinous reflexes and a sensitivity level change up to D10. Dorsal MRI is requested to exclude spinal cord injury. Patient is admitted to the neurology department. MRI features a intramedullary lesion, in D7-D8, involving almost all of the transverse medullary area. MS was diagnosed and the patient does five days of methylprednisolone, with slight clinical improvement. Patient continues to attend neurology and rehabilitation consultations, where dimetil fumarate therapy is started. To date no other episodes have occurred.

### Discussion:

This case is interesting because it takes place during an optional neurology internship in the 3<sup>rd</sup> year of trainee as a family physician (FP).

Internships in various specialties are important for acquiring skills that allow us to diagnose less frequent diseases in our clinical practice.

### Take Home Message for Practice:

MS is a chronic inflammatory disease of the central nervous system that typically presents in the third or fourth decade of life.

Early and timely diagnosis allows a better prognosis of the disease.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 869

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Meningeal reaction in patient with fever

Borja Jiménez Ormabera<sup>1</sup>, Carmen Imbernón García<sup>1</sup>, Alejandra Marco Rodríguez<sup>2</sup>, Rosa María Requena<sup>1</sup>, Jesús Hernández González<sup>1</sup>, Jennifer Ramos González<sup>1</sup>, Sandra Jiménez Rejón<sup>1</sup>, Maria del Carmen Paniagua Merchán<sup>1</sup>, Alejandro García Ros<sup>1</sup>

<sup>1</sup>General Medicine, Murcian Health Care System, Cartagena, Spain

<sup>2</sup>General Medicine, Galician Health Care System, Santiago de Compostela, Spain

**Background:** Meningeal syndrome is the set of symptoms and signs that translate an inflammatory process, usually infectious, in leptomeninges.

**Questions / Discussion Point:** How do we handle a suspicion of meningitis?  
Content: A 71-year-old woman goes to her health center presenting fever of 39°C and pain in the throat and both abdominal flanks. While waiting in the health center, she experienced, blurred vision, sweating and loss



of consciousness, with spontaneous recovery and inability to move and talk later. The general practitioners detected asymmetry in limbs strength and send her to the emergency department with suspicion of stroke. Asking and exploring the patient in the emergency service, stroke diagnosis was discarded, and due to behavioral disorders in patient with fever, meningitis protocol was activated. Lumbar puncture was performed, aztreonam, vancomycin, acyclovir and dexamethasone were administered and computed tomography was performed. Blood test: C-reactive protein 6.55, leukocytes 11,000/mm<sup>3</sup>, leukocyturia. Computed tomography: without acute pathology. Cerebrospinal fluid: blood, Leukocytes 112 (91% polymorphonuclear), Glucose 78. During hospitalization in neurology service, cerebrospinal fluid culture was negative. Blood cultures were positive for *Proteus mirabilis*, so ciprofloxacin was administered. Diagnosis: Bacteremia, probably secondary to right acute pyelonephritis, with secondary meningeal reaction.

**Take Home Message for Practice:** In the end, the diagnosis was a meningeal reaction and not an infectious meningitis. However, when having suspicion of bacterial meningitis, to give antibiotic therapy in the first 30 minutes is transcendental to increase survival.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 886

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Behavioral disorder in patient with fever. Importance of training general practitioners in ultrasound

Borja Jiménez Ormabera<sup>1</sup>, Carmen Imbernón García<sup>1</sup>, Alejandra Marco Rodríguez<sup>2</sup>, Sandra Jiménez Rejón<sup>1</sup>, Jennifer Ramos González<sup>1</sup>, Jesús Hernández González<sup>1</sup>, Rosa María Requena<sup>1</sup>, Maria del Carmen Paniagua Merchán<sup>1</sup>, Alejandro García Ros<sup>1</sup>

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**Background:** Embolic events are the most frequent extracardiac complication of infective endocarditis, with predilection for the central nervous system, worsening the prognosis.

**Questions / Discussion Point:** What is the differential diagnosis in this patient? How was the diagnosis reached?

**Content:** 67-year-old male patient who goes to the emergency medical service presenting 38.5°C fever and behavioral disorders, with disorientation and tremor. Medical history: atrial fibrillation, anticoagulated with edoxaban. Examination: 39°C, mitral systolic murmur. Temporo-spatial disorientation, bradypsychia. No clinical signs for meningism. Empirical antibiotics were started for suspected meningitis, being unable to perform lumbar puncture due to coagulation abnormality. However, an echocardiography was performed due to the new appearance of systolic murmur. Mitral prolapse and a vibrating image that protruded in the left atrium were found: suspicion of mitral valve endocarditis. Antibiotic therapy with gentamicin and ampicillin was started and the patient was hospitalized. Afterwards, in cerebral magnetic resonance, multiple subcortical cortical acute ischemic infarctions were found, bilaterally, compatible with septic cardioembolic stroke. Blood cultures were positive for *Streptococcus viridans*.

**Take Home Message for Practice:** Bedside echocardiography allowed changing the suspected diagnosis in the case of this patient. Theory and practical training on ultrasound for general practitioners assures good quality ultrasound examinations, which allow quick diagnoses.

## CONTENT

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Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 899

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Sulfur exposure consequences

Carmen Imbernón García<sup>1)</sup>, Borja Jiménez Ormabera<sup>1)</sup>, Alejandra Marco Rodríguez<sup>2)</sup>, Ana Lloret Llorca<sup>3)</sup>, Rosa María Requena<sup>1)</sup>, Maria del Carmen Paniagua Merchán<sup>1)</sup>, Jennifer Ramos González<sup>1)</sup>, Jesús Hernández González<sup>1)</sup>

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<sup>3)</sup>Pharmacy Department, Murcian Health Care System, Cartagena, Spain

**Background:** Sulfur is absorbed by inhalation or ingestion. It may cause irritation, cough, pain and diarrhea.

**Questions / Discussion Point:** What can sulfur exposure cause? How would we handle it?

**Content:** A thirty-year-old woman with no remarkable medical background attends to the emergency department for fever, general sense of discomfort, rash, burning sensation on the limbs skin, nausea and vomiting and 37.8°C. She recalls sulfur contact 10 days ago. Forty eight hours after the contact she presented the same symptoms, so antihistamine and corticosteroid treatment was prescribed. Examination: Temperature: 36.4°C. Conscious and oriented. Slight discomfort in right hypochondrium when palpation. Skin exam shows rash. Blood test, venous gasometry and chest radiography without alterations. Suspected diagnosis: Sulfur exposure without significant clinical impact. The patient remains afebrile with normal physical exploration, but still feels skin burning sensation. Because of the absence of other major symptoms it is decided to continue home observation. During the five posterior days symptoms progressively disappear.

**Message to take home:** After inhaled exposure to sulfur, burning sensation, cough and sore throat may occur. Dermal exposure causes erythema. In case of ingestion, burning sensation and diarrhea may occur. Prolonged or repeated contact may cause sinusitis, dermatitis and chronic bronchitis. Differential diagnosis with food or drug allergy should be considered.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 933

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

Lecture / Vortrag

### Knowledge of general population from an area of Barcelona towards cardiopulmonary resuscitation

Sandra Paredes Garcia, Núria López Batet, Daniel Cortés Rodriguez

CAP Compte Borrell, Barcelona, Spain



**Background:** In a cardiac arrest, before the medical service arrives, the victim survival depends on the bystander who could initiate cardiopulmonary resuscitation (CPR) and use an automated external defibrillator (AED).

**Questions:** Knowledge, abilities, CPR training and the use of AED in general population from an area of Barcelona, Spain.

**Methods:** Descriptive and transversal study that analyses the results obtained from a survey. 254 participants, their ages ranged between 18 to 65. None of them had specific healthcare formation.

**Outcomes:** 54% of the responders were women, 61,6% had a college degree or similar and 82% were occupationally active. 95% of the sample considers that the recognition of a cardiopulmonary arrest situation is of uttermost importance. Solely 26,16% had been trained in this area and only 5% consider themselves able to apply such techniques.

77,64% do not have knowledge about the chain of survival. 87% do not know the correct number of compressions/ventilations.

Globally, trained subjects were more than twice as likely to answer technical questions correctly than those who lacked training ( $p < 0,05$ ). Furthermore, those who had been trained during the previous year duplicate correct answers compared to those who received it longer ago ( $p < 0,0025$ ). 84,8% of the responders refer an interest in being trained in their own time.

**Discussion / Take home message:** Our patients know that bystanders are key in the assistance of cardiorespiratory arrest victims, though their knowledge and training are limited. They are keen on being trained in these aspects so we should think about providing this formation.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 943

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

ePoster

## Guillain-Barré syndrome - No clinical suspicion, no diagnosis

Cecilia Martín, Carmen Flores Guardabrazo, Ladislao Cervera

*Family and community medicine, Spanish Public Health System, Algeciras. Cádiz, Spain*

An 85-year-old woman was clinically followed during her admission from the moment she was attended by me in the emergency area to the day she was discharged. I also made a retrospective sight to see how many times she came to the emergency area to complain about the same symptoms.

To illustrate the problems that we create to our patients when we do not listen to them and we do not make a proper differential diagnosis.

Our patient came to the hospital complaining about apparently musculoskeletal pains in lower limbs two times before she finally came with tetra paresis and dyspnea. Because of this late diagnosis we put our patient life at high risk and she could finally recover after 17 days in the Intensive Care Unit.

¿Could have we done something more to get an initial better prognosis? ¿Would have it been cheaper for our Public Health System? ¿Do we really listen to our patients? ¿Is the actual state of health of the Spanish public Health system (fewer doctors at the hospitals, healthcare pressure, hyper frequenters due to a complete lack of health education...) one of the reasons the other two practitioners did not get to make a right differential diagnosis?

Conflict of interest / Interessenkonflikte



no / nein

**Contribution ID: 977**

**Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**When is more than flu - case report of a viral myositis**

Miguel Maciel<sup>1</sup>), Maria João Ribeiro<sup>1</sup>), Carolina Castro<sup>2</sup>), Ana Macedo<sup>1</sup>), Helena Azevedo<sup>1</sup>)

<sup>1</sup>)Unidade Saúde Familiar Novo Sentido, Porto, Portugal

<sup>2</sup>)Pediatrics, Hospital Pedro Hispano, Matosinhos, Portugal

**Background:**

Upper respiratory tract infections are one of the most common motives for acute consultation at primary health care in children. Regardless, less common diseases, such as myositis, should be considered.

**Discussion Point:**

Differential diagnosis for Influenza virus infections

**Content:**

Eight year-old male was observed at our primary health care unit on November 2019 with two-day evolving fever and cough with no findings in the physical examination - a viral upper respiratory tract infection was assumed and treatment with antipyretic drugs and oral hydration was indicated.

Three days later he returned with maintenance of his clinical status, regardless of treatment, with abnormal gait and bilateral pain in the gastrocnemius muscle. Neurological and osteoarticular physical examination had no abnormalities.

Nevertheless, he was referred to the pediatric emergency department for further evaluation.

At the emergency department there were no additional findings in the physical examination. Blood tests were performed, which revealed a creatine kinase of 7110U/L, myoglobin of 1935ng/mL and aspartate aminotransferase of 191U/L, with no changes in renal function.

He was then admitted for intravenous fluid therapy with a suspected myositis.

Nasopharyngeal aspirate culture was performed and tested positive for Influenza B virus - Influenza B myositis was the presumed diagnosis.

Treatment with Oseltamivir was done for four days with a good response.

He was discharged after four days with indication to increase oral hydration and rest.

**Take Home Message for Practice:**

Look out for rarer symptoms in flu-like presentations and increase accessibility for patient reevaluation.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 989**

**Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Doctor, I see double: a clinical case**

Sofía González Furundarena<sup>1, 2</sup>), Jana Hernández García<sup>3</sup>)



## Core Values of Family Medicine: Threats and Opportunities

- <sup>1)</sup> *Servicio Andaluz de Salud (SAS), Sevilla, Spain*  
<sup>2)</sup> *CS Mercedes Navarro, Sevilla, Spain*  
<sup>3)</sup> *CS El Mirador, San José de la Rinconada, Sevilla, Spain*

**Background:** Diplopia is the major symptom associated with dysfunction of the extraocular muscles. There are two types of diplopia, vertical diplopia that suggests underactivity of the right or left inferior rectus, superior rectus, inferior oblique, or superior oblique; or horizontal diplopia that is usually due to disease processes that affect the medial or lateral rectus muscles or the innervation of these muscles. Diplopia may arise due to a number of causes, including a neurogenic lesion, neuromuscular transmission defect, myopathy, or mechanical restriction in the orbit. Some of the causes can be: third, fourth or sixth nerve palsy, internuclear ophthalmoplegia, myasthenia gravis and orbital myositis among others.

**Content:** 73-years-old male who comes because of dizziness and diplopia since this morning. He refers he was asymptomatic the day before.

On examination, he presents right internuclear ophthalmoplegia with the presence of spontaneous nystagmus in primary position of the gaze with multidirectional horizontal diplopia predominantly in the left gaze. He also presents gait instability. The rest of the exploration and complementary tests are normal. It appears to be a right internuclear ophthalmoplegia in relationship with ischemic lesion at the level of the trunk near the medial longitudinal fascicle. Due to the evolution time, he is not a candidate for intravenous fibrinolysis.

**Take home message for practice:** it is very important to perform a good anamnesis and check how long the patient has had the symptoms in order to guide the appropriate treatment.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1099

#### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

#### Presentation form / Präsentationsform

ePoster

#### Dyspnea in Young adult: about a case

Paula Colacicchi, Sergio Pérez González, Irina Rivera Rios  
*Family Medicine, Hospital Carlos Haya, Málaga, Spain*

#### Background:

Patient Age: 25

Sex: male

Disorder: Shortness of breath

Case history:

NKA

Diseases known: none

Toxic habits: smoker 1 pack a day.

Patient who came to his Primary Care doctor for shortness of breath after exercise.

#### Questions:

Should we pay attention to this signs in a young patient? What are the differential diagnoses?

#### Methods:

### CONTENT

[www.familydoctoreurope2020.org](http://www.familydoctoreurope2020.org)



Organized by  
DEGAM (WONCA Member)





We proceed with a physical exploration. Pulmonary auscultation abolished pulmonary murmur in left hemitorax. We noticed respiratory difficulty and we decide to refer him to the Hospital for additional test.

### Outcomes:

Upon arrival in the emergency room, a chest x-ray is performed showing an important pneumothorax that includes the entire left hemitorax. The patient is admitted into the Observation area where a thoracic drainage tube is placed. We consult with Thoracic Surgery and they will follow up the patient.

### Discussion:

It is extremely important to perform a good clinical examination to be able to differentiate the most urgent pathologies from the most banal ones,

### Take home message for Practice:

Always make a good medical history and a good exploration of our patients, regardless of age to be able to rule out what is urgent about what can be treated on an outpatient basis.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 1156

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Thyrotoxic hypokalemic periodic paralysis. A case report.

Borja Jiménez Ormabera<sup>1)</sup>, Carmen Imbernón García<sup>1)</sup>, Alejandra Marco Rodríguez<sup>2)</sup>, Maria del Carmen Paniagua Merchán<sup>1)</sup>, Jesús Hernández González<sup>1)</sup>, Rosa María Requena<sup>1)</sup>, Jennifer Ramos González<sup>1)</sup>, Sandra Jiménez Rejón<sup>1)</sup>

<sup>1)</sup>General Medicine, Murcian Health Care System, Cartagena, Spain

<sup>2)</sup>General Medicine, Galician Health Care System, Santiago de Compostela, Spain

**Background:** Thyrotoxic periodic paralysis is a rare disease that causes recurrent episodes of weakness and paralysis in all four limbs and hypokalemia during a thyrotoxic state. Recovery occurs in 2-72 hours. The attacks occur typically during the night and may be preceded by muscle cramps, pain and stiffness.

**Questions / Discussion Point:** What does this disease consist of? How do we handle it?

**Content:** A 35-year-old male patient without remarkable background of medical issues suddenly presents weakness in the lower limbs, falling to the ground, and also paralysis in the upper limbs, remaining on the ground for several hours. He had done physical effort in the previous days. He had lost 9 kilograms in the past 10 months. Physical examination: loss of strength in lower limbs. Ocular asymmetry with left exophthalmos. Blood tests: Potassium 2,1. Creatine kinase 543. Afterwards: thyroid-stimulating hormone <0.008, thyroxine 2.96, basal cortisol 17. Diagnosis: Thyrotoxic hypokalemic periodic paralysis. The patient was admitted and treated with intravenous potassium and afterwards with thiamazole and beta blockers.

**Take Home Message for Practice:** The attacks are usually triggered by high carbohydrate intake or intense physical activity. The management includes the control of hyperthyroidism and prevention of attacks by using propranolol avoiding triggers. The administration of potassium during attacks can prevent cardiac arrhythmias and accelerate the recovery of paralysis. The prognosis for patients is good and the paralysis disappears when normal thyroid function is regained.

Conflict of interest / Interessenkonflikte

no / nein



## **Contribution ID: 1194**

### **Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### **Presentation form / Präsentationsform**

ePoster

### **Dysphagia lusoria**

Pedro Alejandro Gonzales Flores, Carmen Muñoz Muñoz, Giancarlo Jesús Ormeño Victorero  
*Primary Health/Emergency department, Catalan Health Institute/Mollet's Hospital, Cerdanyola del Vallès/Mollet del Vallès, Spain*

### **Current history:**

A 67-year-old patient who was attended at the emergency room because he has been experiencing solid dysphagia for a few months (a high endoscopy had already been performed). 24 hours before going to the emergency center presents a sensation of choking and retrosternal pain with dysphagia to liquids and solids, with sialorrhea and subsequent vomiting.

### **Physical Exploration:**

TA 165/78 mmHg FC 82 x T 36,6 Spo2 100% Conscious and oriented. Oropharynx: No significant alterations. Cardiovascular and Respiratory systems: Normal. Neurological system: Normal.

### **Complementary Test:**

Blood Analysis: Hemoglobin 12.9 g/L Leukocytes 6.82x10<sup>3</sup>/uL , Glucose 79 mg/dL Urea 22 mg/dL Creatinine 0.95 mg/dL FG 82.55 ml/min Sodium 145 mmol/L Potassium 3.9 mmol/L

Chest X-ray: Well-delimited sacular image in posterior mediastinum .

Chest Computer Tomography: Aberrant right subclavian artery.

### **Diagnostic:**

Dysphagia Lusoria

### **Evolution:**

Patient was admitted in to Internal Medicine Service to complete study.

### **Comment:**

Dysphagia lusoria is a rare cause of mechanical dysphagia by extrinsic compression. It is a congenital disorder that consists of the anomalous location of the right subclavian artery, which is born on the left side of the aortic arch; from this origin, the subclavian crosses the posterior mediastinum behind the esophagus producing its compression. Depending on the age of the patient, the quality of life and the severity of symptoms may be decided to supplement feeding with smoothies or surgery (Only definitive solution)

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 1240**

### **Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### **Presentation form / Präsentationsform**

ePoster

### **Coordination between Primary and Specialized care: the key to success in healing a complicated wound**

Rosalía Sanchez, Iris Forcada, Dídac Parramon, Bouchra Benlamin, Samuel Carmelo Betancor, Gemma Monrabà, Odra Barti, Irene Prat, Sònia Muñoz, Natalí Saura



*Santa Clara Primary Care Health Centre, Institut Català de la Salut (ICS), Girona, Spain*

**Background:** Clinical Case of a 65 years old woman with pathological background: ex-smoker, hypertension, dyslipidemia, ischaemic cardiomyopathy, COPD, depression. She came to Santa Clara health centre with a left forearm wound. It had been done accidentally with a car door a few days ago. It was already infected so oral antibiotic was prescribed.

**Questions:** The empowerment of nursing and the importance of Primary Care-Hospital coordination.

**Methods:** Clinical case with photo report.

**Outcomes:** To underline the importance of nursing care and Primary care-hospital coordination in the management of a highly complex wound.

**Discussion:** The infected wound had a fast progression worsening to a septic shock despite of the initial dressings and oral antibiotic therapy. The patient required hospital admission for intravenous antibiotic therapy. She was discharged with a Primary care-hospital coordination program. Thanks to this coordination, the treatment of this complex wound could be carried out in primary care making easier the hole process to the patient. The wound got two months to heal.

**Take Home Message for Practice:** Primary care nurses are increasingly taking more complex cures due to the growing empowerment of our profession, the consolidation of our knowledge and the need to meet the demands of the population. Coordination with specialized care has been key to the success of the whole process.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1347

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

ePoster

## Subacute hemothorax after two simple costal fractures: Is the first X-Ray enough?

*Elena Boluda Hernández, Marc Danés Castells, Joan Torras Borrell, Genis Roca Figueras*

*Primary Health, Primary Health Center Sant Llàtzer, Terrassa, Barcelona., Spain*

**Background:** Extrapleural hematoma is uncommon. According to its size, it might need surgical treatment to control bleeding. Also, it can cause breathing and circulatory disturbances due to heart and lung compression. This is a case of an extrapleural hematoma in a patient with a previous thoracic trauma.

**Case presentation:** A 46-year-old man turned up in emergency with disnea and pain in his left hemithorax. His personal records included allergic rhinitis and allergic asthma. He referred a traumatism 20 days before, diagnosed as 8th and 9th costal fractures being treated in another hospital. No other symptoms were explained. Examination: hemodynamically stable (BP 140/84 mmHg), with a mild fever (37.5°C), 96% oxygen saturation and preserved vesicular murmur, slight hypophonesis in the left base. Blood test: hemoglobin 13,6 g/dl, white cells 11,97 x10<sup>9</sup>/L, platelets 236 x10<sup>9</sup>/L, rest normal. Chest X-Ray: massive right hemothorax. Image of extrapulmonary process. Fractures of the 8th and 9th left costal arch, slightly displaced. Pneumothorax not observed. Thoracic Computed Tomography: huge extrapleural hematoma (63x92x132mm) in the left thoracic cavity, without signs of active bleeding causing passive atelectasis of the adjacent lung and small amount ipsilateral pleural effusion.

**Differential diagnosis** must be made among mesothelioma, metastatic cancer, empyema, chylothorax, since often misdiagnosed as regional hemothorax.



**Take home message:** Extrapleural hematoma is a rare clinical condition secondary to thoracic trauma, causing bleeding from intercostal vessels. Clinical observation was the chosen treatment, *no surgery was needed*.

**Keywords:** hematoma, pneumothorax, dyspnea.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1449**

**Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

**Presentation form / Präsentationsform**

Workshop

**Back to basics, how to approach and assist from the beginning in a catastrophe.**

Miriam Rey Seoane<sup>1)</sup>, Rabee Kazan<sup>2)</sup>, Anna Fernandez Ortiz<sup>3)</sup>, Elena Klusova Noguina<sup>4)</sup>, Rocío García-Gutiérrez Gómez<sup>5)</sup>, Inês Silva Pereira<sup>6)</sup>, Nelva Mariela Gallardo Aguilar<sup>7)</sup>, Min H. Kim<sup>8)</sup>, Vasilios Stoukas<sup>9)</sup>

<sup>1)</sup> *Acut Delta, Institut catalá de la Salut, Barcelona, Spain*

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<sup>3)</sup> *CAP Barceloneta, SEMFYC, Barcelona, Spain*

<sup>4)</sup> *SAMU061, Ibiza, Spain*

<sup>5)</sup> *CS Torino, Summa 112, Madrid, Spain*

<sup>6)</sup> *Ponta Delgada, Azores, Portugal*

<sup>7)</sup> *SEMFYC, Bonn, Germany*

<sup>8)</sup> *Ordinace Pl Karlin, PRAGUE, Czech Republic*

<sup>9)</sup> *General Hospital of Nikaia & Piraeus, Athens, Greece*

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 proper prehospital assistance and correct evacuation, which is important to reduce mortality. Most of healthcare professionals are not well prepared in this area.

The aim of this workshop is to teach General Practitioners (GPs) how the scenario can be controlled and how the assistance area should be organised (security, post-disaster medical care, evacuation...). Also we will practice fundamentals of the START triage, applying its criteria, creating safe zones and maintaining basic rules.

**Target group:** any health care professional, especially young doctors, trainees and out-of-hours working professionals.

**Didactic method:** 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). A debriefing will be done at the end to assess the team interventions and to clarify the process.

**Objectives:** Indulging in Emergency Care and in Catastrophe Medicine is now becoming a new focal point of doctors in the recent European reality. How to start a triage and how to manage through chaos is basic knowledge physicians nowadays must have.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1457**



**Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Primary care doctors' referrals to emergency hospital stays in Norway**

Jesper Blinkenberg<sup>1, 2)</sup>, Steinar Hunskaar<sup>1, 2)</sup>, Øystein Hetlevik<sup>2)</sup>, Hogne Sandvik<sup>1)</sup>

<sup>1)</sup>National Centre for Emergency Primary Health Care, NORGE, Norwegian Research Centre AS, Bergen, Norway

<sup>2)</sup>Department of Global Public Health and Primary Care, University of Bergen, Bergen, Norway

**Background:**

Primary care doctors have a gatekeeper function in many healthcare systems. General practitioners (GPs) and out-of-hours (OOH) doctors refer more than 60% of all emergency admitted patients in Norway.

**Questions:**

What is the proportion of contacts with GPs and OOH doctors that lead to an emergency admission in somatic hospital?

How do this vary between different contact types and diagnoses?

**Methods:**

We performed a cross-sectional study by linking data from the primary care physicians' claim database (KUHR) and the Norwegian Patient Registry (NPR) for the whole Norwegian population in 2014. A GP or OOH contact was defined as a consultation or home visit, and recognized as a referral contact if it was followed by an emergency admission within 24 hours.

**Outcomes:**

In 2014 there were 13,841,761 GP contacts and 1,363,572 OOH contacts, of which 114,359 GP contacts and 155,357 OOH contacts led to emergency referral to hospital stay. In OOH care 140,475 (11%) of consultations and 14,882 (23%) of home visits resulted in referral, whereas 106,662 (1%) of GP consultations and 7,697 (8%) of home visits lead to referral.

The most frequent admission ICD-10 diagnoses were D01 abdominal pain (7.6% of admissions), A11 chest pain (5.0 %) and R02 dyspnoea (2.8%).

**Discussion/Take home message:**

OOH doctors refer more emergency admitted patients than GPs, and gatekeeping for emergency admissions is a significant part of OOH doctors' work. Although only a small proportion of GP consultations leads to admission, the total effect is a major contribution to emergency hospital stays.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1558**

**Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**'Doctor, I feel weird'**

Joana Carreno, Silvia Reigada, Maria Luís Marques, Claudia Camacho, Petra Chaves, Maria José Barroso  
*USF Monte da Luz ACES Sintra, Monte Abraão Queluz, Portugal*



Headache is one of the most common complaints in primary care. It can be a self-limited, benign event or an inaugural symptom of a life-threatening condition such as a subdural hematoma. A 66 year-old man, with hypertension, dyslipidaemia and a history of stroke in 2015 (with complete recovery) presented to our primary care unit with a parietal headache accompanied by a feeling of mental confusion. The patient denied any recent trauma. His chronic medication was enalapril+hydrochlorothiazide, atorvastatin, fenofibrate, acetylsalicylic acid (ASA) and pentoxifylline. The neurological exam showed a slight ptosis (right eye), asymmetry of the right corner of the mouth, loss of strength in the left side of the body (MRC 3) and dysmetria in the finger-to-nose test. We referred the patient to the Emergency Department where, after undergoing a CT-scan, the diagnosis of a large chronic subdural hematoma on the left hemisphere was made. The patient was admitted and underwent neurosurgery. The next month the patient returned to our primary care unit. At this time the neurological exam was normal, and the patient was no longer taking ASA as recommended by his neurosurgeon. After talking to the patient again, he remembered falling in his bathroom, 2 months prior, and hitting the left side of his head on the wall with significant force. A CT-scan, 5 months after the incident showed no signs of new bleeding. This case shows the importance of early recognition of warning signs of headache and the criteria that justifies further diagnostic investigation.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1565

#### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

#### Presentation form / Präsentationsform

ePoster

#### Diagnosing under pressure

Silvia Reigada, Joana Carreno, Maria Luis Marques, Claudia Camacho, Petra Chaves, Mara José Barroso  
*USF Monte da Luz ACES Sintra, Monte Abraão Queluz, Portugal*

All clinical decisions should be based on the best scientific evidence available, without the interference of external factors, such as emotional attachment, so we can make the best decisions possible for our patients. We present the case of a 52 year-old-woman, with history of a gastrointestinal stromal tumor (surgically removed 3 year ago), that came to the emergency department (ED), accompanied by her daughter (who is a doctor), presenting with 3 episodes of hematochezia in the last 12 hours and diarrhoea in the 2-3 days prior. The only finding after completing the physical examination was bloody gloved finger after the rectal examination. The need for more diagnostic tests was explained to the patient and her daughter. The daughter suggested that, since she was a doctor and was able to ask for the recommended blood tests and colonoscopy outside of the ED, her mother be discharged so not to burden the ED. This suggestion was well received by other members of the medical team, since it was a very busy ED. However, despite the pressure from other colleagues and the patient's daughter, we decided to proceed with de diagnostic tests in the ED, as recommended by the evidence-based protocols. After proper investigation and consult with a gastroenterology specialist, the diagnosis of ischemic colitis was confirmed and the patient was admitted for treatment. This case illustrated the importance of evidence-based medicine, particularly in cases where our emotions and outside pressures can cloud our clinical judgement, endangering the lives of our patients.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1636



## Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### Natural gas intoxication as a result of combustion.

Beatriz Arnal, Neus Muñoz Gost, Silvia Buxó Escoté, Joan Torras Borrell  
*Hospital Consorci Universitario de Terrassa, Barcelona, Spain*

**Presented problem:** Male 40 years-old, non-smoker. He comes with bitemporal headache, nausea and a previous vomiting episode. He refers an exposure to natural gas during a boiler reparation 24 hours ago. It was in a closed room, poorly ventilated with the boiler on.

**Management:** Normal physical examination, he did not present any type of ventricular arrhythmia electrocardiographically. In the analysis, there was a 1.2% carboxyhemoglobin with normal blood count, biochemistry, coagulation and gasometry.

**Outcome:** Natural gas inhalation without carbon monoxide poisoning.

**Discussion:** When facing a gas inhalation case we must know the gases involved and their possible effects. Exposure to simple asphyxiating gases, such as natural gas, should be treated just by breathing ambient air since these only displace oxygen. But when they go into combustion they cause the release of carbon monoxide. Carbon monoxide is a mitochondrial asphyxiating gas, preventing cells of oxygen harnessing. This gas moves the hemoglobin curve to the right given its high affinity for hemoglobin, causing greater oxygen release to the tissues.

### What we can learn from this/open questions:

- If there is a poisoning by gas inhalation, the main treatment is oxygen at high concentrations (100% fraction of inspired oxygen).
- We can use hydroxocobalamin if we suspect that the poisoning may be due to hydrocyanic acid when there is plastic combustion.
- We must think about the referral to a hyperbaric chamber facility if there is an indication, such as Carboxyhemoglobin levels more than 25%, neurological alterations, cardiac ischemia or arrhythmias, and pregnancy.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1677

### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### Presentation form / Präsentationsform

ePoster

### The importance of communication between primary health care and emergency medical services in Latvia.

Līga Kozlovskā<sup>1, 2)</sup>, Aija Drejska - Volkova<sup>1)</sup>, Gunta Ticmane<sup>1, 2)</sup>, Maija Kozlovskā<sup>1)</sup>

<sup>1)</sup>The Rural Family Doctors' Association of Latvia, Balvi, Latvia

<sup>2)</sup>The Department of the Residency Programme in the Faculty of Continuing Medical Education, The Riga Stradiņš University, Riga, Latvia



## Core Values of Family Medicine: Threats and Opportunities

**Background:** Medical health care is a complex net of multilevel approach. Many questions arise looking through the multifaceted prisms of the GPs', emergency medical service workers and patients views.

**Question:** What is the collaboration between emergency medical services and a PHC in the best interests of patients like?

**Methods:** The study was based on data from surveying 147 respondents out of 1293 family doctors of Latvia in 2019, whereof- 110 GPs had >15 years of experience.

**Outcomes:** 70.9% of un-hospitalized patients, who had called the emergency medical services in Latvia got help in GP practice, 14.2% - during home GPs' visits, 12.2%- somewhere else, 2%- mostly did not get it than got it.

**Discussion:** 61.2% of GPs' responded, that someone from the team targeted un-hospitalized patient every time, he or she called the emergency medical help, 25.9%- did it half of all times, 8.2%- rarely, 4.8% responded-other. In 58.5% a nurse or a doctor assistant reached the patient, in 34.7%- the doctor. In 56.5% the prescription left for the patient by emergency medical service reached the GP, in 6.1% - no notes left. 90.5% of respondents were satisfied with emergency services work, 4.8% were not, 4.8% responded-other. A lot of issues are open to be solved to better cooperation between emergency medical services and general practices, especially the weak e-health communications, management, funding.

Take home message. The improvement of primary diagnostics of emergency services and continuing life-long education of all level medical health care providers needs to be established.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 1734

#### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### The Performance of Electrocardiogram Interpretation among Physicians Working at Primary Health Care Centers of National Guard in Western Region of Saudi Arabia

Wael Basamad

*Family medicine, National guard, Jeddah, Saudi Arabia*

This cross sectional study conducted to assess the skills of electrocardiogram (ECG) interpretation among physicians working at primary health care centers of the National Guard in the western region of Saudi Arabia and to determine the correlation between the ECG reading performance and personal characteristics. The study included 140 primary care physicians including (Physicians having Bachelor degree of Medicine and Surgery, Saudi board family medicine resident trainees, family medicine qualified physicians) in 5 primary health care centers and the response rate was 80% (112 participants). Each Participant provided with questionnaire, then ten different ECG pictures, which reviewed and validated by two consultant cardiologists, shown to them to select the correct answer for each. The results showed that 55.4% had good skill grade (score  $\geq 6/10$ ) and 44.6% had poor skill. In addition, the scores differed significantly according to participants' age groups ( $p < 0.001$ ) with highest scores among those aged >50 years ( $7.45 \pm 2.07$ ) and lowest scores among those

ii

aged <30 years. Moreover, scores differed significantly according to participants' position ( $p < 0.001$ ), with highest scores attained by MBBS (general practitioner) ( $7.00 \pm 2.47$ ) and lowest among junior family medicine resident. The best correctly interpreted ECG pictures were those for acute myocardial infarction (82.1%),

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ventricular tachycardia (76.8%) and normal sinus rhythm (71.4%), while the least correctly interpreted were related to Wolff- Parkinson-White syndrome (33%), complete heart block (40.2%) and supraventricular tachycardia (44.6%). Scores for ECG interpretation skill also differed significantly according to nationality, years of experience in primary care.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1826**

### **Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### **Presentation form / Präsentationsform**

ePoster

### **A palm tree thorn injury as a cause of acute septic arthritis of the knee in a teenager. Case report and literature review.**

Anna Holub, Javier Marante Fuertes, Elvira Pacheco Vázquez

*DCCU, Dispositivo de Apoyo - DCCU Cádiz - La Janda, Spain, Cadiz, Spain*

Our work is aimed to report the case of a teenage healthy boy, who complains about severe knee joint pain weeks after being injured by a palm tree thorn, with limping caused by pain and swelling in his right knee. He was brought to Emergency Room where on examination was febrile and anxious with swollen erythematous, warmth, and tender joint with fullness in suprapatellar region. Range of movements was painful and restricted. The boy does not show a response to the oral drugs and the fever and swelling increases gradually. An ultrasound examination revealed a foreign body in the posterior lateral aspect of the right knee. The suspicion of septic arthritis was raised and confirmed with Magnetic resonance imaging (MRI) of the right knee joint showing extensive synovitis with effusion and thickened suprapatellar plica and multiple enlarged inguinal and popliteal lymph nodes with larges measuring 2.3 cm × 1.2 cm. Knee arthrocentesis was done and seropurulent fluid was aspirated. The kid was put on intravenous antibiotics and planned for knee arthrotomy and debridement after which was treated with amoxicillin-clavulanate intravenously for three weeks. The postoperative course was uneventful, and joint function returned to normal. A review of the literature between 2000 and 2020 revealed that bacterial growth after plant thorn injuries is reported infrequently. *Pantoea agglomerans* detected in our case is the most common organism found. Therefore, it must be considered and suspected in aseptic cases of arthritis, when there is a history of a plant thorn injury.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1850**

### **Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### **Presentation form / Präsentationsform**

ePoster

### **Covid-19: the silent work of Primary Care.**

Rosario Martínez-Fuerte<sup>1)</sup>, Leticia Sierra-Martínez<sup>2)</sup>, Natalia Sanz-González<sup>3)</sup>

<sup>1)</sup>*PILARICA Health Center, Valladolid Este Primary Assistance Gerency, Valladolid, Spain, Valladolid, Spain*

<sup>2)</sup>*Valladolid Este Primary Assistance Gerency, Sacyl, Valladolid, Spain*

<sup>3)</sup>*Parquesol Senior Center, JCyL Social Services Gerency, Valladolid, Spain*



Primary care, with all its strength and capillary in urban and rural areas, I do not know if anyone outside it has noticed but is going incredibly unnoticed in the flood of information in media and networks about the pandemic by SARS-CoV-2.

The following are the clinical processes of covid-19 disease and covid.19 pneumonia in patients with a positive test, in the community of Castilla y León (Spain), attended by Primary Care, between March 10 and April 20, 2020:

Castile and León Total population: 2,320,242. Men: 1.137.846. Women: 2,320,242

Covi-19 total patients: 51011. Men: 21706. Women: 29305

Population according to age and patients by age section:

0-19: 168.032 (1201)

10-19: 199.593 (727)

20-29: 211.144 (1397)

30-39: 267.789 (2441)

40-49: 357.020 (3606)

50-59: 365.855 (3646)

60-69: 301.815 (3005)

70-79: 231.758 (2352)

>80: 217.236 (3331)

Rate every 100,000: 2198.52

Cured processes: 11,790

Deaths 2,576

Time puts things in place and hopefully, when this massive and very possibly economic public health crisis passes, someone raises their hands to clarify what they did and what all the health workers who are closer to citizenship might have done.

The first level of care is to do a quiet but momentous job to control the pandemic and prevent the collapse in hospitals from going further

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 1865**

### **Abstract subtopic / Abstract Unterthema**

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

### **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Strategies in primary care to face the first wave of the SARS-CoV-2 pandemic in 2020**

Marion Eisele, Nadine Pohontsch, Martin Scherer

*Department of Primary Medical Care, University Medical Center Hamburg-Eppendorf, Hamburg, Germany*

### **Background:**

During the first wave of the SARS-CoV-2 pandemic one major challenge existed: the rise of a previously unknown virus being highly contagious even before the onset of symptoms combined with a shortage of personal protection equipment. To successfully cope with this situation, general practitioners in the front line needed to establish new ways to handle it. We investigated challenges faced and solutions implemented in primary care in Germany.

### **Method:**

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General practitioners and physician assistants were invited to participate in a mixed-methods online survey between March 25<sup>th</sup> and April 7<sup>th</sup> 2020. Supply with personal protection equipment was assessed by closed quantitative questions, challenges and solutions of the pandemic situation by open questions which were analyzed using qualitative content analysis.

### Results:

Of 123 participants 121 were general practitioners (53% female, 49% ≥55 years old). Twenty-five percent reported having no FFP2/3 masks available, further 55% that their stock will be gone within two weeks. Respondents reported challenges regarding the lack of personal protection equipment, practice organization, insufficient information and difficult cooperation with external entities, leading to secondary challenges like avoiding practice quarantine, steering of patients, patient care without personal contact, and elevated work load. Various strategies were implemented to overcome these challenges including establishing outdoor-consultations, daily practice staff meetings, working in two independent teams within a practice and local/virtual networking.

### Discussion:

Comprehensive and pragmatic strategies helped to handle the situation in primary care, however there is a need to consider primary care experience within the pandemic preparation- and decision-making process.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1875

#### Abstract subtopic / Abstract Unterthema

1.3. Emergency medicine and health care utilization / Notfallmedizin und Nutzung des Gesundheitssystems

#### Presentation form / Präsentationsform

ePoster

### Managing the Covid- 19 pandemic in Family Medicine. A mixed flash survey among French Family Physicians and their trainees.

Sabine Bayen<sup>1)</sup>, Florence Moncorps<sup>2)</sup>, Emanuelle Jouet<sup>3, 4)</sup>, Sophie Renet<sup>5)</sup>, Marc Bayen<sup>1)</sup>, Mamane Abdou Oumarou<sup>6, 2)</sup>, Ronan Jambou<sup>7)</sup>, Olivier Las Vergnas<sup>2)</sup>, Nassir Messaadi<sup>1)</sup>

<sup>1)</sup>Family Practice, University of Lille, France, Lille, France

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<sup>3)</sup>Research in human, social and mental health Laboratory, GHU Paris Psychiatry & Neurosciences, Maison Blanche, Paris, France

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<sup>6)</sup>Department of Education Sciences and Adult Training, University of Lille, Lille, France

<sup>7)</sup>Global Health Department, Institut Pasteur, Paris, France

**Background:** During the COVID pandemic, FD face new working conditions, while they learn about that new infection. They must adapt their new terms of practice to the patient's health status, while protecting themselves and their trainees.

**Questions:** How do FD and trainees adapt their daily clinical practice during pandemic?

**Methods:** An online flash survey, composed of closed and open-ended questions was conducted among FD and trainees to explore learnings and behaviors. Data were transcribed into Excel<sup>®</sup> to perform lexical-, and content analysis by three different researchers, using Iramuteq<sup>®</sup> software.



**Results:** Among 602 website visitors, 230 answered the survey. We collected 160 (70%) complete and 70 (30%) incomplete questionnaires. The sex ratio was 1 (116 F/ 114 H), with 140 (65%) trainees and 73 (35%) FDs. While trainees' crisis management consisted in adopting self-protecting measures, FD focused on organizational aspects like patient's follow-up by teleconsultation. Their common preoccupation was the difficulty to understand that new working condition.

**Discussion:** Trainees adapt to pandemic by self-protection measures as self-assessment strategie, while FD organized tele-consultations through a self learning process.

**Conclusion:** FD and trainees adapted their pandemic daily practice in different ways, but the importance of self-protection and the personal new experience was the same for both.

**Take home message:** Self-protection measures in daily practice were employed by FD and trainees to face the pandemic in the office.

**Key words:** Family Medicine, COVID, management, adaptation, working condition  
Conflict of interest / Interessenkonflikte  
no / nein

## 1.4. Rural practice / Ländliche Praxis

### Contribution ID: 32

#### Abstract subtopic / Abstract Unterthema

#### 1.4. Rural practice / Ländliche Praxis

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

#### Morbidity of children and young

Dragica Andreevska Shuleva

*Public health centar, asosiation of family medicine of Montenegro, Bar, Montenegro*

**Introduction:** The rural environment has specific features regarding the daily life of people, especially young people. To live outside the territory of a city settlement means to live in isolation. The lack of facilities and facilities for the care of children in playrooms, the inaccessibility of playgrounds, cinemas and similar places where young people gather and socialize, can have a significant impact on physical and mental health. The territory of the small place where the Virpazar dispensary is located belongs to the municipality of Bar, however, it is geographically and territorially closer to the capital Podgorica. The goal was to determine the morbidity and most common reasons for reporting to a selected physician over the last two years. Material and method: respondents are children and young people up to 19 years of age, episode analyzed in period of 2017-2019, data were collected from electronic patient records. Results: In the Virpazar dispensary, out of the total number of registered patients in 1896.620 registreted in Virpazar, 32were children and young people.

In Bar,wich is urban saraunding 47patients are young,that is a very low number

Vaccination according to the vaccination calendar. Conclusion: Vaccination according to the calendar is proper. Vaccination is performed at a regional center with a pediatrician. The reasons for the visit are the most common symptoms of upper respiratory tract infection. In a very low percentage of birth defects and sequelae.

**Keywords:** rural environment, children and young people  
Conflict of interest / Interessenkonflikte  
no / nein



## Contribution ID: 195

### Abstract subtopic / Abstract Unterthema

1.4. Rural practice / Ländliche Praxis

### Presentation form / Präsentationsform

ePoster

#### A child with kerion

Rita Eusébio de Freitas, Sílvia Corrales Villar, José Barriga, Daniel Collantes, María Ignacia González-Pecellín Ramiro, Beatriz Nobre Filipe, João Pedro Mateiro Lêdo Gomes Marques, Clara Portel

*USF Quinta da Prata, Borba, Portugal*

**Introduction/Background:** Kerion is a clinical entity that can be mistaken for impetigo. It can be accompanied by systemic inflammatory signs. An early diagnosis and adequate treatment are important, in order to reduce adverse outcomes.

**Methods:** We present the case of a child diagnosed with kerion, and performed a literature review about the diagnosis and treatment of this entity.

**Results:** A previously healthy 5 year-old child presented with cutaneous lesions in the back compatible with impetigo. She was medicated with empiric antibiotic. Few days after she presented fever, and new lesions appeared, especially in the scalp, where a tender mass appeared to be developing. She had multiple cervical lymphadenopathies. She was hospitalized, and given intravenous antibiotic. However, fever maintained, inflammatory parameters were elevated, new lesions were appearing, and the lesion in the scalp was a tender boggy mass. The mother of the child presented a circinated lesion in the arm, and informed that a recently acquired pet had cutaneous lesions. Given the clinical appearance and the epidemiologic context, it was hypothesized Kerion as the diagnosis, and the child started having antifungal treatment, after having collected a hair sample for analysis, with successful recovery. The mother was also given treatment.

**Conclusion:** An accurate diagnosis is easier if we give importance to the epidemiologic context, as well as detailing the first cutaneous lesions. The proper treatment is not only with topical agents, and the examination of siblings and other household contacts for evidence of tinea capitis is indicated. Pets should be treated.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 576

### Abstract subtopic / Abstract Unterthema

1.4. Rural practice / Ländliche Praxis

### Presentation form / Präsentationsform

ePoster

#### Follow-up of the most frequent cancer pathologies, primary vs. hospital care.

Roberto Bernal-Bernal<sup>1)</sup>, Mariangeles Moreno-Santos<sup>2)</sup>, Javier Jaén-Olasolo<sup>3)</sup>, José Manuel Lendinez-Cruz<sup>1)</sup>

<sup>1)</sup>Ribera del Muelle Health Center, Andalusian Health Service, Puerto Real, Spain

<sup>2)</sup>Puerto Real University Hospital, Andalusian Health Service, Puerto Real, Spain

<sup>3)</sup>Puerta del Mar University Hospital, Andalusian Health Service, Cádiz, Spain

Long-term follow-up of patients treated for cancer is a challenge for the health system, primary care must be involved. It is necessary for each patient once an active treatment against cancer is completed a personalized care plan must be established. The objective is not only to detect a recurrence but also the



management of the early and late side effects of their treatment, the second malignancies, the comorbidity control and the psychosocial support of the patient and his family. The responsibility for this follow-up must be clearly established and, depending on the case, will fall more on hospital care, primary care or both through shared-care protocols, for that purpose a consensus is required. Study carried out in 15 health centers, 129 family physicians (FP) and in three hospitals, 33 Oncologists and 111 patients in cancer follow-up. Cádiz, Spain. Statistically significant differences have been observed between patients and doctors, regarding the perception of psychological support to patients (score 0-10): patients (4.6), oncologists (5.5) and FP (6.9)  $p < 0.001$ . Also in the role the FP think has in oncological follow-up (in a team with Oncology: 21.9% of oncologists, 31.3% of patients and 46.9% of FP ( $p < 0.001$ ) and in the role they would like to had (in a team with Oncology: 20.1% of oncologists, 26.6% of patients and 53.2% of FP ( $p < 0.001$ ). There were no differences between doctors in terms of the role they think the patient prefers for the family doctor and also in the level of communication between doctors.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 677

### Abstract subtopic / Abstract Unterthema

1.4. Rural practice / Ländliche Praxis

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### The role of a family doctor in emergency service

*Inês Gonçalves, Raquel Andrade, Filomena Mina, Marina Gouveia  
ACES-SESARAM, Funchal, Portugal*

#### Background:

Madeira is a Portuguese archipelago located in the Atlantic Ocean with an area of 801.5 km<sup>2</sup>. The resident population in the region was estimated, for the year 2016, at 254.876 inhabitants.

Given the particularities of this region and its isolation, Primary Health Care plays a key role in providing care to the acute patient, in addition to the role played in primary prevention and follow-up of the chronically ill.

#### Discussion point:

To share our experience and daily work with our colleagues regarding our activity in Rural Emergency Service.

#### Content:

Most of our family doctors include Emergency Service in their weekly activity, in the "Rural Emergency Service". This includes four poles: Porto Santo; East Zone; West Zone and Câmara de Lobos. According to our annual report, in 2018, there were a total of 135.226 patients attending to our service, 36% of which were in the East Zone, where the authors work. We are equipped with an emergency room and many times we are the first approach to acute coronary syndromes, strokes, intoxications, trauma and child birth.

#### Take home message for practice:

According to the European definitions of General and Family Medicine the core competencies of a family doctor include "specific problem-solving skills", namely to "intervene urgently when necessary". Our role as family doctors in an island includes the ability to deal with the acute patient which makes your job both defying and rewarding.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 875

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**Abstract subtopic / Abstract Unterthema**

1.4. Rural practice / Ländliche Praxis

**Presentation form / Präsentationsform**

ePoster

**Creating proximity between primary care and hospital care – how can it improve patients quality of life?**

Raquel Martins, Ana Isabel Cordeiro Machado

*USISM (Unidade de Saúde da Ilha de São Miguel), Ponta Delgada, Portugal*

**Background:** Atrial fibrillation (AF) is common in elderly population and frequent in Primary Care.

**Questions:** How can health care professionals improve quality of life of patients with AF?

**Methods:** In order to contribute to the improvement of quality of life in AF patients treated with vitamin K antagonist oral anticoagulants, it was created, in October 2016, a new consultation in the primary care unit of São Miguel Island (USISM), designated "Anticoagulant Therapy Control Consultation".

**Outcomes:** Thus, as a way of continuity of care and effective communication between Primary Health Care and hospital, an INR logbook called "Oral Anticoagulant Therapy Control" was created, becoming an only document for health care in our island. Giving the elderly population with AF, the new document has a space destined to write the posology and another to do it grafically, being more intuitive to the concerning population.

**Discussion:** This way, the user/family with difficulty in vision or understanding, can more easily comply correctly with the therapy. In addition, the logbook also contains recommendations regarding the importance of having INR controlled, anticoagulant function, diet and medication that could interfere with this medication, an indications of situations requiring medical evaluation. With this consultation and common logbook it was intended to bring the patient/family closer to the PHC, reduce the transportation costs to the patient to the referral hospital and reduced work absenteeism.

**Take Home Message for Practice:** Creating proximity and communication channels between PHC and hospital care is important to improve patients quality of life.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1040**

**Abstract subtopic / Abstract Unterthema**

1.4. Rural practice / Ländliche Praxis

**Presentation form / Präsentationsform**

ePoster

**Prevalence of benzodiazepines consumption in a Portuguese Family Health Unit**

Ana Raquel Machado, Nelson Machado, Paulo Azevedo, Ana Margarida Costa, Cátia Rodrigues, Ana Filipa Abreu

*ACeS Alto Ave, Guimarães, Portugal*

**Introduction:** In 2015, Portugal was the top country in hypnotic anxiolytics and sedatives reported consumption within OECD. As the primary health care emerges as the main drug prescriptive, detailing prescription becomes important at this level.

**Objectives:** To determine the prevalence of benzodiazepines' consumption on the population enrolled in the Family Health Unit Physis. To characterize the prescription according to the active principle and duration.



To explore the association between benzodiazepines' consumption and gender, age, schooling, job status, alcohol consumption, tobacco and drugs, consultations' use and psychiatric pathology. To detail the prescription as determined by the family's doctor.

**Methodology:** descriptive observational study, performed between June and August 2018, from a randomized sample. The studied variables followed the described objectives. Data were collected through SClínico®, PEM® records and recorded in a database. The following were excluded: minors and pregnant women. A level of statistical significance of  $p \leq 0.05$  was adopted.

**Results and Conclusions:** The consumption found prevalence is lower than the prevalence found for the Portuguese population, despite higher chronic consumption than the literature. Higher consumption was observed with increasing age, in women, unemployed or retired users and users with low education level. Was expected to find drinkers and smokers to consume more benzodiazepines. The most commonly prescribed drugs were: lorazepam, bromazepam and alprazolam. Among patients receiving benzodiazepines, the most frequently reported condition was depression.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1363**

**Abstract subtopic / Abstract Unterthema**

1.4. Rural practice / Ländliche Praxis

**Presentation form / Präsentationsform**

ePoster

**Wart Herb: from traditional practice to cancer treatment**

Carlos Reis, Luísa Fernandes, Henrique Teles

USF Sete Caminhos, Gondomar, Portugal

**Introduction:** *Chelidonium majus*, also known as great celadine or "wart herb", is a plant traditionally used in the treatment of various diseases around the world. It can be found in Europe, Asia and Africa. The sap from caulis can be used to treat skin diseases such as warts and skin ulcers. In Portugal, this plant is widely used for these purposes, especially in rural areas.

**Case:** Male, 65 years old, presented an one-year old recurrent skin ulcer on the nasal dorsum. The lesion was an one centimeter wide papule with a central ulcer. At first sight, the most plausible diagnosis was squamous cell carcinoma, so it was decided to refer the case to Dermatology. At the time the patient was observed in primary care, he had already applied the sap for one month and continued to do so while he was waiting for dermatology appointment. After two months doing this treatment, the lesion had decreased. On the third month of treatment, the lesion had completely disappeared and did not reappear.

**Discussion:** *Chelidonium majus* is known by its alkaloides - chelidonine and sanguinarine. The alkaloids are associated with decreasing telomerase activity, inducing cancer cell apoptosis, inhibiting mitosis and cytotoxic effects over tumoral cells. There was an *in vitro* study that used alkaloides on human epidermoid carcinoma cells that induced cell apoptosis by inhibiting NF- $\kappa$ B. There are some human clinical studies that show some benefits but further evidence is needed for it to become an useful resource.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1435**

**Abstract subtopic / Abstract Unterthema**

1.4. Rural practice / Ländliche Praxis



## Presentation form / Präsentationsform ePoster

### Tourist morbidity on the territory of Bar municipality

Dragica Andreevska Shuleva

*Public health center, association of family medicine of Montenegro, Bar, Montenegro*

The rapid development of tourism in the world has contributed to development of new branch of medicine Tourism Medicine. Due to its geographical location and natural beauties, Montenegro has undergone rapidly tourism economy in the last 20 years. According to official Monstat data, 1 517 376 tourists visited our country in 2014, which is 1.7% more than in 2013. The aim of the study was to determine the most common reasons for a visit to a doctor, and the most common diseases registered. We came to the data by analyzing medical records from two outpatient outpatients of the Public Health Center Bar for 2013 and 2014. Patients are classified by gender, age, and diagnosis. The total number of patients examined for the observed period is 4779 - 2017 (42.21%) male and 2762 (57.79%) female. The most commonly reported diseases are respiratory infections - 25%; gastrointestinal problems - 20%; allergic reactions and dermatological problems - 21.5%; injuries - 13.25%; spinal and joint problems 8.5%; cardiovascular problems - 6, 5%; urological problems - 3.5% and sensory, eye and ear problems - 1.75%. By analyzing the data obtained, we have determined that the morbidity of foreign tourists in the observed period does not differ significantly from the morbidity of the domicile population. The morbidity of foreign tourists is no different from the morbidity of the domicile population in the observed period. In order to better understand the quality, the forms for recording tourists' visits to the doctor should be modified so that the organization and operation of tourist offices can be planned. Keywords - tourists, morbidity

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1597

#### Abstract subtopic / Abstract Unterthema

1.4. Rural practice / Ländliche Praxis

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Lower limbs swelling and fever

Alejandra Marco Rodríguez<sup>1)</sup>, Isabel Izuzquiza Avanzini<sup>2)</sup>, Borja Jiménez Ormabera<sup>3)</sup>, Enrique Nieto Pol<sup>1)</sup>, Silvia Otero Rodríguez<sup>4)</sup>, Patricia Carles García<sup>5)</sup>

<sup>1)</sup>Family Medicine, Galician Health Center (SERGAS), Santiago de Compostela, Spain

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<sup>3)</sup>Family Medicine, Murcian Health System, Cartagena, Spain

<sup>4)</sup>Internal Medicine, Madrid Health System, Madrid, Spain

<sup>5)</sup>Internal Medicine, Murcian Health System, Cartagena, Spain

**Background:** Lymphatic filariasis is the most common cause of acquired pediatric lymphedema, caused by nematodes which are transmitted by mosquito's bites. *Wuchereria bancrofti* is the most common pathogen in Sub-Saharan Africa. Clinically, it presents with distal adenolymphangitis or lymphedema and, in men, with genital alterations as epididymo-orchitis or hydrocoele. Bacterial lymphangitis generally develops in the setting of streptococcal or staphylococcal infection and it extends proximally.



**Questions / Discussion Point:** How can we guide this clinical situation with no option to supplementary tests?

**Content:** 13 years-old male patient from a small town in Uganda complains about swelling and pain in both lower limbs which prevents him from walking in last 12-20 days. Physical examination: BMI-16; 39°C; painful, movable and rubbery inguinal lymphadenopathies of 3 cm in diameter; painful edema in both lower limbs and blisters on the dorsal surface of feet and ankles. Negative HIV test. Suspected hypoalbuminemia in connection with malnutrition was considered to possible contribute to an immunosuppressed status and edemas. We removed the blisters and observed large ulcers with purulent secretion, so we decided to treat the patient with doxycycline 200mg/day and ciprofloxacin 500mg/12h to treat a suspected infection with filaria and bacterial skin infection. Three weeks later, the edema was diminishing, the ulcers were healing well and the patient reported no fever and less pain.

**Take Home Message for Practice:** In an isolated area, clinical decisions can be very difficult. Epidemiology and complete clinical history are the key to guide any clinical situation.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1616

### Abstract subtopic / Abstract Unterthema

1.4. Rural practice / Ländliche Praxis

### Presentation form / Präsentationsform

Lecture / Vortrag

### A comparison of mental health Status between rural and urban adults

Sara Rocha<sup>1)</sup>, Marta Matias Costa<sup>2)</sup>, Tiago Sanches<sup>3)</sup>, José Varanda Marques<sup>4)</sup>, Joana Bordalo<sup>1)</sup>

<sup>1)</sup>USF Arte Nova, Aveiro, Portugal

<sup>2)</sup>USF Montemuro, Viseu, Portugal

<sup>3)</sup>UCSP Vouzela, Viseu, Portugal

<sup>4)</sup>USF Viseu Cidade, Viseu, Portugal

**Grounding:** Mental health disorders are a significant public health challenge worldwide. They are the leading cause of disability following cardiovascular diseases and cancers.

This study evaluates the prevalence of anxiety, depression and sleep disturbance in adults who attend rural versus urban primary care units.

**Methodology:** Observational, analytical and multicentric study. Data collected from MIM@UF® system relative to November 2019. Data from 4 units: 2 Rural Health Care Units (RHCU) and 2 Urban Health Care Units (UHCU). Variables: sex; age range (18-44, 45-64, ≥ 65 years); diagnosis with ICPC2 code P06 (Sleep disturbance), P74 (Anxiety disorder) and P76 (Depressive disorder).

**Results:** The number of patients with at least one diagnosis was 4591 patients in RHCU (26%) and 3231 patients in UHCU (16%). RHCU had higher rating of anxiety and sleep disturbance. Depression was prevalent in all age ranges in both RHCU and UHCU. Anxiety and depression were higher between 45 to 64 years old in both RHCU and UHCU. Sleep disturbance was found prevalent above 65 years old. RHCU and UHCU showed women have higher prevalence rating in the three conditions studied.

**Conclusion:** Primary health has an important role in promoting mental health prevention, earlier recognition, diagnosis and symptomatologic management. Investing in mental health education can decrease stigma and enhance help-seeking efficacy. Review of studies with a greater number of variables to understand the impact of RHCU vs UHCU on these conditions is advisable

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## Contribution ID: 1711

### Abstract subtopic / Abstract Unterthema

1.4. Rural practice / Ländliche Praxis

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Facial edema. Differential diagnosis

Alejandra Marco Rodríguez<sup>1)</sup>, Isabel Izuzquiza Avanzini<sup>2)</sup>, Borja Jiménez Ormabera<sup>3)</sup>, Enrique Nieto Pol<sup>1)</sup>, Sílvia Otero Rodríguez<sup>4)</sup>, Patricia Carles García<sup>5)</sup>

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**Background:** The main differential diagnosis in facial edema is an anaphylaxis reaction or hereditary angioedema. Nevertheless, other causes of facial edema such as facial scalds may occur. This edema solves in 18-24h but it may result in an obstruction of the upper airway.

**Questions / Discussion Point:** How should we manage facial edema?

**Content:** A 27 months old child brought by his mother to a rural health clinic in Uganda because of facial non-pitting edema which affects lips, tongue and eyelids, after a home accident with boiling water. Also, scalds in both cheeks and shoulders are present. Laryngeal stridor can be hard as well. Vital signs: SpO<sub>2</sub> 95%, 142bpm, T<sup>a</sup>36.5°C. The patient has a second-degree burns with a 10% of affected body surface area, which is considered a severe burn. Moreover, present stridor may indicate possible airway involvement. Sufficient equipment for intubation was not available so we administer adrenaline 0.15mg IM in order to resolve laryngeal edema and possibly impending airway compromise. Also, we provided oxygen support, fluid replacement with ringer lactate and analgesia. The wounds were disinfected, the blisters got removed and wet dressing was performed every 24-48h. The patient received tetanus prophylaxis, immunization and protein shakes. After 10 days, the patient's condition significantly improved without any further complications.

**Take Home Message for Practice:** A facial edema is an alarming situation but it is not always related to anaphylaxis or hereditary angioedema. Airway compromise, inadequate circulation, volume and protein loss must be recognized and resolved.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1813

### Abstract subtopic / Abstract Unterthema

1.4. Rural practice / Ländliche Praxis

### Presentation form / Präsentationsform

ePoster

### Caring for those who care - an intervention in a nursing home

Christelle Costa, Anita Costa, Mariana Ramos, Mara Andrade, Tiago Calheiros, Hugo Cunha

USF Arquis Nova, Viana do Castelo, Portugal

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**Introduction:** Family doctors must know the community and the available resources. Considering the increase of the elderly population, and forecasting an increase in the aging rate from 124 to 317 elderly people per 100 young people, in 2080, in Portugal, it is essential to respond to the special needs of this population, with professionals able to dedicate themselves to this care, resulting in a higher quality of life for the elderly.

**Objective:** Improvement of knowledge in disease prevention and recognition of alarm signals for referral to health care.

**Methods:** Doctors at a Health Center in Viana do Castelo realized the need for training in a nursing home. Thus, they carried out training in order to enable their professionals to recognize the warning signs of referral to health care, considering very prevalent situations (stroke, AMI, infection, dehydration) also addressing hygiene and use of personal protective equipment. A questionnaire was carried out in advance and after training, to which 14 participants out of 18 professionals responded.

**Results:** Before training, only one of the participants was correct on all questions. The average of correct answers was 5.8, and of wrong answers was 2.1. After training, the average of correct answers was 6.8, with 6 of the participants answering all questions correctly.

**Conclusions:** The participants had, on average, 8 years of experience in that institution, and only half had training in the area of hygiene and safety. This activity allowed to instruct and humanize future care for the elderly in the nursing home.

Conflict of interest / Interessenkonflikte  
no / nein

## 1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Contribution ID: 31**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

Lecture / Vortrag

### Eosinophilic esophagitis - potential complication of Sublingual immunotherapy

Snezana Knezevic

*Health care center, Kraljevo, Serbia*

**Background:** Eosinophilic Esophagitis represents chronic, local immune-mediated disease with symptoms of esophageal dysfunction and histologically eosinophil-predominant inflammation. Sublingual immunotherapy could be a trigger in predisposed individuals (2,7%).

**Questions:** Should general practitioners consider Eosinophilic Esophagitis when the predominant complaint is esophageal dysphagia?

**Methods:** Review of literature and cases from practice.

**Outcomes:** Food bolus obstruction is distressing disturbance and requires immediate endoscopy. Male gender is strong risk factor. Rhinitis, asthma, eczema and food allergies are more common compared to general population. Empirical elimination diet is successful in 70%.

**Discussion:** The majority of cases of Eosinophilic Esophagitis are diagnosed in spring or fall, 1–2 months following the peak of pollen seasons. Dysphagia, chest pain, food sticking and bolus obstruction are the most

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commonly symptoms. Endoscopic findings are Schatzki ring, edema, exudates furrows and strictures. From areas with endoscopic mucosal abnormalities, six biopsies should be taken and infiltration of eosinophils greater than 15 eosinophils is necessary for confirmation. Treatment options are proton pump inhibitors – pantoprazole (40mg/twice/daily, for 8 weeks), swallowed topical steroids – oral dispersible tablets of budesonide or fluticasone propionate for (400-800 mg/day in two doses). Sublingual immunotherapy should be discontinued. Efficacy of therapy are symptoms check, endoscopy and biopsy at 12weeks. The long-term risk is esophageal stenosis and endoscopic dilatation.

**Take home message for practice:** Family physicians in evaluating patients with dysphagia should be aware of this complication of Sublingual immunotherapy and consider it in patient care and follow-up.

**Keywords:** Eosinophilic esophagitis, Dysphagia, Food bolus impaction, Sublingual immunotherapy.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 44

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

Workshop

### Tyranny of health in general practice/family medicine

Mateja Bulc, Ahmeda Ali

*EUROPREV, Ljubljana, Slovenia*

#### Background:

Health is an important value in our society and medicine has an important role to play in preserving and restoring health. However, there are trends in society, like healthism, that place disproportionate emphasis on health using both lifestyle changes, such as diet and exercise, and the resources of medicine, such as medication and surgery, in order to express this.

#### Aims:

The aim of this workshop is to discuss benefits and harms of the new paradigm of »perfect health« for everybody as a must. We will attempt to define a balanced view of health and disease in order to help doctors cope with the unbalanced demand for health at all costs in their practices.

#### Results:

At the end the participants will be able to identify and define the types of healthism encountered in the practice in family medicine, the role of quaternary prevention in practicing family medicine, list the harms of healthism and strategies used to cope with healthism, perform a "do not harm" approach and value the need for a balanced view of health and disease.

#### Methods:

Lectures, small groups discussion, reports

#### Conclusions:

The audience will start appreciating the quaternary prevention approach in practicing family medicine, they will consider also patient's agenda and try to perform only the tasks that do more benefit than harm. Professionalism is based on physicians' knowledge, healthy wisdom, experience, ingenuity and the needs of the patient.

Conflict of interest / Interessenkonflikte

no / nein

## CONTENT

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**Contribution ID: 62**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**Effectiveness of cardiovascular risk factors management in survivors of stroke**

Irina Hernández Medina, Ester Ras Vidal, Elisabeth Tapia Barranco, Ana Isach Subirana, Josep Balsells Ghiglione, Ana Urbaneja Diez, Teresa Mauri Rojals, Gabriela Gutiérrez Ferriz, Pablo Hsu Chung, Sara Gómez Aranda

*Reus-2, Sant Pere Primary Care Centre, Institut Català de la Salut, Reus, Spain*

**Background:** Assess the management of cardiovascular risk factors in survivors of stroke followed up for three years.

**Methods:** Cross-sectional study performed in an urban primary care center. Sample of 142 patients over 15 years old who were diagnosed with stroke in the last five years at the beginning of the study, followed up for three years (2015-2018). We collected data concerning sex, age and cardiovascular risk factors control. McNemar test was used to evaluate the risk factors, using SPSS 19.0 statistical analysis.

**Outcomes:** The mean age was  $75.3 \pm 12.7$  years and 53.5% were men. 39.3% of patients were diabetics, 73% suffered from hypertension, 56.6% from dyslipidemia and 13.1% from heart disease. Firstly, blood pressure control was correct in 53.1% of patients and after three years it was correct in 76.1%. Good glycaemic control, as monitored by glycated haemoglobin measurements, was present in 34% of patients at the beginning and in 59.6% at the end of the study. 0.9% of the sample quit smoking and 3.6% lost weight. No important LDL cholesterol and alcohol consumption changes were recorded. There were 35 deaths and 15 patients presented new events.

**Discussion:** Most patients presented an improvement in their cardiovascular risk factors management. Almost 25% of them who presented uncontrolled hypertension and diabetes at the beginning, had good control of these CV risk factors after three years.

**Take Home Message for Practice:** Secondary prevention of stroke entails intensifying risk factors control and it must be a priority for Family doctors.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 71**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**Nephritic syndrome and pANCA-positive vasculitis – a case report**

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## Background:

The nephritic syndrome is defined by hematuria, proteinuria and any of the following: edema, hypertension, elevation of creatinine and oliguria. It has a clinical diagnosis, but sometimes a renal biopsy is used. One of the known causes is vasculitis, which triggers an inflammatory process and can be classified according to the presence of antibodies against neutrophil cytoplasm (ANCA).

## Case description:

A 77yo female, independent, included in a nuclear family, phase VIII of the Duval cycle, middle class, with dyslipidemia and osteoarticular pain and osteoporosis, under atorvastatin 10mg, trazodone 50mg and irregular intake of NSAIDs and without allergies, comes to a "check-up" appointment in primary health care with blood test showing normocytic normochromic anaemia and creatinine elevation, conditioning renal failure. Objectively, BP 169/96mmHg, without other changes. Requested complementary exams showed hematuria, macroalbuminuria and renal ultrasound showed only renal sinuses with simple vascular interfaces. Due to the presence of nephritic syndrome and the glomerulonephritis hypothesis, ACE inhibitor was started, and a Nephrology appointment was requested. The hypothesis of acute interstitial nephritis to the NSAID was considered and analytical study and renal biopsy were requested. The blood tests showed pANCA+, making more likely the hypothesis of an ANCA vasculitis myeloperoxidase subtype, awaiting the biopsy.

## Discussion:

Clinical suspicion and objective examination are the family physician's strongest weapons, allowing the detection of nephritic syndrome, avoiding therapeutic delay. This case demonstrates how important it is always to be attentive in every appointment and to do the screening for secondary hypertension even in older ages.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 126

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

Science Slam

## The Association Of Vitamin D Levels With Cognitive Function And Quality Of Life In Post-Menopausal Women

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<sup>2</sup>Internal Medicine, Istanbul Aydin University-Medical Faculty, Istanbul, Turkey

**Background:** Vitamin D deficiency has been associated with many chronic diseases.

**Question:** This study was carried out to evaluate the association of Vitamin D levels with cognitive function and quality of life in post-menopausal women.

**Method:** The study included 102 post-menopausal women applying to Family Medicine outpatient clinics of Cerrahpasa Medical Faculty between January and July 2018 whose plasma vitamin D levels were measured.

Mini Mental test for educated and uneducated, Nottingham Life Profile Test and questionnaires measuring demographical factors and knowledge about vitamin D were applied.

The patients were divided into three groups according to serum 25(OH) vitamin D levels; deficit (Group1:  $\leq 20$  ng/ml), insufficient (Group2:  $\geq 21 \leq 29$  ng/ml), normal (Group3:  $\geq 30$  ng/ml).

Chi-square test, Fisher Exact test, One Way ANOVA, Kruskal-Wallis tests were used.



**Outcome:** There were 37 people in group 1, 27 people in group 2 and 38 people in group 3. Cognitive function and life quality were not different significantly ( $p > 0,05$ ). There were significant differences in alcohol use ( $p = 0,04$ ), clothing preferences ( $p = 0,001$ ) and physical activity ( $p = 0,02$ ). The participants of group 1 had significantly less correct answers about food containing vitamin D and the need for sun exposure for vitamin D activation ( $p < 0,05$ ). Correct answers of group 3 to questions about diseases related with vitamin D deficiency and relation of malignant diseases with vitamin D deficiency were significantly higher ( $p = 0,01$ ).

**Conclusion:** Increasing physical activities and knowledge about vitamin D, getting more sunlight are recommended.

**Take home message:** Women with religious covering risk vitamin D deficiency.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 151**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**Effectiveness of training programs focused on the prevention of unhealthy alcohol use in primary care: a systematic review of the current evidence**

Esperanza Romero Rodríguez, Luis Angel Perula De Torres, Roger Ruiz Moral, Sara Fernández López, José Ángel Fernandez García, Juan Manuel Parras Rejano, Ana Roldán Villalobos, Rodrigo Fernández Márquez, Francisco Camaralles Guillem

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**Objective:** To evaluate the effectiveness of primary care training programs focused on the prevention and management of unhealthy alcohol use in primary health care (PHC).

**Methods:** A systematic review of randomized controlled trials (RCT) was performed. Location: PHC centers. Participants: PHC health professionals. Selection criteria: RCT, indexed until May 30, 2017, with the objective of assessing the effectiveness of training programs addressed to PHC professionals in the management of patients with unhealthy alcohol use. Data sources: Trip Database, Cochrane Central Register of Controlled Trials (CENTRAL), Medline, EMBASE, CINAHL, Web of Science, Scopus, Alcohol and Alcohol Problems Science Database - ETOH, FAMILY RESOURCES DATABASE. Main measurements: level of global implementation, screening of alcohol use and intervention of patients with unhealthy alcohol use through pamphlets, advice or brief intervention.

**Results:** Three RCT, published from 1999 to 2004, were included. Both population screening and brief intervention techniques, showed an increase in its application, after the development of the training programs. Statistical significance in terms of efficacy was achieved in two of the three selected trials: both in the detection of risk consumers and in short intervention.

**Conclusion:** The development of training programs focused on the approach of patients with unhealthy alcohol use constitutes an effective strategy for PHC professionals, allowing the implementation of population screening, as well as the application of intervention techniques focused on the reduction of alcohol use.

Conflict of interest / Interessenkonflikte



## Core Values of Family Medicine: Threats and Opportunities

no / nein

### Contribution ID: 153

#### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

#### Presentation form / Präsentationsform

ePoster

### Prevalence of unhealthy alcohol use among Spanish Primary Care professionals

Esperanza Romero Rodríguez<sup>1, 2)</sup>, Juan Manuel Parras Rejano<sup>1)</sup>, Luis Ángel Pérula De Torres<sup>1)</sup>, Fernando Leiva-Cepas<sup>1)</sup>, José Ángel Fernández García<sup>1)</sup>, Rodrigo Fernández Márquez<sup>1)</sup>, Francisco Camarelles Guillem<sup>3)</sup>, Ana Roldán Villalobos<sup>1)</sup>

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<sup>3)</sup>Infanta Mercedes Health Center. Madrid Health Service. Madrid, Spain., Madrid, Spain

**Objective:** To estimate the prevalence of unhealthy alcohol use by Spanish PC professionals.

**Methods:** This is a descriptive, cross-sectional, multicenter study performed at PC centers of the Spanish National Health Care System (SNHS). Physicians and nurses completed an online questionnaire that inquired about the pattern of unhealthy alcohol use through the AUDIT-C test. The study population was recruited through random sampling stratified by regions of the PC centers in the SNHS.

**Results:** A total of 1,760 providers completed the questionnaire. Unhealthy alcohol use was detected in 27.80% (95% CI: 25.5-29.7) PC professionals, and it was higher in males [34.2%; 95% CI: 30.4-37.6] than in females [24%; 95% CI: 21.5-26.5]. In terms of age, the highest percentage of unhealthy alcohol use was recorded in providers with over 55 years (34.2%) [95% CI: 28.2-40.2]. The logistic regression analysis revealed a higher unhealthy alcohol use in males (OR=1.52; 95% CI: 1.22-1.90), family doctors (OR=1.42; 95% CI: 1.01-2.02) and providers with more time worked (OR=1.03; 95% CI: 1.01-1.05).

**Conclusion:** Our study shows the current situation of unhealthy alcohol use in Spanish PC providers, revealing higher figures than those recorded in the general population. The conduct of interventions that increase the awareness and training on the negative effects of alcohol use and its impact on the clinical setting is required.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 155

#### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

#### Presentation form / Präsentationsform

ePoster

### Impact of a training program on the prevention of unhealthy alcohol use in Primary Care

Esperanza Romero Rodríguez<sup>1, 2)</sup>, Luis Ángel Pérula De Torres<sup>1)</sup>, José Ángel Fernández García<sup>1)</sup>, Juan Manuel Parras Rejano<sup>1)</sup>, Roger Ruiz Moral<sup>1)</sup>, Ana Roldán Villalobos<sup>1)</sup>, Francisco Camarelles Guillem<sup>3)</sup>, Sara Fernández López<sup>1)</sup>, Fernando Leiva-Cepas<sup>1)</sup>, ALCO-AP research group<sup>1)</sup>



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<sup>2</sup>Boston University School of Public Health. Boston, Massachusetts, USA, Boston, United States

<sup>3</sup>Infanta Mercedes Health Center. Madrid Health Service. Madrid, Spain, Madrid, Spain

**Objective:** The aim of the study was to assess the impact of a training program targeted to Primary Care (PC) providers on the acquisition of knowledge, communication skills and attitudes towards the prevention of unhealthy alcohol use.

**Methods:** A quasi-experimental, pre- and post-intervention study was performed in Health Centers of Cordoba (Spain). Participants: PC professionals. The intervention was based on a training program, consisting of a workshop focused on learning skills, attitudes, and knowledge to address alcohol consumption. In order to check the acquired clinical and communicational competencies, the participants were videotaped with a standardized patient.

**Results:** A total of 54 PC professionals were enrolled in the study, of whom 69.1% were women. 74.1% of the participants were residents, 14.8% family doctors, and 11.1% nurses. The analysis of the attitudes observed in PC providers, through the pre- and post-workshop videotapes, showed significant differences in all variables studied. The overall sum of questions regarding the knowledge of PC professionals showed a mean score of  $18.89 \pm 4.67$  (limits 0-46; 9% CI 17.67-20.11) questions answered correctly before the workshop and  $34.31 \pm 4.23$  (limits 0-46; 95%CI 33.20-35.42) after its completion. The analysis of the communication skills offered a mean scored of  $31.24 \pm 6.11$  (95% CI 29.64-32.84) before the workshop and  $39.82 \pm 5.48$  (95% CI 38.38-41.25) after its accomplishment.

**Conclusions:** The training program targeted to PC providers showed significant improvements in the communication skills, knowledge and attitudes towards the prevention of unhealthy alcohol use.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 156

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

## Training Health Providers to Address Unhealthy Alcohol Use in Primary Care

Esperanza Romero Rodríguez<sup>1, 2</sup>, Luis Ángel Pérula De Torres<sup>1</sup>, Sara Fernández López<sup>1</sup>, José Ángel Fernández García<sup>1</sup>, Juan Manuel Parras Rejano<sup>1</sup>, Fernando Leiva-Cepas<sup>1</sup>, Roger Ruiz Moral<sup>1</sup>, Rodrigo Fernández Márquez<sup>1</sup>, ALCO-AP research group<sup>1</sup>

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**Objective:** The aim of the study was to evaluate the training of health professionals to address unhealthy alcohol use in Primary Care (PC).

**Methods:** A descriptive, cross-sectional, multicenter study was performed at PC centres of the Spanish National Health System (SNHS). Family physicians, residents and nurses completed an online questionnaire that inquired about their training on dealing with alcohol consumption. The study's population was recruited via random sampling, stratified by the regions of the SNHS's PC centres.



**Results:** A total of 1,760 professionals participated in the study. 67.9% (95% CI: 67.5-71.8) reported not having received specific training in the last 5 years, 29.5% (95% CI: 27.4-31.7) reported having received basic training, and 3.1% (95% CI: 2.3-4.0) having received medium/intermediate training on dealing with alcohol. The training received was greater in younger providers ( $p < 0.001$ ) who participated in the PAPPS (Preventive Activities and Health Promotion Programme) ( $p = 0.001$ ). Higher percentages of providers with intermediate or advanced training performed systematic evaluations regarding alcohol use ( $p < 0.001$ ), completed quantification questionnaires ( $p < 0.001$ ); counseled patients to reduce their alcohol intake ( $p < 0.001$ ), or to abstain, in the cases of pregnant women, and drivers ( $p < 0.001$ ).

**Conclusion:** Our study reveals a low level of training among Spanish PC providers to address unhealthy alcohol use. Health professionals with an intermediate or advanced level of training presented a higher percentage of systematic evaluation of alcohol consumption risk and were more likely to advise their patients to reduce their alcohol use.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 159

#### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

#### Feather-like cutaneous horn - case report

José Marques, Rita Esteves, Teresa Camurça  
*ACeS Dão-Lafões, Viseu, Portugal*

Cutaneous horn is a cutaneous lesion in which the height is considerably greater than the diameter of its base (which connects the lesion to the skin).

This lesion may have a rapid growth (some weeks) and may have spontaneous fall by tension at the base of the lesion caused by own weight making it spontaneously fall. It may be caused by different lesions, the two most common being hypertrophic actinic keratosis and squamous cell carcinoma.

We present a report of a male patient, 67 years old, caucasian, farm worker, married, 3 children, resides with wife. It is part of a highly functional nuclear family, stage 8 of Duvall cycle. Personal history of HTA being medicated with lisinopril/amlodipine. No relevant family history and no history of toxicological habits. It should be noted that given to his activity always had a lot of sun exposure, not regularly using sunscreen. He presents to his family physician for a complaint of a 4-month-old left helix lesion. He was immediately referred for dermatology consultation by urgent dermatological tele-screening. The patient had 3 more lesions suggestive of actinic keratosis on his face.

In the hospital, excision surgery was scheduled and was performed cryotherapy of the actinic keratoses that the patient had face.

The patient was warned to apply daily photoprotection with sunscreen, given the high sun exposure he has. Advice for wearing a hat or beret in outdoor environments was also reinforced.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 179

#### Abstract subtopic / Abstract Unterthema



1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Rolling stone - case report

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**Background:** Bezoar results from accumulation of ingested but undigested material that forms a mass in the gastrointestinal tract (GIT), which remains as a foreign body. It may have different locations, but stomach is the most prevalent. It is a rare finding. Clinical findings can be nonspecific such as epigastralgia, vomiting or heartburn. In term of radiologic tests Bezoar appears as a mass that can be confused with Cancer. Upper digestive endoscopy (UDE) is the best option to confirm diagnosis. If left untreated it can lead to GIT obstruction, perforation or bleeding.

**Discussion point:** Differential diagnosis about NSS.

**Case report (content):** 72 years old female with clinical background of depression and arterial fibrillation under treatment with: esomeprazole, paroxetine, bisoprolol and rivaroxaban. She came to our department on 07/12/2018, due to infarction with 3 weeks of evolution, being advised for diet restriction. On 22/01/2019, she returned with epigastralgia and vomiting, being prescribed metoclopramide. She returned 3 days later with melenas, being performed a UDE and a colonoscopy. The UDE revealed "gastric ulcer and bezoar with 5 centimeters in the gastric cavity". She was referred urgently to a gastroenterology. On 07/03/2019 she was operated in order to remove it.

**Take home message for practice:** This case warns for a high index of clinical suspicion in order to diagnose Bezoars. A general practitioner plays a key role, for a timely referral. Although it is an uncommon situation, it should be considered in patients who maintain/ worsen their symptoms despite therapeutic optimization.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 209

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### The contribution of a special diabetes and lipid primare care unit to the secondary prevention of ischemic stroke in diabetics

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<sup>4</sup>Gerencia de Atención Integrada de Albacete, Servicio de Salud de Castilla-La Mancha (SESCAM), Albacete, Spain



## Background:

Secondary stroke prevention can reduce the risk of recurrent stroke. Special primary care units enhance the prospect of secondary prevention in diabetics.

## Aim:

To assess the contribution to the secondary stroke prevention in diabetics with a first-ever ischemic stroke two years after the event.

## Methods:

All the patients included in the survey (N=65) were under medical supervision in our diabetes- lipid unit every three months for at least two years. 35 diabetic men and 30 diabetic women who suffered a first-ever ischemic stroke were included in the survey. Patients with AF, CAD, HF(NYHA>2) and smokers were excluded. BMI, HBA1c, LDL and TG were always tested and interventions were made accordingly. Finally, we checked who of these patients had a second event in a two-year period after the first one.

## Results:

Among the diabetic men, 82.9% had high LDL, 51.4% had high TG and only 14.2% had a normal BMI. After two years of therapy 71.4% achieved the LDL goal, 94.2% the TG goal, 40% had desirable HBA1c, yet 22.9% increased their BMI.

Among the diabetic women, 90% had high LDL, 30% had high TG and only 6.7% had a normal BMI. After two years of therapy 60% achieved the LDL goal, 100% the TG goal, 73.3% had desirable HBA1c, yet 16.7% increased their BMI.

5/35 men and 4/30 women had already had a second cerebral ischemic event.

## Conclusion:

Special diabetes-lipid primary care units contribute to the close monitoring of risk factors and therefore avoidance of recurrent stroke.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 240

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Factors affecting hypertension in the population over 18 years of age in the Marmara region: a descriptive field study

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<sup>3)</sup>Department of Internal Medicine, Division of Endocrinology and Metabolism, Uludağ University Faculty of Medicine, Nilüfer/Bursa, Turkey

**Background:** Hypertension is an important public health problem which is increasing in frequency all over the world. Nutritional culture and lifestyle are important for hypertension.

**Questions:** What are the factors affecting the prevalence of hypertension and how effective are they?

**Methods:** The study was conducted in 10 provinces in the Marmara region between 01 June 2018 and 30 November 2018. A questionnaire about hypertension was administered to patients over 18 years of age who were diagnosed with hypertension in their registered populations by 30 family physicians working in the



Family Health Center in these provinces. After a written consent was obtained, a questionnaire consisting of 25 questions was administered by the family physician. A total of 2353 questionnaires were administered during the study period. SPSS 25.0 (IBM Corporation, Armonk, New York, United States) was used in all calculations.

**Outcomes:** Of the 2353 patients in the study, 1449 were female (61.6%) and 904 were male (38.4%). Among the respondents, 1555 (73.1%) had primary etiology and 572 (26.9%) had secondary etiology. While 1614 patients (68.6%) did not exercise at all, 739 patients (31.4%) did exercise. 1026 patients (43.9%) did not restrict salt in their diet. 1134 patients (48.2%) had a family history.

**Discussion:** Since individual and environmental factors are effective in the etiology of hypertension, first and holistic approach of family physicians is important in this disease prevention, diagnosis, treatment and follow-up.

**Take Home Message for Practice:** In terms of hypertension and its complications, the family physician should approach the individuals comprehensively.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 246

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-  
Wahrnehmung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Colorectal cancer: two different presentation forms in two patients under the age of screening

Joana Bragança<sup>1)</sup>, Filipa Órfão<sup>2)</sup>, Célia Pinheiro<sup>1)</sup>

<sup>1)</sup>USF Cova da Piedade, Almada, Portugal

<sup>2)</sup>USF Cuidar Saúde, Seixal, Portugal

### Background:

Colorectal cancer (CCR) is a common disease with increasing incidence under the age of 50. Since screening is not performed under this age, the majority of these patients are symptomatic at diagnosis and therefore in a more advanced stage of disease. Typical symptoms include hematochezia, abdominal pain, anemia, and change in bowel habits. A less common presentation is symptoms of obstruction.

### Case report:

We present two cases of CCR.

The first patient is a woman aged 46 that presented with fatigue. Lab work showed iron deficiency anemia and endoscopic exams were requested. The colonoscopy revealed a CCR and staging exams showed pulmonary metastasis.

The second patient is a woman aged 30 that presented with abdominal pain, vomiting and diarrhea. She was referred to the ER and the exams performed suggested an acute appendicitis. On surgery an abdominal abscess was found but appendicitis wasn't confirmed. Antibiotics were prescribed and she was discharged. Since nausea and diarrhea persisted followed by weight loss, her physician requested a colonoscopy. A stenosing CCR with hepatic metastasis was diagnosed.

### Discussion:

Since screening for CCR is not recommended under the age of 50, the physician should be able to recognise risk factors that indicate the need for earlier screening. Only the second patient had family history of CCR but the age of onset of the disease wasn't confirmed. The first patient presented with anemia and the second



with symptoms of sub-occlusion, a less common presentation. Recognising these symptoms is key for a prompt diagnosis.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 248**

### **Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### **Presentation form / Präsentationsform**

ePoster

### **What can be hidden behind a simple headache**

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<sup>2)</sup>USF Cuidar Saúde, Seixal, Portugal

### **Background:**

Subdural hematomas are mainly associated with head trauma. In the absence of trauma we should consider this diagnosis in the elderly presenting with new on set headache, altered mental status or focal neurological signs. Significant cerebral atrophy and anticoagulants are considered risk factors. On these patients *minor* trauma or whiplash lesions can cause a subdural hematoma. Ideally, anticoagulants should be suspended but its benefits and risks should be considered.

### **Case report:**

A woman aged 83, with history of migraine and arterial fibrillation medicated with apixaban, presented with left otalgia for a month. An analgesic was prescribed but, a month later, the patient referred intense otalgia and sudden temporal homolateral headache with daily frequency described as a "needle". She associated the onset of the pain to an acute respiratory infection with cough. A head CT revealed a chronic subdural hematoma. The anticoagulant was suspended and the patient referred to a Neurosurgery consult. On the consult it was given indication to reevaluate with a new CT and resume the anticoagulant since the risk of progression of the hematoma was minimal and the risk of stroke considerable. There was resolution of the headache and a conservative approach to treatment was taken.

### **Discussion:**

Headaches are a frequent reason for consults in primary care so it's essential that the physician recognises alarm signs and the need for an image exam. The risks and benefits of all therapeutic measures need to be evaluated and taken in to account with the specific characteristics of the patient.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 249**

### **Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **The ways to avoid self- diagnosing among Ukrainian patients**



Pavlo Kolesnyk, George Eusebio Kuodza, Iryna Mykyta  
*Postgraduate Faculty, department of family and internal medicine, Uzhgorod National University, Uzhgorod, Ukraine*

## Introduction:

In order to protect patients from over-diagnosis and over-treatment primary medical care recommend quaternary prevention. However, without the "gate-keeping" system and quality control in Ukraine, patients are used to requesting any medical investigations without doctor's recommendations.

## Questions and discussion points:

What medical investigations do patients request for themselves and what are the reasons for ordering them?

## Content:

We conduct the ongoing study among patients older than 14 years and among those who receive medical care at 8 municipal family medicine clinics of Uzhgorod. The expected group size is 383 people. We have formulated a questionnaire, which was piloted on 10 patients. The questionnaire includes demographic data and presents a list of medical investigations patients would order for themselves without doctor's recommendation and the reason for this. The semi-quantitative analysis of the survey results basing on SPSS software will be presented. The qualitative part of the survey will be analyzed accordingly.

## Take home messages for practice:

The outlining of the reasons for self-prescribing medical investigations selected by the patients might help finding the ways to prevent the potential negative consequences.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 251

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Web program "Screening adviser" as an instrument for implementation of evidence based screening recommendations into clinical practice

Pavlo Kolesnyk, Ivanna Shushman

*Postgraduate Faculty, department of family and internal medicine, Uzhgorod National University, Uzhgorod, Ukraine*

**Background:** Previous screening system in Ukraine was not based on evidence and included many low informative investigations (including routine annual CBC, urinalysis, ECG etc.) which patients and some doctors still trust and are free to follow.

Ukraine has limited financial resources to investigate local evidence screening recommendations. High evidence based screening recommendations (marked as A and B levels of evidence) in guidelines of well developed countries of the world could be considered as possible good example for future implementation into developing Ukrainian program of screening.

Since Ukrainian Ministry of Health care declared that post-Soviet screening protocol has been cancelled, doctors are allowed to use in their own practices international guidelines, concerning screening, as well. But, because of variety of international guidelines and language barriers some doctors have limitations in proper usage of those guidelines.

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**Target group:** Family Doctors.

**Didactic Method:** We have made an on-line Ukrainian web-resource "Evidence based screening adviser" which makes an individual plan of screening according to the certain patient's gender, age, bad habits status and sexual activity. The recommendations are based on evidence screening recommendations mainly used in European countries.

**Objectives:** The results of piloting our web-resource among family doctors in Uzhgorod municipal clinics can prove that it may become an easy instrument of motivation both doctors and patients to follow an evidence screening while absence of state supported screening program.

**Take Home Message for Practice:** Web-resource can be an effective instrument for proper usage and implementation of evidence based screening recommendations into clinical practices of Ukrainian Family doctors.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 266

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-  
Wahrnehmung

### Presentation form / Präsentationsform

ePoster

## The assessment of cardiovascular risk in adult population of Derventa municipality

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The aim of this study is to assess the presence of cardiovascular risk in asymptomatic adult population of Derventa municipality and the impact of each risk factor on cardiovascular risk factor levels.

Cross sectional study was conducted in the period from 10.05.2017. to 01.08.2017. Individuals over the age of 35 without prior diagnosis of cardiovascular disease (CVD) were selected for this study using random sample method. A questionnaire on the presence of risk factors for CVD was completed for each examinee. Cardiovascular risk was determined using HeartScore electronic charts.

High ( $\geq 5\%$  to  $< 10\%$ ) or very high ( $\geq 10\%$ ) CV risk had 9 (4,4%) out of 206 examinees (96 women and 110 men). Gender had a significant impact on fatal CV risk. Women (92,7 %) were statistically significantly more represented in the group with minimal CV risk than men (54,2%), while men were statistically significantly more represented in the groups with moderate, high and very high CV risk. Although the presense of stress, malnutrition, physical inactivity, genetic predisposition and secondary education were more represented in the group with increased CV risk while high education in the group with minimal CV risk, there was no statistically significant difference.

In the adult population of Derventa municipality most of asymptomatic adult examinees (74,8%) were in the group with minimal CV risk. Male gender, older age, elevated systolic blood pressure, cigarette smoking, weight gain (pre-obesity and obesity), alcohol abuse have a statistically highly significant ( $p < 0,01$ ) effect on increasing cardiovascular risk.

Conflict of interest / Interessenkonflikte  
no / nein

## CONTENT

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**Contribution ID: 274**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

Workshop

**Don't burn yourself out**

Ana Sofia Bodas de Carvalho<sup>1)</sup>, Inês Santos Silva<sup>2)</sup>, Vitória Aleixo<sup>3)</sup>, Maria Teresa Couto<sup>3)</sup>, Filipa Órfão<sup>4)</sup>, Catarina Rodrigues<sup>5)</sup>, Inês Laplanche Coelho<sup>6)</sup>, André Oliveira<sup>7)</sup>, Válder Ferreira<sup>2)</sup>, Joana Magalhães<sup>8)</sup>

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<sup>7)</sup>USF São Julião de Oeiras, Oeiras, Portugal

<sup>8)</sup>USF Ribeirinha, Barreiro, Portugal

**Background:** Physician burnout is an occupational phenomenon induced by unmanaged workplace stress, characterized by emotional exhaustion, depersonalization and a sense of reduced personal accomplishment. It has reached epidemic levels, with prevalence near or exceeding 50%, in both medical residents and practicing physicians. Physician burnout has harmful consequences not only on a personal level but also on the quality of care, patient safety, and patient satisfaction. There are several strategies applicable to help burnout prevention. Since it is a worldwide problem among medical professionals, our team found eminently relevant to build this workshop as a way of helping colleagues cope with stressful work events.

**Target Group:** Physicians and other health care professionals.

**Didactic Method:** Initially, we invite participants to answer the Maslach Burnout Inventory - Human Services Survey for Medical Personnel. Then create a moment of brainstorming/sharing experiences, followed by theoretical exposure about burnout syndrome, as well as organizational and individual tools for burnout prevention. In a final moment, there will be a dynamic training of techniques, with simulation and problem-solving.

**Objectives:**

- Raise awareness about the importance of burnout syndrome;
- Empower trainees to know and identify signs and symptoms of burnout syndrome;
- Provide and develop tools and strategies for burnout prevention, whether at an individual, organizational and individual/organization level.

**Estimated number of participants:** 8-20

**Brief presentation of the workshop leader:** the workshop will be led by medical residents, future general practitioners, with experience in group dynamics and interaction.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 281**

**Abstract subtopic / Abstract Unterthema**



1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Female cardiovascular risk management in general practice

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<sup>2)</sup>Julius Center for Health Sciences and Primary Care, UMC Utrecht, Utrecht, Netherlands

**Background:** Decrease in estrogen levels during menopause has a number of adverse effects that increase the risks of cardiometabolic syndrome.

Additionally, possible complications during pregnancy, such as high blood pressure and diabetes also increase the risk of cardiovascular disease later in life. Therefore, guidelines recommend these women to be screened during menopause.

**Discussion:** Menopausal symptoms, such as atypical chest pain or palpitations, are often falsely labelled "related to menopause" or seen as psychologically symptoms but might be caused by cardiovascular disease. More awareness of possible cardiovascular disease during menopause will subsequently reduce the risk of this disease. This project is aimed at raising awareness on this specific theme in general practice.

**Content:** 1,500 women aged 50, with no prior history of cardiovascular disease, are asked to complete a questionnaire on specific female risk factors and menopausal symptoms. Additionally, their blood sugar levels, cholesterol levels and kidney function are tested.

Subsequently their risks of cardiovascular disease will be assessed, and they will be inquired about menopausal symptoms. If necessary, further tests and treatment will be initiated.

Six months after, the participants receive questionnaires on the satisfaction with the care provided to them. The results of the questionnaire, blood test and information originating from the consultations and actions that followed are analyzed.

**Take home:** We expect to learn more about the optimal implementation of the CVRM guidelines on this particular patient group and to detect cardiovascular disease earlier during menopause. We are looking forward to present the first results at WONCA 2021.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 282

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

### Diabetes as risk factor for acute cardiovascular events and malignant diseases

Kosana Stanetić, Vesna Kević

Primary Health Center Banja Luka, Primary Health Center Banja Luka, Medical faculty, University of Banja Luka, Bosnia and Herzegovina, Banja Luka, Bosnia and Herzegovina

**Introduction:** Patients with diabetes are at high risk for acute cardiovascular events (heart attack and stroke) and some types of malignant diseases.



**Aim:** Examine the frequency of acute cardiovascular events and malignant diseases in patients with diabetes and compare the results obtained with patients who do not have diabetes.

**Methods:** This is a cross sectional study, and it included patients over the age of 18 who were registered in four family medicine teams at the Family Medicine Teaching Center (FMTC) at the Banja Luka Primary Health Center. The study was conducted by reviewing electronic medical records and registers of chronic diseases in the period from 1 July to 31 August 2018.

**Results:** The study included 6739 patients over the age of 18, out of which 404 are treated for diabetes. The results showed that in patients with diabetes 19.6% of them had a heart attack, 7.2% had a stroke, and 7.43% is suffering from malignant diseases. In the group of other non-diabetic registered patients, 0.76% of patients were found to have a heart attack, 1.78% had a stroke, and 4.14% of patients are treated for malignant diseases.

**Conclusion:** Our results show a significantly higher prevalence of acute cardiovascular events and malignant diseases in patients with diabetes in relation to patients without this disease. It is well known that patients with diabetes are a risk group for cardiovascular and malignant diseases, and these patients should be given special attention already in family medicine outpatient facilities.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 285

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

### Repeated respiratory infections in a patient former smoker

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<sup>2)</sup>Family and Community Medicine., C.S Las Norias de Daza, Distrito Poniente., El Ejido, Almería., Spain

**Background:** 57-year-old patient former smoker for 7 years. Before, he smokes 2 packages a day since age 25 (64 pack-years). Questions: He goes to a private doctor for a clinical picture of a month of evolution, consisting of cough with hemoptoic expectoration mixed with greenish mucus, self-heard wheezing, moderate effort dyspnea, without associated fever. **Discussion:** He was prescribed Levofloxacin, prednisone and acetylcysteine without improvement, so he goes to the emergency department. No semiology of heart failure. In the exploration: Good general state without neurological focus. Sat. O<sub>2</sub> 94%, blood pressure 124/70, FC 86 bpm, afebrile. Cardiorespiratory: Rhythmic tones, without murmurs, vesicular murmur diminished generalized in right hemithorax with respect to the contralateral, without increase of vocal vibrations in the right base or clear semiology of pleural effusion. **Methods:** Rx thorax: increase in right basal density with pleural effusion, loss of right volume. In the lateral plate, we can identified middle lobe atelectasis with rounded image possibly dependent on right hilum and pleural effusion of less than 1/3 of right hemithorax. Chest CT: right hilar pulmonary neoplasm; moderate right pleural effusion, pulmonary thromboembolism. **Outcomes:** FNA of lymph node with extended cytology positive for malignancy: non-small cell carcinoma. **Take Home Message for Practice:** In a patient with a personal history related to tobacco, even if he is an former smoker, we cannot forget the toxic effect accumulated during the years of consumption, always indicating the performance of an imaging test to rule out neoplastic processes as in this case.



Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 290

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

### Beyond a normal screening mammography – a case report

Yuliya Kuzmyn<sup>1)</sup>, Gabriela Machado<sup>1)</sup>, Ana Valério<sup>1)</sup>, Inês Albano<sup>2)</sup>, Isabel Abreu<sup>3)</sup>, Rebeca Rodrigues<sup>4)</sup>

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<sup>3)</sup>Personalized Health Care Unit Caniço, Caniço, Madeira Island, Portugal

<sup>4)</sup>Personalized Health Care Unit Bom Jesus, Funchal, Madeira Island, Portugal

**Background:** Breast cancer is the most common type of cancer in women. Screening mammography is partly responsible for the decline in the annual mortality rate. Interval breast cancers are those detected after a negative screening examination and before the next scheduled screening. Interval cancers represent more aggressive tumors and have an unfavorable prognosis.

**Case report:** A 48-year-old woman, with no relevant personal or family medical history, presented to her family doctor after noticing a lump on her right breast; she had a negative screening mammograph five months ago. Her breast examination revealed a hard mass, approximately 10 mm, fixed to the surrounding tissue and localized in the upper-outer quadrant of the right breast. The patient underwent a mammography and a breast ultrasound that revealed findings highly suspicious for malignancy (BI-RADS – 4C); a biopsy confirmed a high-grade ductal carcinoma with areas of necrosis and microcalcifications. She was referred to the local hospital and underwent a right mastectomy and adjuvant chemotherapy. The patient died approximately 18 months after the diagnosis.

**Conclusions:** A negative screening examination does not guarantee the absence of a disease. As general practitioners, we should be aware of suspicious clinical features and include diagnostic mammograms as the first step of the approach of a breast mass, despite the presence of a negative routine screening. In addition, it is important to recognize that the presence of a cancer between routine screening examinations may suggest an interval cancer or a false negative of the first examination.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 297

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### Much more than a blackhead - a case report

Yuliya Kuzmyn<sup>1)</sup>, Gabriela Machado<sup>1)</sup>, Ana Valério<sup>1)</sup>, Inês Albano<sup>2)</sup>

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<sup>2)</sup>Personalized Health Care Unit of Lagoa, Lagoa, Portugal

**Background:** Breast cancer is the most common cancer in women, with a higher incidence between 50 and 70 years of age. It is also the malignant neoplasm that most often has cutaneous involvement, with the chest wall being the most common site for metastasis. Screening and early diagnosis is often performed by the general practitioner. **Case report:** A 68-year-old woman, with medical history of hypertension, obesity, depressive syndrome, osteoarticular pathology, recurrent pancreatitis, hepatic steatosis and right breast lobular carcinoma (she underwent tumorectomy and radiotherapy in 2009). She consulted a general practitioner (GP) in April 2019 after noticing a blackhead below her right breast; after physical examination, she was referred to the dermatologist. In July, the lesion was excised with diagnostic hypotheses of traumatized basalioma versus cutaneous metastasis of breast cancer. She presented to the GP in September after noticing a lump in her right breast 3 weeks before. Histological examination of the cutaneous lesion revealed metastatic mucinous breast carcinoma, although it was not possible to completely exclude a primary cutaneous mucinous carcinoma. She underwent a mammography and a breast ultrasound that revealed new opacity in the right breast (BI-RADS 4C/5) and she was urgently referred to a hospital. **Conclusions:** Primary cutaneous mucinous carcinoma is a rare malignant neoplasm. On the other hand, cutaneous metastases of mucinous breast carcinoma are more frequent in clinical practice. The holistic clinical approach is critical to differentiate skin metastases from a primary skin tumor, in order to correctly treat the patient and improve the outcome.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 299

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Screening for thyroid dysfunction during preconception or early pregnancy: universal or selective? An evidence-based review

Mafalda Gomes<sup>1)</sup>, Joana Lima Ferreira<sup>2)</sup>, Rosa Maria Príncipe<sup>2)</sup>

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<sup>2)</sup>Endocrinology Department, Hospital Pedro Hispano, Matosinhos Local Health Unit, Matosinhos, Portugal

**Background:** Universal or selective screenings for thyroid dysfunction during preconception and early pregnancy are controversial. We aimed to evaluate the evidence-based recommendations on thyroid stimulating hormone (TSH) levels assessment in these phases in women without known thyroid disease.

**Questions:** Universal or selective screening of TSH during preconception and early pregnancy?

**Methods:** A literature search was conducted to identify articles published since 2017, year of publication of the American Thyroid Association (ATA) guidelines, by using PubMed, Cochrane, Canadian Medical Association Practice Guidelines InfoBase, Bandolier, DARE and Evidence Based Medicine online with the query "Thyroid screening AND (Pregnancy OR Conception)". Study selection obeyed the inclusion and exclusion criteria, according to the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) criteria. PICO was defined as: population (P) of women in preconception or early pregnancy without thyroid pathology. The intervention (I) included universal evaluation of TSH, with a comparator (C) of selective evaluation. The outcome (O) was the change of TSH.

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**Outcomes:** We included 15 of 325 publications. For preconception, 2 reviews defend universal screening. For pregnancy, a prospective study advocates selective screening, while 8 articles suggest universal screening. ATA recommends selective screening in both phases. The remaining publications indicate the need for further studies.

**Discussion:** Given these publications, we attribute strength of recommendation (SR) B for universal screening during early pregnancy. Due to poor evidence, it is not possible to make a formal recommendation during preconception.

**Take Home Message for Practice:** Universal Screening of TSH during early pregnancy, SR B  
Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 313

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

Workshop

### The pregnant traveler: safety, care, prevention and diagnosis.

Rocío García-Gutiérrez Gómez<sup>1)</sup>, Miriam Rey Seoane<sup>1)</sup>, Andreea Zoderu<sup>2)</sup>, Ana Peral Martín<sup>1)</sup>, Santiago Martínez Torre<sup>1)</sup>, Jorge Sánchez-Tembleque Sánchez<sup>1)</sup>, Juan María Rodríguez Martínez<sup>1)</sup>, Carlos Montejo Martín<sup>3)</sup>, Roberto Navarro García<sup>3)</sup>, Carlos Piccone Saponara<sup>4)</sup>

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Approximately 10% of the population we attend in our consultations is migrant population, among which we find patients forced to leave their countries, others who decide to return to their country of origin, and other patients who must travel for very heterogeneous reasons. Pregnancy is a physiological situation and not a contraindication to travel but it is necessary to be updated to assure a trip as safer as possible, informing pregnant women of the potential difficulties and risks, applying preventive measures (infectious diseases, fetal-neonatal venous thrombosis, vaccination and chemoprophylaxis), and acting in case of problems (on the ship or plane itself, or crossing the Mediterranean in patera, treating emerging infections or vertical transmission diseases).

After a brief presentation we will divide the participants in four groups that will have to pass through four different stations led by a workshop organizer:

1. Station 1: Vaccination. They will have to complete a chart with the different vaccines, and which are indicated and contraindicated during pregnancy.
2. Station 2: Infection diseases 1. The participants will name different infection diseases that may affect pregnancy and we will make a summary on a sheet of the clinical and treatment aspects of each of them.
3. Station 3: Infection diseases 2. Clinical cases in which we will address these issue in an interactive and participatory manner.
4. Station 4: The trip. We will choose a country and a conveyance and, in group we will organize all that our patient might need for the trip.

Conflict of interest / Interessenkonflikte  
no / nein

## CONTENT

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**Contribution ID: 320**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**What you should know about schwannoma**

Giovanna Lovatón Villena, Anna Guarido Maraver, Carmen Frutos Fuentes

*CAP Terrassa Est, Consorci Sanitari de Terrassa, Terrassa, Spain*

A 51-year-old woman with progressive hearing loss in the right ear about 15 years ago comes to a visit on October 2013.

Family history: two brothers carrying hearing aids due to hearing loss.

She was sent to otorhinolaryngology.

An audiometry concluded asymmetric hearing loss on October 2014, they requested a magnetic resonance imaging (MRI) that showed a tumor in the right cerebellopontine angle (CPA) of 1.8x1.3x1 cm, with wide extension within the right internal auditory canal, compatible with neurinoma (at the beginning of the VIII pair), in contact with the bump, but without compressive signs on it.

The therapeutic options are raised and it is decided to schedule surgical intervention.

On September 2017, under general anesthesia, intraoperative monitoring and guided by neuronavigation, retrosigmoid craniectomy and subtotal excision of vestibular neurinoma with persistence of remains at the level of internal auditory canal. Evoked potentials preserved during and at the end of the intervention (no changes from baseline values).

Cranial CT and MRI performed showed post-surgical changes with persistence of tumor remains, without complications associated.

Because of walking instability is requested rehabilitation, after a few months of physiotherapy, sequels of deambulation with slight support and vertiginous symptoms continued to this day.

Definitive pathology: vestibular schwannoma (VS)

VS account for 6–8% of all intracranial neoplasms and around 90% CPA tumors. The natural history of VS is highly unpredictable. A growth rate of 2.5mm/year is associated with worse hearing function. Clinical observation, microsurgical removal, and radiotherapy/radiosurgery are management options.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 426**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**Isolated dysphonia as a presentation of Arnold Chiari malformation**

Susana Rivas Vilela, Miao Qi Ye Ji, Valentí Aragunde Miguens, Angela Martinez Perez

*Primary care, CAPSBE, Barcelona, Spain*



**Background:** The Chiari malformation type I is the herniation of cerebellar tonsils through the magnum hole. Its clinical presentation is very variable, which usually delays its diagnosis and treatment.

**Questions:** Should I worry about dysphonia?

**Methods:** We describe a Chiari type I malformation case diagnosed as a result of an isolated dysphonia.

**Outcomes:** A 58-year-old woman worked as lecturer, without relevant medical history. She was consulted in the primary care office because of dysphonia of seven years of evolution that in the last five months was added photophobia, tinnitus, dysphagia to solids, ataxia of gait and paresthesia in toes.

On physical examination, axial ataxia was observed. A laryngoscopy showed left vocal cord paralysis.

Finally, a brain MRI was performed, which shows a cerebellar tonsils herniation of 15mm below the magnum hole, then the patient was diagnosed with Chiari type I malformation.

From primary care, the patient was referred to a specialized neurosurgical center for treatment.

**Discussion:** This case illustrates the need to keep in mind the clinical manifestations of Chiari type I malformation to be included in the differential diagnosis of patients with complaints of dysphonia and symptoms of posterior cerebral fossa. We also highlight the role of the primary care physician in linking and interpreting clinical information and the advantage of an early diagnosis and treatment.

**Take Home Message for Practice:** isolated dysphonia of unknown etiology should be followed and studied because it could be a brainstem lesion symptoms.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 360

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und Wahrnehmung

### Presentation form / Präsentationsform

ePoster

## Pediatric overweight and obesity - reality in a primary care facility center

Marcela Del Rio, Sara Cerqueira, Inês Sayanda

*Personalized Healthcare Unit of Beja, Beja, Portugal*

**Background:** Obesity is a complex and multifactorial syndrome that leads to physical, psychological and social consequences. This problem is appearing in increasingly younger populations which causes concerns due to possible complications that could arise in earlier ages like type 2 diabetes or hypertension. Portugal is one of the 10 countries in Europe with the highest obesity prevalence (12%).

**Question:** Are we, the primary healthcare professionals, diagnosing early and acting to prevent further complications of overweight and obesity?

**Methods:** Descriptive cross-sectional study with a convenience sample composed of children aged [2; 18] with a BMI on percentile >85 from 2 doctors' patient lists. The variables were analyzed using SPSS.

**Results:** From a population of 585 children, 134 were included in this study where we found an overweight and obesity prevalence of 12,47% and 10,42%, respectively. Overweight is more prevalent in girls and obesity in boys. From these 134 children, only 31.3% were diagnosed and coded in the system. There's a significant statistical relation between diagnosis and BMI ( $p=0.0001$ ) as well as with children's age range ( $p=0.005$ ). Additionally, there is an important relation between diagnosis and request for analysis as well as referral to other healthcare professionals.



**Conclusion:** Prevention is the primary goal of family physicians but based on these results, we're not quite there yet. We tend to only diagnose this problem in older children or when the BMI is higher delaying our clinical action which makes these children more susceptible to complications due to these problems.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 385**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

Workshop

**"arriba Bibliothek der Entscheidungshilfen - praktisch"**

Johannes Hauswaldt<sup>1)</sup>, Armin Mainz<sup>2)</sup>, Josef Pömsl<sup>3)</sup>, Norbert Donner-Banzhoff<sup>2)</sup>

<sup>1)</sup>Institut für Allgemeinmedizin, Universitätsmedizin Göttingen, Göttingen, Germany

<sup>2)</sup>Abteilung für Allgemeinmedizin, Präventive und Rehabilitative Medizin, Philipps Universität Marburg, Marburg, Germany

<sup>3)</sup>Institut für Allgemeinmedizin und Versorgungsforschung, Technische Universität München, München, Germany

**Hintergrund:**

Neben dem verbreitet genutzten arriba-Modul zur kardiovaskulären Primärprävention werden Hausarzt und Patient mittlerweile durch weitere Module bei Entscheidungen zur Medikation (KHK, OAK, MediQuit), zum diagnostischen oder therapeutischen Vorgehen (LHK, Depression, Diabetes) oder vor einem Screening (PSA) unterstützt.

**Zielgruppe:**

Praktizierende Hausärzte/innen, Lehrärzte/innen und Mitarbeiter/innen der universitären Abteilungen und Institute für Allgemeinmedizin.

**Didaktische Methode:**

Nach Vorstellung der aktuell bestehenden und geplanten arriba Module werden diese in Kleingruppenarbeit besprochen und von den Teilnehmenden erprobt. Dazu stehen entsprechende Geräte zur Verfügung.

**Ziele:**

Die Teilnehmenden lernen die aktuellen Module von arriba kennen. Sie geben Feedback zu Inhalten und didaktischer Gestaltung. Sie formulieren weiteren Entwicklungsbedarf bezüglich relevanter Themen, neuer Beratungsmodulen und sinnvoller wissenschaftlicher Evaluation.

**Geschätzte Anzahl Teilnehmern/innen:**

20-50

**Kurzvorstellung der Workshop Leiter:**

Die Leiter sind Hausärzte und z.T. seit über 10 Jahren aktiv in die Entwicklung und **Verbreitung von arriba involviert:**

Stichwörter: Shared Decision-Making, Entscheidungsunterstützung, Evidenzbasierte Medizin, Gesundheitsberatung, Digital Health

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 423**



## Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

## Presentation form / Präsentationsform

ePoster

## Spontaneous bilateral internal carotid dissection: case report

Jéssica Peres, Natalina Rodrigues, Rita Ferreira, Beatriz Lopes, Miguel Pereira, Tânia Caseiro  
*USF Mondego, ACeS Baixo Mondego, Coimbra, Portugal*

### Background:

Spontaneous cervical artery dissection is a common cause of stroke in young adults, accounting for approximately 20% of ischemic strokes. Presentations range from asymptomatic to isolated headache, neck pain or Horner syndrome to severe stroke symptoms, representing a diagnostic challenge.

### Case report:

A 44-year-old man, smoker, without another relevant medical history, who resorted to a hospital emergency due to severe frontal headache and neck pain, having been diagnosed and treated as sinusitis. Two days later he went to a primary care consultation for noticing that he had anisocoria and still had a mild headache. There was no history of trauma or intense effort. Objectively, he presented anisocoria with right miosis, remaining neurological examination without changes. The patient was referred to an emergency service and neuroimaging revealed bilateral dissection of the internal carotid arteries. Was hospitalized for a month and anticoagulation was initiated. Imaging performed 6 months later no longer revealed changes suggestive of stenosis. The anticoagulant was replaced by a platelet antiaggregant and the patient maintains follow-up at neurology consultation.

### Discussion:

Probably due to the initial absence of neurologic symptoms, this patient hadn't undergone imaging at presentation, which could have resulted in significant morbidity or mortality. Carotid dissection is rare but potentially deadly and needs to be considered in patients with headache and neck pain, particularly if focal neurological findings are present. Family physicians can play an essential role in the early suspicion of this entity and the prevention of ischemic injuries by immediate referral of these patients.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 439

## Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

## Presentation form / Präsentationsform

ePoster

## Low-density lipoprotein cholesterol control in patients with coronary heart disease. Lower is better. Are we doing well in primary care?

Núria Sánchez Ruano, Laia Montañola Pujol, Anna Fibla Matamoros, Amparo Hervás Docón, Laia Gené Huguet, Anna Peña Sanroma, Josep Vilaseca  
*Family Medicine, CAP Comte Borrell., Barcelona, Spain*

### Background:



Lipid modification to reduce cardiovascular risk guidelines have been issued in recent years by the European Society of Cardiology (ESC) and its partners such as European Atherosclerosis Society (EAS).

ESC/EAS guidelines for the management of dyslipidemias for the treatment of patients with coronary heart disease (CHD) have been recommending during the last decade a goal of low-density lipoprotein cholesterol (LDL) levels in blood under 70mg/dl. Recent 2019 ESC/EAS guidelines recommend a lower threshold for LDL < 55mg/dl for secondary prevention in very-high-risk patients.

Our objective is to analyze whether those goals are met in our listed population of patients with CHD. The settings are three urban practices with a total listed population of near 100.000 individuals.

### Methods:

Cross-sectional analysis of the entire population of listed patients with CHD.

A total of 1.363 patients meet the inclusion criteria (894 men and 469 women). The mean age is 75,25 years. We excluded 150 individuals due to missing data or inaccurate register of LDL, resulting a final population of 1.213 individuals.

### Results:

Only 329 patients (26.7%) meet the goal of LDL < 70 mg/dl. A smaller number, 95 individuals (7.8%) meet the goal of LDL < 55 mg/dl. Many patients were treated with high-decrease cholesterol statins (749 patients were treated with atorvastatin and 58 patients were treated with rosuvastatin).

### Conclusion:

We should try to optimize the treatment of dyslipidemia in our patients to achieve the recommended target of LDL < 55 mg/dl by increasing the dose of statins or combining it with ezetimibe.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 443

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

### Chronic low back pain: Know more, treat better

Diogo Prates<sup>1</sup>, Filipe Mateus<sup>2</sup>, Mara da Silva<sup>3</sup>, Gabriela Machado<sup>4</sup>, Joana Afonso<sup>4</sup>, Ana Marinho<sup>5</sup>, Marta Freitas<sup>3</sup>, Ricardo Coelho<sup>6</sup>, Lucia Azevedo<sup>1</sup>, João Capelinha<sup>1</sup>

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<sup>3</sup>USF Vista Tejo, Almada, Portugal

<sup>4</sup>USF S. João do Pragal, Almada, Portugal

<sup>5</sup>USF Cova da Piedade, Almada, Portugal

<sup>6</sup>USF Feijó, Almada, Portugal

**Background:** Chronic low back pain is a condition that affects a considerable part of the Portuguese population, causing a heavy socioeconomic burden. Low back pain is a frequent reason for medical consultation in General Practice.

**Questions:** The authors pretend, with this work, understand the risk factors of low back pain, characterize the pain and provide Family Doctors with tools to help them better assess their patients.

**Methods:** Quantitative approach of exploratory nature.



**Outcomes:** Most participants are women, caucasian, aged 50-65, married, which completed primary school, active workers, with a household of two. Most participants report pain for over 12 months, classifying it as intense and irradiating to the lower limbs.

**Discussion:** Most studies consulted are in line with the results obtained. However, some show that retired people over 65 have the highest prevalence. In this study, most participants were employed and the triggers like "lifting heavy objects" and "movement, for example walking" were the most mentioned. Thus, we can infer that some jobs may be worsen this pain. For further studies it could be important to characterize the profession of the participants. Another limitation of this study is that it did not take into account the psychological factors that might influence participant's prognosis and the subjectivity of pain.

**Take home messages for practice:** Chronic Low back pain can be extremely limiting for everyday life. Therefore, it is crucial that family doctors know how to manage this patients, and/or assigne them for hospital specialties, if thats the case.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 471

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-  
Wahrnehmung

### Presentation form / Präsentationsform

ePoster

## Decision-making under uncertainty: results from a multisector 'think tank' exploring how to make a difference

Ryuichiro Sasae<sup>1</sup>, Masako Ii<sup>2</sup>, Chiaki Hara<sup>3</sup>, Mamoru Ichikawa<sup>4</sup>, Takashi Wakayama<sup>5</sup>, Ryuki Kassai<sup>6</sup>, Maham Stanyon<sup>6</sup>

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<sup>3</sup>Institute of Economic Research, Kyoto University, Kyoto, Japan

<sup>4</sup>NHK (Japan Broadcasting Corporation), Tokyo, Japan

<sup>5</sup>Tadami Town National Health Insurance Asahi Clinic, Fukushima, Japan

<sup>6</sup>Department of Community and Family Medicine, Fukushima Medical University, Fukushima, Japan

### Background:

Probabilistic thinking, especially the understanding of conditional probabilities is essential to medical decision-making, but is lacking amongst users and healthcare providers alike ("collective statistical illiteracy").

### Questions:

How can GPs, economists, and the media work together to make a difference to support better medical decision-making under uncertainty?

### Methods:

A unique 'think tank' of GPs, economists and a media director in Japan conducted 2 half-day panel discussions, presenting their expertise and concerns on this topic and the pertinent themes extracted.

### Outcomes:

Four themes were extracted: lack of understanding, information provision, quality standards in the provision of information and the cost of quality coverage. Key points covered how false positive problems posed a particular challenge to understanding and the identification of television, with passive, emotional, one-way



information giving as the public preferred source of information. The provision of information was identified as counterproductive in some circumstances with differing quality standards in the delivery of health information between doctors, the mass media and alternative media including social networks and pharmaceutical press releases.

### Discussion:

Collective statistical illiteracy needs to be overcome by interprofessional projects including GPs, economists and the media. Questions for future projects: Can information really change health behavior? Can technological advances (e.g. genetic testing, big data, artificial intelligence) reduce uncertainty?

### Take Home Message for Practice:

- GPs need to reflect on their decision-making practices; how they eliminate risk literacy gaps and facilitate desirable patient behavioral change.

If you have worked with the media to improve health literacy, please share your experience with us.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 521

#### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und Wahrnehmung

#### Presentation form / Präsentationsform

Lecture / Vortrag

#### Factors associated with depressive episode recurrences in primary care: case-control study.

Shysset Nuggerud-Galeas<sup>1</sup>, Bárbara Oliván Blázquez<sup>2</sup>, M<sup>a</sup> Cruz Pérez-Yus<sup>2</sup>, Begoña Valle-Salazar<sup>1</sup>, Alejandra Aguilar-Latorre<sup>1</sup>, Rosa Magallón-Botaya<sup>1</sup>

<sup>1</sup>Health Research Institute of Aragón., Zaragoza, Spain

<sup>2</sup>Psychology and Sociology Department, University of Zaragoza, Zaragoza, Spain

**Background:** The early identification of depressive patients having a poor evolution, with frequent relapses and/or recurrences, is one of the priority challenges.

**Objective:** To analyze the factors that may be associated with an increased risk of recurrence of major depression episodes in patients treated in primary care.

**Methods:** A longitudinal retrospective study of cases-controls was proposed. The cases consisted of patients who had been diagnosed with major depression and who had presented recurrences, in comparison with patients who had experienced a single major depression episode with no recurrence (controls). The variables of the study are: age at first episode, number of episodes, perception of severity of the depression episode suffered prior to recurrence, number of residual symptoms, physical and psychiatric comorbidity, history of anxiety disorders, family psychiatric history, high incidence of stressful life events (SLEs), and experiences of physical, psychological or sexual abuse in childhood. Comparisons between groups and multivariate analysis (logistic regression) were performed.

**Outcomes:** 200 individuals participated, of whom, 99 had suffered from a single major depression episode and 101 had experienced more than one depression episode. The average age of those suffering more than one depressive episode is significantly older (5 years) and a higher percentage have a history of anxiety disorders. The variables that obtained a significant value in the logistic regression analysis were age (OR: 1.03; value: 0.007) and having suffered sexual abuse (OR: 1.64; value: 0.072).

**Take Home Message for Practice:** These indicators should be considered by primary care professionals when attending patients.



Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 531**

### **Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## **6 months of HPV test in a family health unit - retrospective analysis**

Rita Fernandes Ferreira, Jéssica Peres, Carolina Gil, Tânia Caseiro

*USF Mondego - ARS Centro, Coimbra, Portugal*

**Introduction:** Since 1990, the Central Regional Health Administration has implemented population-based cervical cancer (CC) screening program that reaches whole territory. This effort has been reflected in a significant decrease in morbidity and mortality from this cancer. In April 2019, a new screening method was adopted, and the HPV test is now present in all Family-Healthcare Centers. The main aim of this study is to characterize 6-month results from new HPV test in a family healthcare unity.

**Methodology:** Retrospective longitudinal analysis including all women undergoing HPV test between May and October 2019 at USF Mondego. Data collection from MIM-UF® program and Excel 2016® for data analysis.

**Results:** 190 women were screened (coverage rate 50,8%) resulting in 12,1% presented HPV infection. For high-risk genotypes, only 4 had a positive HPV-16 test, no HPV-18 infection was detected and 18 women had infection with other high-risk types (31,33,35,39,45,51,52, 56,58,59,66,68). 1 woman found with multiple infection. Of the 13 patients with an HPV vaccination schedule through the Portuguese National Immunization Program, all had a negative test.

**Conclusion:** The prevalence of HPV infection found (12.1%) is not far away from that reported by CLEOPATRE Portugal study (19.4%). The most common high-risk HPV genotypes found are not covered by current vaccine. Long-term analysis of these results should be maintained to study the epidemiological changes imposed by the introduction of the vaccine in PNV in 2008 for all girls and in 2020 for all 10-year-old boys.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 561**

### **Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### **Presentation form / Präsentationsform**

ePoster

## **Unexpected presentation of lung adenocarcinoma – case report**

Ana Moreira, Isabel Ferreira

*ACeS Alto Ave, Guimarães, Portugal*



Pulmonary adenocarcinoma is the most common and the most diverse form of primary lung carcinoma. Smoking is the main cause of this type of tumor. Usually it presents with local dissemination or metastasis and 25% of patients are asymptomatic.

This report is about of a 53 years-old male with arm pain, resistant to NSAID's and physical therapy treatment, history of 26 pack year of smoking and dyslipidemia. Returning to our appointment with resistant pain he underwent X-ray and ultrasonography which didn't reveal any findings. Due to persistency of symptoms, despite optimal pain treatment, he performed left arm CT-scan that revealed probable metastatic lesion. After body CT-scan he was diagnosed with primary lung adenocarcinoma metastasizing to left proximal humerus, brain and cervical lymph nodes.

With this case it is intended to raise awareness to the role of Family Doctor in management of patient's symptoms throughout time, being able to recognize when to seek the interface with other specialties. As Family doctors we represent the first contact to the health system and we should be resilient in our search to find an answer to our patient's complaints.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 568

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

### Chest pain and fever

Diego Roldan Lafuente<sup>1)</sup>, Rocio Romera Martínez<sup>2)</sup>, Vanesa Cascales Sáez<sup>3)</sup>, Jaime Lopez Díez<sup>4)</sup>, Julian López Marín<sup>4)</sup>, Luis Martínez Antequera<sup>5)</sup>, María Martínez Ferri<sup>3)</sup>

<sup>1)</sup>Cartagena Casco Health Center, Cartagena, Spain

<sup>2)</sup>Mar Menor Health Center, Cartagena, Spain

<sup>3)</sup>San Antón Health Center, Cartagena, Spain

<sup>4)</sup>Isaac Peral Health Center, Cartagena, Spain

<sup>5)</sup>Cartagena Oeste Health Center, Cartagena, Spain

**Background:** Man of 35 with a family medical history of AMI father died 37 years. Consultation for fever more than 38.5°C of 48 hours of evolution with difficult drug control associated with atypical chest pain and palpitations without vegetative symptoms and general malaise. The patient also refers intermittent back pain and dysuria

**Methods:** During the physical examination, the patient presents a fever of 38.3°C. Lung and heart seem normal after auscultation. Abdomen with pain in the lower abdomen and left ureteral tour left with positive renal fist percussion. No other findings. Urine dipstick is performed with the presence of leukocytes and blood and 12-lead electrocardiogram showing sinus rhythm at 80 bpm, PR <200ms, QRS <120ms, the 60° axis with rsR V1-V2 with elevation of the point J 2.5mm in V2 and negative T are present in ECG

**Outcomes:** The pattern is consistent with Brugada syndrome type I (Code Type) in the context of febrile syndrome high degree probably secondary to urinary focus.

**Discussion:** Brugada syndrome is a primary electrical disorder, it is characterized by electrocardiographic pattern right precordial elevation of the point J and the segment ST  $\geq$  2mm, upper and T wave negative convexity with a predisposition to arrhythmia ventricular and sudden death, with predominantly nocturnal and high-grade fever.

## CONTENT

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**Take-Home Message for Practice:** The importance lies in controlling high-grade fever because of the risk of sudden death and the need to complete the study in the rest of the family

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 582**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**Something else a lombago could be**

Carlota Mendonça, Sara Rocha Jesus, Rita P. Alves, Sérgio Freitas  
*Primary care, Doctor at SESARAM, Funchal, Madeira island, Portugal*

**Introduction (clinical case):**

This case reinforces the importance of holistic approach of the patient instead of focusing merely on the symptoms.

**Discussion:**

31 years-old female patient with history of right kidney coraliform calculus (diagnosed in 2014 and on follow up by an urologist).

On 11/8 went to the emergency room because she presented with a lombago with irradiation to the right leg. Was prescribed some analgesia and some blood work was taken as she presented with skin pallour.

On 11/15 she attended an unscheduled appointment to show the results of blood work. On examination, she maintained her complaints and presented subfebrile, pale, anorexic, a 10 cm hard mass in the right flank and positive lasague sign. Analytically, she presented anemia, leukocytosis and thrombocytosis. She was then referred to the hospital where she underwent an abdominal computed tomography scan that revealed "aspects suggestive of xantugranulomatous pyelonephritis and colletion related to psoas abscess, probably of renal cause". She was admitted to the urology department.

**Conclusion:**

Xantugranulomatous pyelonephritis is a rare form of chronic pyelonephritis. Its presentation with psoas abscess is infrequent and only a few cases are described in the literature. The initial symptoms suggested a lombago but regarding the patient's medical history it is important to relate all her symptoms and make a proper differential diagnosis. A delayed diagnosis could have cost her life.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 611**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**Increased pulse wave velocity reflects low-grade inflammation and metabolic misbalance in postmenopausal women with knee osteoarthritis**



Tina Zavidic<sup>1, 2)</sup>, Đino Lovrinic<sup>3)</sup>, Branislava Popovic<sup>1, 4)</sup>, Martina Fistic Jurkovic<sup>1, 4)</sup>, Ines Diminic Lisica<sup>1, 4)</sup>, Tatjana Kehler<sup>5)</sup>, Gordana Laškarin<sup>6, 5)</sup>

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<sup>2)</sup>Istrian Health Centers, Pazin, Croatia

<sup>3)</sup>Family Physician Office, Pazin, Croatia

<sup>4)</sup>Family Physician Office, Rijeka, Croatia

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**Introduction:** Pulse wave velocity (PWV) is a measure of arterial stiffness that is an predictor of cardiovascular risk. Osteoarthritis (OA), as low-grade inflammation is associated with increased arterial stiffness, and it is considered as an independent cardiovascular risk factor, beside classical metabolic factors. **The aim** was to analyze PWV in patients with OA and to correlate PWV with inflammatory and metabolic parameters.

**Patients and methods:** Postmenopausal women with knee OA (No. 100) underwent anamnesis, clinical examination, estimation of body mass index (BMI), waist and hip circumference and pain intensity (VAS for pain). Routine peripheral blood laboratory parameters were done using a chemistry analyzer. PWV was measured using a medical device Agedio K520 I.E.M. GmbH, from Germany.

**Results:** Increased PWV in postmenopausal women with knee OA statistically significantly positively correlates with VAS for pain, erythrocyte sedimentation rate, glucose and urate concentration, and waist circumference. Hip circumference, BMI, C-reactive protein, total cholesterol, LDL-cholesterol. HDL-cholesterol, triglycerides and atherosclerosis index did not correlate with PWV index. Patients were obese, with positive family and personal history of hypertension, diabetes or cerebrovascular insult.

**Conclusion:** Measurement of PWV can be widely available and non-invasive clinical method for estimation of arterial stiffness in postmenopausal women with knee OA indicating regulation of metabolic status (urate, glucose) and inflammatory condition (SE), beside the pain control.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 613

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

### Importance of diagnostic perseverance

Jaime López Díez<sup>1)</sup>, Julián López Marín<sup>1)</sup>, Luis Martínez Antequera<sup>2)</sup>, María Martínez Ferri<sup>3)</sup>, Diego Francisco Roldán Lafuente<sup>4)</sup>, Rocío Romera Martínez<sup>5)</sup>, Vanesa Cascales Sáez<sup>3)</sup>, Carmen Celada Roldán<sup>3)</sup>, Daniel Martínez Antequera<sup>1)</sup>

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## CONTENT

[www.familydoctoreurope2020.org](http://www.familydoctoreurope2020.org)



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**Background:** 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 mucous 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 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.

**Questions:** Is it necessary to continue to reach a diagnosis?

**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/mm<sup>3</sup>, 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.

**Outcomes:** Ileum neuroendocrine carcinoma (T3NxM0). Differential diagnostic: Inflammatory bowel disease. Irritable bowel syndrome. Coledocolithiasis. Gastrointestinal stromal tumour.

**Discussion:** Neuroendocrine tumours are rare and have a wide range of symptoms; the majority are slow-growing and have non-specific symptoms.

**Take home Message for Practice:** Therefore early suspected diagnosis and appropriate treatment will be of greatest benefit to patients.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 619

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

### Importance of additional medical follow up and pregnancy planning for patients previously diagnosed with lung carcinoid

Ana Jeremić, Milica Jovanović

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**Introduction:** Lung carcinoids are rare slow-growing tumors, but may produce metastases. They can be typical and atypical. They are most commonly reported in women between the ages of 55 and 65, but a few cases have been reported in pregnant women in the 2nd and 3rd decades of life. The prognosis depends on the type of carcinoid and the presence of metastases.

**Goal:** Defining how pregnancy can affect the progressive relapse of lung carcinoids

**Method:** descriptive

**Case report:** Patient SC, age 24, reaches out to her doctor, four months after childbirth, because fatigue, cough, and sore throat. Medical history shows atypical lung carcinoid diagnosed at age of 19, treated surgically and with chemotherapy. As for being unplanned pregnancy was in order, conventional delivery of a full-term healthy baby.



Results of physical examination showed light tenderness of lower stomach. Then she confirmed to have prolonged gynecological hemorrhage, which she thought was usual. Laboratory results came as borderline, ultrasound revealed that both ovaries were tumor-altered. Additional CT of thorax and abdomen revealed metastatic deposit in lungs, liver and lymphatic. Bilateral adnexectomy was arranged. Hhstopathology findings confirmed it to be secondary deposit of atypical lung carcinoid. Treatment included radiotherapy and everolimus. Progression was aggressive and metastases developed on brain, vertebra and intestines. Palliative care was provided with bad prognosis.

**Conclusion:** The direct impacts of pregnancy on lung carcinoid are not completely clear, but patients diagnosed with lung carcinoid require additional monitoring and consequently pregnancy planning due to possible disease relapse.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 624**

#### **Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

#### **Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

#### **Importance of primary care physician in assessment of symptoms and rising a suspicion of ovarian cancer**

Milica Jovanović, Ana Jeremić

*Primary Health Center Rakovica, Beograd, Serbia*

**Introduction:** The first symptoms of ovarian cancer are often non-specific. They appear as a variety of abdominal and urinal symptoms and sign that make patients go for a medical examination, which needs to raise a suspicion of ovarian cancer and importance of gynecologist follow up.

**Goal:** Indicate a possible symptomatology of an ovarian cancer.

**Method:** descriptive.

**Case View:** Patient N.P. who is 66 years old is reporting to her doctor because she had flatulence, stomach pain, obstipation, frequent urination and pressure in the lower part of the stomach. Results of a physical examination: abdomen in the level of thorax: soft, during a palpation there was a painful response in the epigastric and pelvic area. Examination results of other systems were normal. In her family history aunts on her mother's side had ovarian cancer.

The patient was sent to additional laboratory analysis, abdominal ultrasound. Recommended therapy was daily intake of simethicone and diet. The results of laboratory analysis were: SE 45mmol/L, cholesterol 6,4mmol/L, triglycerides 2.35mmol/L, uric acid 435mmol/L and the rest of the results were normal. Gynecological (bimanual) examination was normal. Abdominal ultrasound resulted in finding of hypoechoic zone in lower pelvic and follow up MRI confirmed an ovarian cancer with metastasis and lymphatic propagation. The patient was sent to gynecologist for further treatment.

**Conclusion:** When a patient is complaining about flatulence, obstipation, abdominal pain and urinal symptoms, there is a place for suspicion about possible gynecological disease.

**Keywords:** non-specific symptoms, ovarian cancer

Conflict of interest / Interessenkonflikte  
no / nein



## Contribution ID: 625

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

### Association between screen time and depression in children and youth

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**Background:** 2015 data show that almost 100% of children under 12 months old have already contacted with an electronic media device. The American Academy of Pediatrics suggests screen time limits at young ages, which aren't always fulfilled. **Questions:** Due to technological advances and the imminent connection of sedentary behaviors to depressive and anxiety disorders, this review aims to investigate the possible relationship between screen time and depressive symptoms in children and youth. **Methods:** We searched databases such as Pubmed, Web of Science, SCOPUS, DARE, Scielo and Cochrane Library, using the MeSH terms "child", "adolescent", "screen time" and "depression", and respecting the inclusion criteria. **Outcomes:** Screen time is positively associated with depressive symptoms and anxiety and therefore deserves special attention. **Discussion:** The general practitioner has an essential role not only to advise healthy use of electronic media in children and youth, but also to inquire about family habits in order to detect possible depressive pathologies. **Take-Home Messages:** Electronic devices have several advantages, including educational and social, if used correctly at an appropriate age/during an appropriate amount of time. However, their excess may be associated with depressive symptoms and anxiety disorder.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 653

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Cutaneous manifestations of metastatic breast cancer. Case study

Lucia Higuera, Sofía Peter

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**Introduction:** breast cancer is the most frequently diagnosed life-threatening cancer in women. Cutaneous symptoms are uncommon manifestations of internal malignancies and the approach of suspicious skin lesions can be a challenge in Primary Care Services.

**Objective:** we describe the case and present the images of cutaneous manifestations as the only and first sign used for the identification of breast cancer.

**Methodology:** case report. Patient medical records were used.



**Case report:** a 60 year-old woman with no medical comorbidities reports to her physician for a two month history of skin changes in her left nipple after a microtrauma. On physical examination pink and flaking nodules were observed in the left nipple with general induration beneath. No infection signs were found. The nipple was retracted and peau d'orange was detected. A left axillary adenopathy was palpable.

**Results:** a mamography revealed a 7 cm mass with microcalcifications and spiculated contours involving the entire retroareolar region and upper outer quadrants. A resected lymph node showed evidence of metastatic tumour deposits. The biopsy and immunohistochemistry diagnosed a triple-negative invasive ductal carcinoma. A computed tomography revealed multiple pulmonary and liver nodules. The patient was staged as T4b, N1, M1. Considering the results she received adjuvant chemotherapy with docetaxel carboplatin before the surgery.

**Conclusion:** skin diseases are one of the main reasons for consultation in primary care. There exist cutaneous signs of systemic diseases, including cancer, that primary care doctors should know. An adequate clinical history is essential to facilitate early diagnosis and treatment.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 655

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

## Is Liver Function important in everyday practice? Views and perceptions from a focus group of GPs in Greece

Foteini Anastasiou<sup>1, 2)</sup>, George Duyker<sup>1)</sup>, Varvara Sidiropoulou<sup>3, 2)</sup>, Nikos Tsakountakis<sup>2, 3)</sup>, Filothei Voltyraki<sup>2)</sup>, Christos Lionis<sup>1)</sup>

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<sup>2)</sup>4<sup>th</sup> Local Health Care Team, 7<sup>th</sup> REgional health Authorities, Heraklion, Greece

<sup>3)</sup>GP Practice of Malia, Health Care Centre of Kastellion, Malia, Greece

**Background:** Liver disorders (LD) are at the center of current research worldwide. However, there are concerns regarding the extent to which General Practitioners (GPs) are actively involved in the management of LD. A focus group to examine the views and perceptions of GPs in regards the management of LD in primary care has been conducted.

**Questions, Discussion Point:** Five GPs serving primary services in Heraklion, with a mean clinical experience of 10-12 years, participated in a focus group on 5 main subjects: (1) early detection of LD, (2) access to appropriate tests, (3) use of current guidelines, (4) extent to which GPs are aware of guidance on LD management, and (5) ways of improving the later in primary care. The discussion was transcribed and content analysis has been carried-out.

**Content:** Although the dissemination of guidelines was generally reported to be poor, liver function control is an everyday clinical practice and GPs report being more alert to LD compared to the past. Outside of access to elastography, no significant barriers in prescribing diagnostic tests were identified. Early referral to specialist for hepatitis B and C seropositive patients is available; however there are delays in referral of NAFLD/NASH patients. Continuous medical education could improve performance, while the role of the multidisciplinary health care team in developing community oriented interventions was acknowledged.



**Take Home Message for Practice:** There is significant room for improvement of LD in primary care in Greece and a new strategy with clear GP priorities is urgently needed.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 662**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**A rare case of psoriasis**

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*USF Fânzeres, Fânzeres/Gondomar, Portugal*

**Background:**

Psoriasis is a chronic inflammatory dermatological disease that occurs in about 0.91-8.5% of adults. Perioral psoriasis is a rare manifestation of the disease, preceding in years the onset of typical skin lesions, often leading to a delayed diagnosis.

**Questions:**

What to suspect towards an eczema-like lip lesion?

**Methods:**

Case report.

**Outcomes:**

A 56-year-old woman presented with erythematous and scaly lesions with fissures and pustular areas, in the labial and perioral region, which developed after applying a lipstick about a year earlier. Since then, the lesions progressively worsened, interfering with functions as eating and speaking. After applying topical antibiotic, antifungal and corticosteroid treatments, with only slight improvement, a biopsy was performed and the result was compatible with psoriasis.

**Discussion:**

Several hypotheses of diagnosis were made and different treatments tested. After their failure, a biopsy was performed, revealing the diagnosis of perioral psoriasis. Overdue treatment with tacrolimus and betamethasone with calcitriol, the patient experienced a marked improvement in symptoms.

**Take Home Message for Practice:**

Suspect perioral psoriasis if there is an eczema-like lip eruption with poor response to treatment.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 678**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**An unexpected trismus: advanced oral squamous cell carcinoma in routine consultation**



Inês Ferreira

*USF Luísa Todi, Setúbal, Portugal*

Trismus may be caused by tumour infiltration into the masticatory muscles and have a negative effect on nutrition, phonation, dental care, and quality of life. Oral squamous cell carcinoma (OSCC) is the most frequent malignant oral neoplasia. Alcohol and tabaco are important risk factors. Usually involves local invasion and metastasis with a high mortality.

D.M., 79-year-old woman, with no consumptions, comes to a routine consultation and complaints of a fall she suffered a month ago with trauma on the left side of her face. Since then reveals tiredness, lack of appetite and weight loss. Clinically presents a 2 cm trismus, total edentulous, facial left mass and a ulcerated gum lesion. Immediately sent to the emergency service where performs maxillofacial CT. This reveals a large osteolytic expansive mass probably starting in the retromolar trigone. D.M. is passed onto a head and neck surgery specialist. A recent CT shows suspicious lymphadenopathies, a larger 8 cm tumour contacting the cranium base (with a small bone erosion) and the subcutaneous fat of the submandibular region. The cytology of this region reveals a heterogeneous lymphocytic population, negative for lymphoproliferative B or T disease. The biopsy of the retromolar trigone shows a moderately differentiated invasive cellular carcinoma and an adjacent pavement with dysplasia lesions. This advanced inoperable left retromolar trigone OSCC has a prognostic of months, with indication for palliative radiotherapy and PEG feeding.

OSCC management is mostly multidisciplinary and carried out in hospital. The key is a due-time diagnosis.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 692**

### **Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### **Presentation form / Präsentationsform**

ePoster

### **Comparison of scale and image effectiveness in stress level determination**

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

#### **Introduction:**

Stress is a condition that occurs when the physical and mental limits of the organism are forced and threatened. There are some methods used to determine the level of stress. Stress is one of the most important problems of today and it is important to determine the stress level. Some scales are used for stress measurement. But more accurate measurement methods are needed.

Image processing is the application of a set of techniques and algorithms to a digital image to analyze, enhance, or optimize image characteristics. Its applications range from medicine to entertainment.

The aim is to determine the stress level by using image process of the individual's photograph.

#### **Method:**

In the study process, firstly the stress scale which was proven reliable was applied to the individual. Then, the photograph of the individual was examined by experts and the stress level was scored over 10 points. The average of these scores was named as the stress level obtained from the photograph of the individual.



In the final stage of the study, the consistency of the results obtained from the scale and the photograph was compared.

During the development phase of the study, the stress determination scale and photo shooting were applied to more than one individual. However, the points obtained from the experts' opinion were obtained from photographs using image processing.

**Result:**

As a result, it was aimed to determine the stress level of the individual by using the stress determination scale and the opinions of the experts.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 731**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**Filtering of fuzzification of heart sound**

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<sup>1)</sup>Computer Science, Dokuz Eylul University, Izmir, Turkey

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

**Introduction:**

Phonocardiogram (PCG) is called heart sound that can be recorded with a stethoscope. It allows heart sounds and murmurs to be evaluated by matching with the cardiac cycle. These signals contain important information for the detection of heart diseases

PCG recordings may consist of four heart tone components (S1, S2, S3, and S4). S1 and S2 are two main sounds of the healthy heart without any disease. These sounds are the result of closing and opening the heart valves. S3 and S4 may be seen in normal individuals or associated with pathological processes.

Heart sounds are disease findings used in differential diagnosis for some diseases. In heart failure, congenital heart disease, heart valve insufficiency, coronary heart diseases, listening to the heart is important.

**Methods:**

In this study, the recorded sounds are digitized and converted to fuzzy data. This process eliminates the noise of PCG data. Fuzzy model of heart sounds is extracted.

**Result:**

The fuzzy logic-based model, this system is designed as a step that can help to make decisions about heart sounds by interpreting PCG data. Further studies are planned to establish a decision support system to assist in the diagnosis of the disease by fuzzy classification using PCG data.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 753**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**



ePoster

## **Sleeping is good and healthy!**

João Pedro Marques, José Pérez, Rita Freitas, Clara Portel  
*USF Quinta da Prata, Vila Boim, Portugal*

### **Background**

Sleep disorders are a major contributing factor to fatal road accidents, heart disease, strokes, lost productivity and the breakdown of marriages, in addition to impaired quality of life for hundreds of thousands of patients. Many factors contribute to sleep disturbances, but factors related to modifiable lifestyles are determinant.

### **Discussion**

Emphasize a set of strategies that general physicians can use in approaching patients with insomnia.

### **Content**

Insomnia, defined as difficulties initiating or maintaining sleep, or early morning awakening associated with impaired daytime functioning, for example, reduced cognitive performance, fatigue or mood disturbances. Therapists should to integrate sleep health in prevention, health promotion, and wellness interventions.

Controlling the pattern of behavior is essential to promoting a sleep education. In the consultation should be addressed the following topics: Perception / Control of health; Knowledge regarding the sleep problem; Use of drugs. Nutritional; Intake of substances that may affect sleep; Fatigue; Toilet visits; Activity / exercise; Rest / sleep; Difficulties with sleeping; Role / relationships; Sexuality; Change / stress.

In primary health care actions for promoting sleep health are very useful. Posters and leaflets with information on healthy sleep habits can be disseminated. Reinforce the consensual information that constitutes primary preventions.

### **Message**

Insomnia is an important public health problem that requires accurate diagnosis and effective treatment. Without discarding pharmacological treatment, measures of sleep education and good promotion of sleep health are fundamental.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 775**

#### **Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

#### **Presentation form / Präsentationsform**

ePoster

## **The importance of the family doctor in assessing cardiovascular risk**

Sara Reis, André Rocha, Cátia Andrade, Daniela Castro, João Duarte, Lukasz Hermann, Rodrigo Tavares, Sandra Cró

*Unidade de Saúde da Ilha de São Miguel, Ponta Delgada, Portugal*

**Background:** Cardiovascular disease (CVD) remains one of the leading causes of morbidity and mortality. Its prevention is one of the important tasks of the family doctor (FD).

**Questions:** What is the importance of the family doctor to patients with hospital follow-up?

**Methods:** Case report. The information was retrieved from the medical record of the patient.



**Outcomes:** A 62-year-old man, former smoker with hypertension and stage 4 renal disease went to the FD with complaints of intermittent claudication. Due to these complaints and the fact that the patient was considered high risk patient for CVD, the FD questioned the patient about other symptoms of atherosclerotic disease and discovered complaints of angor. Exams were requested. The echocardiogram showed a severe concentric left ventricular hypertrophy which is frequently associated with coronary disease, so the patient was sent to cardiology. The ABI was 0.5, so the patient started antiplatelet therapy and was sent to vascular surgery. The lipid profile was altered, therefore he initiated antidiabetic therapy. He undertook cardiac catheterization and then coronary artery bypass grafting.

**Discussion:** Sometimes when the patients have frequent appointments in the hospital, they don't go to the FD and some problems remain undiagnosed or important preventive measures are not implemented. It was what happened in this case, where the patient was followed in the nephrologist every 4 months.

**Take Home Message for Practice:** It is important to raise awareness of the significance of the FD, especially in the preventive care, even in patients with hospital follow-up.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 779

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

## Electronic assistance guide in medical record for decision-making about gender violence (GV) in primary care

Lydia Salvador Sanchez<sup>1)</sup>, María del Carmen Fernandez Alonso<sup>1)</sup>, María Begoña González Bustillo<sup>1)</sup>, María Ángeles Guzmán Fernández<sup>1)</sup>, Susana Sánchez Ramón<sup>2)</sup>, Cristina Fernández Arquisola<sup>3)</sup>

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<sup>3)</sup>Primary Care Service, Local Health Management of Salamanca, Salamanca, Spain

### Introduction:

Violence against women is a prevalent public health issue all over the world. In primary care the prevalence is about 20% of the women.

It is important to develop tools to support professionals in the assistance of women.

### Methods:

Objective: Increase detection of GV in primary care and provide victims integrated and effective attention.

Target group: women over 14 years who are suffering GV

Technical requirements: Implement an electronic healthcare guide for clinical interview and checking steps of a comprehensive attention.

### Results:

An expert group decided the most important clinical records:

- WAST screening test or helping questions
- Social needs of the women: pregnancy, dependents in charge, social support, employment situation
- type of abuse: physical, psychological or sexual.
- phase of the cycle of violence
- woman motivation phase for change



- physical and emotional exploration
- vital risk assessment: physical or suicide risk
- risk of serious new aggression: test RVD-BCN
- care plans and security strategy
- judicial part

In 2018 in Castilla y León 531 new cases of GV were registered in primary care:

- average age is 41
- 39 pregnant women
- 172 foreign women
- 25 motivation phase recorded
- 190 referrals to other consultations
- 88 type of abuse and 27 risk assessment registered

### Conclusions:

Improving the record of GV in the medical history is important to:

- Help the woman in the judicial process
  - Support the professional to provide adequate care and prepare trial statement
  - Permit health managers to know real prevalence and needs of women and evaluate the care provided
- Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 807

#### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Family Doctors' ability in empirical diagnoses of potentially severe affections put forward in two case reports

Jana Hernandez Garcia<sup>1</sup>, Sofía Gonzalez Furundarena<sup>2</sup>, Patricia Bataller de la Cruz<sup>1</sup>, Maria Teresa Manjon Collado<sup>1</sup>, Maria Castello Corvillo<sup>3</sup>, Beatriz Lopez Maillou<sup>4</sup>, Estela Palmero Olmo<sup>1</sup>, Manuel Torres Rodríguez<sup>1</sup>

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<sup>4</sup>Centro de Salud La Rinconada, La Rinconada, Spain

Family Doctors' daily practice is not only relevant in controlling chronic diseases or metabolic affections, but also includes different kinds of clinical demands from a wide spectrum of real or potential severity. The professionalism and expertise in Family Doctors is essential to detecting pathology in which a diagnostic and/or treatment delay could endanger the patient's life. The following case reports attempt to emphasize on this by putting forward key points to the diagnosis of potentially severe affections in Primary Care.

Firstly, an 89-year-old male with multiple affections, among which stood out an infrarenal aortic aneurysm. He consulted twice for abdominal pain, finding left iliac fossa pain and acrocyanosis during the physical examination. Due to his personal history, urgent diagnostic imaging was indicated, and it detected a growth in his aneurysm's diameter. He passed away before surgery could be performed.

Secondly, a 78-year-old male with a personal history of Alzheimer's disease. He consulted for diarrhea, mild abdominal pain and vomiting. His family doctor detected a pulsatile mass during the systematic physical



examination and suspected a complicated abdominal aortic aneurism. She decided a further hospital studies should be made, which confirmed a wide but not complicated abdominal aortic aneurysm. He was discharged from the hospital but went back six hours later for multiple syncope and underwent urgent surgery. This puts in value Family Doctors' ability to achieve accurate empirical diagnoses, based on proper clinical history and thorough systematic physical examination, of potentially severe pathology in Primary Care.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 820**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Knowledge in and support for standardised cancer care pathways among general practitioners and other physicians in Sweden**

Mikko Hellgren

*Medicine/School of Medical Sciences, Örebro University Hospital/Örebro University, Örebro, Sweden*

**Background:**

Cancer is one of the leading causes of death. To improve the cancer survivability rates, different countries in Europe have initiated new national strategies to reduce diagnostic delays. Sweden started implementing their own Cancer Care Pathway (CCP) in order to reduce diagnostic delays.

**Questions:**

Investigate the expertise in and support of the implemented new system CCP among GPs and other working physicians in Sweden.

**Methods:**

A survey in the form of ten knowledge based multiple-choice questions (MCQ) and two general questions about CCP.

**Outcomes:**

A majority of all physicians (63 %) felt that they had insufficient knowledge regarding the procedure of CCPs, and the average score from the ten MCQ was 3.8. The results showed that GPs performed significantly better than all other specialists. The more initiated CCPs, the better the physicians scored in the MCQ.

**Discussion:**

The low percentage of correctly answered MCQ shows that the information about CCPs needs to be improved. The high correlation between the numbers of initiated CCPs and the results from the MCQ, shows that the physician's knowledge of CCPs will gradually improve with greater experience/acquaintance. This study displays that physicians in Sweden believe in the positive effects of CCPs but also reveals a lacking knowledge of the same system.

**Take Home Message for Practice:**

As a final conclusion this article identifies that more work in teaching the system with CCPs to relevant parties is required in order for it to be better implemented for earlier cancer detection.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 827**



## Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

## Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

## Avoiding the pitfall of assuming that all patients have flu during flu season: case presentation

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<sup>2)</sup>Gerència Territorial Catalunya Central, Sant Fruitós de Bages, Spain

**Didactic method:** learning trough clinical experience.

**Presented problem:** 44-year-old woman is visited at our primary healthcare center, at the peak of the flu season, referring fever, general malaise and back pain. During interrogation, she didn't refer having main respiratory symptoms of flu. Rather, she explained she underwent liposuction 15 days before in her country of origin.

Pathological background: asthma.

Current treatment: salbutamol (inhaled, occasional).

Physical examination: BP 134/80mmHg, Temperature 38.9°C, HR 121bpm.

Cardiac, respiratory, abdominal: normal.

The patient has a hot, swollen reddish area (15x15cm) at left flank-lumbar area, compatible with cellulitis.

Diagnosis: complication of surgical procedure, cellulitis.

**Management:** immediate transfer to hospital A&E department.

Hospital admission complementary tests:

Blood test: Hemoglobin 9.5 g/dL, Leucocytes  $13800 \times 10^6/L$  (neutrophiles  $10900 \times 10^6/L$ ), INR 1.6, CRP 207.3mg/dL.

Soft tissue ultrasonography: subcutaneous collection on left lumbar-flank area.

**Outcome:** the patient is diagnosed of extensive cellulitis, requiring admission at surgery department. She underwent antibiotic therapy and surgical debridement, being discharged 16 days after.

## Discussion:

- During flu season, there is a huge increase in workloads, with many patients showing similar symptoms. A pitfall to avoid is quickly concluding these patients have flu and visiting them without proper interrogation and physical examination.

## Learning points:

- ALL patients should be accurately interrogated and physically examined. Though symptoms referred may be compatible with flu, a patient may have a life-threatening condition instead.

- Healthcare organizations must provide appropriate work conditions during flu season, in order to guarantee quality of healthcare and patient safety.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 847**

Abstract subtopic / Abstract Unterthema



1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**  
ePoster

### **Vitamin D impact on fibromyalgia: an evidence-based review**

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**Background:** Fibromyalgia is characterized by widespread, diffuse musculoskeletal pain and by increasing sensitivity to a variety of stimuli that can cause pain and discomfort. There are several pharmacological treatment options and non-pharmacological, but complete remission of symptomatology is uncommon. Vitamin D seems to play an important role in various inflammatory and pain mechanisms.

**Objectives:** To review the evidence available on the effects of vitamin D supplementation on fibromyalgia symptoms.

**Methods:** We searched Pubmed, Evidence based Medicine online, National guideline clearinghouse, Canadian Medical association Practice guidelines Infobase and Portuguese Medical Journals Index for scientific papers published between January 2010 and July 2019 in Portuguese, English and Spanish, using the MeSH terms "fibromyalgia" and "vitamin D" or "cholecalciferol" or "hydroxycholecalciferols" or "ergocalciferols" or "dihydroxycholesterol". Evidence level were assigned according to Strength of Recommendation Taxonomy (SORT) criteria.

**Results:** We found one hundred thirty-nine articles and selected six according to the inclusion criteria: one evidence-based review (which includes two randomised controlled trials) and five original articles, of which one randomised controlled trial. All studies showed improvement in at least one of the parameters evaluated after vitamin D supplementation in patients with fibromyalgia, according to American College of Rheumatology criteria, and with initial vitamin D levels below 32 ng/ml.

**Conclusions:** Vitamin D supplementation appears to have a positive impact on fibromyalgia symptoms. The evidence found is limited by the heterogeneity, sample size and absence of control group in some studies, however the results of the evaluated studies encourage larger-scale prospective studies.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 860**

#### **Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**  
ePoster

### **Central hypogonadism, the reason behind pathological fracture**

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USF Infante D. Henrique, ACES Dão Lafões, Viseu, Portugal



**Introduction:** Pathological fractures are usually associated with osteoporosis. In young adults it is crucial to search for secondary causes of osteoporosis, since suitable treatment requires a correct diagnosis.

**Case report:** 35 years-old male, without no relevant medical history, fractured his left humeral shaft while climbing a rope in a trail sport race. The orthopedist didn't perform an etiological study of the fracture because he assumed that it was due to the tensile strength of the rope. However, given the age of patient, the lack of traumatic impact or prior health problems, the Family Doctor (FD) decided to investigate the fracture's etiology. Bone osteodensitometry revealed lumbar spine osteoporosis. After searching for secondary causes of osteoporosis, a secondary/central hypogonadism was diagnosed due to lower values of gonadotropic hormones FSH and LH and decreased values of Testosterone and vitamin D. The patient started a treatment with calciferol and bisphosphonate. After 12 months of therapy, a new analytical study and osteodensitometry will be requested to assess the need of hormonal treatment with testosterone.

**Discussion:** This case demonstrates the diversity of medical conditions that general practice deals with. The holistic and patient-centered view, the knowledge of patient's medical history over various longitudinal contacts and the attention/investigation of abnormal situations allows FD to diagnose conditions that other medical speciality wouldn't. In this case, the early diagnosis and treatment of the disease will prevent the occurrence of new fractures and disabilities.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 866

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Visual inspection of vaccine storage conditions in general practices: A study of 75 vaccine refrigerators

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**Background:** Adequate vaccine storage is a prerequisite to assure vaccine effectiveness. In this context, maintaining the cold-chain (2°C to 8°C) is the paramount objective. To establish quality-ensured cold-chain maintenance, compliance with several structural and procedural aspects is necessary. The aim of this study is to assess the quality of vaccine refrigerator management in general practices.

**Methods:** To evaluate the quality of vaccine refrigerator management, visual inspections were conducted of refrigerators used to store vaccines in general practices of a German teaching practice network. The study instrument was a checklist with ten quality criteria based on international best practices for vaccine storage. A data logger recorded refrigerator temperatures for 7 days. We analyzed associations between reaching more than half (6+) of the ten quality criteria and temperature data.

**Results:** The study included 64 of 168 practices (38.1% response rate) with 75 refrigerators. No practice fulfilled all 10 quality criteria. On average, 4.7 (standard deviation = 1.9) criteria were met. The most frequent deficits were: no drawers/bins/baskets for vaccines (81.3%), no temperature logbook near refrigerator (75.0%), no temperature recording device in the center of refrigerator (54.0%), vaccines boxes with contact to outer walls (46.3%), and refrigerator unsuitable for vaccine storage (44.6%). Refrigerators with better management ( $\geq 6$  quality criteria) were more likely to have temperatures in the target range (62.5% vs. 27.5%,  $p=0.008$ ).



**Conclusion:** We identified a large number of avoidable vaccine storage errors. Effective strategies to improve vaccine storage conditions in general practices are needed.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 928**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**The risks of beauty: does the use of UV nail lamp increase the risk of skin cancer?**

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**Background:** Nails play an important role in patients' appearance and have long since served as a proxy for social status. In recent years, the use of UV nail lamps to dry, harden and cure gel nails has become common. These lamps emit UVA radiation which can cause damage to the DNA, resulting in cutaneous malignancy.

**Questions:** We questioned whether the use of UV nail lamps increases the risk of skin cancer.

**Methods:** We conducted an online search on PubMed and Google Scholar of the terms "nail lamp" and "cancer" on January 2019 and selected only articles in English published in the last ten years. We obtained sixty-nine results and selected nine based on title and relevance.

**Outcomes:** Exposure time to UV lamps is usually of 6–10 minutes, 1-4 times monthly. Some studies have been made to evaluate different UV lamps, radiation intensity and time of exposure using mathematical calculation and estimative. Most concluded that the risk of developing skin cancer is minimum.

**Discussion:** Despite UV radiation being a known as carcinogenic, the risk of skin cancer of nail lamps' use for cosmetic treatments appears to be insignificant. However, some authors recommend using of fingerless gloves or applying sunscreen 30 minutes before appointments. We found no study concerning nail professionals' risk. We believe that further research is necessary.

**Take Home Message for Practice:** Evidence so far tells us that the risk of nail lamps' use is insignificant for most nail salon costumers.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 935**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**Observational investigation on the role of the general practioner in prevention and early diagnosis of cardiovascular risk**

Rosa Dell'Aquila, Giovanni Battista D'Errico



*School of General Medicine, Foggia, Lucera (FG), Italy*

## **Background:**

Cardiovascular diseases (CVD) represent the main cause of mortality, morbidity and health expenditure.

## **Questions:**

1. Assess patients awareness of the correlation between unhealthy lifestyle and cardiovascular risk and the importance of early diagnosis.
2. Sensitize patients to the reduction of cardiovascular risk.

## **Methods:**

Each General Practitioner (GP) received: informative poster, introductory text explaining the purpose of the investigation, copies of the survey to evaluate the role of GPs in prevention and early diagnosis of cardiovascular risk, copies of informative brochure about cardiovascular risk.

## **Outcomes:**

17,9% of the patients turned to the GPs for informations about correct lifestyle and correlation with cardiovascular risk and 68,6% of the patients never discussed with the GPs about possible improvements in their own lifestyle; patients express the need to get more information about it through individual interviews during visits (36,8%) and informative material (23,5%).

58,6% of patients never discussed with GPs about prevention and early diagnosis of CVD and they prefer individual interviews during visits (38,1%) and informative material (28%).

## **Discussions:**

The surveys highlight how GP could implement educational interventions and therapeutic strategies to reduce the levels of individual factors and the risk of developing major cardiovascular events. The surveys show the patients' need to receive more information from their own GP through informative material and individual interviews during visits.

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

The GP plays a crucial role in preventing cardiovascular risk teaching the new generations the importance of a correct lifestyle and including patients with higher risk in prevention programs.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 947**

### **Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Protocol for improving clinical records of acute pathology in a Familiar Health Unit**

José Marques, Paula Rodrigues, Rita Cunha, Rafaela Cabral, Inês Santos, João Figueiral, Rita Esteves, Teresa Camurça

*ACeS Dão-Lafões, Viseu, Portugal*

Quality of clinical records is essential to proper management of clinical activity. They should be reliable. In portuguese public primary care, when a new diagnosis is registered in software, the program asks if it should be added to active problems. As an example tonsillitis is active at time of diagnosis, however if the patient does not return to the consultation for reevaluation this diagnosis continues as active problem. This protocol goal is to improve quality of acute problems registration in clinical software



We collected listings of patients with active conditions: Tonsillitis (R74), Acute Bronchitis (R78), Acute Upper Respiratory Infection (R76), Pneumonia (R81), Acute Cystitis (U71).

After that we perform a formative action to the physicians of health unit, raising awareness of the importance of proper recording of active problems and subsequent distribution of patient lists to each physician with active diagnosis. Four months after we will perform a reevaluation.

As preliminary data we collected that in a unit with 14000 patients, the following number of patients with active diagnosis were obtained:

R74 - 798

R76 - 1056

R78 - 360

R81 - 303

U71 - 597

Most of these active diagnoses were started several years ago, which makes it impossible to be acute.

We admit that some physicians may deliberately leave an acute pathology in their patient's active problems by its recurrence, working as an alert. However, such registration is not correct because it is a recurring problem and not acute. This highlights the need for the evolution of computer systems to support medical practice.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 951

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und Wahrnehmung

### Presentation form / Präsentationsform

ePoster

### Fetal cerebral ventriculomegaly

Valter Moreira<sup>1, 2, 3)</sup>, Ricardo Araújo<sup>1)</sup>, Ricardo Silva<sup>3)</sup>, Daniela Maça<sup>2)</sup>, Vera Esteves<sup>1)</sup>

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### Background:

Fetal cerebral ventriculomegaly is a relatively common finding on second trimester obstetric ultrasound examination. Isolated mild ventriculomegaly can be a normal variant associated with normal offspring outcome, but ventriculomegaly can also be caused by a variety of disorders that result in neurologic, motor and/or cognitive impairment.

### Questions:

What is the importance of ventriculomegaly in utero?

What can family doctor do in this situation?

### Methods:

Search in scientific databases of articles published between 2009-2019 with the terms "ventriculomegaly" and "prenatal".

### Results:

Ventriculomegaly is diagnosed when the atrial diameter is  $\geq 10$ mm.



Even isolated moderate ventriculomegaly has been associated with a normal postnatal evaluation in most cases. On the other hand, mild enlargement of the lateral ventricles may be the initial manifestation of a neurodevelopmental disorder - chromosomal disorders, congenital infections, intracranial hemorrhage, ischemic injury, neural tube defects.

The approach of fetal ventriculomegaly is: comprehensive fetal sonogram to look for associated anomalies; testing for infectious etiologies (TORCH); follow-up ultrasound examination at 28 to 34 weeks to assess progression or regression.

### Discussion:

Malformations of the central nervous system are among the most common types of major congenital anomalies. Ultrasound examination is an effective modality for prenatal diagnosis of these anomalies.

The vast majority of pregnancies are followed in primary care, so the family doctor should know how to interpret obstetric ultrasound and identify potential malformations to refer to an obstetric appointment.

### Take home messages:

- In most cases ventriculomegaly is benign.
- The family doctor can help in study and follow-up of this situation.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 959

#### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### An early lymphoma diagnosis in primary care

Valter Moreira<sup>1)</sup>, Ricardo Araújo<sup>1)</sup>, Daniela Maça<sup>2)</sup>, Ricardo Silva<sup>3)</sup>, Andreia Ribeira<sup>1)</sup>

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### Background:

Non-Hodgkin lymphoma (NHL) consists of a diverse group of malignant neoplasms variously derived from B or T cells. The clinical presentation of NHL varies tremendously - Some NHLs behave indolently with waxing and waning lymphadenopathy for years and others are highly aggressive, resulting in death within weeks if left untreated.

### Methods:

Case report

### Outcomes:

A 61 years old man with a personal history of hypertension and obesity appears in a family medicine appointment with progressive right-sided cervical swelling over the past 4 weeks. No other symptoms. On physical examination, cervical, painless and soft adenopathy about 2cm. He did a cervical ultrasound which revealed adenopathy with infiltrative lymphoma characteristics. The patient was referred to the urgent hospital appointment where he had a biopsy that confirmed non-hodkin B-cell lymphoma. He did early chemotherapy and in this moment the disease is controlled.

### Discussion:

Most non-hodgkin B-cell lymphomas have a good prognosis if diagnosed and treated early.



This case demonstrates the importance of physical examination and prompt approach by the family doctor. It also demonstrates the essential role of articulation between primary care and the hospital.

### Takehome messages:

- The early diagnosis of a lymphoma is important for its treatment and prognosis.
- The family doctor plays an important role in detecting and referring these situations to the hospital.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 993

#### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

#### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### Hyperthyroidism in adolescent – to know to recognize

Cristina Belova<sup>1)</sup>, Daniela Oliveira<sup>2)</sup>

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**Introduction:** Graves' Disease (GD) is responsible for over 90% of cases of pediatric hyperthyroidism. GD is uncommon before 5 years of age, increases at puberty and has a peak between 11-15 years of age, and its incidence in pediatric age is lower than in adults.

**Case Report:** Boy, 15 years old, previously healthy and without usual medication. Observed in child health consultation in primary care with complaints of significant non-voluntary weight loss (crossing 2 percentiles in 3 months), heat intolerance, sweating, anxiety and changes in sleep pattern in the last 4 months. No other complaints.

Increased BP (maximum SBP 146mmHg - P95; maximum DBP 73mmHg - P90) and HR (maximum 105bpm) at rest. No other changes to the objective exam. Analytically with increased free thyroxine (2.207 ng/dl) and decreased thyrostimulin (0.001 mU/ml).

He was referred to the Pediatric Endocrinology consultation and admitted for etiological study, confirming GD with positive anti-TSH receptor antibodies. Started thiamazole *per os*, with favorable clinical course. Currently, he keeps following up on that consultation and is asymptomatic.

**Conclusion:** GD is a pathology that can have serious consequences, so its early recognition is important. Early diagnosis decreases the development of complications and proper and monitored treatment provides good disease control in most situations.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1007

#### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

#### Presentation form / Präsentationsform

Lecture / Vortrag

### Family doctor´s attitude towards domestic violence



Joana Veloso Gomes<sup>1)</sup>, Filipa Henriques da Silva<sup>2)</sup>, Tiago Simões<sup>1)</sup>

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## Background:

Domestic violence is prevalent and has a negative impact on the health and well-being of victims. Despite being regular users of the health system, they are rarely identified as victims of this crime. Doctors usually direct their intervention to complaints without deepening their etiology. The factors that condition proper performance in these situations are related to the lack of knowledge to effectively guide cases of domestic violence.

## Question:

What is the role of family doctor in identifying, reporting and managing domestic violence cases?

## Methods:

We searched all types of open-access studies, published over the past fifteen years on PubMed, DARE, and other national and international society and association-specific websites under the terms MeSH "domestic violence" and "family physician". We obtained 34 articles, whose abstracts were analyzed by the selection criteria and were selected 14. We also conducted an interview, with informed consent, to a patient in our file, a victim of domestic violence.

## Outcomes:

According to the 2018 annual report published by Victim Support Portuguese Association, the victim of domestic violence is mostly female, adult, average age 43, married, living with nuclear family with children, with higher education, employed and married to perpetrator of the crime. Expressing empathy, recognizing the situation and providing continued support are the key elements in a first approach.

## Discussion:

There are suggestive signs and symptoms that may contribute to early identification.

## Take home message for practice:

Domestic violence deserves a timely, organized and effective response from primary health care, including from the family doctor.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1009

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und Wahrnehmung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Ocular MALT lymphoma - eyes wide open

Joana Veloso Gomes<sup>1)</sup>, Filipa Henriques da Silva<sup>2)</sup>, Tiago Simões<sup>1)</sup>

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## Background:

MALT (mucosa-associated lymphoid tissue) lymphomas account for 5 to 17% of all cases of non-Hodgkin's lymphoma, but reach 90% when involved with eye attachments. The incidence has increased due to increased life expectancy of the general population. Ocular adnexal lymphoma usually presents with a painless mass



and a progressive increase in the cause, but rarely causes decreased visual acuity or diplopia. An eye mass biopsy should be performed to identify the histological subtype, confirm the diagnosis, guide or treat, and allow risk stratification.

### Discussion point:

Can family doctor's diagnose and manage subtle clinical presentation?

### Content:

An 85-year-old man, independent for daily living activities, with a personal history of heart valve disease and esophagitis, who consults with his GP because he has proptosis). unilateral right eye associated with ocular hyperemia, with several months of evolution. After the clinical history and objective examination, we decided to order the computed tomography of the orbits, which revealed a neof ormation involving the periphery of the optic nerve. 15 radiotherapy sessions, uneventful, currently maintains his normal routine.

### Take home message for practice:

The family doctor often faces clinical situations that can endanger the patient's life. A structured and organized clinical history and an accurate and targeted objective examination make the difference, contributing to timely diagnosis and referral and a more favorable prognosis. MALT eyelid lymphoma is associated with aging, and the progressive increase in life expectancy contributes to the emergence of new cases to which the GP should be aware.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1042

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und Wahrnehmung

### Presentation form / Präsentationsform

ePoster

### Intestinal granulomas: a case of pathological overlap

Mafalda Aveiro<sup>1</sup>, Cátia Silva<sup>2</sup>, João Baptista<sup>3</sup>, Melanie Azeredo<sup>1</sup>, Daniela Emílio<sup>1</sup>

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Intestinal tuberculosis (ITB) is a relatively rare disease and usually associated with a degree of immunosuppression. Clinical and imaging findings are nonspecific or require special attention to exclude other diagnoses (IBD, sarcoidosis, lymphoma). This case report aims to highlight the importance of differential diagnoses.

Male patient, 26 years, caucasian, single and works in garbage collection. 2 pack-years smoker, denies risky contacts and travels abroad. Family history: non-living paternal grandmother of PT in 2012. In Aug/17 he attended primary care for recurrent epigastric pain lasting one month; usually associated with anorexia, weight loss, asthenia. In Dec/17 started fever with worsening abdominal complaints, generalized malaise, loss of 12kg in 5 months and patient underwent an exploratory laparotomy with mesenteric ganglia's biopsy ("BAAR+"). Analytically presented anemia, inflammatory parameters's elevation and negative serology. The colonoscopy "1 microgranuloma in ileum's mucosa with slight chronic inflammation". Following 9 months of antibacterials, GI symptoms remain as well as difficulty in gaining weight. In May/19: calprotectin+ and endoscopic capsule study: "extensive IBD affecting jejunum+ileum". Currently medicated with biological+corticoid+azathioprine, presents symptomatic improvement and weight gain.

## CONTENT

[www.familydoctoreurope2020.org](http://www.familydoctoreurope2020.org)



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ITB requires a high level of suspicion, especially in developed countries and in non-HIV patients. Both IBD and ITB have similar clinical (asthenia, weight loss, anemia) and radiological findings (granulomas, mainly ileum), although non-specific. This case report aims to reinforce the importance of differential diagnoses. The GP's role was critical for the promotion of therapeutical attendance and management of fears and expectations.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1059**

### **Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### **Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### **Chronic pain secondary to cranioencephalic traumatism**

Silvia Pastor Tormo, Montserrat Andreu Miralles, Elena García De La Puente Murillo, Mariano De La Torre Sánchez, Sara Bustillo De La Hoz, Laura Garrido Calvo  
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A 62-year-old woman comes to us desperate, presenting chronic pain and generalized fatigue from years of evolution. She is diagnosed with Fibromyalgia, holocraneal headache, diabetes, general discomfort, hypothyroidism and depression due to persistent pain.

Due to the poor control of these diseases we recommended her to ask for a second opinion from another specialist.

A complete history is performed, especially in previous traumatic history. She refers to an important head trauma fifty years ago; she fell into an empty pool (two meters high).

Complete analysis were taken: deficit of vitamin D and B12, hypothyroidism, decreased levels of IGF1 (48 ug / ml, normal > 150ug / ml). Cranial magnetic resonance imaging: invagination of the pituitary sellar diaphragm compatible with old trauma is observed. Post-growth hormone (GH) determination: increase from 0.6 ng / ml to 2.2 (normal > 3.5 ng / ml)

\* Diagnosis: Empty Sella secondary to head trauma

After confirmation of the deficiency disorder with the determination of growth hormone from a test with insulin hypoglycemia, treatment with hormone substitution was initiated.

The cranioencephalic trauma (TBI) is the leading cause of death in young adults and, in survivors, there is a high incidence of cognitive, physical and emotional alterations that, in most cases, are permanent. These patients often suffer other multiple sequels of trauma, such as depressive states, neuropsychological alterations or personality changes.

It is necessary to take into account small trauma and some cases of abuse as an important cause of TBI in children under one year at the time of conducting the medical history.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1060**

### **Abstract subtopic / Abstract Unterthema**



1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### **Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### **Exception to the rule**

Teresa Raposo<sup>1)</sup>, Filipe Mateus<sup>2)</sup>

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<sup>2)</sup>USF Cuidar Saúde, Seixal, Portugal

Mucosa-associated lymphoid tissue (MALT) lymphoma is a rare B-Cell neoplasia, usually manifests itself initially with no symptoms. Female, 52 years old, administrative secretary, without relevant past medical or family history. In 2014, she suffered from pneumonia and after treatment presented with extreme fatigue. Blood tests done did not reveal alterations. In 2015, she started suffering from recurrent nausea, these symptoms were attributed to consumption of dairy products and she started a lactose free diet.

In 2016 she started suffering from abdominal pain in an unspecific location, the patient underwent a colonoscopy, which was normal, and once more these symptoms were associated with a food intolerance. In July of 2018, the patient had a doctor´s appointment because the fatigue and nausea had gotten worse, she had lost her appetite, felt full after very small amounts of food, and lost about 10% of her weight. An abdominal ultrasound was carried out and showed a parietal thickening of the gastric antrum and a biopsy was done. The biopsy showed a MALT lymphoma H.Pylori + . The patient was referred to the haematology department of a specialised oncology hospital.

Recently she underwent a thoraco-abdominopelvic CT scan for staging and started H.Pylori eradication therapy.

Primary care is the first door on which many patients knock in the case of illness. When we have the same patient coming to our office repeatedly with unspecific complaints, we may start labelling him/her as a hypochondriac or simply overly worried. This case is an exception to the rule.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 1080**

### **Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### **Presentation form / Präsentationsform**

ePoster

### **Knowledge and Attitudes of University Students on HIV (Human Immunodeficiency Virus) / AIDS (Acquired Immunodeficiency Syndrome)**

Hasancan Cengiz

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### **Introduction:**

In 2018 an estimated 37.9 million people were living with HIV. Studies conducted by UNICEF, UNAIDS and WHO have shown that a significant proportion of young people in the 15-24 age group have insufficient or incorrect information on HIV / AIDS. The aim of this study was to determine the level of knowledge and attitudes of a selected sample of university students on HIV / AIDS.



## Material and method:

This descriptive study included 39 participants. A questionnaire with 16 items was completed by the volunteer participants in Cukurova University Department of Family Medicine in November 2019.

## Results:

Of 39 students; 34 (87,2%) were female and 5 (12,8%) were male, the mean age was  $20.5 \pm 1.6$  years, 16 (41%) were students in the Faculty of Medicine, 11 (28,2%) were students in the Faculty of Health Sciences and 4 (10,3%) were in the Faculty of Nursery. Of participants, 24 (61.5%) participants stated that HIV/AIDS has a vaccine or they are not sure, 22 (56.5) do not have the correct information about HIV/AIDS and infertility, 20 (51.3) believed that a person with HIV/AIDS can be easily recognized, 18 (46.1) has wrong information about prevention from HIV/AIDS by condom usage.

## Conclusion:

Considering that university students are in the risk group and on the other hand they are not sure about many topics of HIV/AIDS, educational activities should be planned and implemented to increase awareness and the level of knowledge about HIV/AIDS. Family physicians are in the key position for this action.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1087

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

## A risk rash

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**Background:** Syphilis is a sexually transmitted infection (STI) caused by *Treponema pallidum*, which initially manifests as painless genital ulcer and, if left untreated, progresses to a second phase usually characterized by rash.

**Case Report:** A 20-year-old man with no relevant medical history, resorted to the emergency department due to maculopapular, progressive, non-itchy, palmoplantar exanthema, with 2 weeks of evolution, and previously treated with topical corticosteroid without resolution. He was oriented to Dermatology, which, besides skin lesions, also observed foreskin lesions. When questioned, he denied accompanying symptomatology, but reported unprotected sex with a same-sex individual for about 2 months, requiring VDRL, HBV, HCV and HIV. Analytical results: ¼ reactive VDRL and the remaining were negative. Biopsy of the foreskin lesions were made and benzathine penicillin G 2.4 million IU was administered intramuscularly, with a weekly dose for 3 weeks. At the third week he presented regression of all lesions. The biopsy result confirmed the diagnostic hypothesis of secondary syphilis. Further titration of VDRL was requested after treatment. The patient never scheduled the analysis or attended the follow-up appointment.

**Discussion:** After analyzing this case, we should be alert when observing rashes with an exanthematic aspect, especially palmoplantar localization, and question the patient about risk behaviors. The patient should have been followed up with VDRL titration at 1, 3 and 6 months and thereafter every 6 months for 2 years, not succeeding despite the insistence of health professionals. The sexual partner should also have been observed and performed analyzes for STI exclusion.

Conflict of interest / Interessenkonflikte



no / nein

## Contribution ID: 1094

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### Is it just a low back pain?

Iraide Sierra Campillo<sup>1)</sup>, Íñigo Alberto Segarra Sánchez-Cutillas<sup>2)</sup>, Carmen Peiró Agramunt<sup>2)</sup>

<sup>1)</sup>*IB Salut, Es Castell, Sol del Este, Spain*

<sup>2)</sup>*IB Salut, Es Castell, Sol del Este, España*

### Didactic method:

Case-based learning

### Presented problem:

A 56 year-old man attended for low back pain since two weeks ago. He got worse despite of paracetamol, tramadol, diclofenac and diazepam.

He started with strength loss in legs, paresthesias and urinary urgency. Denies previous similar pain or trauma.

Lower extremities: claudication (Mingazzini), paraparesia 4+/5, sensitive level at D8-D9.

### Management:

Red flags: age over 50, night pain, lack of therapeutic response and severe neurologic deficiency.

He was referred to the hospital.

### Outcome:

He is admitted at Internal medicine and after imaging tests is diagnosed of incomplete spinal cord injury secondary to D8-D9 spondylodiscitis and anterior epidural abscess.

He is intervened with arthrodesis. As a sequel he suffers of residual paraparesia.

### Discussion:

Once the extra lumbar referred pain (renal, gastrointestinal...) has been ruled out, the most frequent etiology is mechanical pain as a nonspecific pain in almost 90%.

We must consider the horsetail syndrome or non-mechanical pain (tumors, seronegative spondyloarthropathies, infections...) even if they are only diagnosed in 1% of the cases.

### What we can learn from this?

As a Primary care doctors we should take into account that over 80% of people suffer low back pain at least once in their life regardless age or gender. Although the majority of the cases are banal, they can be chronicized causing depressive mood besides being one of the main causes of disability.

It is essential to pay attention to red flags, because an early action makes a difference in the outcome.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1098

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform



ePoster

## Teenagers also have cancer

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<sup>2)</sup>Centro de Salud Santa Victoria, Córdoba, Spain

**Introduction:** Thyroid carcinoma affects people of all ages with a mean of 49 years and an age range of 15-84 years. In the younger population, papillary thyroid carcinoma is more frequent than follicular carcinoma, with a peak in patients aged 30-50 years.

**Materials and Methods:** Case report.

**Results:** A fourteen years old patient with no relevant record came to the primary care centre due to a right lateral adenopathy. Upon exploration, a presumably benign adenopathy was identified. A serological test for infections was performed. Two weeks afterwards, the patient came back due to the persistence of the lesion. The area was imaged through ultrasound at the primary care center and a heavily vascularized nodule was observed. Results from serology tests were negative. The patient was referred to the emergency otorhinolaryngology department.

Ultrasound, computerized axial tomography and magnetic resonance were performed as the differential diagnosis was either neurinoma, Schwannoma of cervical sympathetic chain, adenopathy and cervical glomus tumor. The results were not conclusive and the patient had a normal neck anatomy. Furthermore, a biopsy was obtained and the diagnosis was low-grade epithelial neoplasia. Right chain ganglia were surgically removed and a complete tumor exeresis performed. The final diagnosis after histology was metastatic papillary thyroid carcinoma. The patient was referred to the endocrinology department and the case was presented to the tumor committee for further study and treatment.

**Conclusion:** General practitioners should not underestimate that young patients suffer from severe pathologies as the diagnosis time is key for their recovery and survival.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1108

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

## I have general malaise, what do I have?

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89 year old woman with history of high blood pressure, dyslipidemia, hypothyroidism, osteoarthritis, low back pain and depressive syndrome. Go for general malaise of a month of evolution. She says that was recently diagnosed with anemia. Soon after being in the emergency room, she presents involuntary muscle movements and instability of gait. On physical examination she was conscious, oriented, normotensive, tachycardic. Rhythmic cardiac auscultation, without murmurs. Normal respiratory auscultation. Neurological examination with paresis of III and VI cranial pairs. Bitemporal hemianopsia by confrontation campimetry.

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Myoclonus and tremor in upper limbs with perioral movements type pacifier. Dysmetria finger-nose maneuver and unstable gait. Stroke code is activated. Cranial tomography and angiotomography are performed outside our hospital and are normal. It is oriented as probable comitial origin. Upon returning to our hospital, the clinic persists and we started clonazepam with a good response. We reinterrogate the patient and referrals change in depositional habit, restlessness, sickness and diaphoresis. We review medication and confirm active administration of quetiapine, setralin and tramadol, favoring the increase in serotonin.

**Management:** Tramadol was suspended and tapentadol was prescribed at equivalent doses. Sertraline and quetiapine were suspended. Clonazepam and diazepam were maintained.

**Outcome:** Clear decrease in myoclonus and perioral movements type pacifier. Discussion: Keep this syndrome in mind in polymedicated patients who present global problems that cannot be explained by other causes, especially if they are accompanied by abnormal muscle movements and/ or neurological focus.

**What we can learn from this:** Consider pharmacological interactions that justify the possible serotonergic toxicity.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1113

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

### Brugada syndrome: a case report

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**Background/Question:** Brugada syndrome is estimated to be responsible for at least 20% of sudden deaths in patients with structurally normal hearts. This syndrome is electrocardiographically characterised by a pseudo-right bundle branch block pattern and ST-segment elevation with type I morphology ( $\geq 2$  mm) in  $\geq 1$  right precordial leads V1, V2 occurring either spontaneously or after provocative drug test. The disorder is thought to be due to an autosomal dominant SCN5A gene mutation, which encodes a dysfunctional sodium channel and predisposes to arrhythmia.

**Methods:** Retrospective description of case reported.

**Outcomes:** Our patient is a 49 y.o. man, previously healthy. His father has unspecified arrhythmia with ICD implantation at 61 y.o. He also had a first-degree cousin who died from cardiac arrest at 32 y.o. The baseline ECG showed enlarged QRS, RR' pattern in V1 and V2 derivations and elevation of J point. We referred the patient to Cardiology. Meanwhile, he decided to do several exams (Holter, ABPM and TT Echocardiogram) with normal results. The patient was consulted and had ST-segment elevation with type I morphology after provocative drug test. He also had blood sample collected to genetic study, prescription of several exams for risk stratification and received recommendations on drugs to avoid.

**Discussion/Message:** These patients should avoid drugs that may induce or aggravate ST-segment elevation (e.g. brugadadrugs.org), avoid excessive alcohol intake and immediate treatment of fever. ICD implementation is recommended in patients who are survivors of a cardiac arrest and/or have documented sustained VT with/without syncope.

Conflict of interest / Interessenkonflikte  
no / nein



**Contribution ID: 1151**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**Population awareness of myocardial infarction. A study in pharmacy shops of Dordogne**

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**Introduction:** ischemic cardiomyopathy is a main cause of hospitalization in France. The reperfusion strategy and the prognosis are directly impacted by the delays. According to the European guidelines, the first medical contact has to be an emergency medical system. This is particularly important in a rural area such as Dordogne department, where distances increase delays. Our study aims to assess the public awareness about the myocardial infarction.

**Method:** We conducted a quantitative, observational and cross-sectional study. We collected the data with a paper survey left in random pharmacy shops of Dordogne, between June and August 2019. To be considered as sufficiently informed, people had to know at least one symptom in addition to chest pain and call emergency medical services first and without delay.

**Results:** 434 surveys were analyzed. 26% were considered sufficiently informed. 67,7% mentioned chest pain but only 34% were able to identify several symptoms. 65% would call the emergency medical services in case of acute coronary syndrome but only 24,8% would call it first and without delay. Age, smoking and the source of information influenced significantly the awareness. After the multivariate analysis, we identified 3 misinformed people profiles and 1 sufficiently aware.

**Discussion:** Public awareness about myocardial infarction is not good enough. Too many patients miss the optimal management because they do not recognize the symptoms or do not choose the right first contact or call too late. Awareness raising campaigns should adapt their content and communication channels to the different population profiles.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 1153**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**My neck swelling is still present**

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**Introduction:** A 66-year-old woman with a history of atrial fibrillation anticoagulated with apixaban and dysarthria secondary to a ischaemic stroke, attends consultation complaining of throat pain, difficulty in swallowing, fever and neck swelling, compatible with purulent-tonsillitis. Antibiotics were prescribed. Fifteen-days later, there is a significant clinical improvement of the patient, however the neck swelling is still present. The patient describes night sweats and fever, no itchiness. On physical examination: normal auscultation, abdomen is soft and non-tender to touch. ENT: bilateral submandibular and supraclavicular adenopathies, as well as left axillar and right inguinal adenopathies, both of recent onset. A blood test and a neck ultrasound are requested: neutrophilia with lymphopenia with adenopathy involvement, highly suggestive of lymphoproliferative-process. The patient is referred to Internal Medicine to complete studies. A full body scan is requested: Multiple adenopathy involvement both supra and infradiaphragmatic, highly suggestive of a lymphoproliferative process. And biopsy of the glands: Follicular Non-Hodgkin Lymphoma. **Diagnosis:** Follicular Non-Hodgkin-Lymphoma IVB with abdominal bulky mass. **Treatment:** Chemotherapy with Rituximab and Bendamustine. **Final Comment:** Despite the large majority of adenopathies, both widespread and localised, are benign and self-limited; they do require a follow-up. Although they may seem a symptom of an infection, such as the one in this case, in some occasions they can lead to the diagnosis of a lymphoproliferative process. The symptoms of a Non-Hodgkin-Lymphoma may go unnoticed, which is why a detailed history about the symptoms must be taken. According to the REDECAN (Spanish-Network-of-Registration-of-Cancer) data, there was an increase of 16.2% in comparison to the previous year. Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1154

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

## Cerebral venous sinus thrombosis as initial manifestation of polycythemia vera in a young man- a case report

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Cerebral venous sinus thrombosis (CVST) is a life-threatening condition that is under-diagnosed, because of the wide spectrum of clinical presentation and etiology. Polycythemia vera (PV) causes hyperviscosity, therefore it's commonly associated with thrombosis, but mostly arterial and rarely venous thrombosis. So, PV is the rare risk factor of CVST.

We report a case of a 31-year-old man presented to the emergency room with a headache that radiated to the right eye for three weeks. Complete blood count showed elevated hemoglobin (18.00 g/dl), hematocrit (55.3%) and red cell count ( $6.26 \times 10^9/l$ ), but the head CT detected no abnormality. Patient was discharged from the emergency room with no specific diagnosis for further outpatient care. Head MRI was performed only after month, because of a progressively worsening headache, and revealed CVST. PV diagnosis was established after further tests and Orfarin therapy was started immediately. The patient went to Germany for further treatment, where he had two phlebotomies. After the first one he showed significant clinical improvement, but his HCT levels were still higher than 45% and now the ropeginterferon alfa-2B therapy is considered.



This case is presented, because of the low reported association of PV leading to CVST. Also, as it can be seen in this case, CVST diagnosis should be considered, even with normal head CT, and PV need to be considered if complete blood count reveals elevated hemoglobin, hematocrit levels or if CVST occurs. MRI should be performed in sudden onset headaches.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1160**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-  
Wahrnehmung

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Descriptive study of organizational innovation: The system of shared care in psychiatry**

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**Main Objective:** Describe the impact of a new care system, the DSPP (Shared Care In Psychiatry), on the organization of care, and GP-psychiatric collaborations.

**Method:** The DSPP is an innovative care organization offering a psychiatric evaluation within the time required by the treating physician and opening on a shared follow-up of the patient or a referral to the psychiatric pathway. The DSPP opened on an experimental basis in Toulouse in February 2017. Activity data and other quality indicators were collected prospectively until december 2019.

**Results obtained in 2019:**

907 number of requests from general practitioners (MG) to the DSPP. 396 GP users of the DSPP within only 3 years (30% of total GP number)

172 GP sent more than one patient

50% want to take part of the shared follow-up

980 phone interviews made by the DSPP nurses

585 patients came to the DSPP consultation (67% women, average age 36 (7 – 93))

25% had never seen a psychiatrist before

988 psychiatrist consultations (1.7 per patient)

585 patients have an average severity score (4)

Main diagnoses: personality disorder, depressive episode characterized

**Conclusion:**

the DSPP is a device for concrete, reactive and quality collaboration between general practitioners and psychiatrists. These results support the continuation of the experimentation and its extension to other territories. A clinical trial to assess the impact of the DSPP on the time it takes to consult with a psychiatrist is planned for 2020

**Keywords:** Care pathways; Regulation; Suffering shrink general practitioner, psychiatrist, shared care

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1183**

**Abstract subtopic / Abstract Unterthema**



1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**  
 ePoster

**Improving screening strategies for imported diseases in Primary Care**

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Primary Care (PC) professionals are used to deal with disease, prevention and health promotion. International Health (IH) is a flexible discipline. Migrants access to health system through PC. Screening for imported diseases is done usually by Hospital Specialists (HS) that often had no access to asymptomatic migrants.

Questions:

Working coordinated PC and HS improves care for migrants?

Find strategies to improve migrant's screening for imported diseases in PC

**Methods:**

A working group (WG) was created with PC and HS professionals to coordinate IH. The WG propose recommendations for migrant's screening depending on their country of origin. A net of PC reference professionals in IH was created and trained in screening imported diseases (strongyloidiasis, schistosomiasis, Chagas disease and malaria) They trained their colleagues. From April 2019 new screening recommendations were applied in PC. Laboratory results were reviewed from April to January 2020 compared with previous same period.

**Outcomes:**

Training sessions were crowded with 60 referents. In the studied period screening for strongyloides was introduced and tested in 1027 migrants (7'2% positives); for Schistosoma grow from 26 to 94(13'8%positives); T. cruzi increases from 1723 to 2937(2,62% positive) and malaria grew from 22 to 72(2'77% positives).

**Discussion:**

The reference network strategy worked to increase the screening in PC. The number of diagnoses grew and treatment offered. Individual health can improve community health. The efficiency of the screening has to be investigated. **Take:**

Integrated care improves the health system regarding IH

Training professionals increase the imported disease diagnosis in PC

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 1187**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**



Lecture / Vortrag

## Can prescribing “Don’ts” (what should not be prescribed) cause harm to patients? Assessing Family Medicine Don’ts in Aragon, Spain

Maria Pilar Astier Peña<sup>1</sup>, Blanca Puentes Felipe<sup>2</sup>, Marta Dominguez Garcia<sup>2</sup>, Daniel Ferrer Sorolla<sup>2</sup>, Diego Pueyo Gascon<sup>2</sup>, Irene Carrillo Murcia<sup>3</sup>, Jose Joaquin Mira Solves<sup>3</sup>

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<sup>2</sup>Primary Care, Public Health Service of Aragón (Spain), Zaragoza, Spain

<sup>3</sup>Psychology department, University "Miguel Hernandez" of Elche (Spain), Elche, Spain

To measure frequency of Do-Not-Do recommendations (DNDs) on prescription in Family Medicine (FM) and frequency and severity of avoidable adverse events (AAEs) related to ignoring Do-Not-Do recommendations (IgReDNDs) in primary care in Aragon.

Methods: A retrospective cohort study analyzing frequency of 5 DNDs regarding prescription of benzodiazepines (BZP) for insomnia in older than 65 years old (y.o.); Non-steroidal anti-inflammatory drugs (NSAIDs) in patients with high blood pressure, heart failure, chronic renal disease or liver cirrhosis; lipid-lowering drug (LLD) in older than 75 y.o. without previous cardiovascular events; antibiotics in acute bronchitis in patients without chronic underlying pathology; paracetamol of 1 gr of initiation. Prescriptions of 2015, 2016 and 2017 were collected from the Aragon pharmacotherapy prescription database. Frequencies were calculated. Then, 5 general practitioners (GP) reviewed electronic medical records randomly to identify AAEs related to IgReDNDs in two years.

Results: 58.1% GP prescribe BZP over 65 y.o.; and 18.1% prescribe LLD over 75 y.o. in primary prevention. The prescription of antibiotics in acute bronchitis without comorbidities has decreased from 64.3% to 50.3%. Use of paracetamol 1 gr has increased annually reaching 84.4% in 2017.

466 records were reviewed. 278 (59.7%) records had at least one DND. 393 (84.3%) IgReDNDs. DNDs tended to be more ignored in women than in men (155/123). Six AAEs were recorded due to IgReDNDs (2.2%). Most AAEs were minor harm.

Conclusions: Findings confirm IgReDNDs places patients at unnecessary risk. AAEs related to overuse increase the cost of health interventions for doing what should not be done.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1201

#### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

#### Presentation form / Präsentationsform

ePoster

### Doctor, I have a fish bone stuck in my throat

Ana Augusto, Rodrigo Mendes, Carla Moreira

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A 50-year-old man complaining that he had sensation of a foreign body in the throat, after having a fish meal 2 months before. He also affirmed he had lost some weight, although he didn't know precisely how much. He was a heavy smoker (76UMA) and had a metabolic syndrome. In the physical examination there was a

#### CONTENT

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hard lump in his tongue. Considering he had risk factors for oral cancer, he was sent to ER and observed by an Otolaryngologist and went through blood tests, endoscopy and head, neck and abdominal CT-scan, which revealed a 33 mm lesion in the base of tongue, most likely malignant. He went through a MRI-scan and was submitted to 2 biopsies. The first revealed no cancer cells. Two months after presentation the second biopsy defined the diagnosis: squamous-cell carcinoma of the oropharynx, T3N0M0-p16 negative - unresectable. He was proposed to chemotherapy and radiotherapy (RT). For now he is being fed by a nasogastric tube. His case will be discussed by a multidisciplinary group at the Oncology Hospital to decide whether he will undergo surgery or not. This case report shows how primary care is important as the first contact with the health care system. As GP, we must know the cancer risk factors, integrate our patient's information/symptoms and have a high level of suspicion in cases that seem to be ordinary but could represent very serious diseases, in need of specific treatment.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1202

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Ambulatory Blood Pressure Monitoring in a Primary Health Care Center

Teresa Amaral, Mariana Silva, Inês Rua, José Pedro Garcia, Cátia Quina

*USF Santa Joana, Aveiro, Portugal*

**Background:** Ambulatory Blood Pressure Monitoring (ABPM) is a procedure used to confirm the diagnosis of hypertension, detect white-coat effect, masked hypertension and monitor BP control. It offers several advantages in opposite to office BP, therefore being a better predictor of cardiovascular outcomes and morbid or fatal events. In Portugal, ABPM has limited availability in Primary Health Care. With that in mind, the health care team of our Primary Health Care Center (PHCC) created an ABPM protocol to provide this procedure to its patients.

**Questions:** To determine the impact of ABPM in hypertension diagnosis and BP control.

**Methods:** Descriptive, cross-sectional and observational study. Data collected from August 2017 to December 2019 regarding results of ABPM and patient data.

**Outcomes:** A total of 136 patients were evaluated by ABPM. Of these, 67% of ABPM were referred for diagnosis and 33% to monitor BP control. 60 patients were diagnosed with hypertension, 36 patients presented uncontrolled hypertension, from which 10 presented resistant hypertension. 23% presented non-dipping or reverse dipping status. In 63% of patients, the ABPM results lead to a clinical intervention.

**Discussion/Take home message:** ABPM provides important information, such as the dipping status and circadian variability of ambulatory BP and is thus a crucial exam in hypertension investigation and follow up. With this presentation we want to share with peers the positive impact of ABPM usage on our clinical practise and to inspire and motivate others to create a similar protocol, if needed.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1206

### Abstract subtopic / Abstract Unterthema



1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**  
ePoster

**We should always listen our patients carefully**

Ana Augusto, Rodrigo Mendes, Carla Moreira  
*USF Lusitana, Viseu, Portugal*

Papillary Carcinoma is the most common type of thyroid cancer, with an excellent prognosis, particularly in young females. 39-year-old female. Returned from an 8-year emigration period in France where she was regularly followed by a GP. Nine months later she went to an appointment and presented a clinical report of an urgent episode at ER due to an anxiety crisis. She complained about her thyroid because she remembered a clinician in France mentioning something abnormal, but had no support information about it. A thyroid ultrasound and analytic control with thyroid function were issued. In 10 days she presented with the results: normal thyroid function, but the ultrasound showed 2 confluent nodules in the left lobe, 21 and 13 mm. The bigger one was solid, isoechoic, with eggshell calcifications. An ultrasound-guided biopsy was issued and this US showed there was also a solid hypoechoic and ill-defined nodule in the right lobe, 7 mm, also requiring a biopsy. Two months after the first appointment, she came back with the biopsy results - Papillary Thyroid Carcinoma. She was then referred to the Oncology Hospital, where she underwent a total thyroidectomy. For now, she is taking levothyroxine and having a good recovery. This clinical case highlights the importance of carefully listening and accessing the patient's concerns. Even lacking information in the electronic health record, the voicing of previous thyroid pathology by the patient and her overall anxiety guided our clinical attention towards her thyroid, wish lead to the diagnosis of Papillary Thyroid Carcinoma.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1278**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

**Abdominal pain: (un)suspicious diagnosis**

Tiago Silva, Filipe Vaz, Liliana Rumor, João Guerra, José Silva, Joana Batista, Pedro Paulo, Sandra Cunha  
*USF Marquês de Marialva, Cantanhede, Portugal*

**Didactic method:** Powerpoint or Poster

**Background:** Ovarian torsion is a gynaecological emergency caused by rotation of adnexal supporting ligaments, usually involving both ovary and fallopian tube, most common in reproductive age and frequently associated with ovarian masses (>5 cm), pregnancy and previous pelvic surgery. It's a clinically difficult diagnosis as symptoms are usually non-specific. Ultrasonography is the first-line investigation method and once ovarian torsion is suspected, surgery remains the mainstay of diagnosis and treatment.

**Presented Case:** Forty-one year old woman, with background of fibromyalgia, allergic rhinitis and a 53mm left ovarian cyst attended a medical consultation presenting a 36hours lower abdominal pain with nausea and vomiting. Physical examination showed a painful abdomen to palpation (hypogastrium and left iliac



regions) and doubtful *Murphy's* percussion test. Urine strip test revealed only trace of leucocytes. The patient was discharged with analgesia. Four days later, due to worsening pain, attended the emergency department and all the blood, pregnancy and urine tests were normal. Abdominal Ultrasonography only revealed pelvic peritoneal fluid. Pelvic examination and bimanual palpation exposed a painful left ovarian mass. Transvaginal ultrasound unveiled a "5 cm ovarian cyst, thickened ovarian wall that appears to match a left ovarian torsion". A laparoscopic approach was chosen, confirming the ovarian torsion. Left salpingo-oophorectomy was done with no complications.

**Outcome:** Full Recovery

**Discussion:** Ovary torsion diagnosis may be difficult and challenging. Thus, careful analysis, remembering this possibility when facing acute abdominal pain, is critical, especially due to possible severe complications, as infection or infertility.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1282

#### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

#### Presentation form / Präsentationsform

ePoster

### What a hypertension consultation can reveal

Paula Rodrigues, Ana Paula Pinheiro, João Figueiral Ferreira  
*USF Viseu-Cidade, Viseu, Portugal*

**Introduction:** Skin cancer is the most common type of cancer in caucasian individuals. Excessive sun exposure accounts for over 90% of cases. There are three most common types of skin cancer: melanoma, spinal cell and basal cell carcinoma (BCC).

**Case description:** A 71-years-old caucasian male, in a functional nuclear family, in phase VIII of the Duvall family cycle. With a history of hypertension (HTA), dyslipidemia and rheumatoid arthritis.

At a scheduled HTA consultation, he was asked by his family's doctor (FD) about the injury to his nose. The patient devalued the injury, but after some insistence from his FD he said that the injury was difficult to heal, had a few months of evolution, with periods of exacerbation. On physical examination, he presented a pigmented lesion about 7mm of diameter, ulcerated, with irregular edges on the right wing of the nose.

The patient was referred for teledermatological screening consultation and was diagnosed with a typical BCC tumor lesion. Subsequently, patient was proposed to surgically remove the lesion.

**Discussion:** BCC may exhibit eccentric and deep growth but usually do not metastasize. The treatment is surgical and in the early stages has cure rates of over 95%. Untreated BCC can lead to more aggressive growth locally.

**Conclusion:** It is up to the FD to be alert to these lesions, so that their early diagnosis and subsequent guidance and treatment by Dermatology is possible. FD plays a major role in preventing these injuries by advising on the importance of daily sunscreen use.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1298

#### Abstract subtopic / Abstract Unterthema



1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### **Presentation form / Präsentationsform**

Lecture / Vortrag

### **Compliance degree evaluation of recommendations about sexual behaviors and HIV screening in patients with suspected urethritis treated in Emergency Department**

Arantzazu Mata Martinez, Elena Sanz Rodriguez, Manuel Gil Mosquera, Otilia Bisbal Pardo, David Muñoz Martín, Natalia Sanchez Prida, Carolina Hernandez Duran, Francisco Jimenez Morillas, Alicia Alcocer Conde, Carmen Gonzalez Martin

*Hospital Universitario 12 de Octubre, MADRID, Spain*

#### **Background:**

Urethritis incidence keeps growing. VIH and urethritis are closely related. It is mandatory to identify risk population to establish proper sexual recommendations and decrease its incidence.

#### **Questions:**

To analyze sexual behavior changes in patients with suspected urethritis in our Emergency Department, determine the notification and treatment of infection in their sexual partners and evaluate compliance degree regarding recommendations on HIV screening.

#### **Methods:**

Prospective observational study including male patients aged between 16 and 65 who consulted in our Emergency Department with suspected urethritis from February 2018 to January 2019. Everyone had an HIV serology, was given sexual habit recommendations and advice to notify their contacts. Subsequent telephone follow-up was carried out, indicating a repetition of HIV serology and assessing behavioral changes.

#### **Outcomes:**

The average age was 29.9 year. The majority were single (72.7%), reported heterosexual relationships (75.2%), protected in the 68.7% and with an average of 5.5 couples/year. There were no new diagnosis of HIV infection (4 were already infected) and 13.9% had previous urethritis.

Only 49.05% were contacted by telephone and 66% had the second HIV test done (all negative). 26.9% did not inform their sexual partners. 50.87% reported that their sexual partner had not been treated. Only 39.7% recognized sexual behavior changes.

#### **Discussion:**

High percentage of patients do not change sexual behavior or followed the recommendations after an urethritis episode, what points the needing of intensify sexual education and prevention campaigns.

#### **Take Home Messages for Practice:**

We need to improve health campaigns to reduce sexual diseases.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 1310**

#### **Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

#### **Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### **One step ahead - Duvall's family life cycle**



Sofia Morgado<sup>1)</sup>, Alexandra Rocha<sup>1)</sup>, Helena Lages<sup>2)</sup>, Mariana Barreira<sup>1)</sup>, Ana Teles<sup>1)</sup>

<sup>1)</sup>USF Santo António da Charneca, ACeS Arco Ribeirinho, Barreiro, Portugal

<sup>2)</sup>UCSP Baixa da Banheira, ACeS Arco Ribeirinho, Moita, Portugal

**Didactic method:** Anamnesis and consultation of clinical records. Bibliographic research of interest to the case.

**Presented problem:** 62-year-old man with controlled arterial hypertension. It is in phase VII of the Duvall Family Life Cycle. Attended his appointment to evaluate his chronic illness and during the anamnesis there are no reported complications or changes in his usual health status, however he says he is more anxious because he is thinking of going into retirement and is afraid of being depressed after quitting work.

**Management:** during the appointment, the patient's fears and expectations regarding the new stage of life were clarified. Some strategies were combined in order to find some occupation after retirement, like the creation of a list of hobbies and how to achieve them. A 3-month follow-up appointment was scheduled to evaluate the plan.

**Outcome:** at the end of the appointment, the patient seemed more confident in his decision to retire and felt comfort for having defined goals at the moment.

**Discussion:** Duvall's Family Life Cycle is an important tool in assessing the patient. It presents a predictable sequence of changes in the life of the individual and his aggregate and shows that phase transitions can trigger crises with repercussions in the family context. Therefore, its application on a routine basis can assist the family doctor in the anticipatory care of his patient, foreseeing and acting in a timely manner in situations of potential stress, often accompanied by anguish and anxiety.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1370

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

### Poster- Young patient with Lyme carditis

Vesna Vasic, Danijela Peric

Family medicine ambulance, Health center, Maribor, Slovenia

**Key words:** Lyme disease, Borrelia burgdorferi, Lyme carditis, Atrioventricular block

Lyme disease is often a problem in ambulance of family medicine doctor in Slovenia. It is caused by infection with Borrelia burgdorferi. Clinical manifestations is as asymptomatic infection to multisystem disease. Infection have early in late disorders. Diagnosis is serological in clinical. Prognosis is usually good among treated patients.

**Case report:** 30 year old patient, physically active, come in ambulance, because in last time she feel breathless. She is mostly healthy. She have before Sideropenic anaemia, few times Vaso-vagal syncope. Control review in ambulance was without pathological signs. Laboratory results was normal. Clinically everything was good, only auscultators was bradycardia with frequency 40/min. ECG show bradycardia with frequency 34/min in atrioventricular block III degree. Patient go to cardiologist. US of hart was normal. Cycloergometry before activity AV bloc II degree, after activities without AV block. Serology for Borrelia burgdorferi was high positive IgM. Infectologist examine patient and treats with Cafraxon 2g/iv once daily



for 14 days. After therapy patient was fast very good, without pathology, go back on job professional ballerina, she dance again.

Lyme carditis is rare, it present with conduction AV block in arrhythmias. Prognosis is good. Sudden cardiac death is rare.

Important is prevention of infection, using, long, light cloth,

Infection with *Borrelia burgdorferi* is often and incidence is growing. Important is early diagnosis and treats with antibiotics to prevent early and late complications. Prognosis is often very good.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1373**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**Pregnancy as a risk factor for rheumatoid arthritis**

Marta Alexandra Matias Costa, Margarida Marques Mano, José Pedro Machado

*USF Montemuro- ACeS Dão Lafões, Viseu, Portugal*

**Background:** Rheumatoid arthritis (RA) is a chronic inflammatory disease primarily affecting women and often occur during the reproductive years. The majority of RA patients experience spontaneous remission during pregnancy, and a tendency toward postpartum flare within 3-4 months. In the postpartum period, disease activity increased with more than one third of the women having a moderate or severe flare.

**Case description:** Female patient, 28 years old, belonging to a nuclear family, phase II of the Duvall cycle. No usual medication, no documented pathologies in the clinical process. The patient delivered her first baby at 39 weeks of gestation without any complication. Six months after giving birth she developed morning stiffness along with mild bilateral joint pain that was followed by joint swelling. Before and during pregnancy the patient had no complaints. Blood tests revealed a positive rheumatoid factor and positive anti-nuclear antibodies. The diagnosis of RA was assumed. The treatment with NSAID, corticoid and salazopyrin was started. She continued to breastfeed, and complaints decreased.

**Discussion:** It has long been recognized that RA carries an increased risk of disease onset during the postpartum period. In 1953, studies suggested that the onset of RA after delivery occurred in 9.7% of female patients and concluded that postpartum onset was quite common (5 times more frequent than that at other periods).

**Conclusion:** The dramatic effect of pregnancy on RA has been reported for over 50 years. Most of the patients experience partial or complete remission during pregnancy but relapse during the postpartum period.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1381**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag



## Double-check the patient to prevent a fatal outcome.

José Vicente Cayuela Espí<sup>1)</sup>, José Miguel Bueno Ortiz<sup>2)</sup>, Ana Celia Melgar García<sup>1)</sup>, Carlota Ana Perez Peñarrubia<sup>1)</sup>

<sup>1)</sup>Health Care Center La Unión, La Unión, Spain

<sup>2)</sup>Health Care Center Fuente Álamo, Fuente Álamo, Spain

### Background:

We, Family Doctors, usually have patients with a prescription assessed by another physician. However it is crucial to evaluate the patient from the beginning to contrast the diagnosis despite of the 5 minutes constrain per consult. When this is not done, we may incur in a mistake with unpredictable consequences.

### Questions / Discussion Point:

Physicians should always re-evaluate patients referred.

### Content:

41 years-old immigrant male patient attended by the Hospital Emergency Service, who was discharged with the diagnosis of cervicgia caused by a muscular contracture in the paravertebral muscles. When we evaluated the patient he seemed to be distracted, unable to focus or collaborate with the neurological examination. After an inquiry about his situation the patient affirmed that he has been having recurrently "bad ideas" causing him a headache during the last 2 months which made him to consider suicide. From his family background we discovered that his brother committed suicide two years ago and his sister too three months ago. Due to the high suicidal risk he was sent in an ambulance to the hospital where he was evaluated by Psychiatry and Neurology making sure that there was no acute intracerebral pathology as well as changing his psychiatric treatment.

### Take Home Message for Practice:

Physicians should always contrast the information and confirm the diagnosis of a patient. Any change throughout the clinical course may guide to another syndrome that requires different management.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1382

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Beware of the tree that will not let you see the forest. Diagnostic challenge.

José Vicente Cayuela Espí<sup>1)</sup>, Ana Celia Melgar García<sup>1)</sup>, Elena Sequeda Vázquez<sup>1)</sup>, María Bueno García<sup>2)</sup>, Nuria Isabel Aragón de la Fuente<sup>1)</sup>, Miguel José Martínez Martínez<sup>1)</sup>

<sup>1)</sup>Health Care Center La Unión, La Unión, Spain

<sup>2)</sup>Health Care Center Casco Antiguo, Cartagena, Spain

### Background:

The daily practice of Family Doctor (FD) may sometimes be overwhelming due to the numerous patients visited every day with a pre-established schedule of 6-7 minutes per consultation as well as other activities. The following case reveals how a differential diagnosis allowed a FD to refer a patient with a high suspicion of a not so common disease.



## Questions / Discussion Point:

FD is capable of identifying uncommon diseases.

## Content:

40 years-old patient who has consulted during the last 3 months due to painful mouth ulcers which heal but the most recent one has left a scar. The patient denies high risk sexual behaviours, has no allergies to drugs nor has cardiovascular risk factors. Once inquired of other symptoms he recalled that a couple of days ago he had pain in the scrotum, revealing another ulcer, in addition to a pain in the ankle without trauma.

## Take Home Message for Practice:

The physician should always search for the information and ask concise questions, since what may be considered non-relevant could be of the utmost importance. The physical examination revealed that the patient had the following: (1) folliculitis on the neck and scalp, (2) mouth ulcers, (3) scrotum ulcers and (4) monoarthritis. With the suspicion of Behçet disease the patient was referred to the Rheumatologist who could not confirm the HLA-B51 allele or the patergia syndrome, but eventually diagnosed this disease clinically.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1388

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

## Evaluation of metformine dosage adjustment to the glomerular filtration rate in diabetic patients

João Guerra<sup>1</sup>, Tiago Silva<sup>1</sup>, José Pedro Vieira<sup>2</sup>, Linda Costa<sup>3</sup>, Filipe Malva Vaz<sup>1</sup>, Liliana Rumor<sup>1</sup>

<sup>1</sup>USF Marquês de Marialva, Cantanhede, Portugal

<sup>2</sup>UCSP Mira, Mira, Portugal

<sup>3</sup>UCSP Cantanhede, Cantanhede, Portugal

**Introduction:** Diabetes Mellitus is a serious health problem in Portugal. An adequate monitoring and control of diabetics is crucial, highlighting the role of the Family Doctor.

**Objective:** To evaluate the dose adjustment of metformin to renal function of diabetic patients

**Methodology:** Clinical records of four general physicians patients lists were evaluated, in a retrospective study, with data from electronic processes, the objective of evaluating the adjustment of the dose of metformin at glomerular filtration rate (GFR) in diabetic patients, using explicit and normative criteria, adapted from EMA recommendations. This study used data from ICPC-2 Codes T89 and T90 and metformin daily dose registered in diabetes surveillance consultation from 1 January to 31 May 2018, resulting in a group of 392 patients.

**Results:** 7 users were medicated with total daily dose of metformin above that recommended for GFR (1.79%) and 12 with total daily dose of metformin corresponding to the maximum recommended dose for its GFR (3.06%). An educational intervention was carried out, in July 2018, by presenting the latest EMA recommendations to each family doctor, whose user files were analyzed.

**Discussion:** After presenting the results, measures were implemented in order to improve the prescription. This presentation allowed physicians to pay attention to elderly patients with a prescribed dose of metformin



near or above the maximum recommended dose for GFR. This study proved to be useful and sustainable, with potential applicability to other health units and other drugs.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1400

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

### Adequacy of treatment with proton pump inhibitors in a family medicine consultation

Ana María Riola Blanco, Miguel Ángel Martínez Vidal, Diana González Arce, Mercedes Pardo Pacios  
*Salud Castilla y León, Ponferrada, Spain*

**Introduction/background:** Proton Pump Inhibitors (PPIs) are drugs that decrease gastric acid secretion. Its consumption has increased in recent years in Spain compared to other European countries. Main indications are the control of gastroesophageal reflux disease, treatment for gastric ulcer, eradication of *Helicobacter Pylori*, prevention of gastropathy caused by non-steroid anti-inflammatory drugs, antiplatelet agents, selective serotonin reuptake inhibitors and corticosteroids. However, the prescription made of them is not always based on evidence.

**Questions:** To review inappropriate prescribing and detect side effects in relation to chronic use.

**Methods:** Through this cross-sectional study we apply a questionnaire called MAI (Medication Appropriateness Index) to 155 patients aged 50 to 85 attended in the health center from October to December 2019 who consumed PPIs for long periods of time. Study measures were sex, age, active principle, indication, treatment duration, interactions, adverse effects. The results obtained from this survey will be analyzed using the SPSS statistical program.

**Outcomes/Discussion:** The incorrect prescriptions detected were due to a longer duration of treatment than indicated. Among the side effects observed were bone fractures, enteric infections, pneumonia, iron and vitamin B12 deficiency.

Take home message for practice: The long-term consumption of PPIs is a challenge for the family doctor, so it is necessary to review inappropriate use. Tools such as MAI are useful to avoid this health problem.

**Keywords:** Proton Pump Inhibitors, Family Medicine, Inappropriate Prescribing.

Conflict of interest / Interessenkonflikte  
yes / ja

## Contribution ID: 1401

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

### Parinaud syndrome as a manifestation of cavernomatous malformation



Pablo Natanael Puertas Moreno, Fernando Perales Gonzalez, Miren Ibarra Eztala, Alberto Sanchez Bernal, Raquel Tapia Santamaria, Pablo Macazaga Millan, Laura Calvo Garcia, Rocio Morales Lopez  
*Maria Angeles López Gómez Health Center, Leganés/Madrid, Spain*

61-year-old woman referring 4 hour history of double vision. She denied headache, fever or loss of strength. No neurological focus or other symptoms.

TA 140/100mmHg FC 95 lpm. In neurological exploration only stands out: horizontal nystagmus exhaustible in supraversion, underversion, dextroversion that makes 2 beats and in levoversion 4. Trigeminal nerve without alterations. Vertical-eyed paralysis. No facial asymmetries. Stretch reflexes +++/++++ predominantly left. Positive Hofmann at left upper limb. Normal gait pattern with negative Romberg and possible tandem.

A CT showed suggestive findings of left mesencephalic hemorrhage, which does not result on the displacement of midline structures.

We contacted Neurosurgery who refuse surgical treatment. Antihypertensive medication is scheduled and she was admitted in Neurology, where she remained asymptomatic. Ambulatory MRI showed suggestive findings of cavernomatous malformation in the left portion of the mesencephalic roof.

Diplopia is defined as the perception, in the visual field, of two images of the same object and can be associated with ophthalmological sensory or motor disorders.

Most cases of diplopia (85%) are due to binocular diplopia, paralysis of the VI cranial pair as the most common cause. The rest (approximately 15%) are due to monocular diplopia, which generally related to ophthalmic pathology

Parinaud syndrome causes vertical-eyed paralysis, Argyll Robertson's pupil and convergence-retraction nystagmus. It is due to mesencephalic injury either direct or by compression. When diplopia occurs it is important to carry out a complete ophthalmic and neurological examination that allows us a correct clinical orientation.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1408**

### **Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### **Presentation form / Präsentationsform**

ePoster

## **Is it scabies every patient presenting with itching in primary health care in Turkey?**

Banu Cicek Uvacin, Bilal Durmaz, Gizem Limnili, Vildan Mesim

*Family Medicine, Dokuz Eylul University Faculty of Medicine, Izmir, Turkey*

### **Introduction:**

Scabies in patients admitted to family health centers (FMC) in Turkey are very frequent. It is important the differential diagnosis of the patient presenting with itching. The misdiagnosis of diseases which have social perspective, leads to anxiety and unnecessary treatments.

### **Case:**

A 21-year-old female patient visited to the FMC with complaints of itching and redness on her body for 2 weeks. She said that itching was widespread at night and itchy on the upper and lower extremities, more



frequently on the trunk. She said that her family members had itchy lesions 2-3 months ago, but spontaneously resolved. She was admitted to the emergency department with these complaints and permethrin was given for scabies. She was admitted to our FMC because her complaints did not diminish. She stated that she was worried that itch was due to scabies because of increasing scabies cases. On head and neck examination, hyperaemic and scaly macular lesions were diagnosed. Same types of lesions were observed in the upper and lower extremities, more common in the trunk. Itchy scars were observed with this lesion. Other systemic examinations of her were normal.

Although she was initially considered to have scabies because of the widespread scabies in the region, diffuse lesions of the patient, the absence of tunnelling symptoms and the absence of active complaints in family members living together, changed the diagnosis from scabies. The patient was diagnosed with pityriasis rosacea by dermatology consultation. The control examination showed extinction and decreased itching in the lesions.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 1443**

### **Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### **Presentation form / Präsentationsform**

ePoster

## **Polymyalgia rheumatica - Typical presentation, atypical patient**

Filipa Órfão, Joana Bragança, Filipa Duarte Silva

ACES - Almada Seixal, Lisbon, Portugal, Seixal, Portugal

### **Introduction:**

Polymyalgia rheumatica (PMR) is a common, chronic, systemic rheumatic inflammatory disease that affects adults older than 50 years. Although symptoms of proximal muscle stiffness and elevated inflammatory markers are typical, there are no specific diagnostic features. PMR is more prevalent in people from Northern Europe and is uncommon in Middle Eastern, Asian, African, and Hispanic descendants. Incidence peaks at approximately age 70–75 years, and affects mainly women.

### **Case report:**

We present the case of an African 66 year-old woman that presented with intense cervical and shoulder girdle pain and severe limitation in simple daily activities for a month. Lab work showed an elevated erythrocyte sedimentation rate, mild chronic anaemia and hypocalcaemia. Thyroid disease, rheumatoid arthritis and connective tissue diseases were excluded. She was started on prednisone equivalent of 15 mg/day and after 4 weeks there was almost complete remission of the symptoms. She was referred to the rheumatologist who confirmed the diagnosis and the patient is now on gradual tapering of glucocorticoids (GC).

### **Conclusion:**

Patients with PMR should be closely monitored for clinical and laboratory signs of disease activity and evidence of GC-related side effects and comorbidities. Monitoring is suggested every 4–8 weeks in the 2–4months after treatment is started and then every 4–12 weeks during the first year. For the family doctor is important to be aware of this condition and to have a high clinical suspicion since there is no diagnostic feature and the symptoms can mimic a variety of other diseases.

Conflict of interest / Interessenkonflikte



no / nein

**Contribution ID: 1421**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und Wahrnehmung

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Bilateral sensorineural hearing loss in a 3-year-old girl caused by congenital cytomegalovirus infection: a case report.**

Francisca Mendes, Joana Sousa, Filipa Alves  
*USF Briosa, Coimbra, Portugal*

**Introduction:** Congenital cytomegalovirus (CMV) infection is the most frequently reported viral infection in newborns. CMV infection's risk include exposure to young children, sexual activity, and living in crowded conditions. In contrast to the clinically asymptomatic infection in pregnant women, intrauterine transmission can result in devastating consequences, including fetal loss or infant hearing loss. It's mandatory to know the immunologic state before pregnancy to take preventive measures. The transmission rate of CMV to the fetus following maternal primary infection during pregnancy has been reported to range 30%, as oppose to rate of transmission following non-primary maternal infection reportedly about 1%.

**Case description:** Female, 3 years old. Healthy mother with no relevant background, immune to cytomegalovirus. Desired pregnancy followed up by Family Doctor and Obstetrician. At the age of 2 years old, parents noticed decreased auditory acuity, and within two days a total loss of response to auditory stimulation. The child was observed in emergency context and auditory study was requested. It was performed a Guthrie test and congenital CMV infection was verified. Surgery was performed to place cochlear implants bilaterally. Now this child is still in adaptation phase, but there is already a favorable evolution: diverse vocabulary and articulation of some simple phrases.

**Conclusion:** Even when our pregnant patient immunological state is known, we must explain all the preventive measures to avoid CMV infection during pregnancy, because is not certain that immunity provides protection from all the CMV serotypes, and infection could lead to serious health problems for the newborn. Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1438**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und Wahrnehmung

**Presentation form / Präsentationsform**

Lecture / Vortrag

**MNSI for early detection of diabetic neuropathy among more than 8000 Bulgarian diabetic patients**

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<sup>3)</sup>Faculty of Public Health, Medical University of Sofia, Sofia, Bulgaria



**Background:** Diabetes is huge worldwide health problem and general practitioners have central role in diabetic patients care. Michigan Neuropathy Screening Instrument (MNSI) is diagnostic tool for diabetic neuropathy, containing anamnestic questionnaire and clinical check of feet. MNSI is suitable for general practice - it is sensitive and specific enough, easy to use and does not require special education.

**Questions:** Is the originally validated cut – off point of anamnestic questionnaire of MNSI sensitive and specific enough to detect patients with diabetic neuropathy in Bulgarian diabetic patients population?

**Method:** Bulgarian diabetic patients were tested with MNSI – first was questionnaire, after that (the same day) clinical part (feet – examination) was made. We used ROC curve to identify the best relation sensitivity / specificity of questionnaire which could detect patients with clinical abnormalities.

**Outcomes:** 8169 patients completed MNSI test. We identified that cut off 5,5 of questionnaire has highest sensitivity and specificity while originally proposed cut-off is  $\geq 7$ . Moving the threshold from originally validated  $\geq 7$  to proposed by us  $> 5$  for Bulgarian diabetic population changed sensitivity of questionnaire to detect DPNP from 13% to 74% and specificity from 99% to 84%.

**Discussion:** Prevalence of diabetic neuropathy varies significantly depending on diagnostic method used. Adapting cut-off point of MNSI questionnaire to local population makes it more sensitive and increases its potential for earlier diagnosis of diabetic neuropathy and better prevention of its further complications.

**Take Home Message for Practice:** local variations and individual approach should be considered to achieve better screening and prevention of diabetic neuropathy.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 1460**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Women’s week: 4 years’ experience in cervical cancer screening and health education initiatives in a Family Health Unit in Portugal.**

Ricardo de Albuquerque, Ana Piçarra, João Sousa, Maria Salazar

*USF Rainha D. Leonor, ARS LVT - ACeS OESTE NORTE, Caldas da Rainha, Portugal*

**Background:** It is well established that the chance of successful treatment for cervical cancer is higher if the disease is diagnosed early, in fact, cervical cancer screening (CCS) reduces the incidence and mortality of cervical cancer by 70%-80%. Therefore, this Family Health Unit organized an initiative to encourage the screening, while promoting women’s health education initiatives.

**Questions:** What’s the impact of these initiatives for the improvement of CCS?

**Methods:** During 3 consecutive years we organized, yearly, one week entirely dedicated to women’s health issues, focusing on the execution of pap smear/HPV testing in women who didn’t have the screening updated.

**Outcomes:** 1023 family planning appointments, 584 pap smear/HPV testings, 19 health education sessions were performed in 3 years. Now, about 20% of our annually screenings are done during the “Women’s Week”. The results of 2020 are still in progress to know the real impact of this kind of initiatives in terms of cervical cancer screening.

**Discussion:** This initiative, presented itself as an added value in the subject of health education and promotion, with great acceptance by the patients. As a result of last years’ success, our team desires to keep



on doing “Women’s week” yearly, aiming to keep the CCS updated and continuing to organize health education workshops on women’s health subjects.

**Take Home Message for Practice:** Women benefit from these initiatives while also maintaining screenings up to date.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1465**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**Cardiovascular risk factors in non fatal stroke population**

Carlos Martins, Joana Rodrigues, Fátima Branco

*USF Cruz de Celas, USF Cruz de Celas, Coimbra, Portugal*

**Introduction:**

Cardiovascular diseases are the leading cause of death globally. Portugal is in Western Europe the country with the highest mortality rate by stroke.

There are several risk factors for stroke such as advanced age, male gender, arterial hypertension, diabetes mellitus, dyslipidemia, obesity and cardiac arrhythmias (atrial fibrillation).

**Goals:**

Determine the prevalence of major risk factors for cardiovascular disease in stroke survivals in a Portuguese Family Health Unit.

**Methods:**

Descriptive, observational and cross-sectional study, using Excel®. Random sample from the population of users of a Family Health Unit, coded in International Classification in Primary Care with K90 (Thrombosis/Stroke) in the list of problems, from 01/01/2017 to 31/12/2019.

**Results:**

Total of 29 patients. 55% (n=16) male and 45% (n=13) female. The mean age of stroke was 72.7 years. The average BMI recorded was in the overweight spectrum (27.37 kg/m<sup>2</sup>). Arterial hypertension was present in 79% (n = 23) of the patients, 51% (n=15) had arterial hypertension and dyslipidemia and 30% (n=7) had hypertension, diabetes mellitus and dyslipidemia. 31% (n=9) had Atrial Fibrillation. 7% (n=2) didn't have any of these risk factors presented.

**Discussion:**

Arterial hypertension and dyslipidemia were, by far, the diseases with highest association with cardiovascular events, specially stroke.

This work stabs to alert the importance of identification, control and prevention of the major risk factors to potentially fatal cardiovascular events.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1467**

**Abstract subtopic / Abstract Unterthema**



1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**  
ePoster

**A case of acrodermatitis enteropathica with dermatosis and diarrhea due to zinc deficiency**

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**Introduction:**

Zinc (Zn) is one of the basic elements that play an important role in the structure and function of biomembranes. Low plasma levels cause dermatitis, diarrhea, hyperirritability, fungal infections and decreased appetite. Acrodermatitis enteropathica (AE) is a genetic disorder of zinc absorption characterized by the triad of acral dermatitis, diarrhea and alopecia in neonates and children.

**Case:**

Four months old boy was brought to the outpatient clinic with complaints of diarrhea, periorificial dermatitis, rashes on the neck, scalp that started when he was about forty days old. On dermatological examination, there were sharp-edged yellow-brown colored, thin-scaly, erosive eczematous lesions around the mouth and on genital area. Although the systemic examination and the other biochemical parameters were normal, serum zinc level was significantly lower. Although the normal reference range is 72-122 ug / dl, the patient is 14 ug / dl. It was thought that acrodermatitis enteropathica-like dermatosis due to transient zinc deficiency because of the presence of typical clinical findings, unresponsiveness to other treatments and low serum zinc level. The patient was consulted with pediatric gastroenterology and oral zinc treatment was started at 2 mg / kg / day. On the tenth day, a dramatic regression was observed in the clinic and this rapid response to treatment supported our diagnosis.

**Discussion:**

In conclusion, acrodermatitis enteropathica, which can be confused with the most common clinical conditions but is rarely seen, should be kept in mind in differential diagnosis because it can cause serious morbidity or mortality when not treated.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1482**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

**Incoercible vomiting after the first soup: who's to blame?**

Maria Inês Ferreira, Leonor Duarte, Catarina Calheno Rebelo

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**Didactic method:**

Case presentation and discussion by young doctors with slido-System.

**Presented problem:**



The prevalence of food allergies varies between 4 to 8% in the paediatric population, due to the interaction of multiple factors. Complementary feeding usually begins between 4 to 6 months, with vegetable soup/puree. The present report describes a clinical case of a five-month-old girl, with previous history of repeated bronchiolitis, who initiated complementary feeding with potato, carrot and white-cabbage puree, developing persistent vomiting 1 to 2 hours after.

### **Management/Outcome:**

Blood tests, *prick* and *prick-to-prick* tests were conducted, with normal findings. Oral provocation test with potato was positive, leading to a diagnosis of food-protein induced enterocolitis syndrome (FPIES). The symptoms resolved after removing potato and sweet potato from the infant's diet.

### **Discussion:**

The introduction of new foods is essential for the global development of a child and it must be done step-by-step, allowing the early diagnosis of food allergies. These can be IgE-mediated, non-IgE-mediated or both, with different clinical presentations. In this report, the girl developed gastrointestinal symptoms which are typical of the non-IgE-mediated food allergy, as in FPIES.

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

What is the family practitioner's role in complementary feeding? What different types of food allergies should we be aware of?

Food allergies are increasing in paediatric population and it is important to be aware of the least common allergens. The family practitioner plays a major role in the empowerment of caregivers in recognizing abnormal reactions to new foods on the diet.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 1506**

#### **Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

#### **Presentation form / Präsentationsform**

ePoster

### **Aortic aneurysm with aortitis because of a spondylodiscitis, concerning a case**

Begoña Tiessler Martínez, Susana Reviriego Mazaira, Cristina Callejón Villegas

*Trainee, Málaga, Spain*

**Background:** Ex-smoker, diabetes mellitus type 2 since 2004, dyslipidemia, high blood pressure, a peripheral arterial disease in lower limbs and an inguinal hernia surgery. Treatment: insulin, tamsulosin, metformin, simvastatin, salicylic acid, olmesartan/amlodipine/hydrochlorothiazide.

**Presented problem and management:** A 69-year-old male came for a consultation for back pain, which had increased for 2 weeks while moving. No other alarming signs. After some treatment attempts, he was treated with paracetamol/tramadol.

He mentioned a weight loss of 6 kilos that started at the beginning of taking the pain medication, a month ago. Good bladder/bowel control. No loss of strength or sensibility. Physical examination displayed pain at touching back.

**Outcome:** Complementary studies were requested. Blood test with CRP 235. MRI showed a lesion in D5-D6. A CAT scan revealed a suspected lesion at D5-D6 with infectious aortitis extending contiguously with a saccular aneurysm with a high risk of rupture. Soft tissue paravertebral material was extracted for biopsy with a positive result for spondylodiscitis. Endocarditis was ruled out by echocardiography. Then, the



aneurysm was repaired with an endoprosthesis. He received intense antibiotic treatment during his hospital stay. It is at the least, remarkable that he needed morphine in continuous perfusion for over a month. He couldn't tolerate doing any exercise, not even standing up, in order to relieve the pain. Finally, his pain alleviated when traumatology decided to do a spinal fusion and only after that, could do rehabilitation. He was discharged after three months taking an oral anticoagulant.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1511**

### **Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### **Presentation form / Präsentationsform**

ePoster

### **Congenital dermal sinus in infant: a case report**

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Congenital dermal sinus is an uncommon form of spinal dysraphism. It's observed mostly in the midline above the intergluteal cleft and are commonly associated with other cutaneous and intradural pathologies. Spinal disraphism have an unknown global incidence. Therefore, the Family Doctor's follow-up in the first phase of life is essential in the early detection of this pathology.

This is the case of a female infant, currently 4months old. There was no family history of illness and the pregnancy occurred uneventfully. The delivery was preterm. The infant had low birth weight and an history of postpartum sepsis requiring hospitalization of the Neonatology Unit. She was discharged from hospital, apparently without any sequelae, maintaining monthly appointments with Neonatologist. Maintains simultaneous follow-up in the Primary Care Centre. At the 2month-old visit, during the physical examination, a dermal trajectory without fistulization is seen above the intergluteal sulcus. This finding motivated the research through the Health Data Platform, to know if this alteration was reported by the Neonatologist. It was verified that the finding had already been perceived and an ultrasound screening had already been requested.

Spinal dysraphisms are underdiagnosed, but the presence of associated cutaneous stigmas is described in 80% of cases. The presence of these lesions requires further investigation. Thus, the role of Family Doctor is essential because it is one of the medical specialties that has the greatest contact with the infant and allows a tight control of the changes in their development. This case further reveals how computer applications that bridge the various levels of care, are central to effective and efficient patient follow-up.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1525**

### **Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### **Presentation form / Präsentationsform**

ePoster



## Looking backwards with metabolic syndrome

Anna Maria Pedro Pijoan<sup>1)</sup>, Laura Santiago Fernandez<sup>1, 2)</sup>, Estefania Garcia Muñoz<sup>1, 2)</sup>, Elena Klusova Noguina<sup>1, 3)</sup>

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<sup>3)</sup>SAMU061, *semFYC, Ibiza, Spain*

In 2010- 2011 we presented our study of the Metabolic syndrome prevalence (ATP III modified 2005 criteria) in our urban primary attention center.

It was a descriptive cross-sectional study that we selected 438 subjects from a population of 31740 people. From the 120 we studied we want to present what has happen after 10 years.

Main objective to know about non Metabolic Syndrome patients in the sample if they present it. And determinate after the years if they have present any cardiovascular events in both groups.

### Methods:

Descriptive cross-sectional study of 120 selected subjects (studied in 2010) from 35 to 75 years old.

### Outcomes:

In our results we are presuming with more age it can appear more risk factors, so the young non Metabolic Syndrome in the sample can be now presenting metabolic syndrome.

We presume that the Metabolic syndrome not controlled could have present cardiovascular events.

### Discussion:

We have to insist in Primary care preventing and educating our patients that we observe of a cardiovascular risk factor.

So depending of their following up controls we can help to NOT present or try to prevent a cardiovascular event.

### Take Home Message:

One of the main objectives in Primary Care is to be preventive in chronic diseases. We have to work as a team (administratives-nurses-doctors) to arrive to our patients and try to organize strategies to maintain our population as healthy as they can.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1532

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

## Periodic health examination: how much we know and how much we do

Alp Er Tunga Yasin Yanık, Ayse Caylan, Hamdi Nezhir Dagdeviren

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**Background:** Periodic Health Examination is the periodic evaluation of the healthy and non symptomatic people using physical examination or laboratory tests for preventing morbidity. The aim of this study was to evaluate knowledge, attitude and behavior of family physicians working in Edirne city center about periodic health examination.



## Questions 1. Where are we in periodic health examination?

**Methods:** It is a cross sectional and descriptive study done with 51 family doctors. A questionnaire is formed with 74 questions; 14 questions about socio-demographic characteristics, 60 questions about the level of knowledge, behaviors and attitudes of periodic health examinations. The analysis of the data was done by using SPSS statistical program.

**Outcomes:** In this study 47.1% of the participants was female and 52.9 % was male. Their mean age was 45.37 years. 74.3 % of them were seeing over 50 patients daily. 76.5 % were performing periodic health examination in their practice. 84.5 % had information of guidelines prepared by Turkish Ministry of Health and 39.2 % of them were updating their knowledge by internet. The mostly known periodic health examination procedures were "Taking anthropometric measures, questioning physical activity, informing about self breast examination".

**Discussion:** For early diagnosis and treatment periodic health examination is important. Awareness should be created on this subject and this type of studies should be increased in country wise with a larger sample size.

**Take Home Message for Practice:** Giving importance is necessary to periodic health examination.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1556

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### From an unexpected fall to a rare diagnosis!

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### Introduction:

Falls are thus an important cause of childhood injuries and ranked as the twelfth leading cause of death among 15 to 19-year-olds. Morbidity from falls is common and represents a significant burden on health-care facilities.

### Case description:

A 15-year-old adolescent went to the Emergency Room due to persistent and progressive low back pain secondary to horse fall that occurred 10 days ago. At that time, she realized lumbar radiography, which revealed no fractures. She was medicated with nonsteroidal anti-inflammatory drugs, ice and rest.

At our observation we identified a dorsolumbar swelling, difficult to characterize, apparently fluctuating in the planes and dependent on gravity force, with cranial-caudal direction, with no associated inflammatory signs.

A soft tissue ultrasound was performed, which describes a large fluid collection with 18x10x2.4 cm, between the paraspinal muscle plane and the subcutaneous fat, compatible with lumbar Morel-Lavallée lesion.

### Discussion:



Morel-Lavallée lesions is a rare disease, occur when the skin and subcutaneous fatty tissue separate from the underlying fascia, due to sudden and intense tangential forces secondary to trauma. It is rare in the pediatric population and in that localization.

The diagnosis is based on clinical history, physical examination and imaging tests with ultrasound or MRI. The treatment is generally conservative and the prognosis is good, but in extensive lesions serious complications can occur.

**Conclusion:**

The present case aims to alert physicians, especially those who have contact with the pediatric population in the context of acute illness, about the possibility to find a Morel-Lavallée lesion.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1578**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**"Bad bone breaks!" Fragility fracture as an initial manifestation of osteoporosis**

Nádia Silva, Ana Rita Faustino, Ana Rute Carreira, Nicole Braz

*USF D. Diniz, Leiria, Portugal*

**Background:** Osteoporosis (OP) is a disease with growing prevalence in Portugal. An aging population leads to a higher prevalence of OP and, as a result, fragility fractures (FF). About 40 000 FF occur annually in Portugal, of which, over than 10 000 are hip fractures. According to the Portuguese Rheumatology Society, the decision to treat a patient with a high fracture risk is based on the calculation of FRAX®Port, a validated tool for the Portuguese population.

**Questions:** Could fractures be prevented?

**Methods:** Selection of all patients with the ICPC-2 fragility fracture codes over the age of 50. The final sample had a total of 15 patients. The FRAX®Port was calculated for each patient, based on the risk factors they had, previous to the fracture.

**Outcomes:** Taking into account the calculated risk previous to the event, 6 of the 15 patients had indication for medical treatment, with no additional study necessary. The remaining 9 had indication for clinical surveillance.

**Discussion:** Analysing the outcomes, we found that 6 of the 15 patients had indication to treatment with bisphosphonates due to significant risk for fracture. Half of these resulted in hip fractures, which are associated with high mortality and a sharp drop in quality of life, as well as significant economic and social impact.

**Take home message for practice:** This individual, social and economic burden is bound to increase exponentially over the years, unless effective preventive measures are put in place, in which FRAX®Port fits.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1587**

**Abstract subtopic / Abstract Unterthema**



1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**  
ePoster

### **Be aware, tuberculosis is still out there!**

Ricardo Alves Coelho<sup>1)</sup>, Ana Marinho<sup>2)</sup>, Diogo Prates<sup>2, 3)</sup>, Filipe Mateus<sup>3)</sup>, Joana Afonso<sup>2)</sup>, Mara Silva<sup>2)</sup>, Marta Freitas<sup>2)</sup>

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<sup>2)</sup>ARS LVT, Almada, Portugal

<sup>3)</sup>ARSLVT, Seixal, Portugal

### **Background and purpose:**

Tuberculosis (TB) is a multisystemic disease, being the lungs the most common site for the development of the disease. TB is a communicable air disease caused by *Mycobacterium tuberculosis* (MT). TB is a common cause of infectious disease-related mortality worldwide. The only licensed vaccine to prevent TB is the bacille Calmette-Guérin (BCG) and is widely used. One of the WHO priorities include this vaccine to lower the risk of infection.

In Portugal, since June 2016, BCG vaccination is not recommended as part of national childhood immunization programme.

The purpose of this work is to evaluate the number of vaccinated babies under 12<sup>th</sup> months for TB in the health center "USF Feijó".

### **Methods:**

Data collection through the clinical database with all newborns between June 1<sup>st</sup> 2016 and January 16<sup>th</sup> 2020 enrolled in the health center "USF Feijó". Risk assessment was done using the eligibility criteria from the national standards. The confirmation of BCG vaccination was done through the database "follow-up and monitoring vaccination" of the health center.

### **Results:**

Were recorded in the health center 395 births, whose 96 were vaccinated with BCG (24.3%). 200 males, whose 43 were vaccinated; 195 females, whose 53 were vaccinated.

### **Conclusions:**

Vaccination is very important as primary prevention of TB, and WHO recommends preventive treatment to those at risk, and vaccination against TB. Although TB rates are decreasing in some countries, like Portugal, is important to general practitioner (GP) be aware about the risk factors and vaccinate the children at risk.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 1601**

### **Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**  
ePoster

### **Increased alcohol consumption among women – a case report and review of literature**

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<sup>2)</sup>*Usf Alma Mater, Amadora, Portugal*

**Background:** Alcohol consumption in women has been increasing over the last few years. Women are known to have an increased risk of developing alcohol-related disorders compared to men by several factors such as biological (sex-related) factors, including differences in alcohol pharmacokinetics, effect on brain function and the levels of sex hormones. Women start to have alcohol-related problems sooner and at lower drinking levels than men.

**Case description:** Female patient, 61 years old, married, one daughter, maid. Personal history of hypertension and dyslipidemia. She's away from work for about two years. The first years of appointments she always denied alcohol consumption and there was no suspect of this addiction. Looking back, we can now understand that the signs were there (falling frequently, tremors of the hands, hypertriglyceridemia). The addiction and consumption were already extreme, and the intervention came too late. Despite her desire for alcoholic cessation and the follow-up at an alcoholism unit, she had frequent relapses. Although the unsuccessful detoxification and the medication, liver cirrhosis progressed quickly with a bad hepatic functioning and unclear liver nodules, now in investigation.

**Discussion:** Alcoholism in women is an increasingly frequent addiction, difficult to solve and with serious consequences. Thus, this case aims to emphasize the importance of the GP (as it is usually the patient's first contact) to be aware of early signs to better assist these patients.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1603**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**Skin rash induced by DPP-4 inhibitors – a case report**

Ana Azevedo, Rui Correia de Sá

*USF Famalicão I, Vila Nova de Famalicão, Portugal*

**Introduction:**

Diabetes Mellitus (DM) is very prevalent and causes high morbidity and mortality rates. Cutaneous manifestations can be present in 79.2% of patients, both due to the disease or the treatment. DPP-4 inhibitors (iDPP-4) are widely used for their excellent tolerability. However, cases of iatrogenic skin manifestations are increasingly reported. We present a case report of an iDPP-4 induced rash.

**Case description:**

Woman, 72 year, with Chronic Inflammatory Demyelinating Polyneuropathy and type 2 DM. She started, at the Neurology consultation in May 2019, sitagliptin 50mg *bid*. A few days later she developed an itchy rash, especially in the photoexposed areas. For these symptoms, she went to the Neurology consultation, the Emergency Department and two consultations with general practitioner and having been treated with multiple antihistamine and corticosteroid regimens. She took escabiosis treatment without success. Sitagliptin had been replaced by linagliptin but, due to the persistence of symptoms, sitagliptin was restarted. She came again to a consultation with general practitioner in september/2019 and the clinical presentation was interpreted in the context of exposure to iDPP-4. Sitagliptin was substituted by gliclazide, she was advised to apply an emollient and avoid sun exposure. Two weeks later: complete reversal of symptoms.



## Conclusion:

The early diagnosis of dermatological manifestations of DM is essential to properly treat and avoid unnecessary therapies. This case report emphasizes the importance of therapeutic reconciliation, because, due to the lack of it, there was a delay in diagnosis and treatment with compromised patient's quality of life.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1608

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

## When the usual symptom changes - case report of a meningioma

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USF Famalicão I, Vila Nova de Famalicão, Portugal

## Background/Questions:

Headaches are a common symptom worldwide. Therefore, it is essential for the physician to discern whether it is a benign condition or if, on the other hand, it is a secondary headache that requires additional means of diagnosis or targeted treatments. The family physician is, very often, the first professional to whom the patient turns and should pay particular attention to the red flags. Meningiomas develop in the meninges and, although most aren't cancerous, their growth can cause problems and symptoms such as headaches. We present a case report of a meningioma diagnosed in the context of etiological investigation of a headache.

## Methods/Outcomes:

Woman, 54 years old, hypertensive, obese, dyslipidemic. Had a history of migraine that improved with menopause. Her father has dementia and she is her caregiver. She consulted her family physician for headache complaints for almost two months, without a defined territory, saying they are different from her usual migraines. Clinical examination didn't reveal any alteration but, given the change in headache characteristics, a CT was requested. The CT revealed meningioma with extensive edema. Started oral corticosteroids and was referred to neurosurgery.

## Discussion/Take home message for practice:

Common symptoms are often presented to the family physician which, however, may be the initial presentation of more serious diseases. In this case report, the detailed anamnesis was essential for an early diagnosis and therapeutic guidance.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1613

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

## A rare cause of gingival hyperplasia



Ana Azevedo<sup>1)</sup>, Maria Fátima Carvalho<sup>2)</sup>, Rui Correia de Sá<sup>1)</sup>

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<sup>2)</sup>USF Viatodos, Viatodos, Portugal

## Background/Questions:

Gingival hyperplasia (GH) is a common clinical feature of gingival and periodontal diseases. It's a side effect of certain drugs, being mainly reported in calcium channel blockers (BCC), immunosuppressants and anticonvulsants. Nifedipine causes HG in about 10% of patients, while the incidence of HG with amlodipine is lower.

## Methods/Outcomes:

Male, 56 years old, with Hypertension and Hyperuricemia. Without allergies and other relevant personal / family history.

Establishing a timeline:

2008: Irbesartan + HCTZ 300 / 12.5 mg;

2009, due to gout attack: Enalapril + Lercanidipine 20 + 10 mg;

November / 2015, due to uncontrolled hypertension: Lisinopril + Amlodipine 20 + 10 mg.

December / 2017, he reported diffuse gingival alteration since June / 2017. He denies poor oral hygiene.

Examination: excessive gingival growth across the maxilla and mandible, at the marginal and interdental level, firm and consistent, painless and non-bleeding. No signs of inflammation and / or purulent discharge. Plaque control was recommended and the antihypertensive agent was replaced by an ARB + Diuretic combination.

After 1 month: HG regression.

## Discussion/Take Home Message for Practice:

BCCs have cellular effects similar to those of phenytoin and cyclosporine, including the production of a localized folic acid deficiency. All BCCs can cause HG. Therapeutic options include plaque control and, in severe cases, gingivectomy. In this case report, the early identification of the predisposing factor was crucial for the regression of HG. The family physician has the possibility to identify the adverse effects of prescribed medications early, thus avoiding the need for invasive treatments.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1619

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

## Acute hepatitis associated with infectious mononucleosis syndrome- a case report

Ana Redondeiro<sup>1)</sup>, A. Catarina Coelho da Silva<sup>1)</sup>, Ana Capcelea<sup>2)</sup>, Carolina Silva Sousa<sup>3)</sup>, Mariana Rocha Silva<sup>1)</sup>, Eliana Cabral de Sousa<sup>2)</sup>

<sup>1)</sup>Velas Health Center, São Jorge Island Health Unit, Velas, São Jorge Island, Portugal

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<sup>3)</sup>São Roque of Pico Health Center, Pico Island Health Unit, São Roque, Pico Island, Portugal



**Introduction:** Infectious mononucleosis (IM) caused by EBV with a characteristic triad of fever, pharyngitis with exudative tonsillitis and adenopathy. EBV virus infections are very common and it is estimated that more than 90% of the world's population is infected. Primary infection in childhood is usually asymptomatic.

**Case Presentation:** A previously healthy 7-year-old male child came to our emergency room (ER) with 5-day history of odynophagia, left cervical edema, cervical adenopathy and fever. He was being treated with a 5-day course of amoxicillin + clavulanic acid, due to previous clinical suspicion of tonsillitis without clinical improvement. During clinical examination, he presented hypertrophy and tonsillar exudate, bilateral cervical adenopathy without hepatomegaly. The Paul-Bunnell test showed a positive result and increased liver enzymes. He was discharged with a diagnosis of IM and medicated accordingly.

Four days later, he came to the ER again, complaining of choluria, jaundice and anorexia. During clinical examination, he had jaundiced sclera and skin, a palpable hepatic border 3 cm below the costal margin. Analytical control showed clotting time without elevation, increased total bilirubin due to direct bilirubin and elevated liver enzymes. Consequently, he was discharged with a diagnosis of acute hepatitis, secondary to IM.

**Discussion and conclusion:** This case is of high importance given the rarity of the association of hepatitis with IM. However, this case occurred in a self-limited manner with no serious repercussions.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1644

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

### Frax tool as an opportunistic screening of bone fragility

Nádia Silva, Ana Rita Faustino, Ana Rute Carreira, Nicole Braz

*USF D. Diniz, Leiria, Portugal*

**Background:** according to the Portuguese Rheumatology Society, the risk factors for OP and fragility fractures should be evaluated in the population over 50 years old. This evaluation should be based on FRAX algorithm, which gives a 10-year probability of a major osteoporotic fracture (MOF), based on the presence of risk factors. FRAX identifies patients who benefit from immediate pharmacological intervention and patients who need additional study. This study aims to evaluate the use of FRAX during medical appointments, in an opportunist way.

**Questions:** can bone fragility be screened?

**Methods:** Transversal study based on the application of FRAX on a randomized sample of patients, between the ages of 50 and 90, along 2 weeks and during medical consultation.

**Outcomes:** The application of FRAX resulted in 17 patients with a low score, with no indication for further investigation, 6 patients with intermediate score with indication for a osteodensitometry and 9 patients with high score, with indication to start bisphosphonates. In some cases, although the only risk factors considered were age and BMI, there was an indication for pharmacological treatment and investigation.

**Discussion:** FRAX is a simple algorithm that identifies patients who benefit from pharmacological intervention or further investigation. Age and BMI, irrespective of osteodensitometry result, may be sufficient to warrant a high risk score.



**Take home message for practice:** This stresses the importance of the application of FRAX in an opportunist way, allowing the identification and treatment of high risk patients, preventing morbidity and mortality and reducing social and economic impact.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1656**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**A disorder or a biochemical phenotype?**

Rita Reis<sup>1)</sup>, Ana Filipa Branco<sup>1)</sup>, Inês Osório Bernardo<sup>2)</sup>, Joana Jesus<sup>1)</sup>

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<sup>2)</sup>Usf Ribeiro Sanches, Amadora, Portugal

**Background:** The National Newborn Screening Program in Portugal, usually performed in primary health care units, diagnosis life threatening disorders in the first weeks of life. This allows affected newborns to start treatment before the onset of severe symptoms. The test screens 24 different inborn errors of metabolism, including 3-methylcrotonylglycinuria (3-MCC), an inherited disorder of leucin with a highly variable phenotype in which the body is unable to properly process certain proteins.

**Case description:** a newborn that took the screening test in our unit was diagnosed with 3-methylcrotonylglycinuria. She was born at 37 weeks and 5 days of gestation, by cesarean section, with a birth weight of 2550g. Apart from neonatal jaundice, she did not have immediate perinatal problems and no signs or symptoms of nausea, vomiting, poor oral feeding or neurologic symptoms. The first result was confirmed by a second test and she was referred to specialized treatment center, where she has regular appointments. Her family doctor had feedback from the center, with detailed information on how to manage this disorder.

**Discussion:** Infants with 3-MCC appear normal at birth and have normal growth until presenting with an acute metabolic crisis, usually following a minor infection or introduction of a protein-rich diet. This case shows the importance of the newborn screening, and as primary care physicians, we are the first contact in the health system and therefore need to be familiar with clinical aspects so we can offer this family support in the management of this disorder.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1664**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**From infertility to multiparity: a case report**

Joana Bragança<sup>1)</sup>, Filipa Órfão<sup>2)</sup>, Célia Pinheiro<sup>1)</sup>



<sup>1)</sup>USF Cova da Piedade, Almada, Portugal

<sup>2)</sup>USF Cuidar Saúde, Seixal, Portugal

**Introduction:** Breast cancer is the most frequent cancer in women and half the cases are explained by risk factors such as late maternity, infertility and smoking. The request for medical assisted procreation (MAP) is rising. In Portugal, these techniques are only available through the Nacional Health System (NHS) for women under 40 years. Most recent studies reveal no relation with an increased risk of breast cancer.

**Case report:** A healthy couple with primary infertility of 4 years, with a woman aged 35 (former smoker) resorted to their family practitioner (FP). Because of the waiting list for MAP through the NHS they opt for private care and *in vitro* fertilization (IVF) succeeded. Since they desired a bigger family another IVF, resulting in gemelar pregnancy, was performed through private care since MAP through NHS was limited by the woman's age. Given the infertility they didn't use contraception and at 43, the woman spontaneously got pregnant. While pregnant she felt a lump in her breast and subsequent exams revealed breast cancer.

**Discussion:** Modern society's life style contributes to the increasing age of maternity which is linked to the rising request for MAP in NHS where resources are lacking. Although it seems to be no risk of breast cancer with MAP research is lacking. Infertility has psychologic impact and thus the FP should support these couples and inform about available options. After the mother's treatment, this couple is happy with the family they're raising, a reality that a few years before didn't seem possible.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1670

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

### Iodine supplementation in lactating women

Deolinda Cunha, Liliana Vaz Mendes, Ana Marques

USF Tondela, Tondela, Portugal

### Background:

Iodine is obtained from sources outside the body and accumulates in the thyroid gland, where occurs synthesis of hormones that are essential for organ growth and development, mainly brain development in childhood. During breastfeeding, iodine needs are increased and in children under exclusive breastfeeding, its intake is only made through breast milk.

### Questions:

Are breastfeeding women receiving adequate iodine supplementation?

### Methods:

Collection of data recorded in MIM@UF and SCLÍNICO® platforms, identifying patients coded with W78 - Pregnancy or W79 - Unwanted Pregnancy on ICPC-2, as an inactive problem, during 2018. All patients coded with W78 - Pregnancy or W79 - Unwanted Pregnancy, as an active problem, patients who underwent postpartum review after 42nd days postpartum, submitted to voluntary interruption of pregnancy, who suffered abortion and who had stillbirths were excluded. All clinical records of selected patients were consulted, to assess if they were breastfeeding and if iodine supplementation was given.

### Results:

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The results show that of the 77 patients selected, after applying the exclusion criteria, 79% (n=62) of users were breastfeeding. Of these, only 10% (n=6) were supplemented with iodine.

**Conclusion Take home message:**

This study demonstrates de inadequate supplementation with iodine of lactating women, which goes against the current recommendations of the "Direcção Geral de Saúde" in Portugal and also against the recommendations of WHO.

**Take home message:**

Developing appropriate intervention strategies to increase supplementation with iodine during lactation should be encouraged to protect both the nursing mother and the baby.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1682**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**A supraclavicular lymph node as the first sign of a lung cancer**

Eduarda Inácio, Inês Guerra, Mariana Capela

*USF Mactamã, Sintra, Portugal*

**Background:** Unexplained lymphadenopathies are associated with many causes such as infections, cancers or auto-immune diseases. Supraclavicular lymphadenopathies are particularly associated with malignant aetiologies with this association being stronger in patients over the age of 40.

**Case report:** A 49 year old woman with smoking habits presented to her family doctor with a painless supraclavicular node on the left side of the neck for the past 2 weeks. At the physical examination the only palpable lymph node was detected in the left supraclavicular fossa. In further investigation a thoracic CT showed multiple lymphadenopathies in the left supraclavicular fossa, both axillae and mediastinum, some eggshell calcifications, bilateral ground glass opacity, emphysema, a calcified granuloma on the medium lobe of the right lung, bilateral pleural thickening and also pericardium effusion. Lymph node biopsy revealed a papillary carcinoma pattern (TTF1 +; tireoglobulin -) with immunohistochemical analysis suggesting a primary lung tumour.

**Discussion:** When swollen lymph nodes are found in patients over 40 years old malignant causes must be promptly excluded. The lymphadenopathies localization is important to narrow down the list of differential diagnosis and it allows us to infer the origin of the primary tumour when malignancy is highly suspected. However, biopsy remains the gold standard for diagnostic evaluation of unexplained lymphadenopathies.

**Take Home Message for Practice:** This case report intents to emphasize the strong association between supraclavicular lymph nodes and malignancies.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1706**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung



## Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Obstructive sleep apnea: beyond snoring

Carolina Augusto<sup>1)</sup>, Amélia Fernandes<sup>2)</sup>, Mariana Fonseca<sup>3)</sup>

<sup>1)</sup>Family Medicine, Family Health Unit Costa de Prata, Ílhavo, Portugal

<sup>2)</sup>Family Medicine, Family Health Unit Anadia III, Anadia, Portugal

<sup>3)</sup>Family Medicine, Family Health Unit Santa Joana, Aveiro, Portugal

**Background:** Obstructive sleep apnea (OSA) is a relatively common sleep disorder, characterized by recurrent episodes of partial or complete collapse of the upper airway during sleep. OSA is associated with metabolic syndrome and has significant health consequences related to cardiovascular morbidity and mortality. OSA is also an important public issue, as it is a common cause of traffic accidents.

**Target Group:** Health professionals, as they have a fundamental role in recognizing and managing OSA, due to its high prevalence

**Didactic method:** Through a brief theoretical presentation, followed by clinical cases and clinical tips, we aim to empower primary care physicians and other health professionals to identify those affected with OSA.

#### Objectives:

- Definition, clinical relevance and risk factors
- Clinical features: what to look for?
- Be familiarized with screening tools
- Polysomnography: what is important to know
- Follow-up: the primary care role
- Patient education
- Clinical cases

**Estimated number of participants:** 50 or more

**Workshop leader:** Carolina Augusto is a family physician intern at Family Health Unit Costa de Prata (Ílhavo, Portugal) with a consultation on smoking cessation.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 1718

#### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

#### Presentation form / Präsentationsform

ePoster

### An atypical presentation of angina - case report

Filipa Carvalho, Diana Soares, Lourdes Sousa

ACeS Entre Douro e Vouga II - Aveiro Norte, USF Entre Margens, Vila Nova de Gaia, Portugal

Coronary artery disease (CAD) is the most common type of heart disease, typically causing an imbalance between myocardial blood supply and oxygen demand. These episodes are associated with retrosternal chest discomfort; induced by exercise, emotions or spontaneously. Variant angina commonly occurs in individuals at rest or asleep and is caused by vasospasm, with risk of myocardial infarction or sudden death.



This case is about a woman, 48 years old, obese, who refuses nutritional advisement. She attends her local medical centre on May 2019, describing retrosternal chest discomfort without pain, occurring at rest and usually lasting a short time (5 minutes). She reports one episode that lasted above 30 minutes, but exams at the ER were normal. Patient admits pyrosis for months, without other symptoms, and arterial pressure between 140-150/85-95 mmHg. Physical examination was normal. Upper gastrointestinal endoscopy was prescribed, as well as an electrocardiographic (ECG) exercise stress testing, regarding the body biotype. She had an Esophagitis grade A and the stress test was positive for myocardial ischemia. An antihypertensive was prescribed and she was referred to Cardiology, advised about which warning signs should trigger a medical visit.

CAD is caused by various factors, including sedentary lifestyle and obesity. This case concerns a young woman with cardiovascular risk factors and resistance to change lifestyle behaviours. Considering the body biotype, despite the non-suggestive symptomatology, a stress test was requested. The change in lifestyle would have been relevant in preventing the probable diagnosis of Prinzmetal angina, even though the prognosis is generally good.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1737

#### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

Presentation form / Präsentationsform  
ePoster

#### From Insulin neuritis to Treatment-induced neuropathy of diabetes: new name, same mystery

Nuno Junqueira Neto, Susana Sousa  
Usf Lidador, Linda-a-velha, Portugal

**Introduction:** Treatment-induced neuropathy of diabetes (TIND), previously known as Insulin neuritis, is an under-recognized iatrogenic painful sensory and autonomic neuropathy. TIND generally occurs two to eight weeks after an abrupt change in glycemic control. The pathophysiologic mechanisms remain unclear.

**Case report:** Thirty-year-old caucasian man, smoker. No relevant medical history, no usual medication. His family doctor (FD) diagnosed Type 1 Diabetes and prescribed Insulin glargine (20units/day) since the patient presented a catabolic state (polyphagia, polydipsia, weight loss) and hyperglycemia. Two months later, the patient showed an improvement in glycemic control, however presented allodynia, hyperalgesia and burning pain on both feet. Initially the FD prescribed pregabalin 75mg/daily, and then changed to 150mg/daily. Since the clinical setting become worse, the patient was referred to the emergency department. After being hospitalized for pain control and aetiologic evaluation, patient was diagnosed with TIND and medicated with pregabalin, duloxetine, amitriptyline, carbamazepine and tramadol. The neuropathic pain had a progressive improvement and two months later, all prescribed drugs were suspended.

**Discussion/Conclusion:** TIND in comparison with Diabetic polyneuropathy, has a faster development, symptoms are more severe and is more resistant to therapy. However, TIND is usually self-limiting. According to recent research, TIND may be more common than thought and in the next few years the number cases can rise, consequence of the increased prevalence of diabetes and of increasingly stringent therapeutic targets established by clinical guidelines for glycemic control. Hence, there is an urgent need to improve family doctors' awareness for this pathology.

Conflict of interest / Interessenkonflikte

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**Contribution ID: 1778**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**Asthmatic heart: case report**

Diana Santos Soares, Filipa Carvalho, Joana Carvalho Macedo, Lurdes Romão  
*USF Entre Margens, ACES Entre Douro e Vouga II, Pinheiro da Bemposta, Portugal*

Asthma is an inflammatory disease of the respiratory tract that affects around 300 million people all over the world.

This is a case about a 60 years old man, married, nuclear family, former lathe operator, low economic class. Former athlete. Former smoker, 7 pack-years. History of arterial hypertension, dilated cardiomyopathy and atrial fibrillation. Interatrial communication surgery in 2008. Medication: ASA, perindopril and atorvastatin. At April/2019 the patient attends to his family medical appointment, showing a 4-week dry cough with no relation with the time of the day and or physical activity/ cold/ pollution. No signs of fever, chest pain, wheezing, asthenia, dyspnea or any other respiratory symptom. Physical examination was normal. Treated with antihistamine. At May/2019 the patient mentions the same symptoms, leading to a suspicion of an iatrogenic cause for the cough, replacing ACE for ARB. At July/2019 the cough still prevailed. Spirometry with bronchodilator test confirmed asthma.

This case shows that asthma can have different clinical presentations and the symptoms can occur at an older age. This clinical presentation variety makes the diagnosis harder to make. In cases of chronic cough, an adequate anamnesis and a correct differential diagnosis are essential, particularly in the case of a patient with a significant cardiovascular history. The Family Doctor must be able to identify all possible diagnoses, as in this case, leading to a diagnosis with a positive impact at the prognosis and the patient quality of life.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 1834**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**Pharmacological approach in monotherapy for Diabetes Mellitus 2**

José Marques, Rita Sá Esteves, Teresa Camurça  
*ACeS Dão-Lafões, Viseu, Portugal*

**Introduction:** Treatment of diabetes mellitus type 2 (DM2) in monotherapy with metformin continues to be the first step, except for high cardiovascular risk patients, in which iSGLT2 or GLP1-agonists could be the first line.



**Objective** - Verify the pharmacological therapeutic approach in DM2 in adults, in monotherapy.  
**Methodology** - Retrospective study, patients older than 17 years, with consultation between July 1, 2019 and January 1, 2020, coded with (T90) - NON-INSULIN-DEPENDENT DIABETES (ICPC-2). The sample was calculated using probabilistic sampling methods. Medical records were consulted in the information system – SClínico®. Data confidentiality was ensured.

**Results:** From a population of 215 elements, a sample of 50 was selected. Users with double /triple therapy were excluded, so 34 processes were studied. The predominant age group was 70-79 years old (67.6% (n = 23)), more woman than man (55.9% (n = 19)), the commonest body mass index 25-30 (70.6% (n = 24)). Most individuals were treated with metformin, 82.4% (n = 28), 2.9% (n = 1) with sulfonylurea, 8.8% (n = 3) with iDPP4 and 5.9% (n=2) with iSGLT2.

**Discussion:** This study shows metformin continues to be the drug of choice in monotherapy. After monotherapy can be sequentially added other drugs, iDPP4, SGLT2 inhibitors, GLP-1 agonists and insulin. The recent change of ESC guidelines that allowed patients with high cardiovascular risk to be treated as first line with iSGLT2 or GLP1-agonist showed that could be interesting in a future study investigate the DM2 monotherapy for different cardiovascular risk levels.

**Conflict of interest / Interessenkonflikte**  
no / nein

## Contribution ID: 1767

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und Wahrnehmung

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### Koebner Psoriasis Post-Radiotherapy phenomenon

Mariano De la Torre Sánchez, Susana Bel Pla, Silvia Pastor Tormo, Jorge Gentile Lorente, Nuria Martín Andrade, Sandra Piqueras López Sandra, Elena García La Puente Murillo, Amelia María Rodríguez Benitez, Ignacio Ramos Vilas  
*ICS, Tortosa, Spain*

A 67-year-old woman with multifocal neoplasm in the right breast with countless osteolytic metastasis in most of the skeleton, comes to the emergency room due to a seven day eruption, small reddish plaques that have grouped together into a large erythematous plaque that occupies the entire irradiated area with radiotherapy on the back and back of the left leg. She received ten radiotherapy sessions, the last one four weeks ago. She received three cycles of PALBOCICLIB, the first one two weeks ago.

**Personal medical history:** psoriasis that has re-emerged in palms and plants. It is performed a diagnostic biopsy: psoriasiform dermatitis.

**Diagnosis:** Koebner Psoriasis Post-Radiotherapy phenomenon.

The effect of Koebner occurs in some dermatological diseases such as psoriasis, vitiligo, lichen planus, etc. and it consists on manifesting characteristic lesions of the disease in other lesions that occurs on healthy skin.

In this case, the differential diagnosis with radiotherapy-induced dermatoses is important, including:

The phenomenon of memory or remembrance, which consists in the appearance of a dermatitis, limited to the irradiated field, triggered by the administration of certain drugs, usually chemotherapeutic agents. It appears after a variable period of time (from days to years later) during which the skin of this field had a healthy appearance, without associated radiodermatitis. It is important to consider recall dermatitis when



the minimum interval between Radiotherapy and drug is seven days, due to the symptoms that appear before are usually produced by radiosensitizing substances.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1779

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

ePoster

### Antibiotic-resistant tonsillitis - be wary!

Sofia Inês Thumann Cardoso do Vale Pereira, Sandra Cunha, Sophia Martins, Tiago Macedo, Ana Leon Mota  
*USF Trevim Sol- Centro de Saúde da Lousã, Lousã, Portugal*

Odynophagia is a common complaint, frequently the initial symptom in a wide variety of oropharyngeal pathologies. This case report alerts us to the importance of paying attention to persistent complaints after habitual care, specifically in the face of marked smoking habits.

A 58-year-old male, 43 pack-year smoker, adverse to medical care, comes to a same-day consult (SDC) due to persistent odynophagia and otalgia, with periods of partial improvement, recently associated to dysphagia. He had been examined 4 weeks prior, diagnosed with tonsillitis and given a cycle of antibiotics. Due to persistent complaints he returned to a SDC and a peritonsillar abscess was assumed and, since he refused to receive emergency care, was medicated with another antibiotic. The patient returns to the family clinic 10 days later, and the physical examination showed marked hyperemia, uvula, palate and tonsillar edema with purulent drainage exudate and painful submandibular ganglia. Referral to the ES was proposed, which the patient refused initially, accepting after insistence. The patient was hospitalized, and a biopsy was performed that revealed a squamous cell carcinoma of the larynx. He is being followed for treatment and smoking cessation.

The importance of building a trusting relationship between a family doctor (FD) and their patient, as in this situation, is decisive in a timely intervention. The patient's personality and characteristics were not facilitators to earlier guidance, reinforcing the importance of not wasting opportunities in these patients, in addition to considering *ab initio* diagnoses of more serious pathologies in cases of marked personal habits.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1788

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

Lecture / Vortrag

### HIV test request from GP: a study by the Portuguese Sentinel Physician Network

Liliana Mendes<sup>1)</sup>, Ana Paula Rodrigues<sup>2)</sup>, Sara Marques<sup>1)</sup>

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**Introduction:** Human immunodeficiency virus (HIV) incidence in Portugal is the highest in Western Europe. Data on the Portugal's HIV prevalence shows values ranging from 0.4-1.1%. Portugal has adhered to the 90-90-90 UNAIDS' programme. The aim of this study was to characterize the HIV test requests by sentinel physicians. **Methods:** Evaluation of notifications of all HIV test requests of sentinel physicians' patients between January and October 2018. A short anonymous questionnaire was requested with the patients' demographic characteristics and request's initiative and reasons. A descriptive analysis was performed for each variable studied. **Results:** 541 HIV test requests were notified, 67.3% were women, the mean age was 37,5 years. The majority of requests was made by general practitioners and the most frequent reason was family planning (FP) and pregnancy surveillance (PS). At younger ages there was a higher frequency of requests to female patients and over 45 years there was a higher frequency of requests to male patients. Only the requests made in the context of FP or PS were more frequent in woman. The main reason for the general practitioner request was FP or PS. The main reason for the patient request were risky behaviors or other reasons. **Conclusion:** Although the greatest number of HIV infections occurred in men, the majority of tests were requested to women. This difference is due to the fact that most of requests were made in the context of FP and PS. However, over 45 years, a higher frequency was observed in men. Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1805

### Abstract subtopic / Abstract Unterthema

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Beckwith Wiedemann and Hyperinsulinism Syndrome. Case report and literature review.

Luis Manuel Justo Enríquez<sup>1)</sup>, Carlos Armando Alcázar Castañeda<sup>2)</sup>, Denisse Mora Maldonado<sup>2)</sup>

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The case of a 2-month-old infant, weight and height at birth is presented: 4.35kg, 54cm, discharges in binomial. He begins his condition at 7 days of life with involuntary tonic-clonic movements in the thorax and head, deviation of the gaze and central cyanosis, lasting 1 minute, then 5 seizures lasting 5 minutes, capillary glucose during crisis: 49mg/dl, DFH is impregnated, glucose infusion is initiated at 7gkm persisting hypoglycemia events, without seizures, hyperinsulinism is corroborated by clinical picture of persistent hypoglycemia, insulin report of 1.5mU/ml with 18mg/dL glucose. Physical exploration; apparent age greater than chronological, dysmorphic fascies, right body hemihypertrophy, oropharynx with macroglossia, abdomen with umbilical hernia, integral, asymmetric limbs, edema in right lower limb. NMR: abdomen with mild hepatomegaly at the expense of the right lobe, pancreas without alteration, two cystic lesions at the right adrenal level. Alfafetoprotein: 4730.14u/ml gch: 1.2mU/ml. Starts ocreotide and diazoxide. Currently weighs: 7.5kgs, size: 60cm, capillary glucose: 87mg/dL.

Described by Beckwith and Widemann in the 60s, its a multisystemic congenital syndrome, requires presenting diagnostic criteria. Hyperinisulinism is defined by hypoglycemia (<50mg/dl) with insulin >1mu/ml, the need for glucose infusion to maintain euglycemia >7gkgmin and suppressed lipolysis. Persistent



hypoglycemia will require pancreatectomy, macroglossia can be treated with previous reduction, after this 84% of patients will have good swallowing capacity, its possible to detect in prenatal stage, chromosomal etiology in 11q15 and its genes. Has a mortality of 20%, survival of 90.9% at the first year.  
Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1882**

**Abstract subtopic / Abstract Unterthema**

1.5. Early diagnosis and risk assessment, risk perception / Früherkennung, Risikobewertung und-Wahrnehmung

**Presentation form / Präsentationsform**

ePoster

**Validity and reliability of an arabic version of the migraine screen questionnaire (MS-Q) in the primary care setting for identifying hidden migraine**

Alaa Alaqeel

*Family Medicine, King Fahad Medical City, Riyadh, Saudi Arabia*

**Background:**

Migraine is a frequent, chronic, and disabling condition diagnosed late in most patients. Absences of early diagnostic criteria by the primary health care providers contributed significantly to the late identification of Migraine. Therefore, there is a need for a simple and reliable diagnostic tool to screen patients for Migraine. Methods: This Study was conducted in three steps, as follows: Step 1: the MS-Q was translated from English to Arabic (examining both forward and backward translations); Step 2: the test-retest reliability of the questionnaire was investigated; and Step 3: the questionnaire was validated against expert physicians Migraine diagnosis based on the International Headache Society (IHS) criteria on 308 subjects attending the Central Second Health Cluster including Family medicine and Employee health clinics at King Fahad Medical City and other affiliated primary health care centers.

**Outcomes:**

Out of 400 screened participants, the eligible participants were 308 (77%) subjects with a mean age  $29.9 \pm 8.9$  years. Cronbach's  $\alpha$  coefficient ranged from 0.81 to 0.83 (95% CI) which considered accepted. Pearson's correlation coefficient showed a high intraclass correlation, value ranged from 0.77 to 0.82 (95% CI). The receiver- operating characteristic (ROC) curve between the MS-Q scores and the International Classification of Headache Disorders (ICHD-3) scores showed an excellent AUC 0.97 CI 95% (0.94-0.99) with a sensitivity 0.95 and 0.99 specificity.

**Take home message for practice:**

The Arabic version of the MS-Q is an easy-to-administer, simple, reliable and valid tool for the identification of Migraine in Primary care settings

Conflict of interest / Interessenkonflikte

no / nein

## 2. Special groups of patients / Spezielle Patientengruppen

### 2.1. Geriatric care / Geriatrie

**Contribution ID: 65**

**Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie



## Presentation form / Präsentationsform ePoster

### Pressure sores treatment with iprf/aprf

Tomasz Kardacz

*Niepubliczny Zakład im.L.Rydygiera 10=117 Olsztyn ul.1 Maja 3, Dywity, Poland*

#### Hintergrund:

#### Fragestellung:

The treatment of pressure sores is a serious clinical and economic problem, especially in view of the growing ageing of our society. A large part of patients who are chronically immobile in bed, despite the most careful care, fall ill with pressure sores. Mainly patients of Nursing Homes, Health Care Centres and Hospices.

#### Methoden:

For the treatment of bed sores we have used a modern method of injecting and applying different fractions of plasma to the skin loss. In the first phase of IPRF treatment and in the second phase of APRF treatment. At the same time, we achieved a cheering effect and engaged medical caregivers, nurses and physiotherapists to work with great enthusiasm. The first sceptical reactions quickly turned into an excellent, effective cooperation after a positive assessment by nursing teams of caregivers and rehabilitators of the first effects of our work.

#### Ergebnisse:

Depressing feelings of helplessness and wasted resources and time for treatment interrupted at home or in hospital. Lack of real improvement, unbelief in the success of the project turns into a committed cooperation after just a few weeks. I was pleased to work with teams that appreciated the value of our work. First of all, improving the health of patients, avoiding suffering, reducing the very difficult work with persistent bedsores. Reduction of expenses and costs related to materials, medicines and staff involvement.

Discussion IPRF/APRF treatment is interesting and effective method for treatment bed sores, but not in every case. Relatively recently formed

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 88

#### Abstract subtopic / Abstract Unterthema

2.1. Geriatric care / Geriatrie

#### Presentation form / Präsentationsform

Lecture / Vortrag

### "Management of vitamin K antagonists in rural family medicine offices: why it so hard?"

Aleksandar Lazic

*Family medicine department, Public Health Centre Dobo, Dobo, Bosnia and Herzegovina*

**Introduction:** Atrial fibrillation is most common type of rhythm disorder around the world. It is associated with an increased risk of dementia, aggravating factor in practice.

**Goal:** To present specific aspects of vitamin K antagonists management in rural family medicine office, with emphasis on problems of titration in rural conditions and elderly patients with multiple coexisting comorbidities.

**Methodology:** Retrospective analysis of medical records of patients on oral anticoagulants trough period of 12 months. Analysis included the type of oral anticoagulant, age, gender, individual number of medications



patient uses, comorbidities, presence of mental deficit, the patient's attendance to INR controls, reasons for terminating of treatment.

**Results:** Study separated 29 patient records: DOACs used 5 patients and vitamin K antagonists 24. Atrial fibrillation indication had 21 patients. Average age was 74 years. 33% with dementia. 18 patients (85.7%) used five or more medicaments, one with 17. VKA is terminated in 10 patients - 6 for not responding to INR controls. Compliance was poor: with the increase in the number of INR measurements, the number of out of range results -increased.

**Conclusions:** Effective management depends on number of factors, most important is the lack of compliance. Compliance is influenced by comorbidities, polypharmacy and financial obstacles rural elderly patients have toward usage of health system

**Key words:** oral anticoagulants, atrial fibrillation, CHA2DS2-VASc, vitamin K antagonists, INR, dementia, polypharmacy

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 277

### Abstract subtopic / Abstract Unterthema

2.1. Geriatric care / Geriatrie

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

## Atypical femoral fracture during second year of continuous bisphosphonate use, after a 2.5-year drug holiday, and cumulative bisphosphonate use of 8.5 years

Andrew Tan

Family Medicine, SingHealth, Singapore, Singapore

**Background:** Atypical femoral fractures (AFF) are rare but well-reported adverse events associated with bisphosphonates use. The relative risk of a patient with an AFF being on bisphosphonate have been reported to range from 2.1 to 128, although the absolute risk still remains low between 3.2 to 50 cases per 100,000 person-years. Bisphosphonate drug holidays have been suggested for women not at high risk of osteoporotic fractures after 3 to 5 years of bisphosphonate therapy. AFF occurring after an adequate drug holiday are thus even rarer occurrences.

**Case Presentation:** We present a case of an AFF following a fall from standing height, in an otherwise relatively healthy 72-year-old Asian housewife who was on her second continuous year of bisphosphonate use after a 2.5-year drug holiday. She underwent surgical fixation with a long proximal femoral nail and had an uneventful rehabilitation. Repeat radiographs at 3 and 6 months post-fixation showed a persistent fracture line with early callus formation.

**Discussion:** How do we prevent AFF? What are the early symptoms of AFF? How do we manage a patient after an AFF?

**What Can We Learn?** AFF can still happen even shortly after a drug holiday. AFF may not always have warning symptoms. Doctors managing patients on long-term bisphosphonates should take note of the cumulative duration of bisphosphonate therapy, regardless of drug holidays, as well as any early symptoms of AFF. AFF also have a propensity for delayed or malunion, and the optimal treatment of osteoporosis following an AFF remains unclear.

Conflict of interest / Interessenkonflikte

## CONTENT

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DEGAM (WONCA Member)





no / nein

**Contribution ID: 284**

**Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie

**Presentation form / Präsentationsform**

ePoster

**When a social problem and diabetes come together**

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<sup>2</sup>Family and Community Medicine., C.S Las Norias de Daza, Distrito Poniente., El Ejido, Almería., Spain

**Background:** 96-year-old woman with Alzheimer's in the terminal phase, dependent on daily life activities. Type 2 diabetes with complications (Chronic renal failure and supracondylar amputation of the lower left limb). Hypertensive heart disease, atrial fibrillation, severe aortic regurgitation. Little social and family network (a son who lives abroad). **Questions:** She is derived to the emergency department because of deterioration of their general condition, glycemic decompensation, feverishness, and torpid evolution of necrotic ulcer in the right ankle. In exploration: Regulate general condition, temperature 37.5°C, sleepy, semi-conscious, marked dehydration and right foot with dry necrosis to the ankle. **Methods:** Blood glucose of 408 mg/dl. **Discussion:** Given the general state, totally dependent, limited life in a bed without response to stimuli, it is agreed with her son to avoid invasive measures given the comorbidity of the patient; dismissing any surgical intervention, thus limiting the therapeutic effort. Take **Home Message for Practice:** Fragile elderly patients should be identified, including them quickly in social assistance programs. They have no family support but they have health problems that require strict controls and in many cases, severe cognitive impairment. **Outcomes:** At this point, also highlight the concept of "Limitation of therapeutic effort", consisting of not applying extraordinary or disproportionate measures for the therapeutic purpose that arises in a patient with poor vital prognosis and/or poor quality of life. There are two types: do not initiate certain measures, or withdraw them when they are established.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 294**

**Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie

**Presentation form / Präsentationsform**

ePoster

**When hallucinations are more than psychiatric disorder – a case report**

Yuliya Kuzmyn<sup>1</sup>, Gabriela Machado<sup>1</sup>, Teresa Calheiros<sup>1</sup>, Cátia Fernandes Santos<sup>2</sup>

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<sup>2</sup>Department of Psychiatry and Mental Health, Garcia de Orta Hospital, Almada, Portugal

**Background:** Visual hallucinations (VH) can be manifestations of many different clinical conditions but may also affect individuals with a good mental health and impaired visual acuity. This condition is known as Charles Bonnet Syndrome (CBS), characterized by recurrent or persistent complex visual hallucinations with no evidence of psychiatric illness or impaired cognition.



**Case report:** A 96-year-old man presented to the first appointment with his family doctor with VH that started 10 years before. He described several episodes of these hallucinations, that he called “haunts”, in which he saw unknown people, especially women, and when he tried to talk to them, they disappeared without talking to him. According to his daughter, these episodes coincided with the worsening of his visual impairment and started to occur weekly, with great impact on the patient’s life. She also reported that a few days ago, her father started to scream when the family was having dinner; when asked, he reported to see a man that was holding a stick with a nail and hit him on his leg and caused him an intense pain. His medical history included hypertension, atrial fibrillation, chronic kidney disease, benign prostatic hyperplasia, sensorineural hearing loss and severe visual impairment. Neurological examination and cranial CT scan had no relevant changes.

**Conclusion:** CBS is frequently misdiagnosed. A holistic approach is critical to manage and treat patients with CBS. As family physicians, we must reassure the benign nature of this disorder to improve patient’s comprehension of the disease and coping strategies.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 309

### Abstract subtopic / Abstract Unterthema

2.1. Geriatric care / Geriatrie

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Grief in old age – Acceptability of a web-based self-management intervention from the perspective of persons affected and health care experts

Franziska Foerster, Margrit Löbner, Franziska Welzel, Katja Schladitz, Janine Stein, Steffi G. Riedel-Heller  
*Institute for Social Medicine, Occupational Health and Public Health, University of Leipzig, Leipzig, Germany*

**Background:** Objective of the study was to assess acceptability, possible access ways and barriers for implementation of a web-based self-management intervention for older adults with prolonged grief symptoms from the perspectives of older persons affected and health care professionals.

**Methods:** The qualitative study comprised the implementation of two focus groups: focus group A consisted of older adults (60+years) with previous loss experience (N=12), focus group B comprised experts of the medical care system (N=8). Both focus groups have been carried out with the help of a focus group guide by qualified moderators. Qualitative content analyses were performed based on Mayering (2015) using MAXQDA.

**Results:** Participants of both groups supported the idea of a web-based self-management intervention focusing on prolonged grief symptoms in old age. According to older individuals with loss experience a web-based intervention should include ideas for improving self-respect and activities in everyday life as well as information for relatives, information on beliefs and spirituality and coping strategies for negative emotions. The majority of older individuals affirmed the usability of the web-based intervention. Preferences for personal contact were perceived as potential barriers by persons affected, while the lack of guidance was perceived as a potential barrier by health care experts.

**Discussion:** Usability and user acceptance are important aspects and necessary preconditions for the successful implementation and the effectiveness of an e-health intervention targeting individuals with prolonged grief symptoms in old age. The judgements of health care professionals and older persons affected showed a high user acceptance.

Conflict of interest / Interessenkonflikte



no / nein

**Contribution ID: 342**

**Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie

**Presentation form / Präsentationsform**

ePoster

**Training to grow old. Health education classroom for the elderly. Life must be enjoyed, not just lived**

Lázaro De Castro<sup>1)</sup>, Ana Cristina Menéndez López<sup>2)</sup>, Aránzazu Sánchez de Toro Gironés<sup>2)</sup>, María Dolores Vidal Laveda<sup>2)</sup>, María Elena Ramos Lafuente<sup>2)</sup>, Almudena Carrasco Angulo<sup>3, 2, 4)</sup>, Guadalupe Fernández Cañavate<sup>2)</sup>, Francisca María Aceituno Villalba<sup>2)</sup>, Ángela Martínez Hernández<sup>2)</sup>, Manuel Felipe Nevado Aponte<sup>2)</sup>

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**Introduction:**

Project that emerges as an innovative response to the needs of the population, according to the WHO between 2000-2050 the population over 60 will double. We have created a training consultation for this stage of life. It consists of two parts: a scientific one, polypharmacy review chronic disease and cardiovascular risk factors (CVRF), functional capacity, mental, nutritional, socio-family status and especially pain. And another: Health Education with its quality of life club (audiovisual media, psychomotor training, auditory, mental and visual acuity, competitions, homework ...) and sports and training club.

**Objectives:**

Main and "Scientific": Analyze its functional capacity, quantify pain, review chronicity and polypharmacy, as well as the number of specialized consultations through Test.

Secondary improve "quality of life" not only organic but also emotional, stimulating self-care, memory, muscles, self-esteem and especially the illusion.

**Methodology:**

48 patients over 70 years voluntarily participate in both the medical and nursing consultation (Pfeiffer test, Katz, Gijón, MNA, Yesabage, polypharmacy, CVRF, osteoarthritis, referrals ...) and in the health classroom (satisfaction questionnaire). G STAT 2.0 .

**Results:**

77% polymedicated, 25% diabetic, 75% hypertensive, 43% obese, 10% dementia, 52% pain limitation, 83% independent Interconsultation decrease (6 referrals in 8 months). 100% have felt part of the group, they would recommend and repeat.

**Conclusions:**

Special stage of life in which knowledge and acceptance is needed. From primary we must influence the two spheres, both organic and emotional, without forgetting that it is the law of life to grow old and that everything we are we owe to our elders.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 463**

**Abstract subtopic / Abstract Unterthema**



## 2.1. Geriatric care / Geriatrie

### Presentation form / Präsentationsform

ePoster

#### Depression as early warning of dementia in primary care

Maksida Jasarevic, Sladjana Radic

*Family Medicine, Bosnia and Herzegovina, Brcko, Bosnia and Herzegovina*

**Introduction:** Depression has been both proposed to be a risk factor for dementia as well as a prodrom of dementia. Depression and dementia go hand to hand, but there is a question whether depression is an early sign of dementia. It seems that depression close in time to dementia onset can be related to dementia.

**Methods:** It was researched how many patients with dementia had depression close in time to dementia onset, which age, gender, presence of diabetes or cardiovascular disease, smoking. The study was made in period september- december 2019. in Primary Health Care Center in Brcko City. It was found 50 patients with dementia (16 men, 34 women). Depression informations came from medical history and medical charts (it was used Hamilton Depression Rating Scale). Dementia was diagnosed clinically, using Mini Mental State Examination.

**Results:** It was found that 64% patients had depression close in time to dementia onset. Late-life depression had cognitive impairment. Increasing age, female sex and presence of cardiovascular disease were also associated with elevated dementia risk. The patient were divided into three groups: weak (40%), medium (36%) and severe depression (24%).

**Conclusion:** These results showed increase in depressive symptoms in the decade prior to dementia diagnosis. These findings are consistent with hypothesis that depressive symptoms are prodromal feature of dementia. Late-life depression may reflect a prodrom of dementia and can be early warning of great risk of dementia.

Conflict of interest / Interessenkonflikte  
no / nein

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#### Contribution ID: 473

### Abstract subtopic / Abstract Unterthema

## 2.1. Geriatric care / Geriatrie

### Presentation form / Präsentationsform

Lecture / Vortrag

#### Fulfillment of stopp/start criteria in a portuguese primary care unit

Vera Esteves, Andreia Ribeiro, Valter Moreira, Ricardo Araújo, Joana Ressurreição, Raquel Ferreira, Sofia Fernandes, Diogo Almeida

*USF Descobertas, ACES Lisboa Ocidental e Oeiras, Lisboa, Portugal*

#### Background:

The STOPP/START Criteria is one of the tools frequently used to identify potentially inappropriate prescriptions or alerts to initiate correct prescription in the elderly.

#### Questions:

How many of the elderly on our facility fulfilled the STOPP/START criteria in 2017 and which were the main criteria not being fulfilled?

#### Methods:



It was performed an observational, transversal, retrospective and randomized clinical study. Our total population comprised the individuals with 65 or more years registered in our primary care facility in 2017. We calculated the number of individuals representative of the population and added an 10% margin but we lost representativity has we had a large number of drop-outs by clinical record errors.

### Outcomes:

Our final sample was of 255 individuals. 96,9% had at least one non-compliance, with a median of 3 by patient. The main non-compliances were related to non-adherence to Influenza and Pneumococcal vaccines. the prescription of any drug beyond the recommended duration and prescription of benzodiazepines. There seemed to be a statistically significant difference between the presence of unconformities between age groups, with patients aging 75-84 years revealing more unconformities.

### Discussion:

We detected the need by current recommendations to review chronic medication more frequently in our population. We suggest the possible need of adaptation of current geriatric prescription criteria to frailty criteria.

### Take Home Message for Practice:

- There seems to be a need to apply systematically geriatric prescription criteria.
- We suggest frequent revision of chronic medication to reduce the unconformities especially in the polymedicated elderly.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 485

#### Abstract subtopic / Abstract Unterthema

2.1. Geriatric care / Geriatrie

#### Presentation form / Präsentationsform

ePoster

### Signaling frailty in general practice: Diagnostic accuracy of a brief two-item questionnaire (2-SF)

Rahel Kuhlmann, Olaf Krause, Ulrike Junius-Walker

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Frailty is a risk state for disability and premature death in older people. A general practice (GP) visit is a good opportunity for a brief screening procedure. The aim of the study is to compare the diagnostic accuracy of two simple questions for self-completion (2-SF) and the MAGIC assessment with established screening tests (SOF, CFS) using the Tilburg Frailty Indicator (TFI) as the reference standard.

The 2-SF (2 **S**ignalf**r**agen) resulted from a previous GP test in Hesse involving over 500 elderly patients based on the FiND and SOF tests. This time, general practitioners in Lower Saxony were contacted to recruit all patients (75+ years) who had an appointment in a predefined period. Patients completed a screening form in the waiting room involving the SOF, MAGIC and the 2-SF. The GPs supervised the chair-rise component of the SOF and rated the frailty state according to the CFS.

360 patients (mean 81.8 years) participated in 25 practices. The opportunistic screening with the 2-SF determined about 50% of the patients as frail. The 2-SF had a 74% diagnostic accuracy (percentage of correctly classified persons) and was superior to the SOF and the GP observer assessment. The more detailed MAGIC test revealed the best accuracy (77%).



An opportunistic screening with the 2-SF immediately discards approximately half of all older patients from further investigation with an acceptable error rate. A general limitation of diagnostic studies on frailty employing criterion validity is the difficulty of a definite reference standard.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 492

### Abstract subtopic / Abstract Unterthema

2.1. Geriatric care / Geriatrie

### Presentation form / Präsentationsform

Lecture / Vortrag

## “It is my passion” – a holistic approach for caring geriatric patients in outpatient care

Katja Götz<sup>1)</sup>, Julian Schmitt<sup>1)</sup>, Lysann Kasprick<sup>2)</sup>

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<sup>2)</sup>Gerinet e.V., Leipzig, Germany

**Background:** Geriatric patients need a treatment, which include medical and social aspects of care. The project RubiN which is funded by the Innovationsfonds addressed this specific need by the implementation of care and case management in physician-networks. However, little is known about the acceptance and satisfaction with this care model. Therefore, the aim of the study was to develop a questionnaire for geriatric patients, their family caregivers, and case manager (CM) which focused on the acceptance and satisfaction with this specific form of care.

**Method:** The development of the questionnaire was based on interviews with CM and geriatric patients and on letter from patients. The CM and patients were recruited and interviewed by a semi-structured interview guideline in November 2019 in one region in Germany. Thematic analysis was used for data analyses.

**Results:** Nine interviews were performed (7 with CM; 2 with geriatric patients). The CM were from different therapeutic background (occupational and physical therapists, nurses, and health psychologist). Important components of this treatment approach were to maintain the domesticity of geriatric patients, to ease the burden of family caregivers, and to provide social and functional support for these patients. The content-related design of the final questionnaire will be presented on the conference.

**Conclusions:** The questionnaire shows an important contribution for the acceptance and satisfaction with this specific care situation from the perspective of CM, patients and their family caregivers. Furthermore, the results can be important for decision process, which consolidate this care within standard care for geriatric patients.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 494

### Abstract subtopic / Abstract Unterthema

2.1. Geriatric care / Geriatrie

### Presentation form / Präsentationsform

Lecture / Vortrag

## Unplanned hospital transfers of nursing home residents: reasons and influencing factors

Alexandra Pulst<sup>1)</sup>, Alexander Maximilian Fassmer<sup>2)</sup>, Falk Hoffmann<sup>2)</sup>, Guido Schmiemann<sup>1)</sup>



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<sup>2</sup>*Carl von Ossietzky Universität Oldenburg, Department für Versorgungsforschung Fakultät VI - Medizin und Gesundheitswissenschaften, Oldenburg, Germany*

**Background:** Hospital transfers of nursing home residents (NHR) occur often, but can result in adverse effects and high costs. Some transfers are rated as inappropriate, but evidence from Germany is scarce.

**Questions:** How often are NHRs transferred to hospital and which factors influence transport decision in view of nursing staff?

**Methods:** We prospectively studied hospital transfers in nursing homes (NHs) in Northwestern Germany. Data were derived from care records and documented via questionnaire by nursing staff. For each hospital transfer characteristics of resident (e.g. sociodemographic data, advance directives), transfer data and influencing factors rated on a Likert-scale were collected. Descriptive analysis was performed using SPSS.

**Outcomes:** 802 residents from 14 NHs were included in the study. During 12 months of follow-up n=535 unplanned hospital transfers occurred. In 63.1% residents were admitted to hospital. Most common reasons for transports were deterioration of general condition (e.g. fever, infection) (35.1%) and falls/accidents/injuries (33.5%). During 48 hours prior to transport, 38.7% had contact to general practitioners (GPs) and 15.7% to emergency medical services. Hospital transports were spread over the weekdays equally. In view of nursing staff, 27.0% of NHRs did not benefit from transport. Expertise of nursing staff (48.2%), threatening legal consequences of a non-transport (34.1%) and insufficient care outside GP working-hours (28.0%) had the greatest influence on hospitalization.

**Discussion:** Transfer decision-making process is complex. Experiences of nursing staff and fear of legal consequences influence hospital transfers from NH.

**Take Home Message for Practice:** Physicians are often inadequately involved in transfer decisions.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 516

### Abstract subtopic / Abstract Unterthema

#### 2.1. Geriatric care / Geriatrie

### Presentation form / Präsentationsform

ePoster

### Age differences related to the antidepressant pharmacological treatment in depressive episodes in primary care: Ecological model

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**Question:** The objective of this study is to analyze this treatment of depression by age. The hypothesis of this study is that there are significant differences in the pharmacological treatment by age.

**Methods:** Ecological, retrospective, cross-sectional study. The sample of this study consists of all individuals with an active diagnosis of depression during the year of the study and who have been prescribed antidepressants, and having open Electronic Medical Records in primary health centers. Chi-square and Rho Spearman statistics were used.



**Outcomes:** SSRIs, fluoxetine and paroxetine are prescribed in greater proportion to those under 65 years of age, while citalopram and sertraline are prescribed to those over 65 years. The ADT amitriptyline, clomipramine and thianeptin is mostly prescribed to those under 65 years. The SNRIs desvenlafaxine, duloxetine, and venlafaxine, IRNA (reboxetine), AM (agomelatine) and MAS (vortioxetine) are prescribed significantly to those under 65 years of age, while heterocyclics (mianserin, maprotiline), ASIR (trazodone) and NASSA (mirtazapine) to those over 65 years. There is significantly a greater expense in the treatment of those under 65, although having a lower percentage of subjects that have a combined treatment. The age indirectly correlates with the number of prescribed drugs and the expense, that is, the older the subjects are, the less number of drugs are prescribed and their treatment has a lower expense.

**Take Home Message for Practice:** It is necessary to take account the polypharmacy in this group of patients.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 595

### Abstract subtopic / Abstract Unterthema

2.1. Geriatric care / Geriatrie

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Long-term impact of multifactorial intervention for fall prevention in elderly people

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**Background:** Falls in the elderly are a major health problem. Multiple experiences for falls prevention have been carried out in Primary Care.

**Questions:** What is the impact of multifactorial intervention for falls prevention in elderly people over four years?

#### Methods:

Pre-post intervention quasi-experimental design without control group (urban Health center). Non-randomized sampling. Dynamic cohort.

>65 years with previous falls or high risk of falling.

Intervention: yearly assesment of sensory deficits, unipodal station, orthostatic hypotension, treatment (psychotropic, hypotensive drugs), environmental barriers, walking aids, proposal of participation in Tai Chi group.

Mesasurements: Barthel, Unipodal Station Test, Falls/Year, Anxiety/Depression Goldberg Scale, Consultations/year, walking-aids, Daily Dose Defined of analgesics.

Analysis: Pre-post intervention comparison at first and fourth year; Chi2, T-Student,  $\alpha=0.05$ .

#### Outcomes:

145 patients, 42 excluded in follow-up (7 death, 4 institutionalization, 4 zone move, 14 voluntarily, 13 incapacitation). 87.7% women, average age  $75.12 \pm 6.61$ .

Falls/year baseline  $1.72 \pm 2.6$ . First year: Average differences  $0.68 \pm 0.26$  falls/year ( $p=0.012$ ), reduction anxiety  $1.42 \pm 0.31$  ( $p<0.001$ ), depression  $0.64 \pm 0.23$  ( $p=0.008$ ). 13.3% patients using walking-aids at baseline stopped; 86.4% of those who did not use them remained without them ( $p<0.001$ ).



After 4 years, reduction of falls/year baseline-fourth year  $1.34 \pm 0.31$  ( $p < 0.001$ ), anxiety  $2.09 \pm 0.41$  ( $p < 0.001$ ). 25% patients using walking-aids at baseline stopped; 80% of those who did not use them remained without them ( $p = 0.002$ ).

**Take home Message for Practice:** The intervention reduced the number of falls, anxiety and the need of walking aids in the long term.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 642**

### **Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## **Influence of socio-demographic factors on the performance in a MMSE among elderly in the Canton of Sarajevo, Bosnia and Herzegovina**

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**Background:** The number of newly diagnosed cases of dementia initiated by family physicians is extremely low. Mini Mental State Examination (MMSE) is one of the most commonly used tests for cognitive impairment. Aim of the study was to describe and analyze results of MMSE administered to population of Canton Sarajevo and to evaluate relationship between socio-demographic factors and MMSE results.

**Methods:** A multi-centric, cross-sectional study was conducted in primary care outpatients aged 65 years or over selected by cluster random sampling. The MMSE and clock-drawing test were administered to 115 subjects. The demographic influences on MMSE scores were investigated. Results of MMSE and clock-drawing test were compared.

**Outcomes:** In the whole study sample 3 (2.6%) patients had below 17 points on the MMSE (severe cognitive impairment); 26 (22.6%) patients had 18-23 points (mild cognitive impairment) and 86 (74.8%) patients had 24-30 points (no cognitive impairment). Gender, family history of dementia, specific comorbidities, marital status or number of kids did not affect MMSE scores significantly. Statistically significant difference of MMSE scores was detected between the groups of different educational level (Gp1: 1-8 schooling years; Gp2: 8-12 schooling years; Gp3: over 12 schooling years),  $\chi^2(2, n=115) = 14.8, p = 0.001$ . Age of patients significantly negatively correlated with MMSE scores,  $\rho = -0.363; p < 0.001$ . Results of MMSE and clock-drawing test showed significant positive correlation,  $\rho = 0.620; p < 0.001$ .

**Take home message for practice:** Results of this study suggest that age and educational level had statistically significant impact on MMSE scores.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 787**

### **Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie

### **Presentation form / Präsentationsform**

ePoster

## **Welche Prioritäten in ihrem Leben haben ältere, multimorbide Patienten?**



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## Einleitung:

Mit zunehmendem Alter der Patienten ändern sich oftmals Prioritäten im Leben, insbesondere in Bezug auf die Gesundheitsversorgung, und die Erhaltung der Lebensqualität rückt in den Vordergrund. Für eine bedarfsgerechte Versorgung ist es daher notwendig, die individuellen Prioritäten von geriatrischen Patienten zu kennen. Ziel dieser Studie war die Ermittlung von wichtigen Bereichen im Leben von älteren, multimorbiden Patienten.

## Methodik:

In der Studie wurden Patienten mit mind. 2 chronischen Erkrankungen in einer Hausarztpraxis, auf Station eines Klinikums und in einem Seniorenzentrum befragt. Dabei sollten 25 Begriffe aus den Kategorien Gesundheit, Autonomie, Lebensumstände und soziales Umfeld danach bewertet werden, ob sie ‚sehr wichtig‘, ‚wichtig‘ und ‚nicht wichtig‘ für das eigene Leben seien. Die Häufigkeiten der Kategorisierung der Begriffe mit ‚sehr wichtig‘ wurden zunächst deskriptiv ausgewertet.

## Ergebnisse:

Insgesamt wurden 78 Patienten (Alter: 69,1 ± 8,8 Jahre) ausgewertet. Am häufigsten wurden die Begriffe *Familie* (70/76), *Geistige Gesundheit* (69/78), *Körperliche Gesundheit* (64/78), *Selbstständige Entscheidungen treffen* (64/78), *Partner* (51/64), *Lebensfreude* (59/78) und *Schmerzfreiheit* (58/78) mit ‚sehr wichtig‘ bewertet. Die Begriffe *Internet und/oder Telefon* (9/75), *Aussehen* (10/77), *Öffentliche oder private Transportmittel* (16/77), *Hobbies* (18/77), *Berufstätigkeit* (10/42), *Religion/Glaube* (20/78) und *Gewicht* (21/77) wurden hingegen von den jeweiligen Patienten, die den Begriff tatsächlich berücksichtigt haben, am seltensten mit ‚sehr wichtig‘ bewertet. Korrelationen zwischen der Bewertung der Begriffe und patientenbezogenen Faktoren werden dargestellt.

## Diskussion:

Den befragten Patienten waren ganz unterschiedliche Bereiche des Lebens besonders wichtig. Die umfassende Berücksichtigung der Lebenssituation und der individuellen Prioritäten von älteren, multimorbiden Patienten ist daher entscheidend für eine bedarfsgerechte Versorgung dieser Patienten.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 798

### Abstract subtopic / Abstract Unterthema

2.1. Geriatric care / Geriatrie

### Presentation form / Präsentationsform

ePoster

## Muster in den Zufriedenheitsbewertungen mit dem Life and Vitality Assessment

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## Einleitung:

Das ‚Life and Vitality Assessment‘ (LAVA) ist ein Instrument, um zu messen, was im Leben für Patienten besonders wichtig ist und wie zufrieden sie diesbezüglich sind. Dazu sortiert der Patient 25 Begriffe, die verschiedenen Lebensbereichen zugeteilt sind, entsprechend ihrer Wichtigkeit und bewertet anschließend seine Zufriedenheit mit den für ihn wichtigsten Begriffen anhand einer 10-stufigen Skala. Ziel dieser Arbeit war es herauszufinden, ob aus diesen Zufriedenheitsbewertungen „Legemuster“ abgeleitet werden könnten, die dabei helfen könnten, den Patienten besser zu charakterisieren.

## Methodik:

Basierend auf Erfahrungen aus der vorherigen Anwendung des Instruments wurden initial verschiedene „Legemuster“ definiert und mit 50 Patientenbewertungen von drei Reviewern (einer nicht am Projekt beteiligt) überprüft. Anhand dieser Ergebnisse wurden die Definitionen überarbeitet und von den Reviewern auf weitere 75 Patientenbewertungen angewendet. Abschließend wurden die Definitionen in einem Expertengremium bestehend aus Ärzten, Psychologen und Apothekern diskutiert.

## Ergebnis:

Es wurden 5 „Legemuster“ definiert: I) Positiv bzw. Negativ (oberes oder unteres Skalendrittel genutzt); II) Differenziert (gesamte Skala ausgenutzt); III) Extrem (oberes und unteres Skalendrittel genutzt); IV) Ausreißer (1-3 Begriffe mit Abstand zu den anderen Begriffen gelegt) und V) Differenziert Positiv bzw. Negativ (obere bzw. untere zwei Skalendrittel berücksichtigt). Bei der Anwendung der überarbeiteten Definitionen stimmten die Reviewer in allen Fällen überein. Die Zusammenhänge von Legemustern und Gesundheitsvariablen werden dargestellt.

## Diskussion:

Aus den definierten „Legemustern“ können potentiell Patiententypen abgeleitet werden. So könnten Patienten identifiziert werden, die beispielsweise einen besonderen Versorgungsbedarf haben oder die motiviert sind Therapieangebote umzusetzen. Weitere Untersuchungen sind notwendig, um die Anwendbarkeit dieser Definitionen in der Patientenversorgung zu überprüfen.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 812

### Abstract subtopic / Abstract Unterthema

2.1. Geriatric care / Geriatrie

### Presentation form / Präsentationsform

Lecture / Vortrag

### Elder people who suffer from unwanted loneliness. Descriptive study

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**Background:** Unwanted loneliness (UL) of the elderly is a major problem in certain countries.

**Objective:** Describe and analyze the circumstances of people suffering unwanted loneliness in a Spanish municipality of 10,000 inhabitants.



**Methods:** Face-to-face interviews through a comprehensive questionnaire that includes the socio-demographic profile, (sex, age, marital status, etc.) and variables of lifestyle, health status, degree of autonomy, relations with the social and family environment, economic situation, accessibility, etc.

**Outcomes:** 2058 people over 65 years old, of those, 430 people live alone and of those, 101 subjects accepted to participate (76% females and 24% males, mean age: 77.4 years). 95% thought that they have good or very good relationships with neighbors. 25% had barriers to access homes. The Telecare and Home Help Service are the best rated service among those over 75 to 84 years. 30% of the people interviewed, have unwanted loneliness. This group of elder people had a more negative perception of health and 33% suffered from depression, in addition the assessment of personal relationships and degree of support with family, neighbors and friends was lower.

**Take home message for practice:** It is important to develop a risk profile to intervene on the elderly who suffer unwanted loneliness.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 874

### Abstract subtopic / Abstract Unterthema

2.1. Geriatric care / Geriatrie

### Presentation form / Präsentationsform

ePoster

## Rapidly growing squamous cell carcinoma in 82 years old patient with previously diagnosed melanoma: a case report

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### Background:

It is well accepted that among skin cancer patients, comorbidities are common and may influence management. Case report presents history of fast growing squamous cell carcinoma (SCC) in 82 years old patient with previously diagnosed melanoma.

### Questions:

In November 2019 patient arrived to family doctor complaining on her lump below left ear with regular bleeds from its ulcer. Few months ago lump was ~05x0.5 cm with clear round edges and exfoliating skin but was rapidly growing, forming ulcer, which began to erupt, and produce foul smell. Patient was diagnosed with melanoma in 2002, treated with surgery. Melanoma relapse was suspected. What was the Dx?

### Methods:

Neck and surrounding soft tissue ultrasonography was performed, conclusions: signs after post-right lobectomy. TIRADS III. Non-specific, mild bilateral lymphadenopathy. Magnetic resonance imaging of neck tissue, conclusions: left side, infra-auricular skin, subcutaneous formation. No convincing indication of abnormal lymph nodes. Otorhinolaryngologist consultation: recommended surgical treatment of lump, no contraindications. Surgeon consultation: patient was scheduled for *excisio tumor cutis colli sinistra cum plastica*.

### Outcomes:



Patho-histologic finding: SCC of the skin, Grade 2, pT3N0 (1 lymph node examined, no metastasis) M0R0. Basic diagnosis: *Ca cutis colli sinistra T3N0M0 st.III. St. post operationem*. Conclusion: no radiation therapy after surgery. Follow up after 4 months.

**Discussion:**

Our case report emphasizes the comorbidity of SCC which is often in patients with melanoma.

**Take Home Message for Practice:**

SCC may present with a history of rapid growth as it was in our patient's case.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 944**

**Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Frailty syndrome and sarcopenia in the elderly population**

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**Background:** Frailty is a geriatric syndrome characterized by reduced homeostatic reserves and physiological balance exposing the organism to extreme vulnerability leading to a functional decline. Sarcopenia, a core feature of the frailty syndrome, is characterized by loss of muscle mass and strength. World Health Organization indicates that the prevention of frailty is a key indicator of successful aging and disability, and the assessment of the muscular system is the core for determining the frailty syndrome in older adults. **Questions:** There is a correlation between sarcopenia, a modifiable risk factor, and frailty syndrome. This review aims to investigate preventive measures to reduce sarcopenia and, consequently, frailty development. **Content:** We searched databases such as Pubmed, Web of science, SCOPUS and Cochrane Library, using the MeSH terms "frailty syndrome" and "sarcopenia", defining as inclusion criteria elderly population. We found that there is a correlation between frailty syndrome and sarcopenia and that there are measures, such as nutrition and exercise, to prevent it. An individualized multicomponent structured dietary plan and physical exercise program with aerobic activity, balance, strength exercises and flexibility is recommended to decrease frailty. Specific individual characteristics should be considered, but a multifactorial intervention is indicated in at-risk individuals. **Take home messages for practice:** As the population ages, the need for optimizing geriatric care increases. It's essential to identify frailty syndrome and prevent sarcopenia. The combination of nutrition with physical activity is the key component for managing sarcopenia, since they have a synergistic effect that helps combat functional decline and improve the quality of life.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1143**

**Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie

**Presentation form / Präsentationsform**

Lecture / Vortrag



## Falling in elderly: Risk factors and patient evaluation in Tunisia

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**Background:** Falls in elderly are a major public health problem worldwide. A better understanding of risk factors will ultimately lead to better preventions measures. Medical journals have extensively discussed this topic, nevertheless Tunisian studies remain very limited.

**Objective:** To determine the major risk factors of falling in elderly and to determine the main screening tests that are currently used in Tunisia.

**Patient and methods:** A case-control study, conducted at the internal medicine department [2017-2018] including patients >65y/o. sociodemographic characteristics and medical records were collected. We assessed different clinical features including autonomy, urinary incontinence, nutritional status, mood disturbance, frailty and correlation with screening tests.

**Outcome:** our study included 130 patients, divided in two groups: Group1: Fallers(n=80), Group2: Non Fallers(n=50). The major extrinsic factors impacting falling include the lack of education (70% Vs 48%, P=0,01), the need for assistance (80% Vs 14%, P<0,01). The main intrinsic factors include age>80y/o(43.7% Vs 12%, P<0,001), female sex(sex-ratio= 2,12 Vs 0,95,P=0,03) , autonomy restriction(activities of daily living (ADL) score= 2.91 Vs 5.68, P<0,01) urinary incontinence(86% Vs 8%, P<0,01) undernutrition(61,3% Vs 16%, P<0,01), cognitive decline(70% Vs 24%,P<0,01) frailty(83,8% Vs 30%, P<0,01) renal insufficiency(73,2% Vs 68,7%, P=0,04).Clinical falling test including( get up and go test,timed up and go test,single leg stance assessment) were positive in group 1.

**Conclusion:** Risk factor consideration in falls in older adults eventually endorses preventive measures.Hence, falling screening through the conventional testing methods is highly recommended.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1200

#### Abstract subtopic / Abstract Unterthema

2.1. Geriatric care / Geriatrie

#### Presentation form / Präsentationsform

ePoster

## Tuberculosis in Elderly in the Czech Republic

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The incidence of tuberculosis (TB) in the Czech Republic (CR) is decreasing since 1960s. In 2017 men accounted for over than 70% of cases. People aged over 75 years are most frequently affected. Elderly patients tend to develop more of extrapulmonary and atypical manifestation of the disease, the diagnosis of



TB can be difficult and consequently overlooked. Multimorbid seniors are suffering from chronic illnesses, malignancies and autoimmune diseases, which translate into higher degree of immunosuppression and add to the generally described process of immunosenescence. Furthermore, therapy of TB in the elderly is challenging because of the increased drug resistance and higher incidence of adverse drug reactions.

### Case Presentation:

79 year old female suffering from chronic obstructive pulmonary disease (COPD), who was repeatedly hospitalized for acute exacerbations of COPD and was consequently diagnosed with TB. Patient developed manifestation of treatment toxicity and drug interactions due to comorbidities and other medications.

70 year old male, a lifelong smoker, who was initially admitted for collapsing. TB developed via the endogenous route from a Ghon's complex in association with a slowly progressing bronchogenic carcinoma.

**Conclusion:** Diagnosis and management of TB in the elderly person can be challenging. Age-related factors increase the risk of TB reactivation as well as enhance susceptibility to TB infection. In elderly population we find accumulation of risk factors for developing TB. The people most at risk among elderly include fragile institutionalized seniors whose incidence of TB is 2-3x higher than those living at home.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1281

#### Abstract subtopic / Abstract Unterthema

2.1. Geriatric care / Geriatrie

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Frailty among Tunisian older adults: Clinical and socioeconomic implications

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**Background:** Frailty is a multidimensional geriatric syndrome characterized by a state of age-related, biological and physiological vulnerability to stressors.

**Objective:** To assess epidemiologic, socioeconomic, and general health related issues positively correlated with frailty including nutritional status and physical performance.

**Methods:** A cross-sectional study, enrolling 141 elderly (>65y/o) [80man;61woman] at the internal medicine department. Frailty status was evaluated using the modified version of the Short-Emergency-Geriatric-Assessment (SEGAm). All patients had a comprehensive-geriatric-assessment (CGA); including evaluation of psychological distress (Mini-GDS), cognitive status (Mini-cog), nutritional status (MNA-SF), functional status (ADL score), gait performance and mobility (TUG). CGA was considered abnormal accordingly: Mini-GDS  $\geq 1/4$ , MNA-SF  $\leq 8/14$ , ADL  $\leq 5/6$ , TUG  $\geq 20$ sec.

**Outcomes:** The Very Frail (VF) subjects are significantly older than the Frail (F) and non-frail (NF). Median age in NF group (80y/o vs 69y/o in NF;  $p < 0.001$ ). The majority of F and VF subjects are living in nursing homes while >80 % of NF subjects live with family. The Mini-Cog Score decreased with increasing frailty severity while Mini-GDS increased, in fact >90% in the VF were at risk of depression. MNA score decreased along with an increase in frailty severity i.e. a higher risk of malnutrition. Hence, VF subjects had a low BMI



compared to NF(23.27Kg/m<sup>2</sup> vs 26.11Kg/m<sup>2</sup>,*p*=0.014). 100% of VF group exhibited a low ADL(*p*<0.05). TUG test duration increased along frailty severity.

**Conclusion:** Frailty a major problem among the senior population impacting nutritional, psychological and also functional aspects of daily life. Thereby measures should be implemented.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1283**

**Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie

**Presentation form / Präsentationsform**

ePoster

**Depression in the elderly**

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**Introduction:** Population aging is a growing phenomenon. Depression in the elderly continues to be an underdiagnosed and undertreated health problem, with a high negative impact on the quality of life.

**Objectives:** Review the existing literature on depression in the elderly and alert family doctors (FD) about the underdiagnosis of this pathology.

**Methodology:** Classical review based on bibliographic research of review articles published in the last decade, in English and in Portuguese, at Pubmed, Cochrane Lybrary and UpToDate, using the MeSH terms: depression, elderly, geriatric.

**Results:** Depression in the elderly can go unnoticed and has a major impact on the quality of life of these patients, associated with increased morbidity and mortality. Most elderly people with depression initially present on their FD with somatic complaints. Patients who experience the first episode of depression later in life are less likely to have a family history of depression. The main risk factors are female gender; social isolation; widowed/divorced; low socioeconomic status; uncontrolled pain; insomnia; cognitive impairment. Depression in the elderly can be classified as major, minor, vascular or psychotic depression and dysthymia. Its diagnosis can be a challenge for FD, requiring a complete clinical history. Currently, there are scales that can assist the FD, but them alone do not make the diagnosis. The recommended first-line treatment consists of psychotherapy plus pharmacological treatment.

**Conclusion:** Depression in the elderly isn't a normal consequence of aging. It's up to the FD to be alert to diagnose and to treat in order to improve functional capacity.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1316**

**Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie

**Presentation form / Präsentationsform**

ePoster

**Elderly-onset rheumatoid arthritis – a case study of edema of atypical etiology**

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*USF Santiago, Leiria, Portugal*

**Background:** Rheumatoid Arthritis (RA) is an autoimmune disease involving joints however its presentation varies. The elderly may have atypical presentations and the diagnosis may be difficult.

**Case:** Female 78, with heart failure, atrial fibrillation, type 2 Diabetes and dyslipidemia. In June 2019 presented tiredness, pain and edema of inferior limbs, with no other signs of heart failure. Furosemide was increased to 60mg id. Echocardiogram without relevant changes, Hb 11g/dL; Plat 469 G/L; ESR 76mm. Patient returned one month later worse with pain and edema of right hand, anorexia and weight loss (8Kg). Differential diagnosis included oncologic and rheumatologic disease. Etiological study: anemia 10,3 g/dL NN, ERS 97mm, CRP 15,9mg/dL, negative RF and positive ANAs. Radiology of hands and ankles suggested chronic rheumatologic process. Patient was referred to Rheumatology where the clinical hypotheses were elderly-onset RA or Remitting Seronegative Symmetrical Synovitis with Pitting Edema. Based on tests requested by Family Doctor (FD), final diagnosis was elderly-onset RA with polyarthritis and tenosynovitis confirmed by ultrasound. At present, the patient is being treated with MTX 12,5mg/week, PDN in tapering and is clinically and analytically better

**Discussion:** FD was important in the early diagnosis of the disease, difficult in elderly patients with comorbidities. The excellent articulation with secondary healthcare allowed rapid institution of disease modifying treatment, essential to reduce severity and functional disability, improving quality of life. FD was important in empowering patient and family to understand disease and manage treatment with new drugs in an already polymedicated person.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1393**

### **Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie

### **Presentation form / Präsentationsform**

ePoster

## **A multidisciplinary model for geriatric care in Karachi, Pakistan**

Saniya Sabzwari<sup>1)</sup>, Habiba Thawer<sup>2)</sup>

<sup>1)</sup>Family Medicine, Aga Khan University Hospital, Karachi, Pakistan

<sup>2)</sup>Physiotherapy, Aga Khan University Hospital, Karachi, Pakistan

### **Background:**

Pakistan is a developing country with an increasing elderly population. Currently at 6%, it is predicted to double by 2050 (1). The lack governmental support, increasing co-morbid illnesses, and mobility impairments for said group makes management challenging (2). The role of physiotherapy is well documented (3, 4) however utilization is limited due to resource constraints.

A low-cost geriatric assessment and physiotherapy program was developed at our institution to provide an accessible/affordable service to our elderly population.

### **Methods:**

The Geriatric Reactivation Program (GRP) is a combined assessment/intervention by geriatricians/physiotherapists to optimize overall health/independence of the elderly. Patients presenting for geriatric assessment with a history of falls, musculoskeletal problems, poor functionality will be offered this combined program.

**Results:** The GRP will be evaluated semi-annually to determine its overall impact.



**Take Home message:** Developing interdisciplinary liaison services to improve healthcare of elderly in resource constrained settings.

### References:

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- Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1415

#### Abstract subtopic / Abstract Unterthema

2.1. Geriatric care / Geriatrie

#### Presentation form / Präsentationsform

Workshop

#### Different models of aged care

Constance Dimity Pond<sup>1)</sup>, Saniya Sabzwari<sup>2)</sup>, Niek de Wit<sup>3)</sup>, Michal Boyd<sup>4)</sup>, Danica Rotar Pavlic<sup>5)</sup>, Georges Assaf<sup>6)</sup>, Tony Poot<sup>7)</sup>

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<sup>5)</sup>Department of Family Medicine, University of Ljubljana, Ljubljana, Slovenia

<sup>6)</sup>Department of Family Medicine, American University of Beirut, Beirut, Lebanon

<sup>7)</sup>Department of Public Health and Primary Care, Leiden University Medical Centre, Leiden, Netherlands

#### Background

Demographic change with population ageing is affecting many countries. Models of care that work well for younger people with acute illness are not well suited to older people with multiple morbidities, many of them chronic. A collaborative approach across a range of health and social care will be explored in this workshop.

#### Target Group

This symposium is aimed at the full range of primary health practitioners involved in collaborative approaches to care of older people.

#### Didactic Methods

The workshop will consist of a series of brief presentations of collaborative models of care for older people, followed by discussion about how to adapt these to other contexts.

The models will include from Pakistan, one that aims to enhance functionality and improve access to ancillary services which our patients do not use due to financial and other constraints; from New Zealand, a model of integrated care that has reduced residential care and emergency department utilisation and from the Netherlands, the UProfit intervention program which uses an IT based frailty selection in general practice, introducing elderly care nurses and structural collaboration with welfare and social domain.

#### CONTENT

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## Objectives

This symposium aims to explore a range of models of aged care which involve collaborative approaches to care of older people.

**Estimated number of participants:** Up to 40

Brief presentation of workshop leader: Professor Pond convenes the SIG: ageing and health. She is Professor of General Practice at the University of Newcastle, Australia and has a long standing research and practice interest in aged care.

Conflict of interest / Interessenkonflikte  
yes / ja

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## Contribution ID: 1434

### Abstract subtopic / Abstract Unterthema

2.1. Geriatric care / Geriatrie

### Presentation form / Präsentationsform

ePoster

## Management of fibromyalgia in the elderly

Patrícia Barrancos, Filipa Duarte Silva, Filipa Orfão, Filipe Mateus  
*USF Cuidar Saude - ACES Almada-Seixal, ARSLVT, Seixal, Portugal*

### Introduction/Background:

Fibromyalgia is an underdiagnosed syndrome and has an unique treatment, resulting in years of uncontrolled pain and low quality of life. EULAR published evidence-based recommendations for the management of fibromyalgia in 2016 but their pharmacotherapy includes medication that should be avoided in older adults.

### Methods:

The aim of this paper is to propose an algorithm for the diagnosis and treatment of fibromyalgia in the geriatric population, based on a nonsystematic review of American, European and Portuguese recommendations.

### Results and Conclusion:

Both American and Portuguese literature recommend using the American College of Rheumatology survey criteria to complement history and physical exam for the diagnosis of fibromyalgia.

EULAR recommends that the first-line treatment should be based on non-pharmacological therapies, such as patient education, physical exercise and alternative therapies. Additional individualized treatments include psychotherapy and pharmacotherapy. Some of the medication proposed by the EULAR recommendations (like amitriptyline, cyclobenzaprine and tramadol) have important side effects in the elderly. Alternative medication with fewer anti-cholinergic side effects are nortriptyline and desipramine. Every medication should be started with lower doses than the ones used for younger adults and with slower titration, and monotherapy should be preferred. Renal and hepatic function must be assessed before starting any medication and drug doses must be adjusted.

Reassessment of pain and function after therapy implementation should be done using the Revised Fibromyalgia Impact Questionnaire. At the same time, medication and comorbidities that may exacerbate symptomatology, such as insomnia and depression, should be controlled, before stepping up fibromyalgia-specific treatment.

Conflict of interest / Interessenkonflikte  
no / nein



## **Contribution ID: 1470**

### **Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie

### **Presentation form / Präsentationsform**

Workshop

### **SWOT Analysis for elderly**

Tugba Caliskan<sup>1)</sup>, Nil Tekin<sup>2)</sup>

<sup>1)</sup>TAHUD, Antalya, Turkey

<sup>2)</sup>TAHUD, İzmir, Turkey

Population ageing and the rapid increase in the percentage and number of elderly people is a global phenomenon resulting from decreasing fertility and increasing life expectancy. It is expected that by 2030, more people than ever will be at risk of developing the chronic diseases, ill-health and dependence that often accompany advanced old age. It has been estimated that in 2050, there will be two billion people over the age of 60 years, with 80% of them living in developing countries. This will be a major challenge for the health care delivery system due to the increased costs of health care and long-term care.

Most people would prefer to stay in their own homes as they age, and if the person doesn't need continuous skilled medical care, aging in place is often possible. Options for in-home care that can make aging in place possible while reducing worry and stress on concerned family members include Emergency Response Systems, In-Home Care, Bath Nurses, and dedicated caretakers for Alzheimer's patients.

Goals of this workshop; To create a clear picture of the four elements needed in an effective future-oriented planning process, To engage participants thinking about strategic themes and to distill as a team the meaning of information that is generated, To developed the main strategic actions for the future for elderly patients in primary care practice.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 1472**

### **Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **Prolonged INR and angioedema attacks caused by C1 esterase deficiency as a primary symptom of lymphoma**

Shelly Rothschild-Meir

*The Department of Family Medicine, Haifa, Israel, Clalit Health Services and the Rappaport Faculty of Medicine, the Technion, Israel, Kiryat Tivon, Israel*

A 74 years old healthy asymptomatic woman with no family history of diseases underwent routine blood test prior to a cataract surgery. Her blood count showed mild leukopenia, hemoglobin 11.1 and elevated INR 4.45 She ruled out any bleeding. Three months later she presented with sudden swelling of her right arm with no history of an insect bite or injury, lasting one day. A month later she presented with a third attack of severe epigastric pain, followed by vomiting and flatulence. In her physical examination – severe abdominal tenderness. Her abdominal US showed enlarged spleen, lymphadenopathy at the spleen hilum.



Two weeks later she presented with swelling in her cheek and upper lip that progressed very quickly to severe angioedema that didn't react to anti histamines, Phenergan and IV steroids. She was hospitalized in ENT ward and was diagnosed with bradykinin mediated angioedema, with a very low C4 and C1 esterase inhibitor. She underwent a total body CT scan that demonstrated enlarged mediastinal lymph nodes and splenomegaly and a bone marrow that showed Marginal Zone Lymphoma. After a successful treatment with Mabthera (Rituximab) she didn't suffer from any further attacks of angioedema or vomiting.

In conclusion - the patient presented with a clotting disorder, angioedema and recurrent abdominal pain and vomiting secondary to a myeloproliferative disease that caused C1 esterase deficiency.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1493**

**Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie

**Presentation form / Präsentationsform**

ePoster

**Attitudes and perceptions of the elderly in national health system**

Theocharis Lепенos<sup>1</sup>, Maria Liarou<sup>1</sup>, Dimitrios Amorgianos<sup>2</sup>, Aikaterini Kamiliou<sup>1</sup>, Dimitra Grammenou<sup>1</sup>, Dimitra Exarchopoulou<sup>1</sup>, Konstantinos Mitrokotsas<sup>1</sup>, Athanasios Ioannidis<sup>1</sup>, Efstathia Tsampou<sup>1</sup>, Aristofania Simatou<sup>1</sup>

<sup>1</sup>Health Center Amfikleia, Gp -national health system-ESY, Kato Tithorea, Greece

<sup>2</sup>Gilbert Bain Hospital, NHS, Shetland, United Kingdom

The elderly population is a field of study for the medical world. Maintaining health in this population requires, among other factors, good physical condition, monitored by physicians with appropriate training to prevent any health problems that may occur.

Another significant factor is the ability of the elderly to have access to a health care system that allows them free or low-cost regular visits to its services for primary prevention of significant diseases.

**Purpose:** The following work aims to study the attitudes and perceptions of the elderly in the health system.

**Method:** We firstly conducted a bibliographic review of the optimal way of monitoring the healthy elderly population in the community. We then used closed-type questionnaires distributed to over 150 elderly people (72 women and 78 men) who visited Amfikleia Health Center in 2018.

**Results:** The results showed that the elderly visiting health care services are happy when they have access to free or low-cost services of high quality and this is the advantage of the public health sector over the private one.

Regarding the prevailing conditions in the public hospital, responses varied according to gender. The patients appreciate doctors when they spend the necessary time in their care and they were discontent with the long waiting times and the staffing shortages in the public hospitals.

**Conclusions:** The elderly population would prefer to have access to free or low-cost public health services and would avoid the private health sector if possible, due to the involved costs in a time of austerity.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1509**

**Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie



## Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## How to promote the concept of Active Ageing in Family Medicine?

Marta Nazha, Rita Nascimento, Tânia Gomes dos Santos, Ema Alves, Luís Machado, Sara Pinelo, Ana Filipa Pereira, Gianfranco Ricchiuti, Rita Sousa, Lídia Carretas  
*Family Health Unit São Filipe, Setúbal, Portugal*

### Background:

Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life in older people. Maintaining autonomy and independence with ageing is a key goal for both individuals and policy makers. We celebrated the International Day of Older Persons 2018 with an activity directed to the community-dwelling elderly and care givers.

### Content:

We constituted a multidisciplinary teamwork with physicians, nurses, physiotherapist, community associations, with the support of municipality council, with the objective of health education to disease prevention and quality of life. Our main goals were promotion of healthy eating, physical activity and active mind. The event took place in a Municipality venue with two zones: one zone was dedicated to the promotion of cardiovascular health, with spaces about healthy eating, adapted physical activity and stroke prevention. The other zone held cultural games for promotion of active mind. The theme of the day was human rights, so we created a panel where participants could leave their messages on the topic, a "street art" zone, accompanied by the exhibition of painting of a local artist on the theme and paintings of our participants. In the end of the activity we promoted an adapted oriental dance class.

We had 80 participants, who classified the activity as "very good" in the satisfaction questionnaire. This activity was documented in multimedia supports.

**Take Home Message for Practice:** The integration of Family Medicine in the Community is of extreme importance for health education towards risk groups.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1517

### Abstract subtopic / Abstract Unterthema

2.1. Geriatric care / Geriatrie

### Presentation form / Präsentationsform

ePoster

## Community intervention project "Fewer falls more health"

Eduarda Cerdeira, Joana Queiroz-Machado, Pedro Tiago Pinto, Maria Rosário Moura, João Matias, Rita Fontes de Oliveira, Miguel Jeri, Hugo Cordeiro, Maria Inês Pereira da Silva, Tiago Sousa  
*USF São João do Porto, Porto, Portugal*

**Background:** Falls are the leading cause of accidents in the elderly. By promoting awareness about the risk of falls at a day care facility, community-based strategies to reduce the risk of falls and may significantly improve functional autonomy of the elderly.

**Methods:** Review of the literature, development and application of a questionnaire to assess older adults' perception about risk of falls at a day care centre in two educational sessions, one-year apart.



**Results:** Twenty-seven people aged  $\geq 65$  years participated in the first intervention and twenty-one in the second. Ten people were present in both sessions (repeating group).

Results showed an improvement in knowledge regarding most common place of falls (+ 24.9%), but a worse score on fall risk clothing (-30.7%) and relationship between sleep quality and falls (-28.1%). The performance of the repeating group was superior in all scores.

**Discussion:** The overall knowledge about falls' risk factors and prevention strategies is low. Results should be viewed with caution given the low number of people in the repeating group. Large scale application of this type of community-based interventions may significantly reduce the risk of falls in the elderly.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1553**

### **Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie

### **Presentation form / Präsentationsform**

ePoster

### **Sarkopenie, welche Behandlungsansätze gibt es?**

Ulrike Spary-Kainz<sup>1)</sup>, Elena Salamun<sup>1)</sup>, Susanne Thun<sup>1)</sup>, Andrea Siebenhofer<sup>1, 2)</sup>

<sup>1)</sup>Institute of General Practice and Evidence-Based Health Services Research, Medical University of Graz, Graz, Austria

<sup>2)</sup>Center for Health Sciences Institute of General Practice, Goethe University Frankfurt am Main, Frankfurt am Main, Germany

**Hintergrund:** Die Sarkopenie bezeichnet den Abbau von Muskelmasse und Muskelkraft und die damit einhergehende verminderte körperliche Leistung. Bei den Betroffenen kann das zu einer Häufung von Stürzen und damit verbundenen Verletzungen führen.

Fragestellung: Welche Studien können zur Sarkopenie identifiziert werden und gibt es Evidenz zu den verschiedenen Therapieansätzen.

**Methoden:** Fokussierte Leitlinienrecherche im Internet in Leitlinienportalen beziehungsweise Websites von AWMF, DEGAM, NGC, G-I-N, NICE, SIGN ergänzt durch eine Google Suche und bei nationalen und internationalen Fachgesellschaften für Geriatrie und Gerontologie, ergänzt durch Befragung nationaler Experten.

**Ergebnisse:** Wir identifizierten 25 Primärstudien (15 mit Gruppenvergleichen, 8 Vorher-Nachher-Studien, 2 retrospektive Erhebungen), in denen Krafttraining, körperliche Aktivität, Elektrostimulation und unterschiedliche Supplemente wie z.B. Kreatin, Protein, Carnitin, Omega-3-Fettsäuren alleine oder in Kombination als Interventionen über eine Dauer von median 12 Wochen untersucht wurden. Des Weiteren wurden 31 thematisch relevante Übersichtsarbeiten gefunden. Insgesamt deuten die Ergebnisse darauf hin, dass Training zu einem Zuwachs an Muskelmasse und Muskelkraft führt. Manche Supplemente (Proteine, Kreatin) scheinen diesen Effekt zu unterstützen andere, wie z.B. Omega-3-Fettsäuren, nicht.

**Diskussion:** Trotz Forschung in diesem Bereich bezüglich Ursachen und Mechanismen, praxisorientierter Diagnostik sowie präventiven und therapeutischen Maßnahmen sind noch Fragen zu klären und die Durchführung hochwertiger randomisierter verblindeter Studien sind notwendig.

**Take Home Message für die die Praxis:** Es bedarf der Ergebnisse aus den hochwertigen Studien, um die Ansätze auch in der Praxis nutzen zu können.

Conflict of interest / Interessenkonflikte



no / nein

**Contribution ID: 1560**

**Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Elderly frailty syndrome**

Marta Alexandra Matias Costa<sup>1</sup>), José Pedro Machado<sup>1</sup>), Tiago Sanches<sup>2</sup>), Margarida Marques Mano<sup>1</sup>), Inês Madanelo<sup>2</sup>), José Varanda Marques<sup>3</sup>), Sara Rocha<sup>4</sup>), Maria Espírito Santo<sup>4</sup>)

<sup>1</sup>)USF Montemuro- ACeS Dão Lafões, Viseu, Portugal

<sup>2</sup>)UCSP Vouzela- ACeS Dão Lafões, Viseu, Portugal

<sup>3</sup>)USF Viseu Cidade- ACeS Dão Lafões, Viseu, Portugal

<sup>4</sup>)USF Arte Nova- ACeS Baixo Vouga, Aveiro, Portugal

**Grounding:** We are currently witnessing an increase in the average life expectancy and consequently a higher incidence of pathologies associated with aging.

In Portugal during ten years we passed from having 102.2 seniors per 100 young people to 129 seniors per 100 young people. Elderly individuals are at higher risk of falling, hospitalizations, disability, institutionalization and death. Frailty is associated with clinical features attributed to aging such as sarcopenia, fatigue, gait and balance disorders, anorexia and progressive weight loss leading to a higher risk of adverse events.

**Aim:** Access the functional evaluation of the elderly aged between 65 and 84 years old with frailty syndrome in four different health care centers throughout a year.

**Methodology:** Prospective, cross-sectional study with an analytical component. Random sample (target population aged between 65 and 84 years old) representing 10% of each age group to study. Application of four questionnaires (Mini Mental State Examination; Mini Nutritional Assessment; Barthel scale; Lawton & Brody Scale). Exclusion Criteria: incomplete questionnaires. Statistical analysis: SPSS®.

**Discussion and conclusion:** According to the literature, frailty syndrome results from the interaction of biological, psychological, cognitive and social factors. The diagnosis is made when three to five phenotypic characteristics are present in the elderly: low energy, slow locomotion, reduced physical activity, reduced manual strength and unintentional weight loss. The consequences that come from frailty syndrome make the prevention and early identification of this syndrome extremely important in Primary Health Care.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 1598**

**Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Individualized and shared intervention plan in complex chronic patient, a qualitative evaluation.**

Ester Gavalda Espelta<sup>1</sup>), Jorgina Lucas Noll<sup>1</sup>), Maria Ferre Ferraté<sup>1</sup>), Juan Manuel Ballesta Ors<sup>2, 1</sup>), Carina Aguilar Martinez<sup>1</sup>)



<sup>1)</sup>Atencio Primaria Terres de Ebre, Institut Catala de la Salut, Tortosa, Spain

<sup>2)</sup>EAP Tortosa Est, Institut Catala de la Salut, Tortosa, Spain

**Background:** PIIC is a dynamic document that is based on Clinical History that collects the most important social health and social data of a person identified as a complex chronic patient (PCC) or as a person with advanced chronic disease (MACA).

It's a communication between professionals who know best the person with other sanitary services, to offer the most relevant information of the case.

Must count on the participation of the user or its representative.

When the person is assisted by non-referring professionals, thanks to the PIIC we can have the essential information of the case, which facilitates better decisions.

**Questions:** Would you help this PIIC to treat as the Main Doctor/nurse of the patient in an exacerbation or discompensation?

**Content:** Descriptive observational study through an audit, done in January of 2019, with information at 31 of december of 2018.

Area of study-population: Adult population (> 18 years old) of Terres de l'Ebre with doctor assigned to the public healthcare system, that use eCAP (computerized medical history).

**Study population:** All patients identified as PCC / MACA with PIIC done.

1119 PIIC were evaluated, by 22 evaluators.72,16 % were updated during 2018.52% they have specified where they want to be treated and they have justified the reason.57,2% of the PIIC has the quality required.

**Take home message for practice:** We need to improve in performing the PIICs in order give the best care of our complex chronic patients in the event of a breakdown.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1647**

**Abstract subtopic / Abstract Unterthema**

2.1. Geriatric care / Geriatrie

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Incorporating an age-friendly health system framework into the practice of family physicians**

Lesca Hadley

*Family Medicine, University of North Texas Health Science Center, Ft. Worth, United States*

**Background:**

The World Health Organization recognizes the need for Age-Friendly communities and health systems due to the complexity of the growing elderly population. Currently most health systems are unable to fully care for the aging adult. In 2017 the United States Institute for Healthcare Improvement created the Age-Friendly Health System framework.

Questions

What are the components of an Age-Friendly Health System?

How can Family Physicians use evidence-based medicine to effectively care for an aging population?

**Methods:**

The Age-Friendly Health System consists of four components defined as "What Matters, Medication, Mentation, and Mobility." Together they provide the framework for high-quality care in adults. Implementing an Age-Friendly Health System uses Rapid Cycle Quality Improvement.

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## Outcomes:

122 Hospitals and Health Care Practices are designated Age-Friendly Health Systems in the United States with a goal of reaching 20% of the hospitals and Health care practices in the United States by 2020. The movement to create Age-Friendly Health Systems is spreading to other countries around the world.

## Discussion:

Using a lecture format, Family Physicians will be introduced to the Age-Friendly Health System framework as well as a strategy to apply it, enabling physicians to use the concepts in practice. Details for further information regarding Age-Friendly Health System will be given.

Take Home Message

Caring for vulnerable populations through practices defined in the Age-Friendly Health System is an imperative for our patients. With the universal lack of geriatricians, Family Physicians are uniquely placed to lead needed changes to improve the lives of our older adults.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1626

### Abstract subtopic / Abstract Unterthema

2.1. Geriatric care / Geriatrie

### Presentation form / Präsentationsform

Lecture / Vortrag

## Music therapy and fragility in primary care

Anna Maria Pedro Pijoan<sup>1)</sup>, Elena Klusova Noquiná<sup>2)</sup>, Laura Santiago Fernandez<sup>3)</sup>, Estefania Garcia Muñoz<sup>3)</sup>

<sup>1)</sup>Family Medicine doctor, Consorci Sanitari Integral, Barcelona, Spain

<sup>2)</sup>SAMU061, semFYC, Ibiza, Spain

<sup>3)</sup>ABS Gaudí, Consorci Sanitari Integral, Barcelona, Spain

In Primary care predominates the consultations with elderly population. Family and Community Medicine Doctors work daily to inform their patients about how to prevent chronic diseases that increase with age with the objective of aging with a better quality of health. According Termcat definition (Terminology Center TERMCAT promotes and coordinates terminological actions in the Catalan language), fragile is: "the person who has decreased physical performance and functional or cognitive ability as a result of physiopathological changes related to the increase of age, with the concurrence of chronic health problems and certain lifestyles, and that is vulnerable or is at risk of serious health problems. " As people age, they tend to accumulate diseases and conditions that eventually generate deficits that manifest themselves in different domains: at a functional level, in the form of functional, alterations of the course and falls and immobility syndrome; at the nutritional level, in the form of anorexia, malnutrition and its most common consequences - pulmonary per capita and infections and, finally, cognitive level in the form of cognitive impairment and confusing syndrome. Our experience in Primary Health care center we invite patients with COPD, with more of 65 years old, to take part of 8 sessions and participate and take part music therapy sessions. The aim of these sessions to know their fragility and try another type of treatment to give them motivation to keep up mobility and coordination. Also trying to know their feeling and level of dyspnoea.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1659

### Abstract subtopic / Abstract Unterthema



## Core Values of Family Medicine: Threats and Opportunities

### 2.1. Geriatric care / Geriatrie

#### **Presentation form / Präsentationsform**

ePoster

#### **Incorporating medical students into the development of age-friendly healthcare systems through quality improvement projects**

Lesca Hadley, Timothy Philip, Joshua Murphy, Jennifer Severance, John Gibson

*Family Medicine, University of North Texas Health Science Center, Ft. Worth, United States*

#### **Background:**

With aging comes increased complexity. Often health systems are not prepared for the number and complexity of their Geriatric patients. Developing Age-Friendly Healthcare Systems is needed. Family Physicians are uniquely capable to lead changes as leaders in medicine.

#### Questions

How can Family Physicians in community practices incorporate Quality Improvements to improve the care of their patients?

How can Family Physicians in community practices incorporate medical students into the development of Age Friendly Healthcare Systems?

#### **Methods:**

Medical students surveyed community Family Physicians regarding geriatric needs in their patient population. The results of these surveys were analyzed to create Geriatric quality improvement projects for their clinics. Upon completion of the projects, both the students and the physicians were surveyed to evaluate the challenges and successes of the projects.

#### **Outcomes:**

100% of the students stated that they are better able to analyze, collect, and communicate data about quality improvements in practice. 100% of the students stated that they would integrate quality improvement into their practices. 67% of the Family Physicians strongly agreed that the projects were useful to their practice.

#### **Discussion:**

Students identified best practices to address the health needs and concerns of older adults and their caregivers. The quality improvement projects improved care for the elderly in addition to providing experience in implementing quality improvement methods that can be used in the students' future medical practices.

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

Incorporating medical students into quality improvement projects in community Family Medicine Clinics is valuable for the students and the physicians.

Conflict of interest / Interessenkonflikte

yes / ja

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#### **Contribution ID: 1714**

#### **Abstract subtopic / Abstract Unterthema**

### 2.1. Geriatric care / Geriatrie

#### **Presentation form / Präsentationsform**

ePoster

#### **Isometric extensor force of the knee, Tinetti test, unipodal test, Timed up & Go and its relationship with accidental falls in the elderly.**



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**Objective:** To know the relationship between the isometric knee extensor force, Tinetti's test, the Timed up & Go, the Unipodal station and accidental falls in population over 70 years old.

**Material and methods:** Retrospective descriptive multicenter study. 4 health centres in the region. They are community adults over 70 years of age who have no cognitive impairment, no terminal illness, and who have not recently surgery. Sociodemographic variables are analysed, carrying technical aids and evaluating balance with Timed Up and Go, Tinetti, Unipodal and knee extension force.

**Results:** 252 participants, average age 79, 56% women, previous falls 30.6%. Those who used a walking stick fell 55.8% vs 25.4% those who did not ( $p=0.0001$ ). Patients able to perform the unipodal test admitted having fallen less (28%) than those unable to perform it (41.1%)  $p=0.06$ . The same occurs with the Tinetti Test on 28 points (20.4% vs 33.2%)  $p=0.072$ . With respect to the Timed up & Go Test, those who have not fallen do the test in 2 seconds less on average than those who have fallen, and those who have more extensor force (12.5 kg vs 10.3kg) also fall less, but in both cases it is not statistically significant.

**Conclusion:** Patients who suffer falls have worse results in the four tests evaluated, but with non-significant differences. Carrying a walking stick is significantly related to having fallen. We would need to carry out a prospective cohort study to assess whether these tests can really be of use to us in Primary Care.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 1774

#### Abstract subtopic / Abstract Unterthema

2.1. Geriatric care / Geriatrie

#### Presentation form / Präsentationsform

Lecture / Vortrag

### Nosocomial infections and antibiotic use in long-term care facilities. Results of the HALT-3 study in Germany in 2016

Vanda Marujo, Nicole Schmidt, Benedikt Zacher, Mardjan Arvand, Claudia Ruscher, Julia Hermes  
Department of Infectious Diseases, Robert Koch Institute, Berlin, Germany

#### Background:

Infection prevention concepts and strategies for appropriate antibiotic use in long-term care facilities (LTCF) have a large impact in the context of demographic change such as population ageing.

#### Questions:

What is the prevalence of healthcare-associated infections (HAI) and antimicrobial use in elderly living in LTCF in Germany?

#### Methods:

Point prevalence survey. Data on facility type, resident characteristics, risk factors and care load indicators, current infection control practices and antimicrobial policies in place in the LTCF were recorded.



## Outcomes:

131 LTCF were assessed. Half of the residents were older than 85 and almost three quarters were women. Incontinence (69.0%) and disorientation (55.0%) were common. HAI prevalence was 1.7% (177 out of 10.565 residents). Urinary tract, respiratory and skin and soft tissue infections were most frequently diagnosed. Microbiological diagnostics were rare. Antimicrobials were prescribed mainly within the same facility (prevalence=1.4%), mostly for urinary tract infections (UTI) treatment (almost 50%); fluoroquinolones were the most frequently prescribed.

## Discussion:

HAI prevalence in LTCF in 2016 was rather low compared to the European median (4.2%). Antibiotic use increased slightly compared to 2013. UTI was the most common HAI and indication for antibiotic treatment. UTI-surveillance and specifically tailored guidelines for the diagnosis and therapy of these infections in the geriatric population can contribute to a more rational antibiotic use in LTCF. Coordination of medical care (usually carried out by different family doctors) is desirable.

## Take Home Message for Practice:

Prescribe antibiotics rationally. This will prevent the spread of antimicrobial resistance and adverse events in your patients.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1786

### Abstract subtopic / Abstract Unterthema

2.1. Geriatric care / Geriatrie

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Hematuria in the elderly

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<sup>3)</sup>USF Lusitana, Viseu, Portugal

**Introduction:** Hematuria is characterized by the amount of erythrocytes in the urine, which must be confirmed by examining the sediment.

**Objectives:** Review the literature on the diagnostic approach to hematuria in the elderly.

**Methodology:** Search for scientific articles in the Medline / Pubmed databases, clinical guidance standards sites and specific books. Keywords: "Hematuria"; "elderly"

**Results:** Anamnesis is the initial step (pain, type of hematuria, macroscopic changes, medication and symptoms). This is followed by a physical examination and complementary diagnostic tests: urinary sediment, since the diagnostic procedure differs, if there are other components in the urine, or if we are facing isolated hematuria.

If it continues without an etiology, we will be facing an isolated hematuria that is approached by examining the prostate and / or the urethra. Of the imaging studies, ultrasound should be mentioned, which is more sensitive and specific than pyelography. However, there are authors who argue that both ultrasound and pyelography should be complemented with CT, which should be contrasted unless there is a suspicion of kidney stones.

In about 70% of the cases of hematuria there is no etiology, it is necessary to explore the lower urinary tract, valuing the possibility of neoplasia.



Cystoscopy provides the diagnosis when the bleeding source is bladder. In the remaining cases, some authors propose the performance of urinary cytologies and cystoscopy in positive cases.

**Conclusion:** Hematuria must be investigated by a doctor, and the Family Physician is in a privileged position to address the differential diagnosis of this entity.

Conflict of interest / Interessenkonflikte  
no / nein

## 2.2. Palliative care / Palliative Versorgung

**Contribution ID: 41**

**Abstract subtopic / Abstract Unterthema**

2.2. Palliative care / Palliative Versorgung

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Talking about dying. Is caregivers' silence pact right?

Matteo Mannucci<sup>1)</sup>, Cristina Rodríguez Martínez<sup>2)</sup>, Laura Viñuales Palazón<sup>3)</sup>, Kevin Chicón Pablos<sup>1)</sup>

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<sup>3)</sup>Palliative Care Unit, Hospital San Juan De Dios, Palma, Spain

Sometimes family caregiver of patients in end-of-life stage and/or health care providers make a pact of silence about the terminal status of the patient. Some studies show negative effects of this conspiracy of silence on coping with death, quality of life in the last days of life and mourning.

In our workshop we will share ideas about the conspiracy of silence as icebreaker; then analyze some finding in the literature and lastly a roleplay to interact with the participants. The role play will include three simulation of how to deal with a pact of silence in a regular consultation, in an emergency environment and during a palliative care home visit.

The aim of this workshop is to increase knowledge and abilities of communication of our participants, hopefully mostly young family doctors and family medicine residents.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 100**

**Abstract subtopic / Abstract Unterthema**

2.2. Palliative care / Palliative Versorgung

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Preferences for end-of-life care of older patients with multimorbidity: protocol of a mixed methods systematic review.

Ana Isabel González<sup>1)</sup>, Christine Schmucker<sup>2)</sup>, Julia Nothacker<sup>2)</sup>, Jeanet Blom<sup>3)</sup>, Odette Wegwarth<sup>4)</sup>, Tammy Hoffmann<sup>5)</sup>, Sharon Straus<sup>6)</sup>, Marjan van den Akker<sup>1)</sup>, Joerg Meerpohl<sup>2)</sup>, Christiane Muth<sup>1)</sup>

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<sup>5)</sup>Institute for Evidence-Based Healthcare, Faculty of Health Sciences and Medicine, Bond University, Gold Coast, Australia

<sup>6)</sup>Department of Medicine, University of Toronto, Toronto, Canada

## Background:

End-of-life care is an essential function of family medicine including decisions about how/where patients want to be cared for. To provide decision support to family doctors and patients in this emotional difficult situation, we will systematically review a relevant evidence cluster on end-of-life care preferences of older patients with multimorbidity we identified in a previous evidence map.

## Questions:

What are the end-of-life care preferences of older patients with multimorbidity?

## Content:

We will conduct a mixed methods systematic review (convergent integrated approach on qualitative/quantitative study designs). We will systematically search for studies reporting end-of-life care preferences (mean age  $\geq 60$ ) with multimorbidity ( $\geq 2$  chronic/acute conditions) in seven electronic databases from inception. We will include primary studies using qualitative/quantitative/mixed methodologies and will not apply restrictions regarding publication date or language.

Two independent reviewers will assess eligibility, extract data and describe evidence by means of study/population characteristics, preference assessment method, end-of-life care elements that matters to patients (e.g. life-sustaining treatments), what determines patients' preferences, their change over time (e.g. willingness for or against life-sustaining treatments) and when/how patients want to talk about end-of-life care. Risk of bias/applicability of results will be independently assessed by two reviewers using the Mixed Methods Appraisal Tool. We will narratively and, if included studies allow, quantitatively synthesize information.

## Take home message for practice:

Synthesizing evidence on end-of-life care preferences of older patients with multimorbidity will improve shared decision making and satisfaction in this final life period.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 117

### Abstract subtopic / Abstract Unterthema

2.2. Palliative care / Palliative Versorgung

### Presentation form / Präsentationsform

ePoster

## Development and evaluation of an interdisciplinary concept for primary care patients with palliative care needs / Study Protocol of KOPAL

Gabriella Marx<sup>1)</sup>, Friedemann Nauck<sup>2)</sup>, Nils Schneider<sup>3)</sup>, Eva Hummers<sup>4)</sup>, Michael Freitag<sup>5)</sup>, Stephanie Stiel<sup>3)</sup>, Hans-Helmut König<sup>6)</sup>, Hendrik van den Bussche<sup>1)</sup>, Tim Friede<sup>7)</sup>, Martin Scherer<sup>1)</sup>

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<sup>4)</sup>Institut für Allgemeinmedizin, Universitätsmedizin Göttingen, Göttingen, Germany

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<sup>7)</sup>Institut für Medizinische Statistik, Universitätsmedizin Göttingen, Göttingen, Germany

## Background:

Care for patients with progressed non-cancer chronic diseases is a challenge in primary care. Patients suffer from severe symptoms, leading to a low quality of life and increasing numbers of hospitalisations. This can be avoided by early integration of specialised palliative care (SPC) following a holistic team approach. In Germany, early case-related counselling of general practitioners (GP) and SPC is not standard care.

## Aim:

To develop and pilot KOPAL-guide and evaluate the effectiveness of a SPC nurse-patient consultation using KOPAL-guide followed by an interdisciplinary telephone case conference (GP, SPCs). The intervention is hypothesised to reduce hospitalisation (primary) and improve symptoms and health related quality of life (secondary).

## Methods:

A two-arm cluster randomised controlled trial (cRCT) including 56 GPs will be conducted in Northern Germany. Development of the 8-topic KOPAL-guide (literature review; workshops with patients, health care providers, and advisory board). Intervention will be evaluated by standardised interviews with 616 participating patients at baseline, 6, 12, 24, and 48 weeks. Main analysis will follow the longitudinal intention-to-treat principle. A health economic analysis and a qualitative evaluation (observation of case conferences; interviews with GPs, SPCs, and patients; focus groups with relatives) of the intervention will be conducted after the observation period.

## Discussion:

In case of positive effect of the intervention, the KOPAL-guide could serve as an instrument to enhance interdisciplinarity between GPs and SPCs and could be implemented to improve primary palliative care for non-cancer patients.

## Take-home message:

Early case conferences between GPs and SPC-teams could improve primary palliative care.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 134

### Abstract subtopic / Abstract Unterthema

2.2. Palliative care / Palliative Versorgung

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

## Case report: increased index of suspicion in multiple myeloma

Nayleth Leal Pérez, Juan Vicente Ruiz

Primary Care Center "Barrio del Pilar", Madrid, Spain

**Introduction:** Multiple myeloma is a malignant and chronic hematological disease characterized by a proliferation of plasma cells in the bone marrow. It has an incidence of 1% worldwide and falls within the so-called rare diseases. Given its low prevalence and difficult diagnosis, we decided to increase the index of suspicion with the following clinical case.

**Materials and methods:** A 75-year-old woman, hypothyroid, hypertensive and operated of right lumbar disc herniation, went to her primary health center, complaining of right low back pain and bone pain for the



last 3 months. Analgesic treatment was prescribed and after 20 days the patient returned to the hospital emergency department due to acute watery diarrhea lasting a period of 3 days, no further symptoms were identified and her physical examination was normal. From the blood test, it was obtained: pH 7.15; Bicarbonate 21,1mmol / L; Potassium 6.7mmol / L; Hemoglobin 8.7 g / dL; Hematocrit 25.9%; Leukocytes 9000uL; Creatinine 10.2 mg / dL (Filtered of 3.3, CKD-EPI). Remaining parameters without alterations. Finally, she was hospitalized in Nephrology, where a monoclonal peak of IgG kappa (7830mg / dL) was discovered and with bone marrow aspiration the suspicion was confirmed.

**Results:** Multiple IgG Kappa myeloma. Acute renal failure in relation to probable NSAID overdoses.

**Conclusion:** This case demonstrates the importance of early diagnosis. It is a clear example of the many rare cases that we will often encounter in our medical practice. Therefore, it is essential to study them carefully to effectively guide our patients from primary care.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 265

### Abstract subtopic / Abstract Unterthema

2.2. Palliative care / Palliative Versorgung

### Presentation form / Präsentationsform

ePoster

## Primary palliative care for older people in Germany – general practitioners' and general practice nurses' perspectives

Silke Falter, Fabian Tetzlaff, Nils Schneider, Stephanie Stiel, Gabriele Müller-Mundt, Daniela Wehrt  
*Institut für Allgemeinmedizin (Institute of General Practice), Medizinische Hochschule Hannover (Hannover Medical School), Hannover, Germany*

### Background/Aims:

Due to demographic ageing primary palliative care (PPC) becomes increasingly important for older people with life-limiting chronic illnesses. This study aimed to explore PPC provision for older patients in Germany from general practitioners' (GPs) and general practice nurses' (GPNs) perspectives.

### Methods:

As part of the intervention study "Proactive Palliative Care for Older Patients in the last Phase of Life (ProPall; BMBF 01GY1710)" we conducted manual guided interviews with GPs and GPNs and analysed these using a qualitative content analysis approach.

### Results:

15 GPs (8 women) and 15 GPNs (14 women) from 12 GP practices in Lower Saxony, Germany, were interviewed in spring 2018.

Both, GPs and GPNs considered end of life care for older patients as an integral part of their work, while determining transition from curative to palliative care appeared to be challenging. GPNs regarded themselves as 'first contact point' for patients and assist GPs in coordinating care.

GPs emphasized preventing suffering, networking, standing by and supporting family members as their core responsibilities to allow calm dying in a familiar setting. But only a minority seems to perform PPC proactively.

### Discussion:

The analysis shows that GPs and GPNs follow a holistic approach but almost limit integration of PPC to advanced disease stages. Early PPC seems to be not yet established for older people with life-limiting chronic non-cancer illnesses.

### Take home message:



Proactive approaches using tools to identify palliative care needs earlier can promote need-orientated early PPC for older people with life-limiting chronic illnesses.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 343**

**Abstract subtopic / Abstract Unterthema**

2.2. Palliative care / Palliative Versorgung

**Presentation form / Präsentationsform**

ePoster

**Surviving Breast Cancer – The Heart of the Matter**

Vera Sousa, Cláudia Alves, Mónica Lopes, Tiago Simões  
*ARS Algarve, Faro, Portugal*

**Background:**

Due to sociodemographic and lifestyle changes, the incidence of neoplastic diseases has been increasing in recent decades. The evolution of medicine has resulted in the increase of life expectancy in cancer patients. Cancer disease and cardiovascular disease share multiple risk factors. Additionally, it is known that chemotherapy and radiotherapy, through multiple pathways, can cause damage to the heart and vessels, the effects of such damage may manifest early or late after treatment.

**Case Description:**

The subject is a female patient, 66 years old, cleaning lady who lives with her husband. She is a former 30-a day cigarette smoker, she is overweight, and has a diagnosis of invasive carcinoma in the left breast, and was submitted to tumorectomy and left axillary lymphadenectomy, T2N2. At the end of the second cycle of cyclophosphamide and doxacetel chemotherapy, she developed bilateral lower extremity edema, associated with fatigue and paroxysmal nocturnal dyspnea. She was referred by her oncologist to her family doctor to investigate these cardiovascular complaints.

**Discussion:**

Many of the drugs used in chemotherapy are cardiotoxic, so particular attention must be paid to the signs and symptoms of cardiovascular disease in patients subjected to these treatments, not only in a hospital setting, but also in primary care because of their need for long-term care.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 517**

**Abstract subtopic / Abstract Unterthema**

2.2. Palliative care / Palliative Versorgung

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Measures to enable general practitioners and medical assistants to provide high quality palliative care to their patients**

Manuel Zimansky, Amrei Gerdes, Nils Schneider, Stephanie Stiel  
*Institute of General Medicine, Hannover Medical School, Hannover, Germany*



**Background:** Primary palliative care (PPC) has increasingly become the focus of political and public health strategies. Nevertheless, it has not been adequately examined how PPC can be integrated into the everyday practice of general practitioners (GPs). The project "Primary Palliative Care in General Practice" (BMBF-FK01GY1610) aims to develop ideas and concepts to enhance PPC by GPs in Germany.

**Aim:** Which measures will have potential to enable GPs to provide best PPC to their patients?

**Methods:** In previous project steps facilitators and barriers for PPC were identified. Based on this, group discussions with care providers were conducted which resulted in more than 300 ideas to improve framework conditions of PPC for GP practices. 120 of them, which indicated a direct impact on GPs, were summarized in a catalogue of measures. Since February 2019, eight GP practices were recruited for testing, further developing and evaluating a set from these 120 intervention measures.

**Results:** On average, the GP practices selected eleven intervention measures. GP practices in urban and rural areas mainly selected intervention measures in the field of advance care planning. In addition, measures addressing more information for patients e.g. via flyers about PC and living wills were selected preferentially. The selection of intervention measures was dependent inter alia on professional experiences as well as on available time and staff resources by GP practices.

**Discussion:** There are various measures to improve PPC by GP practices. The practice teams should be encouraged to test and further develop them individually according to their own conditions.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 490

### Abstract subtopic / Abstract Unterthema

2.2. Palliative care / Palliative Versorgung

### Presentation form / Präsentationsform

ePoster

## Support and relief: caregiving and receiving experiences in parent-adult child dyads at the end of life

Franziska A. Herbst, Laura Gawinski, Nils Schneider, Stephanie Stiel

*Institute for General Practice, Hannover Medical School, Hannover, Germany*

### Background:

Literature on giving and receiving care in parent-adult child dyads at the end of life shows that parents are often not accepted by their adult children as primary caregivers. The scope of adult child responsibilities in caregiving for a terminally ill parent was closely related to the adult child's other responsibilities.

### Questions:

How do parents and adult children experience giving and receiving care at the end of life?

### Methods:

Data were collected in semi-structured interviews with (1) terminally ill adult children and their parents and (2) terminally ill parents and their adult children (02/2018-11/2019). Interviews were analysed using Grounded Theory.

### Outcomes:

Interviews were performed with 19 ill adult children and 13 parent caregivers (dyad 1) and 32 ill parents and 20 adult child caregivers (dyad 2). Core concepts are: (a) evaluation of given/received support, (b) assessment of support need, (c) rejection of support, (d) wish for support. In dyad 1, adult children express feeling suffocated by their parents' constant care and presence. In dyad 2, parents report being sorry for the trouble they cause their adult children in addition to work and family commitments.



## Discussion:

The study indicates that family role and caregiving role may conflict and thus cause burden in families. Recommendations for psychosocial support interventions for both dyads should target the specific family roles.

## Take Home Message for Practice:

General practitioners, who play a key role in the psychosocial support of terminally ill patients, should consider the patient's family dynamics as component of psychosomatic care.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 509

### Abstract subtopic / Abstract Unterthema

2.2. Palliative care / Palliative Versorgung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Being present till death: evaluation and improvement of palliative care for family doctors through the Delphi method.

Jean-Claude Leners

*General Medicine, Long Term Care and Hospice Care, Ettelbruck, Luxembourg*

## Background:

Since 10 years palliative care is accessible to all patients wherever they live in our country. More and more General Practitioners (GP) are accompanying their patients till death.

## Questions:

Most of the palliative care happens at home or in institutions by family doctors; we wanted to know, if palliation at present time is to be improved and on which core values we can all agree.

## Methods:

The method chosen was a two rounds of questions sent to GPs and some institutions or home care services. A total of 124 were asked and the response rate on a first round was 65% and 69% on the second round.

## Outcomes:

The questions covered aspects like: working as an interprofessional team; always consider the patient's wishes first; the minimum of hours for palliative care training needed; to have one leading GP, trained in palliation, within every nursing home; accessibility in public pharmacies to all palliative drugs; standardized evaluation tools;

## Discussion:

All these items achieved after a second round a consensus of at least 93%. The only two items with low consensus were: external evaluation of our work and a specific staff ratio in nursing homes in palliative situations.

## Take Home Message for Practice:

In a final session where all data were presented, 10 GPs more involved in daily palliative care, were asked to offer a helpline for all family doctors who might have specific and difficult questions. This is running now for more than 1 year.

Conflict of interest / Interessenkonflikte

no / nein



## Contribution ID: 711

### Abstract subtopic / Abstract Unterthema

2.2. Palliative care / Palliative Versorgung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Versorgung von Menschen am Lebensende – eine Analyse auf Basis hausärztlicher Routinedaten verstorbener Patienten in einer ländlich-kleinstädtisch geprägten Region Niedersachsens

Katharina van Baal<sup>1, 2)</sup>, Sophie Schrader<sup>2)</sup>, Birgitt Wiese<sup>2)</sup>, Nils Schneider<sup>2)</sup>, Gabriele Müller-Mundt<sup>2)</sup>, Kambiz Afshar<sup>2)</sup>

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<sup>2)</sup>Institut für Allgemeinmedizin, Medizinische Hochschule Hannover, Hannover, Germany

### Hintergrund:

Hausärzte nehmen eine Schlüsselrolle für die Versorgung von Menschen am Lebensende ein.

### Fragestellung:

Wie stellt sich die Versorgung am Lebensende in einer Region Niedersachsens auf Basis hausärztlicher Routinedaten verstorbener Patienten dar?

### Methoden:

Die Analyse ist Teil des Projektes „Optimale Versorgung am Lebensende – OPAL“ (Innovationsfonds GBA, 01VSF17028), an dem 52 Hausärzte aus 34 Praxen teilnehmen. Routinedaten verstorbener GKV-Patienten (Q3-Q4 2018) wurden pseudonymisiert erfasst und anhand ausgewählter Qualitätsindikatoren (u.a. Faktencheck Gesundheit der Bertelsmann Stiftung) bewertet. Neben Diagnosedaten (ICD-10-Systematik nach M2Q-Kriterium) und der Anzahl von Krankenhausaufenthalten wurden Leistungen der allgemeinen sowie spezialisierten ambulanten Palliativversorgung (AAPV/SAPV) deskriptiv analysiert.

### Ergebnisse:

Daten zu 279 verstorbenen Patienten (weiblich 48%; Altersmedian 82 Jahre, IQA 73-87) aus 32 Hausarztpraxen wurden analysiert. Die größte Gruppe bildeten Herzerkrankungen (49,5%). Im letzten Lebensjahr wurde bei 78 Verstorbenen (28,0%) eine AAPV-Leistung abgerechnet. Die mediane Zeitdauer der AAPV-Leistungen bis zum Tod betrug 20,0 Tage (IQR 7,0-76,0; n=67). 52 Verstorbene (18,6%) erhielten im letzten Lebensjahr SAPV-Leistungen. Die mediane Zeitdauer der SAPV-Leistungen bis zum Tod lag bei 28,0 Tagen (IQR 6,0-83,0; n=49). In den letzten sechs Lebensmonaten hatten knapp  $\frac{3}{4}$  der Verstorbenen (n=207) mindestens einen Krankenhausaufenthalt.

### Diskussion:

Verglichen mit dem Faktencheck Gesundheit (2015) zeigt sich ein Zuwachs an SAPV-Leistungen (18,6% vs. 5,3%), während der Anteil an AAPV unverändert bleibt. Auffällig ist, dass AAPV mit geringerer Zeitdauer vor dem Tod zum Einsatz kommt als SAPV.

### Take-Home-Message:

AAPV wird weiterhin selten und spät erbracht und scheint damit hinter dem anzunehmenden Bedarf zurückzubleiben. Dies kann auf ein zu schärfendes Bewusstsein für palliative Bedürfnisse hindeuten.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 786

### Abstract subtopic / Abstract Unterthema

2.2. Palliative care / Palliative Versorgung



## Presentation form / Präsentationsform Workshop

### **Palliative care: a practical workshop on symptom control in the primary care setting**

Catarina Rebelo, Leonor Duarte  
*USF Oceanos, Matosinhos, Portugal*

#### **Background:**

Palliative care is defined as the “prevention and relief of suffering of adult and paediatric patients and their families, facing the problems associated with life-threatening illness”. It shares the same principles as Family Medicine, such as equity, solidarity, social justice, universal access to services, multisectoral action, decentralization and community participation.

Even though this area of Medicine has received increasing attention for the past few years, only a small part of patients gets adequate palliative care. A major barrier is a misunderstanding of palliative care, a lack of strategic plans, clinical guidelines and clinicians with appropriate training.

#### **Target Group:**

Family doctors, family medicine residents, nurses and caregivers.

#### **Didactic Method:**

The speakers will present the topics described below, using a datashow. This workshop intends to be interactive, allowing the participants to share their clinical experience and daily difficulties. There will be provided a colourful pocket guide for daily clinical practice use: “Palliative Care in one sheet”, as an easy and quick way to clarify clinical doubts.

#### **Objectives:**

- Brief discussion on what Palliative Care consists of and the family doctor’s role.
- Promotion of team work and interdisciplinary intervention.
- Practical management – clinical diagnosis and therapeutic approach – of the main symptoms in the primary care setting: pain, dyspnea, cough, nausea/vomiting and constipation.

#### **Estimated number of participants:**

30-40

#### **Brief presentation of workshop leaders:**

Family Medicine residents, attendees of a Postgraduate course on Clinical Intervention on Palliative Care and a one month internship in a Palliative Care Unit in Hospital Pedro Hispano in Matosinhos, Portugal.

Conflict of interest / Interessenkonflikte

no / nein

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#### **Contribution ID: 995**

#### **Abstract subtopic / Abstract Unterthema**

2.2. Palliative care / Palliative Versorgung

#### **Presentation form / Präsentationsform**

Lecture / Vortrag

#### **Referencing for palliative care in a household palliative care team**

Cristina Belova

*USF Alcoides, ARS Alentejo, Évora, Portugal*

**Introduction:** Palliative Care (PC) offers a multidisciplinary approach to the problems arising from prolonged, incurable and progressive disease, in an attempt to prevent the suffering that comes from it and



to provide the highest possible quality of life, both to patients and their families. In Portugal, many people lack access to this type of care, which can be made available in different contexts, including the patient's home.

**Objectives:** To characterize the referral of patients to home PC teams.

**Material/methods:** Observational, cross-sectional and descriptive study, through retrospective analysis of the clinical files of patients referred to the team, from January 1st to December 31st, 2018. Sociodemographic, clinical and characterization variables were analyzed. Data coding, recording and statistical analysis were done in *R* (*v. 3.5.3*).

**Results:** Of the 295 patients referred to the home PC team, 56.16% were cancer patients and 51.19% female, with 81-90years being the most frequent category (37.20%). The main referrers were: Nursing Homes/Home Support Services (26.78%) and Home Primary Care Teams (24.07%). Of the deceased patients (54.92%) during the study period, the nursing home (40.12%) and home (36.42%) were the major places of death.

**Conclusions:** In this study it was found that, although cancer disease is the main referral disease, there is a balance regarding the percentage of patients referred for non-oncologic problems. Despite the number of cancer patients found, and contrary to what would be expected, the oncology service is not the main referrer. It was also found that most patients die in non-hospital settings.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1027

### Abstract subtopic / Abstract Unterthema

2.2. Palliative care / Palliative Versorgung

### Presentation form / Präsentationsform

ePoster

## Neuropathic pain in oncologic patients: approaches for effective pain management – based evidence review

Mariana Ribeiro<sup>1)</sup>, Claudia Vale<sup>2)</sup>

<sup>1)</sup>USF Nautilus, Figueira da Foz, Portugal

<sup>2)</sup>USF São Julião, Figueira da Foz, Portugal

**Background:** Neuropathic pain is a challenging problem affecting 8% of the population. Chemotherapy-induced painful neuropathy (CIPN) is a major dose-limiting side-effect of several first-line chemotherapeutic. CIPN often resolves after chemotherapy, but 30% of patients will have persistent complications, impacting on quality of life.

**Questions:** Evaluate the evidence of different approaches for effective pain management in neuropathic pain on oncologic patients.

**Methods:** Bibliographic research of guidelines, randomized clinical trials, prospective cohort studies, systematic reviews and meta-analyses published in the last 10 years, until December 8<sup>th</sup> 2019, in English, indexed on databases: PubMed, American Society of Clinical Oncology and British Journal of Anaesthesia, using MeSH terms "Neuropathic pain in cancer survivors". Strength of Recommendation Taxonomy (SORT) was applied for evidence labels and recommendations strength.

**Outcomes:** From a total of 101 articles, 26 were selected based on title and 11 were kept based on abstract.

**Discussion:** Tricyclic antidepressants, duloxetine, gabapentin, topical gel containing baclofen and ketamine may be offered based on their proven utility in other neuropathic pain conditions given limited CIPN treatment options (L1). Adjunctive treatment with non-psychoactive cannabinoid (CBD), riluzole,



minocycline or functional blockade of receptor expressed on myeloid cells, tetrahydrocurcumin, indomethacin and celecoxib may have a moderate evidence (L2).

**Take Home Message:** According to 3 meta-analyses, 2 systematic reviews and ASCO guidelines, there is evidence to recommend tricyclic antidepressants, duloxetine, gabapentin, topical gel containing baclofen and ketamine in CIPN. The other options are experimental studies with evidence of effectiveness (Strength Recommendation B). Further studies are needed on these possibilities.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1223

### Abstract subtopic / Abstract Unterthema

2.2. Palliative care / Palliative Versorgung

### Presentation form / Präsentationsform

Workshop

### On some aspects of Palliative care in general practice

Lyubima Despotova-Toleva

*BLTPCS, Plovdiv, Bulgaria*

In 2019th the IAHP presented for adoption and signing some very documents, among them 1. New definition for Palliative Care; 2. Letter for National Palliative Care Advocates to send to government lead on Universal Health coverage, and UN negotiations and 3. Suggested language changes to zero draft "Political Declaration of the High-level Meeting on Universal Health Coverage" - "Universal Health Coverage: Moving Together to Build a Healthier World". They are devoted to the constantly growing need of palliative care in addition to diagnostics and treatment as essential part of care for patients with chronic incurable life threatening diseases and especially with serious health related suffering and their families. As home is the natural place of illness, General Practitioners should be prepared and involved in broad spectrum of palliative care activities. I present some considerations in the field, focusing on a scope of problems and challenges and comparing with some specific issues for palliative home care provided by GPs as growing need of palliative care; home palliative care; barriers to home palliative care; palliative care for migrants in General practice; education in palliative care for GPs; the role of GPs in provision of palliative care in rural areas; desired place of death; telemedicine used by GPs for home-based palliative care. Authors data from Bulgaria are compared with published in the scientific literature. It is obvious that GPs have the key role to assure high-quality palliative care.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1165

### Abstract subtopic / Abstract Unterthema

2.2. Palliative care / Palliative Versorgung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Childhood grief: palliative care in the child's eyes

Cristina Ramos-Alonso, Nieves Domínguez, Cristina Romero, Marta Castro

*Medicina de Familia y Comunitaria, SERGAS, A Coruña, Spain*



**Background:** all clinical guides for Palliative Patient Care reflect the importance of family integration regarding the patient's care. In clinical practice, numerous families have children or grandchildren in the patients' homes.

**Question:** Is it appropriate for the child to be involved in his relative's palliative care? How does this process affect the child?

**Methods:** a bibliographical search has been carried out on mourning in childhood and its involvement in palliative care.

**Outcomes:** The duel in the child is different from that of the adult as this depends on age of the subject. There are no articles reflecting the desirability of the child's participation in palliative care. However, there are references regarding the farewell. The attendance to the funeral ceremony shows that this ritual is necessary for a proper mourning.

**Discussion:** The existing evidence collects the correct formation of mourning through farewell or attendance at funeral rites, making it reasonable to believe that the child's participation in palliative care could be part of the correct mourning.

**Take Home Message for Practice:** Death is an abstract concept and depending on the age it is extremely difficult for a child to understand its meaning completely. However, it is their right to know the truth, in order to form their own mourning and grief. Children must be taught to live death without the fear of it.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 1228**

### **Abstract subtopic / Abstract Unterthema**

2.2. Palliative care / Palliative Versorgung

### **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Success factors for palliative care meetings in primary care in the Netherlands**

Astrid Kodde<sup>1)</sup>, Bart P.M. Schweitzer<sup>2)</sup>, Bregje D. Onwuteaka-Philipsen<sup>2)</sup>

<sup>1)</sup>General Practice, Department of General Practice, Amsterdam University Medical Centers - location VU, Haarlem, Netherlands

<sup>2)</sup>Department of Public and Occupational Health, Amsterdam University Medical Centers - location VU, Amsterdam, Netherlands

### **Background:**

To optimize palliative care in primary care, Dutch GPs and nurses can participate in a 'PaTz group', meeting 6 times per year for 1-1,5 hour. A palliative care consultant attends to strengthen the palliative knowledge. Goals are early identification of palliative patients, good collaboration and increase of expertise. There are now 210 PaTz groups, involving approximately 10% of the Dutch GPs.

### **Question:**

What are success factors for well-functioning PaTz meetings?

### **Method:**

In 28 PaTz groups a meeting was observed by a member of the national PaTz team (GP or palliative care nurse). A topic list, based on the goals of PaTz, was used to structure the observations.

### **Outcomes:**

To stimulate identification, 24 groups used a palliative register. In groups with a palliative register, more patients were discussed; above that they were discussed more frequently before the terminal phase. In



groups were GPs showed their own vulnerability, e.g. by expressing feelings like powerlessness, this appeared to lead to a safer group atmosphere and more active participation of nurses. In groups with a strong chairperson and coaching consultant, proactive care was more stimulated, by asking 'what if...' questions and discussion of possible disease trajectories and future care needs.

#### **Discussion and take home message for practice:**

This study showed several factors that can help improve the quality of PaTz-meetings, and with that potential for improving palliative primary care. Some factors can be stimulated by promoting the use (e.g. palliative register) while others possibly need training of skills (e.g. for chairperson and consultant).

Conflict of interest / Interessenkonflikte  
no / nein

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#### **Contribution ID: 1289**

#### **Abstract subtopic / Abstract Unterthema**

2.2. Palliative care / Palliative Versorgung

#### **Presentation form / Präsentationsform**

ePoster

#### **The effect of electrostimulation in preventing muscle atrophy and cachexia**

João Guerra<sup>1, 2)</sup>, Mariana Coimbra<sup>3, 2)</sup>, Joana Rita Matos<sup>4, 2)</sup>, José Eduardo Mendes<sup>5, 2)</sup>, Denise Neves<sup>6, 2)</sup>

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<sup>3)</sup>USF Santiago, Leiria, Portugal

<sup>4)</sup>USF Fernando Namora, Coimbra, Portugal

<sup>5)</sup>USF Mondego, Coimbra, Portugal

<sup>6)</sup>Oncology Portuguese Institute of Coimbra, Coimbra, Portugal

**Background:** sarcopenia and Locomotor Syndrome are frankly associated with muscle atrophy and cachexia. Muscle electrostimulation is an attractive intervention in these patients. It allows artificial activation and overload of different muscles, with adaptation of the parameters in order to provide overload and strength to the muscle.

The main purpose is to conduct a review on the effect of electrostimulation in preventing muscle atrophy and cachexia.

**Method:** An evidence-based review was carried out, according to the PICO methodology; population of patients in Palliative Care (CP), the intervention was the use of electrostimulation as a therapeutic strategy in PC, the control was the patients not submitted to electrostimulation and the outcome was the prevention of muscle atrophy or cachexia.

The American Family Physician's SORT (Strength of Recommendation Taxonomy) scale was used to assign levels of evidence (NE) and strengths of recommendation (FR).

**Results:** The results suggest that muscle electrostimulation is an effective treatment in individuals with locomotor syndrome, and it is necessary to continue electrostimulation treatments to prevent decreased physical and neuromuscular function. its effect is not sustainable without continuing treatment.

**Discussion/Conclusion:** There is a need to understand the mechanical effects of the combination of therapies and to establish the dose, time and form of administration of the different methods. Percutaneous neuromuscular electrical stimulation is a safe and effective therapy for preventing muscle atrophy, without adverse effects, economical and likely to be performed at home, with a positive impact on the QoL of these patients, on a waiting list for transplantation.

Conflict of interest / Interessenkonflikte



no / nein

**Contribution ID: 1320**

**Abstract subtopic / Abstract Unterthema**

2.2. Palliative care / Palliative Versorgung

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Palliative Care in homes for longtime care and care of the elderly**

Thomas Sitte

*Deutsche PalliativStiftung, Fulda, Germany*

The German Foundation for Palliative Care made projects to show how the quality of life in end of life care in nursing homes especially for the elderly can be improved. A very important aspect was the job satisfaction of all nurses and a good cooperation between the General Practitioners and the staff of the nursing homes. It was showed that by certain steps for example the hospitalization good be reduced down to less than half! Core of the package of measures had been a broad interprofessional approach. Our team of train had been a palliative care nurse, a social worker, a palliative care doctor and an emergency physician and was planned and implemented in cooperation with the GPs. Each of the experts brought specific views which exponentiated the acceptance.

The measures included 30 min 11 short hands on workshops for all of the stuff, including technician, housekeeper, administration.

Informations without any technical terms were given to residents and their relatives, all of the stuff received easy to understand handouts and comprisals.

Specific aspects had been identified for to improve the end of life care:

1. Need of someone who feel responsible to look for solutions for all problems
2. All of the stuff needs basic informations about palliative care, which they understood (!)
3. All intercurrent problems should be solved promptly and with expertice
4. The stuff is in need for medical und juridcal (!) Safety
5. Some kind of advance care planning has to be implementated
6. Problems in work flow have to be identified and solved.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 1331**

**Abstract subtopic / Abstract Unterthema**

2.2. Palliative care / Palliative Versorgung

**Presentation form / Präsentationsform**

Science Slam

**Family physician's role in palliative – home enteral nutrition (HEN)**

Ulku Bulut<sup>1)</sup>, Ilknur Ozenc<sup>2)</sup>, Ozden Gokdemir<sup>3)</sup>

<sup>1)</sup>Faculty of Medicine / Department of Family Medicine, Aksaray University, Aksaray, Turkey

<sup>2)</sup>Palliative Care Unit, Aksaray Research and Training Hospital, Aksaray, Turkey

<sup>3)</sup>Faculty of Medicine, Izmir University of Economics, Izmir, Turkey



## Core Values of Family Medicine: Threats and Opportunities

Effective clinical practice in palliative care requires good teamwork and good interpersonal skills. One important issue about palliative care is nutrition. The nutritional needs of patients should be estimated with primary care physicians before and during disease follow-up. HEN has been established as a reliable and effective nutritional intervention, particularly relevant due to the increasing reliance on ambulatory care. There are only minor differences in the indication for HEN and for in-hospital enteral nutrition (EN). In HEN, additional criteria need to be considered carefully such as prognosis, health-related quality of life (QoL) and any ethical aspect of the treatments. In order to initiate HEN, the principle should be followed that without EN there is an expectation of significant deterioration of the patient's nutritional state, affecting prognosis and QoL, which is a complex decision if there is no effective treatment for the underlying medical condition. We followed 504 patients between February 2018- December 2019 in the palliative care unit and treated-supported patients with swallowing disorders because of neurological diseases, obstructions because of malignancies, cachexia because of cancer, chronic obstructive pulmonary disease, heart disease, chronic infections, and malabsorption/maldigestion because of the liver, pancreas, or intestinal diseases. Caregivers were educated about nutritional needs, the composition of foods, enteral nutrition support materials, feeding details with nasogastric or PEG. Nutritional details shared with caregivers, family physicians who follow-up. Early interventions could inhibit senility, muscular weakness, decubitus ulcers. Family physicians have an important role in the recognition, referral of patients with critical needs.

Conflict of interest / Interessenkonflikte  
 no / nein

**Contribution ID: 1481**

**Abstract subtopic / Abstract Unterthema**

2.2. Palliative care / Palliative Versorgung

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Die ambulante Palliativversorgung von Kindern und Jugendlichen aus Sicht von Leistungserbringern der spezialisierten ambulanten Palliativversorgung (SAPV) - Ergebnisse aus Fokusgruppendifkussionen**

Cornelia Ploeger<sup>1</sup>, Dania Schütze<sup>1</sup>, Michaela Hach<sup>2</sup>, Katrin Kuss<sup>3</sup>, Hannah Seipp<sup>3</sup>, Ferdinand Gerlach<sup>1</sup>, Antje Erler<sup>1</sup>, Jennifer Engler<sup>1</sup>

<sup>1</sup>Institut für Allgemeinmedizin, Frankfurt, Germany

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<sup>3</sup>Abteilung für Allgemeinmedizin, Präventive und Rehabilitative Medizin der Philipps Universität, Marburg, Germany

**Hintergrund:** Die spezialisierte ambulante Palliativversorgung (SAPV) will lebenslimitierend Erkrankten einen Verbleib im häuslichen Setting bei möglichst hoher Lebensqualität ermöglichen. Seit 2015 besteht in Hessen eine flächendeckende SAPV für Kinder und Jugendliche (SAPV-KJ). Das Projekt ELSAH hat unter anderem zum Ziel, die besonderen Belange von Kindern und Jugendlichen in der SAPV am Beispiel von Hessen herauszuarbeiten und Unterschiede zur Erwachsenen-SAPV aufzuzeigen.

**Fragestellung:** Welche Besonderheiten bestehen bei der ambulanten palliativen Versorgung von erkrankten Kindern und Jugendlichen? Wie bewerten Leistungserbringer der Erwachsenen-SAPV und der SAPV-KJ die pädiatrische ambulante palliative Regelversorgung?

**Methoden:** Eingebettet in eine Mixed-Method-Datenerhebung wurden drei Fokusgruppen-diskussionen mit Leistungserbringern aus der Erwachsenen- sowie der Kinder- und Jugendlichen-SAPV durchgeführt. Die

[CONTENT](#)



Auswertung der transkribierten Diskussionen erfolgte gemäß der qualitativen Inhaltsanalyse nach Kuckartz mithilfe des Auswertungsprogrammes MAXQDA 2018.

**Ergebnisse:** Die Fokusgruppenteilnehmer diskutierten eine Vielzahl an Besonderheiten in der ambulanten palliativen Versorgung bei Kindern und Jugendlichen. Unterschiede in Krankheitsbildern, Versorgungsdauer und -verläufen, aber auch in der Versorgungskoordination und in psychosozialen Aspekten erfordern ein modifiziertes Vorgehen der Leistungserbringer bei der Versorgung von Kindern und Jugendlichen. Insbesondere das Fehlen einer der allgemeinen ambulanten Palliativversorgung (AAPV) vergleichbaren Versorgungsstruktur für Kinder und Jugendliche wird deutlich.

**Diskussion:** In den Ergebnissen wird eine Versorgungslücke sichtbar, da keine der Erwachsenenversorgung vergleichbare AAPV für Kinder und Jugendliche existiert.

**Take Home Message für die Praxis:** Das Fehlen einer AAPV für Kinder und Jugendliche sowie Möglichkeiten zur Schließung dieser Versorgungslücke sollen mit den Anwesenden als Vertreter einer Allgemein- und Familienmedizin diskutiert werden.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1663

### Abstract subtopic / Abstract Unterthema

2.2. Palliative care / Palliative Versorgung

### Presentation form / Präsentationsform

ePoster

## Relief of dyspnea in advanced COPD: a review

Diana Silva<sup>1)</sup>, Ana Sabugueiro<sup>2)</sup>

<sup>1)</sup>USF Quarteira, Quarteira, Portugal

<sup>2)</sup>USF Ancora, Olhão, Portugal

**Background:** Dyspnea is a common symptom in advanced chronic obstructive pulmonary disease and frequent in palliative care, therefore it is important for family doctors to know the best way to relieve this symptom and improve patients' quality of life.

**Question:** How to relieve dyspnea in advanced chronic obstructive pulmonary disease?

**Methods:** Bibliographic search in the Pubmed Database of articles published in the last 10 years in English with the keywords "dyspnea" and "advanced chronic obstructive pulmonary disease" in January 2020. Articles were selected by relevance of title and abstract.

**Outcomes:** We found 212 articles and we selected 8. The first step to relieve dyspnea is to optimize the bronchodilator therapy. When this strategy is not enough, patients may benefit of systemic opioids' therapy. Nebulized furosemide also relieves dyspnea, with few adverse effects. The use of benzodiazepines should be reserved to patients that do not respond to other measures. There is no evidence of benefit of supplemental oxygen in patients without hypoxemia. Despite the use of acupuncture in order to reduce the dyspnea severity, the heterogeneity of the studies cannot provide recommendations for its use.

**Discussion:** There are measures beside optimized bronchodilator that can alleviate dyspnea, such as systemic opioids, nebulized furosemide and benzodiazepines. However we need better evidence.

**Take Home Message for practice:** As family doctors, we must improve our approach to patients with advanced pulmonary disease and dyspnea, in order to provide the best palliative care and quality of life.

Conflict of interest / Interessenkonflikte  
no / nein



## Contribution ID: 1751

### Abstract subtopic / Abstract Unterthema

2.2. Palliative care / Palliative Versorgung

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### Home Palliative Care Team – The lived experience

Liliana Mendes, Sara Marques

USF Tondela, USF Tondela, Viseu, Portugal

**Background:** Each year, an estimated 40 million people are in need of palliative care (PC). Worldwide, only about 14% of people who need palliative care currently receive it. The Portuguese Strategic Plan for the Development of PC defines 3 different organizational levels: *Palliative Care Unit (PCU)*, *Hospital Palliative Care Support Team (HPCST)* and *Home Palliative Care Teams (HPCT)*. In 2019 there were only 21 HPCT. The HPCT Dão-Lafões was formed in 4.12.2018. **Objectives:** Show the importance of palliative care to my medical skills improvement; Describe the HPCT Dão-Lafões activity. **Discussion:** The team is composed of doctors, nurses, social worker and psychologist. However, the staff does not achieve the minimum recommended. We mainly do planned home consultation, monitorization of patients and their families, unscheduled face-to-face care, telephone attendance and bereavement support. In 9 months we followed 70 patients, 82,86% were retired, 77,14% had oncological disease, the most prevalent diagnoses were colorectal and pancreatic carcinoma. Most of the patients died at home. The team also makes supportive consultation to caregivers. **Take Home Message for Practice:** In the last year, I grew up, meeting some of the people who mostly marked my way of being. I imagine myself as a GP following my families from birth to death, treating them in the best way and continuously discussing the patient's wishes about end-of life treatment. I will certainly be a more complete and capable doctor. Despite a lack of human resources, HPCT Dão Lafões provided PC to almost 8 different patients and families each month.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1782

### Abstract subtopic / Abstract Unterthema

2.2. Palliative care / Palliative Versorgung

### Presentation form / Präsentationsform

Lecture / Vortrag

### Improving end-of-life care in long-term care, results from a RCT—effects on resident quality of life and symptoms

Pauli Lamppu<sup>1)</sup>, Marja-Liisa Laakkonen<sup>2)</sup>, Jouko Lauriala<sup>1)</sup>, Harriet Finne-Soveri<sup>3)</sup>, Hannu Kautiainen<sup>1)</sup>, Kaisu Pitkälä<sup>1)</sup>

<sup>1)</sup>Department of general practice and primary health care, University of Helsinki, Helsinki, Finland

<sup>2)</sup>Department of Social Services and Health Care, Helsinki Hospital, Helsinki, Finland

<sup>3)</sup>National Institute of Health and Welfare, Helsinki, Finland

**Background:** With increasing life expectancy, long-term care (LTC) facilities are a likely last home to an increasing number of senior citizens. The need for quality EOL care in this setting is widely recognized with various development projects to improve care conducted.



**Questions:** Is it likely that we can influence LTC resident-level EOL outcomes with a light and feasible staff training?

**Methods:** 20 LTC wards with 340 eligible residents were included in our cluster-randomized trial. Intervention wards got a four afternoon training in the principles of advance care planning, palliative and symptom care and various practical scenarios.

**Outcomes:** In the two-year follow-up, there were no differences between the groups in resident quality of life measured with 15D score. No differences were observed in the secondary outcomes of quality of dying approximated by proxy satisfaction and symptoms using the ESAS or PAINAD scores

**Discussion:** While our results suggest a large variability in EOL care quality even in our fairly well developed geriatric care system, it seems that a light training is not able to influence resident level outcomes over a longer period. It is likely that reasons for not adapting to new strategies lie in several levels within the organizations. Future trials might benefit from better knowledge of the required EOL tools, skills and attitudes for a successful LTC facility.

**Take Home Message for Practice:** Aspirations in developing EOL care in LTC should try to target the specific boundaries each facility has, as too general training might not yield the desired results.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1811

### Abstract subtopic / Abstract Unterthema

2.2. Palliative care / Palliative Versorgung

### Presentation form / Präsentationsform

Workshop

### What do we need for palliative care?: overarched perspective for primary care

Ulku Bulut<sup>1)</sup>, Ozden Gokdemir<sup>2)</sup>, Ilke Ekim Yardim<sup>3)</sup>, Ceren Akkol<sup>3)</sup>, Seda Boz Kucukerdem<sup>3)</sup>, Renata Pavlov<sup>4)</sup>, Sudip Bhattacharya<sup>5)</sup>, Cetin Akin<sup>6)</sup>, Leyla Aslan<sup>7)</sup>, Simone Cernes<sup>8)</sup>

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<sup>3)</sup>Ministry of Health, TAHUD, VdGM, Izmir, Turkey

<sup>4)</sup>Family Medicine Center, VdGM, Zagreb, Croatia

<sup>5)</sup>Himalayan Institute of Medical Sciences, Swami Ram Himalayan University, Dehradun, Uttarakhand, India

<sup>6)</sup>Faculty of Medicine / Department of Family Medicine, Dokuz Eylul University, Izmir, Turkey

<sup>7)</sup>Ministry of Health, TAHUD, VdGM, Kayseri, Turkey

<sup>8)</sup>General Practitioner Master Palliative Care and Geriatric Medicine, Azienda Unità Sanitaria Locale Modena, Modena, Italy

WHO defined palliative care as “an approach that improves the quality of life of patients and their families facing the problems associated with a life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.” Palliative care is specialized medical care for people with serious illnesses. It focusses on providing patients with relief from the symptoms, pain, and stress of a serious illness to improve the quality of life for both the patient and the family.

The palliative care model allows us to widen our horizon beyond the “biomedical model” of health. Palliative care has a role where knowing that death is an inevitable part of life, the patient can live with dignity and pain-free not becoming a burden on the family.



Workshop audience: suitable for GPs, primary care staff, and medical students

Goal(s):

To improve awareness

To discuss the relevance of research findings

To develop a response strategy to inform physicians

Method:

Icebreaker: the session will start with an interactive user quiz -

Group work: Small group discussion of a fictional case. Group feedback on the issues raised.

Group discussion: a wider exploration

Conclusion: We will close the workshop by signposting colleagues to further resources on this topic

Participants will be invited to take part in a survey. The outcomes of the survey and the workshop group work will be collated to produce an article for submission to relevant journals.

Conflict of interest / Interessenkonflikte

no / nein

## 2.3. Polypharmacy / Polypharmazie

**Contribution ID: 411**

**Abstract subtopic / Abstract Unterthema**

2.3. Polypharmacy / Polypharmazie

**Presentation form / Präsentationsform**

ePoster

### **Polypharmacy in a geriatric population - Analysis of patients' medication at hospital discharge and one year after**

Claudia Salm<sup>1)</sup>, Julia Sauer<sup>1)</sup>, Aline Pfefferle<sup>1)</sup>, Sebastian Voigt-Radloff<sup>2, 3)</sup>, Erik Farin-Glattacker<sup>4)</sup>, Gloria Metzner<sup>4)</sup>, Jasmin Kiekert<sup>5)</sup>, Andy Maun<sup>1)</sup>

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<sup>3)</sup>Zentrum für Geriatrie und Gerontologie Freiburg, Universitätsklinikum Freiburg, Freiburg, Germany

<sup>4)</sup>Institut für Medizinische Biometrie und Statistik Sektion Versorgungsforschung und Rehabilitationsforschung, Universitätsklinikum Freiburg, Freiburg, Germany

<sup>5)</sup>Katholische Hochschule Freiburg, Freiburg, Germany

**Background:** Geriatric patients are at risk of polypharmacy and moreover of potential prescribing omissions. This can lead to adverse health outcomes including potentially avoidable hospital admissions.

**Research Question:** The aim is to show the frequencies and patterns of potentially inadequate medications (PIMs) as well as of potential prescribing omissions (PPOs) in a geriatric population at hospital discharge and one year after.

**Methods:** In the context of the randomized controlled LoChro-trial on a **Local Chronic** care management intervention we analyze the appropriateness of about 200 patient medications covering a time frame of a year. Geriatric patients at risk for functional decline are recruited during hospitalization (t0) and contacted again after 12 months (t1) in the region of Freiburg, Germany. Information concerning medication and diagnosis are delivered by the electronic patient chart of the hospital in t0 (including diagnosis, medication, laboratory and functional parameters) and in addition by a patient-reported medication plan in t1. At all times



a questionnaire answered by the patient is used to complete the information. PIMs and PPOs are assessed using the STOPP/START V2 Criteria.

**Results:** As interim report descriptive data of t0 and t1 of about 200 patients can be demonstrated in June 2020.

**Discussion:** This survey collects data on the polypharmacy status in a geriatric population at hospital discharge and one year later at patients' home. Frequencies, characteristics and changes in medication problems can be discussed.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 504**

### **Abstract subtopic / Abstract Unterthema**

2.3. Polypharmacy / Polypharmazie

### **Presentation form / Präsentationsform**

Lecture / Vortrag

## **HIOPP-3 iTBX\*: Multiprofessional medication management in German nursing homes - a qualitative situational analysis**

Junius Ulrike Walker<sup>1)</sup>, Claudia Kirsch<sup>1)</sup>, Regina Stolz<sup>2)</sup>, Lisa Sparenberg<sup>3)</sup>, Stefanie Kortekamp<sup>4)</sup>, Angela Fuchs<sup>5)</sup>

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<sup>4)</sup>*Protestant University of Applied Sciences, Bochum, Germany*

<sup>5)</sup>*Institute of General Practice, Düsseldorf University Hospital, Düsseldorf, Germany*

**Background:** The majority of nursing home residents (NHR) are on polypharmacy with significant risks for adverse drug events. The cluster randomised controlled trial HIOPP-3 iTBX aims to optimise medication management using a multicomponent intervention (pharmacist-led medication review, peer training workshops, three change management sessions, tools to facilitate collaboration). To launch the six-months intervention in each nursing home, the first change management session engaged the nursing staff, general practitioners and supplying pharmacists in a discussion of the current medication management.

**Questions:** How do key professionals collaborate in the complex medication management for NHR? What are helpful and unhelpful practices, facilitating and hindering factors from their experience?

**Methods:** The multiprofessional sessions proceeded in 23 nursing homes in four German regions with at least two researchers as moderators. For qualitative analysis, pre-defined sampling criteria were applied to select three sessions per region. Two independent researchers per region used the summary notes and partly transcribed audiotapes to structure the content according to deductive category assignment (Mayring).

**Results:** The participants discussed their professional roles in the context of medication management, the structures for communication, the workflow from prescribing to administering medicines, team aspects and work culture, regulatory frameworks, the target group, and ideas for improvements.

**Discussion and take home message:** The co-operation of professionals in nursing homes oscillates between the poles of routine work requiring transparent reliable structures and processes and unpredictable medication changes due to the vulnerable health of NHR requiring flexibility and personal commitment.

\*funded by the German Government (Innovationsfond, No. 01VSF16017)

Conflict of interest / Interessenkonflikte



no / nein

**Contribution ID: 552**

**Abstract subtopic / Abstract Unterthema**

2.3. Polypharmacy / Polypharmazie

**Presentation form / Präsentationsform**

Lecture / Vortrag

**A complex intervention to optimise medication safety: results of a cluster randomised controlled trial (HIOPP-3-iTBX) in 44 German nursing homes**

Olaf Krause<sup>1, 2)</sup>, Ulrike Junis-Walker<sup>1, 2)</sup>, Petra Thürmann<sup>2)</sup>, Simone Bernard<sup>2)</sup>, Angela Fuchs<sup>3)</sup>, Regina Stolz<sup>4)</sup>, Hanna Haumann<sup>4, 3, 2, 1)</sup>, Lisa Sparenberg<sup>5)</sup>, Anja Wollny<sup>5)</sup>, Antje Freytag<sup>6)</sup>, Claudia Kirsch<sup>1)</sup>, Svetlana Usacheva<sup>1)</sup>, Stefan Wilm<sup>3)</sup>, Birgitt Wiese<sup>1)</sup>

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<sup>2)</sup>Institute of clinical pharmacology, University Witten-Herdecke, Witten-Herdecke, Germany

<sup>3)</sup>Institute of General Practice, Heinrich Heine University, Düsseldorf, Germany

<sup>4)</sup>Institute for General Practice, Medical University Tübingen, Tübingen, Germany

<sup>5)</sup>Institute for General Practice, Medical University Rostock, Rostock, Germany

<sup>6)</sup>Institute for General Practice, Medical University Jena, Jena, Germany

**Background:** The majority of nursing home residents (NHR) are on polypharmacy. They frequently receive potentially inappropriate drugs (PIM) and antipsychotics (AP) increasing the risk of adverse drug events. This study investigates the effects of a complex medication management intervention on the prescribing quality, health status and health care use of NHR. It is funded by the German Government (Innovationsfond, No. 01VSF16017).

**Methods:** Pragmatic cluster randomised controlled trial in nursing homes in four German regions. The intervention consists of four components: 1) medication review by the supplying pharmacist, 2) educational training for pharmacists, GPs and nursing staff, 3) interprofessional workshops to facilitate change in collaboration and 4) a "toolbox". Primary outcome is the proportion of NHR receiving PIM and  $\geq 2$  AP at 6 months follow-up. Secondary outcomes are cognitive function, falls, quality of life, medical emergency contacts, hospital admissions, and health care costs.

**Results:** Overall, 871 NHR with an average age of 84 years (74% female) were recruited. 787 NHR were available for the baseline interview. They received on average 11.2 different medications. 42% of NHR were on at least one PIM and/or on two AP. Primary and secondary outcomes will be presented at the conference for the first time.

**Discussion:** This is the first RCT to investigate the effects of a complex medication management intervention in German NHR. It is a pragmatic trial and does not entirely rely on a pharmacist-led medication review but also on a shift in the awareness and interprofessional collaboration.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 607**

**Abstract subtopic / Abstract Unterthema**

2.3. Polypharmacy / Polypharmazie

**Presentation form / Präsentationsform**

Lecture / Vortrag



## How many Benzodiazepines do our patients intake?

Cristina Lebrón<sup>1</sup>, Rocío Bordallo-Aragón<sup>2</sup>, Francisca Muñoz-Cobos<sup>1</sup>, Francisco Borja Rodríguez-Salas<sup>1</sup>, Carlos María Navarro-Guitart<sup>1</sup>, Ricardo José Casajuana-Pérez<sup>1</sup>, Pedro Vega-Montes<sup>1</sup>, Adriana Gaspar-Solanas<sup>1</sup>, Juan Francisco Luis-Sorroche<sup>1</sup>, Marina Méndez-Ramos<sup>1</sup>

<sup>1</sup>*Distrito Málaga-Guadalhorce, Málaga, Spain*

<sup>2</sup>*Emergency Department, Hospital Regional Universitario de Málaga, Málaga, Spain*

**Background:** Continuous benzodiazepine intake means a health problem due to tolerance, dependence and responsibility for falls and cognitive decline in elderly people.

**Questions:** How is the benzodiazepine intake of patients attached to the health center?

### Methods:

Descriptive cross-section design (Urban Health Center). Systematic randomized sampling  $\alpha=0.05$ , accuracy 95% (n=384).

Subjects: Patients admitted to Health Center with benzodiazepine intake (withdrawal of some benzodiazepines prescribed by electronic prescription) during 2018 (N=5550).

Measurements: age, gender, Defined Daily Dosage Number (DDD), benzodiazepine type and number. Analysis of bivariate correlations (Pearson correlation coefficient).

### Outcomes:

395 people included. Average age  $61.11 \pm 0.817$  years (median=62). 68% women. 42.57%  $\geq 65$  years.

Average intake of benzodiazepines  $171.7 \pm 12.7$  DDD, changing with age: 153 in  $<65$  years, 196 in  $\geq 65$  years (202 in  $\geq 90$  years). Significant correlation between age and number DDDs (Pearson 0.152,  $p=0.002$ ).

Average number of benzodiazepine/person  $1.26 \pm 0.03$ ; 20.5% consume  $\geq 2$ . Significant correlation with age (Pearson 0.343,  $p<0.0001$ ). No differences by sex in any of the variables analyzed.

Depending on the total number of people taking them, the most consumed benzodiazepines are: diazepam 34.59%, lorazepam 28.73%, bromazepam 25.33% and lormetazepam 16.3%.

According to mean DDD in people who consume them, benzodiazepines with the highest intensity of use are: lormetazepam (374 DDD), alprazolam (360.38 DDD) and clorazepate (145 DDD).

**Take home Message for Practice:** There is some benzodiazepine intake in our patients, higher as older with larger presence of diazepam, lorazepam, bromazepam and lormetazepam and increased intensity of use of lormetazepam, alprazolam and clorazepate.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 713

### Abstract subtopic / Abstract Unterthema

2.3. Polypharmacy / Polypharmazie

### Presentation form / Präsentationsform

Lecture / Vortrag

## Prevalence and patterns of proton-pump-inhibitor use in Germany - German Health Interview and Examination Survey for Adults 2008–2011

Giselle Sarganas, Christina Poethko-Mueller, Christa Scheidt-Nave

*Epidemiology and Health Monitoring, Robert Koch Institut, Berlin, Germany*

### Background:



There is evidence of proton pump inhibitors (PPI) overuse and serious side effects associated with long-term use. Population-based data on the prevalence of long-term PPI use including self-medication, user characteristics and co-medication patterns are scarce.

### Methods:

We used data from a nationally representative sample of 18-79 year-olds (N=7091), who participated in the German Health Interview and Examination Survey for Adults 2008–2011 (DEGS1) and completed a standardized computer-assisted brown bag review of all medications used within the past 7 days. In cross-sectional descriptive analyses we calculated the prevalence of PPI use (ATC code: A02BC) according to duration of use within socio-demographic strata. Among long-term PPI users we identified patterns of use considering chronic diseases, and the number and type of co-medications. All results were weighted and standardized for the population of 2010.

### Results:

The overall prevalence of PPI use was 7.2% (95% CI 6.5 – 8.0). Among PPI users, 98% reported prescription use and 87% were long-term users. PPI use significantly increased with age and was higher among persons with low social status. There were no sex differences. Concomitant antithrombotic use was only in 5% of PPI users and concomitant NSAIDs use in 36%. The most frequent concomitant use was with drugs of the cardiovascular-system (58%).

### Discussion:

These population-based data add to results from previous prescription data analyses indicating the need for evidence-based deprescribing PPI among long-term users. We look forward to continue monitoring the PPI consumption in the German population with the next national population survey (ger study 2020-2020).

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 730

### Abstract subtopic / Abstract Unterthema

2.3. Polypharmacy / Polypharmazie

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## The impact of spirituality, social activity and self-efficacy in the care of elderly multimorbid patients with polypharmacy

Noemi Sturm<sup>1)</sup>, Friederike Schalhorn<sup>2)</sup>, Regina Stolz<sup>2)</sup>, Eckhard Frick<sup>3)</sup>, Joachim Szecsenyi<sup>1)</sup>, Cornelia Straßner<sup>1)</sup>

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<sup>3)</sup>Department of Psychosomatic Medicine and Psychotherapy, Research Center Spiritual Care, Technical University of Munich, Munich, Germany

### Background:

Polypharmacy in elderly patients is associated with a higher risk for adverse drug reactions but also poorer medication adherence. Attempts to reduce and prevent polypharmacy focus on medication reviews and deprescribing disregarding psychosocial aspects which have been linked to patients' compliance.

### Questions:

Do psychosocial factors in particular patients' perceptions of spirituality, religiosity and personal beliefs influence different aspects of drug therapy?

## CONTENT

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## Methods:

In the context of the cluster randomised controlled trial HoPES3 (Holistic Care Programme for Elderly Patients to Integrate Spiritual Needs, Social Activity and Self-Care into Disease Management in Primary Care) data including drug regime and diagnoses of 327 multimorbid patients with polypharmacy aged 70 years or above is gathered and transcribed according to the ATC- and ICD-classification, respectively. Additionally, validated questionnaires are utilized to gain insight into the patients' treatment adherence (MARS), attitude towards medication (BMQ), spiritual needs (SNQ), perceived self-efficacy (SES6G, ASK, PAM), social and emotional feelings of loneliness (DJG) and the size of their social network (LSNS). The derived data is documented in SPSS to conduct correlation analysis.

## Outcomes:

Results of correlation analysis are not available yet and will be reported at the conference.

## Discussion:

Discussing whether or not psychosocial factors in elderly multimorbid patients with polypharmacy affect patients' medication adherence, their attitude towards drug therapy, number of drugs and drug classes.

## Take home message for practice:

If results prove to affect medication adherence, integrating patients' individual needs may complement existing health care programmes and contribute to more holistic therapy concepts for this patient group.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 904

### Abstract subtopic / Abstract Unterthema

2.3. Polypharmacy / Polypharmazie

### Presentation form / Präsentationsform

ePoster

## Family conferences to improve patient safety in the frail elderly (COFRAIL). Study protocol of a cluster randomised trial

Achim Mortsiefer<sup>1</sup>, Sara Santos<sup>1</sup>, Susanne Löscher<sup>1</sup>, Attila Altiner<sup>1, 2</sup>, Eva Drewelow<sup>2</sup>, Andrea Icks<sup>3</sup>, Jens Abraham<sup>4</sup>, Petra Thürmann<sup>5</sup>, Birgitt Wiese<sup>6</sup>, Stefan Wilm<sup>1</sup>

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<sup>3</sup>Institute for Health Services and Economics, Centre for Health and Society, Faculty of Medicine, Heinrich-Heine-University Düsseldorf, Düsseldorf, Germany

<sup>4</sup>Institute for Health and Nursing Science, Medical Faculty, Martin Luther University Halle-Wittenberg, Halle (Saale), Germany

<sup>5</sup>Department of Clinical Pharmacology, School of Medicine, Faculty of Health, Witten/Herdecke University, Wuppertal, Germany

<sup>6</sup>WG Medical Statistics and IT-Infrastructure, Institute of General Practice, Hannover Medical School, Hannover, Germany

**Background:** In patients with geriatric frailty, reducing inappropriate medication exposure is supposed to be a promising approach to improve health-related quality of life and prevent adverse outcomes. A major challenge for the process of deprescribing is to improve the communication between general practitioner (GPs), patient and family carer.



**Questions:** This trial investigates the effects of a complex intervention on hospitalisation among frail elderly patients living at home.

**Methods:** Cluster randomised controlled trial including 136 GPs and 676 geriatric patients positively screened for frailty, receiving family or professional nursing care at home, and taking five or more drugs per day. The GPs of the intervention group receive an educational training promoting a deprescribing guideline and on how to conduct a family conference focussing on prioritisation of treatment goals concerning drug therapy. During the one-year observation period GPs are expected to perform a total of three family conferences. GPs of the control group will deliver care as usual. Geriatric assessment of all patients will be performed by study nurses during home visits at baseline and after six and twelve months. The primary outcome is defined as hospitalisation. Secondary outcomes are number and appropriateness of medication, mobility, cognition, health-related quality of life, activities of daily living, weight, and costs of healthcare utilisation.

**Discussion:** The study will provide evidence for a co-operative patient-centred educational intervention utilising family conferences to improve patient safety in frail elderly patients with polypharmacy.

**Take Home Message for Practice:** Good communication could be crucial for decision making in polypharmacy management.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1746

### Abstract subtopic / Abstract Unterthema

2.3. Polypharmacy / Polypharmazie

### Presentation form / Präsentationsform

Lecture / Vortrag

## General practitioner attitudes and confidence to deprescribing for elderly patients

Pier Riccardo Rossi

*asl Citta di Torino, Torino, Italy*

**Background:** Deprescribing is a patient-centered process of medication withdrawal intended to achieve improved health outcomes.

**Questions:** The objective of this study was to assess the perceptions of primary care physicians working in Turin (Italy) on deprescribing and potential barriers to deprescribing

**Methods:** 439 GPs (71,3% of TurinS GP) were asked to anonymously answer to a validated questionnaire about deprescribing and potential factors affecting the deprescribing process.

**Outcomes:** Many GPs (71%) reported general confidence in their ability to deprescribe. Most respondents (83%) reported they were comfortable deprescribing preventive medications, almost half expressed doubts regarding deprescribing when medication was prescribed by a colleague (45%) or when patient and/or caregiver wanted to continue the assumption (49%). A third of doctors maintain that the absence of strong evidence supporting deprescribing (38%), the lack of time (29%), and that fear of effects due on withdrawal (31%) prevents them from deprescribing.

**Discussion:** The present study confirms that GP sense the importance of deprescribing and feel prepared to face it managing communication with patients and caregivers, but find barriers when enacting the practice in a real-life context.

**Take Home Message for Practice:** Study results can be used to plan educational and training activities for primary care physicians and other health care professionals involved in the medication prescription process, as well as to design strategies for improving patients' understanding of appropriate use of



medications and can provide useful elements for political decision maker and for those who are delegated to organize services

Conflict of interest / Interessenkonflikte  
no / nein

## 2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Contribution ID: 33

#### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### Presentation form / Präsentationsform

Workshop

#### Discussing Sexual Health with the adolescent

Pierre-Paul Tellier

*Family Medicine, McGill University, CLSC Cote-des-neiges, Montreal, Canada*

#### Background:

Adolescence is a dynamic time during the life cycle of an individual. Multiple changes occur on several levels, at this time. Physically it is marked by puberty during which secondary sexual characteristics develop which lead to a multitude of interesting new experiences, both positive and negative, for the adolescent. As health care practitioners it is important that we be prepared to discuss what is happening with our patient. We need to know the questions to ask, and the anticipatory guidance to offer. This is difficult to do for many of us. This presentation will give you a patient centered approach to follow and use during your patient visits.

#### Didactic method:

Lecture with questions and answer during the entire presentation.

#### Objectives:

- 1) Understand the context within which the adolescent is developing that impacts on how to discuss sexual health with patients of this age group.
- 2) Know the questions to ask during the history, that are related to sexual health
- 3) List the topics associated with sexual health that should be addressed with the adolescent

#### Estimated number of participants:

No restrictions

#### Workshop leader:

Dr Tellier is a family physician working in Montreal, Canada, with a special interest in adolescent health. He completed a Fellowship in Adolescent Health at Bellevue Hospital in New York City. Last year he co-created the WONCA Adolescent Medicine SIG. He is a past Chair of the International Chapter of the Society for Adolescent Health and Medicine.

Conflict of interest / Interessenkonflikte  
yes / ja

### Contribution ID: 34

#### Abstract subtopic / Abstract Unterthema



2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

## **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Mental health disparities in trans populations: Minority stress, discrimination, and intersectional oppression**

Pierre-Paul Tellier<sup>1)</sup>, Chérie Moody<sup>2)</sup>

<sup>1)</sup>Family Medicine, McGill University, CLSC Cote-des-neiges, Montreal, Canada

<sup>2)</sup>Educational Psychology and Counselling, Faculty of Education, McGill University, Montreal, Canada

### **Background:**

Gender diverse individuals have a higher prevalence of mental health issues than both the GLB and straight population. This is related to multiple factors including minority stress, discrimination and intersectional oppression. It is estimated that 43% have attempted suicide and 77% report having experienced suicidal ideation. This presentation will present the results of a qualitative study performed by one of the co-authors that helped identify the risks factors for suicide involved with the transition process. Using this information and the Bockting/Coleman Model of coming out we will present an approach to counseling that can be used at different stages during this process by health care practitioners.

### **Target Group:**

Health care practitioners

### **Didactic method:**

Lecture with questions and answers

### **Objectives:**

- 1) Define minority stress, transphobia, racism, misogyny, and intersectional oppression and their effects on mental health in gender minority patients.
- 2) List rates of mental health problems, including depression, anxiety, self-harm, and suicidal ideation and attempts.
- 3) Explain the relationship between suicidality and transition-related care from the perspective of the patient and health care provider.

### **Number of participants:**

No restrictions

### **Workshop Leader:**

Dr Tellier is a family physician at McGill University, in Montreal, Canada. He has worked for several years within his community with youth at risk. This led to a request, by a community group working with gender diverse adolescent and young adults, to assist in the medical care of this population. A request he accepted.

Conflict of interest / Interessenkonflikte

yes / ja

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### **Contribution ID: 35**

### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### **Presentation form / Präsentationsform**

Workshop



## Young adults – prevention visits and strategies the Greig health record for young adults

Pierre-Paul Tellier<sup>1)</sup>, Anita Creig<sup>2)</sup>

<sup>1)</sup>Family Medicine, McGill University, CLSC Cote-des-neiges, Montreal, Canada

<sup>2)</sup>Department of Family and Community Medicine, Faculty of Medicine, University of Toronto, Toronto, Canada

### Background:

Adolescent development is divided into three stages, early, middle and late. Since the turn of the century, and even earlier, the completion of the last stage of development has chronologically occurred later in life. As a result, the term “emerging adult” has been coined to define this final stage, which occurs between the age of 18 to 25. As health care practitioners what to do with this group of individuals who usually present for episodic care. The Greig Health Record for Young Adults, an evidence-based tool developed by Dr Anita Creig with Dr Pierre-Paul Tellier, two Canadian family physicians, provides you with a template for care, and resources for both you and your patients. Come and see if you can apply it to your milieu.

### Target group:

Health care givers interested in the care of emerging adult.

### Didactic method:

Case presentation, lecture, questions and answers

### Objectives:

- 1) To identify and describe the unique risks, behaviours and health concerns of young adults.
- 2) To introduce the Greig Health Record for Young Adults (GHRYA) in both preventive care visits and in opportunistic prevention scenarios.
- 3) To describe evidence-based screening tools, online resources and patient information found in the GHRYA

### Estimated number of participants:

Unrestricted

### Workshop leader:

Dr Tellier is a family physician from Montreal, who completed a Fellowship in Adolescent Health at Bellevue Hospital in New York City. He served as Director of Student Health at McGill University for too long to mention. He will share his experience with you.

Conflict of interest / Interessenkonflikte

yes / ja

### Contribution ID: 102

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Is Multiple Chemical Sensitivity (MCS) a rare disease or is misdiagnosed by the General Practitioner (GP)?

Giovanni Colucci, Robusto Fabio, Iacovazzo Pasquale, Carelli Francesco, Colucci Enza, Grittani Mario, Speciale Carmen, Zamparella Maria, Basile Carlo, Amati Luigi  
Distretto 5, ASL Ta 5, Martina Franca, Martina Franca, Italy



**Introduction:** The prevalence of severe MCS in the United States is about 3.5% of the population, that of a mild MCS 12-25%. Studies in Canada, Germany, Denmark and Sweden estimated lower rates. Aim of the study: to evaluate the clinical presentation of the disease (multi-organ systemic progression).

**Materials and methods:** The QEEI questionnaire of Miller and Mitzel, modified for comorbidities, was administered to 37 patients affected by MCS (35 females, mean age 53.7±12.4 SD years) of Apulia region (South Italy).

**Results:** MCS was present in the family in 10 patients (27.0%). Severe aversion to: insecticides (91.9%); colors (94.6%); perfumes (89.2%); detergents (83.8%). Severe symptoms: diffuse pains (32.4%); irritation (27%); abdominal pains (27%); balance (27%); migraine 21.6%. Remission of symptoms: diffuse pains (21.6%); cardiological symptoms (21.6%); migraine (18.9%). Thirty patients (81.1%) reported to have been treated and 26 (70.3%) to have had a clinical improvement. Comorbidities: overweight/obesity (40.5%); autoimmune diseases (40.5%); chronic asthma/bronchitis (24.3%); peripheral vascular diseases (32.4%); arterial hypertension (21.6%); psychosis (5.4%). Job categories: indoor environments without air renewal (51.3%); contaminated water (51.3%); exposure to toxic substances (51.3%).

**Conclusions:** MCS both in early and advanced stages is masked by cardiovascular and autoimmune diseases (rheumatoid arthritis, neurodegenerative diseases, connectivitis, vasculitis, thyroiditis). A proper environmental history and laboratory tests allow a correct diagnosis by the GP.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 115

#### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

#### Characteristics on alcohol consumption in secondary school students

Kosana Stanetić, Verica Petrović, Brankica Marković, Slavica Trifković Perić

Primary Health Center Banja Luka, Primary Health Center Banja Luka, Medical faculty, University of Banja Luka, Bosnia and Herzegovina, Banja Luka, Bosnia and Herzegovina

**Aim:** investigate alcohol consumption among students of The Grammar School in Dobož and to compare the obtained results in relation to gender, family status, education of parents and income of the family.

**Method:** The study was conducted by anonymous interviewing of students of the of The Grammar School in Dobož from february till may 2018. year. All students of this school were offered to complete the questionnaire that contained data about socioeconomic status (gender, age, family status, education of parents, income of the family) and alcohol consumption.

**Results:** Out of total 255 students, we interviewed 157 female and 98 male students. Alcohol already consumed 208 (81.57%) students. The majority of the students consumed alcohol for the first time at the age of 16 years or older. The alcohol consumption initiation was not influenced by family income, the level of parents' education and the fact that students live with one or both parents. The students indicated that the majority (48,6%) of their friends consumed alcohol (all friends 18,8%; several 17,6%; few 12,5% and none 2%). Even 49% of the students indicated that alcohol was a health hazard. The information about health risks of alcohol, students mostly got from parents 67,5%, teachers 17,3%, family physician 4,3%, on internet or television 22,7%, and 13,7% had no information.



**Conclusion:** Family physicians should have more active role and considerably educate adolescents about alcohol consumption harmful effects by individual counseling or educations at school. The important role in education also have parents, media and the community.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 119**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Differences between respondents and non-respondents in a telephone-supported low-threshold collaborative care approach for Late-Life Depression in primary care**

Thomas Kloppe, Martin Scherer

*Department of General Practice / Primary Care, University Medical Center Hamburg-Eppendorf, Hamburg, Germany, Hamburg, Germany*

**Background:** To improve treatment of depressive disorders in old age, the collaborative care approach GermanIMPACT was evaluated in a cluster-randomized controlled study in Hamburg and Freiburg. In this nurse-led intervention Collaborative Care Managers offered a complex stepped-care telephone intervention. This intervention was superior to the usual treatment by the General Practitioner. 25,6 % of the intervention group showed a remission of depressive symptoms compared with 10,9 % (TAU). Nevertheless, three quarters of the patients in the intervention group did not achieve a satisfactory reduction in depression.

**Question:** Which patient- and intervention-specific moderators contribute to a success of the GermanIMPACT-programm?

**Methods:** We carried out problem-centered interviews with 26 patients from the intervention group and analyzed the interviews using a type-building qualitative content analysis approach incorporating constant case comparison, regarding conducive and obstructive factors to the intervention and the symptom development.

**Results:** The telephone-intervention had a positive influence on the depressive symptoms. The analysis of individual utilization suggests that the way of utilization itself has no impact on depressiveness. Patient specific moderators seem to have the most influence. Especially in individuals with late-onset depression, an affinity for activity, supportive contacts and limited comorbidity. In contrast, individuals with severe early onset depression could benefit subjectively in a variety of ways, but their depressive symptoms didn't change.

**Discussion:** GermanIMPACT is suitable as a low-threshold intervention for moderately burdened persons. An expansion of the interventions for wider degrees of depression and comorbidity could increase the effectiveness and improve the care situation of older people with depression.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 140**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**



Lecture / Vortrag

## Have we built Utopia? Reviving purpose driven care for refugees and asylum seekers.

Lester Mascarenhas<sup>1)</sup>, Meredith Temple-Smith<sup>2)</sup>

<sup>1)</sup>Utopia Refugee and Asylum Seeker Health, Melbourne, Australia

<sup>2)</sup>Department of General Practice, The University of Melbourne, Melbourne, Australia

**Background:** Corporatisation of medicine in Australia has led to the demise of many community health services which focussed on meeting the needs of local vulnerable communities. Refugees especially have been affected by such closures, as they need a community presence at the clinic to help them navigate the system; their complex medical problems combined with language difficulties often results in a preference for a long term relationship with one doctor or, at least, one clinic; and they often have special needs not met in mainstream services.

**Methods:** Using volunteers with multidisciplinary expertise, a health centre was conceptualised using principles of service user involvement, purpose-driven service and values-driven staffing.

**Results:** The Utopia Refugee and Asylum Seeker Health Centre opened in January 2020, staffed by primary care physicians, nurses and bicultural workers. Cost-saving measures included reduced physician salary compensated by an enjoyable working environment, task-shifting to allied and nursing health professionals, and reduced competition with other clinics by providing a niche service.

**Discussion:** The establishment of Utopia provides a story of how purpose can shape every aspect of a health service. The trade-off between high wages and a good working environment was exploited to source motivated and values-driven staff. Task-shifting not only drives costs down, but maximises job satisfaction in nurses and allied health workers. This small-scale, non-government model does, however, have its challenges. It is vulnerable to fluctuations in income, requires substantial capital outlay, and relies on the good will of staff, patients and volunteers.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 158

#### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### Presentation form / Präsentationsform

Lecture / Vortrag

## Incorrect feeding causes obesity/overweight (OB/OV), nephrolithiasis (NL) and arterial hypertension (AH)

Giovanni Colucci, Robusto Fabio, Colucci Enza, Iacovazzo Pasquale, Zamparella Maria, Grittani Mario, Speciale Carmen, Carelli Francesco, Basile Carlo, Amati Luigi  
*Distretto 5, ASL Ta 5 Martina Franca, Martina Franca, Italy*

**Background:** Nephrolithiasis (NL) is a worldwide disease with rates ranging from 5-9% in Europe. Obesity/Overweight (OB/OV) and arterial hypertension (AH) are associated with NL with a high level of acute and chronic morbidity. **Aims of the study:** a) to correlate OB/OV, AH and NL; b) to correlate NL with foods and water intake. **Materials and methods:** One thousand and seventy-six adolescents [age ranging between 15.6 and 24.6 years; (M) 478; (F) 598] were enrolled. Blood pressure (BP), hearth rate (HR), body mass index (BMI), waist circumference (WC), urinalysis and renal ultrasound were collected. The study

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consists of NL (157:M 43.9%, mean age  $17.75 \pm 0.88$  years) and [C] (354:M 45.8%, mean age  $17.77 \pm 0.84$  years) with a questionnaire (sports, daily water intake, sodium, oxalate, urate and fructose content of the food) to be populated. **Results:** WC correlated with OB/OV. BP was  $> 140/90$  mmHg in 11% of subjects [M: 3.98 ( $p < 0.0001$ ); Age: 1.028 ( $p = 0.75$ ); OB/OV: 1.859 ( $p < 0.05$ ) and correlated with OB/OV. Albuminuria and hematuria were present in 10.4% and 24.3% of subjects. On multivariate analysis no correlation among NL, AH, OB/OV, tap and/or mineral water, sport activity, and foods (fructose, sodium, oxalate, urate) was found. Correlation between NL and water intake  $< 1$  l/day was found. The NL/[C] study in OB population (7.4%) correlated with snacks (OR 1.19; IC 0.28 - 4.99). **Conclusions:** NL in adolescents is correlated to pathological alterations and not to the metabolism, while in adults is the opposite (cardiovascular risk).

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 198**

### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## **Referrals to secondary care in a low-threshold outpatient primary care clinic for refugees in Germany**

Ingmar Schäfer, Jan Hendrik Oltrogge, Dagmar Lühmann, Martin Scherer

*Department of Primary Medical Care, University Medical Center Hamburg-Eppendorf, Hamburg, Germany*

### **Background:**

In 2015 and 2016, the German federal state of Hamburg received about 57,000 asylum seekers. To ensure low threshold medical care, the health authority of Hamburg commissioned first-line medical care services for the biggest central first reception centre. As a result, we established a local outpatient primary care clinic.

### **Questions:**

To what extent could the health care needs of asylum seekers be met and in which cases were additional services from outpatient specialists or hospitals needed?

### **Methods:**

Our study was based on routine data from 4.11.2015 to 21.7.2016. The outcome was referral to secondary care. Time-to-event was defined as days under treatment until the first referral occurred. Predictor variables were the patients' diagnoses grouped in 46 categories with a prevalence  $\geq 1.0\%$ . The data set was analysed by Cox regression analyses allowing for multiple failure times (=episodes of care, i.e. consultations related to one specific health problems).

### **Outcomes:**

We analysed the data of 1,467 patients with a mean age of 23.2 years. 60% were male. Referrals occurred in 15.5% of the episodes. The diagnosis groups with the highest association with referral were "eye" (hazard ratio: 4.929;  $p \leq 0.001$ ), "teeth complaints" (3.509;  $p \leq 0.001$ ) and "urological system/female or male genital" (2.504;  $p \leq 0.001$ ). Age, sex and home country had no significant effect on time-until-referral.

### **Discussion:**

For most health problems, we could provide first-line medical care without referral to secondary care. Additional medical support was needed especially for visual impairment and dental problems, as well as for psychological disorders, obstetrics, infections and injuries.

Conflict of interest / Interessenkonflikte



no / nein

**Contribution ID: 217**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

ePoster

**Vegetarian and vegan diets in pregnancy: an evidence-based review**

Ana Sofia Bodas de Carvalho

USF Benfica Jardim, Lisbon, Portugal

**Background:** During pregnancy, proper nutrition is crucial for optimal fetal development. Nowadays, plant-based diets are a popular option but mean a restriction of animal foods, which can mean nutritional deficits.

**Questions:** ascertain the maternal and fetal outcomes of vegetarian/vegan diets in pregnancy. **Methods:** Research of systematic-reviews, meta-analyses, original studies and guidelines published since 2009 from NICE, TRIP, PubMed and Cochrane Library, with the MeSH words "vegan", "vegetarian" and "pregnancy", available in Portuguese and English. 82 articles were obtained and 74 excluded. The level of evidence for each study and final strength of recommendation were given, according to SORT. **Outcomes:** One meta-analysis, one systematic review, an observational study, a case report, and five recommendations articles were included. Vegetarian/vegan diets weren't associated with harmful maternal or fetal outcomes, except for one study that significantly associated lower birth weight with maternal vegan diets, compared with omnivorous diets ( $p < 0.03$ ). Plant-based diets are susceptible to nutritional deficits. It is recommended to increase the intake or add supplementation of these nutrients, especially vitamin B12. **Discussion:** The benefits of a plant-based diet end when the risk of nutritional deficits begins. A vegetarian/vegan diet is considered safe in pregnancy with proper nutritional follow-up, for may need supplementation with omega-3 and vitamin B12. **Take home message for practice:** A vegetarian/vegan diet is safe in pregnancy if properly monitored, sometimes in need of supplementation, with a strength of recommendation B. The general practitioner has a key role in ascertaining dietary restrictions in pregnancy.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 332**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Role of the family doctor in improving cross-cultural care: migration and health**

Rocío García-Gutiérrez Gómez<sup>1</sup>, Sara Correia<sup>1</sup>, Matteo Mannucci<sup>1</sup>, Elena Klusova<sup>1</sup>, Jorge Sánchez-Tembleque Sánchez<sup>1</sup>, Santiago Martínez Torre<sup>1</sup>, Roberto Navarro García<sup>2</sup>, Carlos Montejo<sup>2</sup>, Carlos Piccone Saponara<sup>3</sup>, María Clemente Yélamos<sup>3</sup>

<sup>1</sup>semFYC, Madrid, Spain

<sup>2</sup>SUMMA 112, Madrid, Spain

<sup>3</sup>Hospital Universitario del Tajo, Aranjuez, Spain



The human being is perfectly adapted for the migration. However, nowadays the political and religious barriers created by the states and the social and legal problems encountered by migrants, increase the health risk of this population.

Migrants are mostly young and healthy people who do not usually represents any risk to the health of the receiving community. Cultural or language differences between professional and patient increases the risk of clinical error and leads to worse outcomes in our patients health. As Primary Health professionals these patients should not be treated in a different way from the rest; instead we should make some positive changes to arrive to a situation that is comparable.

With the intention of facing with this new reality, arises the need for training and updating on issues of international health and imported pathologies, as well as acquiring certain cultural and communication skills. We intend this session as an educational guide for residents and doctors, with the aim of getting an integral attention to the migrant, accross the knowledge of emerging pathologies, the social issues, the different ways of understanding the concept of health and illness and definitely, the necessary resources to improve their health care. Our main aims and key points, are health promotion, primary prevention, family planning and detecting infectious diseases that could be a public health problem.

We consider the family medicine like the first level of attention, where is more likely to achieve an equitable and fair healthcare.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 338**

### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### **Presentation form / Präsentationsform**

WONCA only / Nur WONCA: WONCA Symposium

## **Thinking about distress in primary care - what is the GPs role in the early 21st century?**

Venetia Young

*MH working Party, WONCA, Penrith, United Kingdom*

Several issues are emerging as challenges to the way Mental Health in Primary Care has been tackled in the last 50 years. There are new paradigms to be considered, weighed up and perhaps implemented. Despite much work on reducing stigma, defeating depression and suicide prevention initiatives, people seem to be unhappier.

The emerging issues are: understanding that adverse childhood experiences (ACEs) influence mental and physical health in adulthood; challenges to the DSM and ICD way of conceptualising mental illness; challenges to the accuracy of the research base underpinning psychotropic medication and prescribing. In addition to this there is mounting research evidence about what works in 'therapy' which seems to indicate that it is the quality of listening/witnessing that matters most. The neurobiology of distress and trauma is adding greater amounts of information to empower patients. GPs describe having felt deskilled by many MH initiatives.

This symposium will bring together GPs and other colleagues from UK to offer hope to Primary Care

- Understanding the neurobiology of stress getting into the body (MUS) and how to get it out: Venetia Young
- A CFS patient's journey to recovery and beyond: Janice Benning



- Simple tips for the 10 minute distress consultation using the Human Givens approach: Adam Lake
- 'What's happened to you?' A question for thinking differently about distress and recovery: Alastair Dobbin
- 'Spoiled for choice?' International research on 'therapy and therapist' effectiveness: Iain Caldwell

The symposium will be illustrated with Primary Care case histories  
 Conflict of interest / Interessenkonflikte  
 no / nein

**Contribution ID: 406**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

Lecture / Vortrag

**The contradictions experienced by fibromyalgia patients in a Finnish health center. A qualitative study.**

Aleksi Varinen<sup>1)</sup>, Tiina Vuorio<sup>2)</sup>, Elise Kosunen<sup>1)</sup>, Tuomas Koskela<sup>1)</sup>

<sup>1)</sup>Tampere University, Tampere, Finland

<sup>2)</sup>Finnish Student Health Service, Turku, Finland

**Background:** In the eyes of many physician, fibromyalgia still is a questionable disease entity. Physicians find their treatment frustrating because of difficulty of controlling the symptoms.

**Questions:** The aim of this study was to find out what kind of expectations and experiences fibromyalgia patients have had in their treatment in primary health care.

**Methods:** The participants for focus group interviews were selected from the electronic patients records in city of Nokia in Finland, using purposive sampling method to gather a maximum variation sample. Two researchers coded the data first independently and after that they discussed their findings. A description of the coding tree was provided after that. Researchers organized the codes and after that all researchers identified themes from the data.

**Outcomes:** The main unifying entities were uncertainty and contradictions in fibromyalgia that patients had faced in several occasions. Furthermore, patients expressed their wishes for a holistic, competent and empathic care.

**Discussion:** Many patients had faced contradictions and uncertainty and some of that appeared to originate from physicians' varying attitudes towards fibromyalgia. Accepting the diagnosis is important in order to find coping strategies and in that sense these contradictions and uncertainty can be especially harmful. Nevertheless, patients valued good doctor-patient relationship and continuity of care.

**Take Home Message for Practice:** Our findings suggest that it is necessary to develop the diagnostic process and the care of fibromyalgia. Furthermore, supporting the core values of general practice - such as continuity of care - is also important.

Conflict of interest / Interessenkonflikte  
 no / nein

**Contribution ID: 410**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)



## Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Diabetes Campaign: a broad strategy to screen complications involved with the disease in Blumenau/SC - Brazil

Vitoria Meneghetti<sup>1)</sup>, Bruna Strube Lima<sup>1)</sup>, Ivana Becker<sup>1)</sup>, Talita Reis<sup>1)</sup>, Susane Fanton<sup>2)</sup>, Marcos Thiago Faé<sup>1)</sup>, Fernando Penha<sup>2)</sup>, Jerry Schmitz<sup>2)</sup>

<sup>1)</sup>Community Health Interaction (IESC) and Computer Skills, UNIDAVI, Rio do Sul - SC, Brazil

<sup>2)</sup>Renal Vida Blumenau, Renal Vida, Blumenau, Brazil

**Introduction:** Diabetes mellitus is a growing disease with over 400 million diabetics in the world. Diabetes is associated with a higher incidence of cerebrovascular, cardiovascular disease, renal failure, blindness, and amputations. **Objective:** To describe the event performed in Blumenau/SC - Brazil in 2019, with the aim of individual examining and screening of people living with DM. **Methodology:** The Blumenau Diabetes Campaign follows the model of the national diabetes effort program, designed by Itabuna/BA - Brazil. Is patient-oriented to people diagnosed with DM and holds as main goal to prevent any complications that this disease may cause, including renal failure, blindness and amputation, for example. **Results:** In 2019, the second edition of the event took place on a Saturday morning in November. Specialized evaluations were performed to screening for complications such as: (a) diabetic nephropathy, through the proteinuria test strip and blood pressure verification, (b) diabetic retinopathy, through the funduscopy eye test and (c) assessment of diabetic foot through inspection, sensitivity testing such as monofilament and distal pulse evaluation. Besides that, a schooling in multidisciplinary health was staged during the whole event. Approximately 1000 patients attended the event, out of 568 diabetic assessments and general population guidelines. **Conclusion:** It was possible to identify diabetes complications in the population examined and refer them individually to the specialized service of the public health care network of the municipality. In the medium and long term, it is expected to reduce the rate of amputation, blindness and renal failure secondary to diabetes.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 911

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

ePoster

## Transgender, not transgenic!

Cátia Andrade, André Rocha, Daniela Castro, João Duarte, Lukasz Hermann, Rodrigo Tavares, Sandra Cró, Sara Reis

Unidade de Saúde da Ilha de São Miguel, Ponta Delgada, Portugal

**Background:** Transgender are persons whose gender identity differs from their sex record at birth and Transgender persons are a diverse group whose gender identity differs from their sex recorded at birth. They have low rates of access to health services due to a range of issues including violence, legal barriers, stigma and discrimination.

**Questions:** What is the importance of the family doctor (FD) to the transgender patients?



**Methods:** Case report.

**Outcomes:** A 23-year old transgender woman sought medical care in her primary care unit. She asked the receptionist to schedule an appointment with her FD and to change the name on the medical system to her feminine name. She was informed it was not possible unless it was changed in her ID. The people that witnessed this moment laughed and made inappropriate comments. One of the nurses refused to call her by her name of preference. After that, the receptionist, who was quite shocked, said to the FD "A transgenic man, who says he is a woman, asked for an appointment with you". During the appointment, it was explained to her, for the first time, that she could be sent to the endocrinologist for transgender medical interventions. Although precise estimates are not available, not all transgender persons seek medical intervention (32). Further, some who want intervention may postpone it because of family circumstances, work environment, insurance coverage, or other barriers. With appropriate knowledge, primary care clinicians can initiate and manage transgender medical interventions, including hormone therapy and other agents that affect hormone levels, with involvement of an endocrinologist if needed. Some may be confident in their gender identity and have clear treatment goals. Others may be less able to articulate their gender identity and may benefit from greater support from mental health providers. Finally, some are clear about their gender identity but less clear about their desire for medical intervention to align their identity and appearance. Barriers to accessing appropriate and culturally competent care contribute to health disparities in transgender persons, such as increased rates of certain types of cancer, substance abuse, mental health conditions, infections, and chronic diseases. Thus, it is important that clinicians understand the specific medical issues that are relevant to this population. Some choose to undergo medical treatment to align their physical appearance with their gender identity.

**Discussion:** FDs are most often the first point of contact with the health care system for transgender people and are expected to approach these patients wisely. However, there are gaps in the training and preparation of most health professionals in these subjects.

**Take Home Message for Practice:** It's important that the FD understand the specific issues that are relevant to this population and that all staff use respectful language.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 450**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Illustrative timetable stamps in doctor's prescriptions to assist treatment of illiterate patients in Southern Brazil.**

Vitoria Meneghetti<sup>1</sup>, Bruna Strube Lima<sup>1</sup>, Susane Fanton<sup>2</sup>, Ivana Becker<sup>1</sup>, Bárbara Confortin<sup>1</sup>, Talita Reis<sup>1</sup>, Israel Schweitzer<sup>1</sup>, Fernanda Prado<sup>1</sup>, Beatriz Nienkotter<sup>1</sup>, Laura Roman Cruz<sup>1</sup>

<sup>1</sup>Community Health Interaction (IESC) and Computer Skills., UNIDAVI, Rio do Sul - SC, Brazil

<sup>2</sup>Renal Vida Blumenau, Renal Vida, Blumenau, Brazil

**Introduction:** In Brazil, the Medical Code of Ethics states that health doctors should deliver prescriptions, reports, medical certificates or any other nonmedical documents in a legibly way. That prevents the patients from switching medications, taking them wrongly and the possible bad outcomes that this behavior could nourish. In other to avoid that, many professionals now make use of digital means. But what about the 11,3



million of illiterate Brazilians? These are people usually from a lower class and that head to the healthcare facilities and don't make correct use of their medication, not because the prescriptions are not legible, but because these patients simply don't know how to read. **Objective:** This experience report aims to share how the third term medicine students from UNIDAVI could adapt to the difficulties of explaining to an illiterate patient how to correctly take their medication accordingly to the doctor's prescription. **Methodology:** Theoretical basis of this research arises from medicine course subject Health Interaction within the Community. **Results:** Being daily aware of the difficulties that illiterate patients face to follow their prescriptions correctly, these medicine students have created special stamps highlighting the morning (sun), noon (plate of food) and night (moon). These stamps are used in the doctor's prescription and in the medication box in order to solve this problem. **Conclusion:** Besides making the explanation of the prescription easier, the patients have become more independent regarding their treatment. The idea has been also embraced by the whole healthcare team of the Canoas district.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 451

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Applicability of the Snellen Eye Chart to assess visual acuity in children from southern Brazil

Bruna Strube Lima<sup>1</sup>, Vitoria Meneghetti<sup>1</sup>, Talita Reis<sup>1</sup>, Susane Fanton<sup>2</sup>, Ivana Becker<sup>1</sup>, Marcos Thiago Faé<sup>1</sup>

<sup>1</sup>Community Health Interaction (IESC) and Computer Skills., UNIDAVI, Rio do Sul - SC, Brazil

<sup>2</sup>Renal Vida Blumenau, Renal Vida, Blumenau, Brazil

**Introduction:** Currently, Low Visual Acuity (LVA) has a high prevalence in the population and the increasing incidence of early undiagnosed cases is related to cognitive, learning, socialization and language impairments, since vision represents 85% of the relationship with the outside world and LVA affect areas of development related to vision-mediated skills. **Objective:** This experience report aims to share the impressions that the third term medicine students from UNIDAVI acquired during the employment of Snellen eye chart amidst children from municipal and public schools located in the Canoas district of the city of Rio do Sul, Santa Catarina, Brazil. **Methodology:** The theoretical contribution of the research came from the databases MEDLINE™, Google Scholar™ and SciELO™, from the subjects of the medical course - Community Health Interaction and Neurology. The articles were selected for their degree of relevance, considering the publication period between 2000 and 2019. The Snellen chart was applied in the mornings and afternoons of school days to four classes, totaling 87 children properly instructed on how to respond to the test. **Result:** Sixteen children were diagnosed with LVA and referred to the ophthalmologist for further investigation. Whenever needed, intervention with corrective lenses was made. **Conclusion:** This practice has been found to provide local children with bi-annual assessment, vision correction, and prevention against future visual disturbances. It also presents medical students with the opportunity to identify community weaknesses and to make practical use of the theory covered during class, strengthening the link between education and health.

Conflict of interest / Interessenkonflikte  
no / nein



## Contribution ID: 452

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## The importance of prevention of gestational diabetes mellitus through nutritional informative means

Ivana Becker<sup>1</sup>, Vitoria Meneghetti<sup>1</sup>, Bruna Strube Lima<sup>1</sup>, Talita Reis<sup>1</sup>, Susane Fanton<sup>2</sup>, Marcos Thiago Faé<sup>1</sup>

<sup>1</sup>Community Health Interaction (IESC) and Computer Skills., UNIDAVI, Rio do Sul - SC, Brazil

<sup>2</sup>Renal Vida Blumenau, Renal Vida, Blumenau, Brazil

**Introduction:** Gestational Diabetes Mellitus (GDM) is any grade of glucose tolerance reduction developed or detected during pregnancy. The emergence of this complication is linked to the expectant mothers' nutritional state before and during pregnancy. Therefore, the availability of information, as well as nutritional supervision during this period is crucial to prevent the development of this clinical presentation. **Objective:** To make nutritional information available to expectant mothers through a chart containing recommendations that will help prevent and avoid the development of GDM. **Methodology:** Literature review in the Scielo, Pubmed and Google Scholar databases. **Results:** The data gathered in this research reveal that the ideal diet for an expectant mother must include basic nutrients, as for example proteins, carbohydrates, sources of fat, vitamins, water and fibers. It is important to nourish a healthy lifestyle - daily physical activities and alcoholic beverages. These pieces of information must be organized in a very clear and didactic way. It is vital that the professionals involved can identify the difficulties that each expectant mother may bring up in order to include healthy habits into their routines also taking into consideration their social power of acquisition. It is also clear the need to dismiss some popular beliefs about some eating behaviors during pregnancy. **Conclusion:** To come to a chart that will help prevent GDM, the pieces of information regarding healthy habits and nutritious eating must be clear, as well as some popular beliefs that might do more harm than good to the expectant mother need to be terminated.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 455

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Technology in health: Google Translator as a communication tool among Brazilians and Haitians in a Primary Health Care Unit.

Vitoria Meneghetti<sup>1</sup>, Barbara Confortin<sup>1</sup>, Beatriz Nienkotter<sup>1</sup>, Bruna Strube Lima<sup>1</sup>, Fernanda Prado<sup>1</sup>, Israel Schweitzer<sup>1</sup>, Laura Roman Cruz<sup>1</sup>, Ivana Becker<sup>1</sup>, Talita Reis<sup>1</sup>, Susane Fanton<sup>2</sup>

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<sup>2</sup>Renal Vida Blumenau, Renal Vida, Blumenau, Brazil



**Introduction:** The National Policy on Health Technologies Management (NPHTM) was born in 2009 as a strategy to magnify the construction of scientific knowledge and has roots in the evidence-based medicine. Besides that, it supports the administrators of the Brazilian healthcare system – known as Sistema Único de Saúde, SUS – in making decisions regarding the incorporation and removal of technologies from the healthcare system with the aid of Health Technology Assessment (HTA). **Objective:** this experience report aims to share how the phone App Google Translator has made communication and exchange of information about prenatal care, anticonception and sexually transmissible infections (STI's) easier to the Haitian population. **Methodology:** the theoretical basis of this research arises from the NPHTM and from both medicine course subjects Health Interaction within the Community and IT Skills. **Results:** in the beginning, the lecture appeared to be a concern and challenge for the undergraduates, but the Problem Based Learning (PBL) method applied to the medicine undergraduate course has become essential for the students to look for a simple and quick solution to overcome the communication obstacles among patients and healthcare professionals. Therefore, the free virtual instant translation tool known as Google Translator was used during the lecture and afterwards to help answer questions from either Portuguese into French as well as French into Portuguese. **Conclusion:** This experience has provided the immigrant Haitian population with access to primary healthcare, doubts clarification and strengthening of their relationship with the multidisciplinary team. A simple, practical and free solution.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 458

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

Workshop

### Improving the mental health of migrants through family medicine

Aaron Poppleton<sup>1)</sup>, Özden Gökdemir<sup>2)</sup>, Cristiano Figueirdo<sup>3)</sup>, Sofia Pinto<sup>3)</sup>, Kemal Mustan<sup>4)</sup>

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**Europe is experiencing unprecedented levels of immigration for both asylum and economic reasons. Difficulties within home nations, migration journeys, and social determinants within their new countries put migrants at risk of poor mental health. Family medicine is often the first and most frequent point of health contact. Cultural and structural barriers can make it difficult for migrants to receive the mental health care they need care.**

This session is relevant for all family medicine staff (maximum capacity 50 people).

Workshop content will be practical and interactive, delivered by an international team from the Vasco da Gamma Mental Health and Migrant Health Special Interest Groups. An initial digital group quiz will cover background statistics and migrant mental health needs. Subsequent case discussions in small groups will cover practice strategies, culturally adapted health resources, and examples of working with organisations/community groups, including 'Safe Surgeries' and 'Improving Access to Mental Health in Primary Care'. Feedback will stimulate wider discussion and application of evidence informed theory to the social and health challenges faced within participants countries. Participants will be supported in developing

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a personalised needs based approach for family medicine to improve migrant mental health care in their local and/or national working context. The session will close with time for questions.

Participants will:

- Improve knowledge of migrant mental health including barriers and facilitators to care
- Develop a strategy to improve migrant mental health care

Aaron Poppleton is a General Practitioner and Researcher in cross-cultural mental health at the University of Manchester, UK

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 460**

### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### **Presentation form / Präsentationsform**

Workshop

## **Monogamy vs Polyamory and consensual non-monogamy - the role of the GP in understanding and de-stigmatizing behaviours**

Elena Klusova Noguina<sup>1)</sup>, Alessio Platania<sup>2)</sup>, Nicholas Mamo<sup>3)</sup>, Christofer Patrick Reichel<sup>4)</sup>, Nadia Toumi<sup>5)</sup>, Marina Jotić Ivanović<sup>6)</sup>, Marta Filipa Rodrigues Sá Ruivo<sup>7)</sup>, Camille Leveque<sup>8)</sup>, Saliha Şahin<sup>9)</sup>, Rita Sofia Cachulo Aguiar Fonseca<sup>10)</sup>

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<sup>9)</sup>Arpaçay State Hospital, VdGM/TAHUD, Kars, Turkey

<sup>10)</sup>VdGM/Associação Portuguesa de Medicina Geral e Familiar, Lisbon, Portugal

### **Background:**

In this modern world, relationship and family models are constantly evolving, creating new relationship dynamics and terminology which are often unknown to members of the older generations. Despite being a growing phenomenon, consensual non-monogamous relationships (an umbrella term which includes for example polyamory, open relationships or swinging) can often be subject to social stigmatization and perceived in a negative way, mainly due to the divergence from more commonly accepted social and cultural based models.

Family Doctors have the privilege to accompany patients through their journey in the cycle of life, which may entail different relational arrangements. Understanding these different dynamics is crucial not only to give appropriate, open and non-judgemental support, but also to identify potential unaddressed health needs.

### **Target Group:**

All healthcare professionals

### **Didactic Method:**

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After introducing the history of marriage, love and different relationship models, participants will be divided into two groups. With the help of family doctors specialized in sexology and anthropology, attendees will debate on traditional and modern relational models throughout clinical cases and questions on the controversial issues relevant for a family doctor practice.

### Objectives:

To learn about different models of familial and relational styles; to recognise personal and cultural bias towards sexual and relational styles, to overcome prejudices, prevent judgment and increase tolerance, to enhance the capacity of assessing and providing care regarding patients' sexual and mental health.

### Estimated number of participants:

Up to 75

### Workshop presenters:

Presenters will be a mix of YGPs with various expertise on sexology, psychology and anthropology.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 500

#### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### Presentation form / Präsentationsform

ePoster

### Thymoma found in a smoking cessation intervention - case report

José Almeida<sup>1)</sup>, Ana Luísa Fonseca<sup>2)</sup>, Lourdes Barradas<sup>2)</sup>

<sup>1)</sup>UCSP Montemor-o-Velho, Coimbra, Portugal

<sup>2)</sup>Portuguese Oncology Institute - IPO, Coimbra, Portugal

**Background:** Thymoma originates within the epithelial cells of the thymus, a lymphoid organ located in the anterior mediastinum. Although unclear, some studies suggest that tobacco smoking should be a risk factor for thymoma. Tobacco cessation significantly reduces the risk of dying from tobacco-related diseases.

**Methods:** Case study. The information was retrieved from the electronic medical record of the patient.

**Case report:** A 52 year old man, farmer, married with 2 children, tobacco smoker, 15 packs-year, with a personal history of pulmonary tuberculosis and malignant melanoma, was advised by his family doctor and referred by his dermatologist to have an intensive smoking cessation intervention in pneumology 1,5 years ago. There, he revealed no significant symptoms and a chest x-ray with a centimeter nodule in the right middle lung. Therefore, he made a chest TC that confirmed these findings but also showed a 18 mm nodular solid lesion in the anterior mediastinum, in relation to the thymus. So he underwent a mediastinal lesion's resection that revealed to be a thymoma stage 1. Concerning smoking cessation intervention, he managed to quit tobacco 1 year ago with the help of varenicline and motivational approach.

**Discussion:** This case shows the importance of the multidisciplinary in the success of smoking cessation. Other benefit of these approach was the early diagnosis of this lesion which seems to be crucial to the prognosis of these case. Although the relation between thymoma and smoking is not clear, it's certain that quitting tobacco will prevent many other diseases.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 526



## Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

Lecture / Vortrag

## Attitudes and Barriers to HIV testing in Primary care: A Survey of GPs in the North West of England

Charlotte Morris<sup>1)</sup>, Anna Garner<sup>1, 2)</sup>

<sup>1)</sup>CENTRE FOR PRIMARY CARE, University of Manchester, Manchester, United Kingdom

<sup>2)</sup>Consultant in Genitourinary Medicine, The Northern Contraception, Sexual Health and HIV Service, Manchester University Hospitals NHS Foundation Trust, Manchester, United Kingdom

### Background:

Late HIV diagnoses remain a challenge; Public Health England estimate 41% HIV cases present late. General Practitioners (GPs) are in an excellent position to identify cases. However, rates of HIV testing in primary care are low.

### Research Question:

What are the knowledge levels, attitudes and barriers around HIV testing in GPs and GP trainees in North-West England?

### Method:

An online survey was sent to GPs and GP trainees in North-West England. Questions covered knowledge of HIV testing, indicator conditions, attitudes and barriers towards HIV testing in primary care.

### Results:

100 responses were analysed, 81 GPs and 19 GP trainees.

100% of those surveyed understood early HIV diagnosis was important. 80% strongly agreed that HIV testing was part of a GP's role, yet 83% had done 5 or fewer tests in the past year.

The most common barriers identified were:

'Not enough time to counsel properly' (39.36%)

'Concerns around patient acceptance' (37.23%)

And 'Not something I think of doing' (25.53%)

### Discussion:

Rates of HIV testing in primary care remain low. Previous studies identified concerns around patient acceptance and lack of confidence in counselling were significant barriers to testing. Our results are in keeping with this.

As with any survey, cautious inference can be made due to possible non-responder bias. This study gives useful insight into attitudes and barriers to HIV testing.

### Take-home message:

GPs are in a unique position to make timely HIV diagnoses preventing unnecessary morbidity and mortality. It is appropriate to conduct clinically-indicated HIV testing in primary care.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 538

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)



## Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### HIV high prevalence factors in a tribal community in Southern Brazil

Vitoria Meneghetti, Talita Reis, Pedro Diego Jimenez Salces, Alex Sandro de Oliveira da Silva, Bruna Strube Lima, Ivana Becker, Susane Fanton, Marcos Thiago Faé, Cristiani Regina Petris  
*Community Health Interaction (IESC) and Computer Skills., UNIDAVI, Rio do Sul - SC, Brazil*

**Introduction:** Historically Brazil is comprised by an ethnical and cultural diversity and possesses one of the biggest social diversities of Americas counting on 305 indigenous tribes that speak approximately 275 different languages. This ethnical group is seen to gather the most underprivileged people when it comes to economical, habitational, educational and health-related matters. To get to know this population's health profile is essential to a good medical exercise. **Objective:** This study aims to comprehend the high prevalence of patients infected with HIV in all eight indigenous tribes derived from the Xokleng ethnicity in José Boitex/SC, as well as to plot schemes that will help diminish local contamination and promote care models that will assist these tribes in understanding HIV transmission and treatment better. **Methodology:** This work is called research-action because it highlights educational significance as a strategy for the development of researchers and healthcare professionals in ways they can use their investigation to improve their methods e their students' learning process. **Results:** Results emphasize that the visits performed by healthcare professionals from Centers for Testing and Counseling in Rio do Sul/SC to the indigenous village and the contact with Family Health Program specialists can enhance the quality of life of those natives who remain isolated within their tribes, get in on consanguineous marriages, do not make use of preservatives and others. **Conclusion:** By suggesting new assistance strategies to the Xokleng tribes, this research aims to support the community healthcare professionals' qualification through prevention and treatment of this disease.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 581

#### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### Presentation form / Präsentationsform

Lecture / Vortrag

### The Hostile Environment, Immigration & the NHS: The impact on Primary Care

Joanna Dobbin<sup>1</sup>, Francesca Burns<sup>2</sup>, Sebastian Casalotti<sup>1</sup>, Mariam Jaffer<sup>3</sup>, Monica Sharma<sup>3</sup>, Catarina Soares<sup>3</sup>

<sup>1</sup>Primary Care and Populaiton health, University College London, London, United Kingdom

<sup>2</sup>North Middlesex Hospital, National Health Service, London, United Kingdom

<sup>3</sup>Migrant Solidarity Group, Medact, London, United Kingdom

**Background:** With anti-immigration rhetoric taking hold across Europe, how the health community responds at this time of upheaval has the capacity to affect the long-term health of the migrant population. The National Health Service (NHS) is undergoing a time of change, with mounting pressures from austerity, Brexit, and an ageing population. Concerns over health tourism and irregular immigration have fuelled policy relating to charging of overseas visitors within the NHS. This has resulted in the birth of upfront charging, and patients being denied hospital treatment due to their immigration status.



**Questions:** What is the impact within primary care both for patients and physicians of these policy changes?

**Methods:** We used a semi structured survey to ask GPs of their knowledge, and experience of the charging of overseas visitors regulations in the UK. We asked about referral patterns, burnout, training and advocacy.

**Outcome:** Likert scales and thematic analysis was used to analyse responses, this showed an increased need for physical and mental health support and advocacy for patients within primary care.

**Discussion:** With nearly 2 million migrants arriving in Europe since 2015, and the emergence of the far right across the continent, how to integrate the health care of this population within host country health systems is a crucial issue.

**Take Home Message for Practice:** It falls upon primary care physicians to advocate for and protect the health of this vulnerable group of patients.

Conflict of interest / Interessenkonflikte

yes / ja

## Contribution ID: 634

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

Workshop

### Contraception in adolescence - workshop on different approaches

Maria Lucas<sup>1)</sup>, Cristiana Martins<sup>2)</sup>, Joana Pinto<sup>3)</sup>

<sup>1)</sup>USF Afonsoeiro, Montijo, Portugal

<sup>2)</sup>UCSP Alcochete, Alcochete, Portugal

<sup>3)</sup>UCSP Montijo, Montijo, Portugal

**Background:** Adolescents are a target group for reproductive health intervention, because it is at that time that most young people start their sexual activity. Recent studies suggest that the age of onset of sexual activity is declining in industrialized countries and the prevalence of sexually transmitted diseases (STDs) is increasing. The fertility rate varies between countries, but it is estimated that there are about 15 million adolescent mothers each year. Contraceptive counseling should be integrated in promoting a healthy lifestyle as it has great potential as a strategy to empower adolescents to prevent STDs and to choose a method of birth control that can be used correctly and consistently over time, thereby reducing her individual risk of unintended pregnancy.

**Target group:** All primary care professionals.

**Didactic method:** We intend to provide a workshop based on real-life cases aimed at primary care professionals, integrating practical strategies (such as group discussions) along with incorporating most recent, high-quality and independent evidence available, including meta-analysis and international guidelines on indications and methods for contraception in adolescence.

**Objectives:** With this workshop we intend to show essential tools to promote contraception adherence in adolescents, explain their benefits and possible adverse effects, give practical suggestions and clear indications for contraceptive failures in a structured way.

Estimated number of participants: 25-30

**Brief presentation of the workshop leader:** Young and dynamic doctor, who has a special interest in promoting healthy lifestyles and providing preventive care.

Conflict of interest / Interessenkonflikte

no / nein



**Contribution ID: 659**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

ePoster

**The role of smectite in the reduction of duration of pediatric diarrhea – what evidence?**

Diogo Beirão, Helena Monte, Paula Assunção

*USF Ramalde - ACeS Porto Ocidental, ARS Norte, Porto, Portugal*

**Background:** Acute gastroenteritis is one of the most frequent motives of pediatric consultation in primary health care. Several drug classes are recommended for diarrhea control, one of its main symptoms. One of the substances under evaluation is smectite.

**Questions:** To review the evidence of smectite efficacy and safety for the reduction of pediatric diarrhea in comparison to placebo.

**Methods:** A systematic literature review was performed on December 2019, targeting meta-analysis, systematic reviews, controlled and randomized clinical trials and clinical guidelines in several evidence based databases. The MeSH terms used were: "Newborn", "Infant", "Child, Preschool", "Child", "Adolescent", "Diarrhea" e "Smectite". *Strength of Recommendation Taxonomy* scale (SORT) was used to establish level of evidence and strength of recommendation.

**Outcomes:** A total of 62 publications were found, 5 of which fulfill the inclusion criteria (1 systematic review and 4 meta-analysis). The studies concluded that smectite is effective in the reduction of the duration of diarrhea when compared to placebo. However, the reduction of the frequency of evacuations could not be assessed. No adverse effects were reported.

**Discussion:** Available evidence shows that smectite has high efficacy in the reduction of the duration of diarrhea (SORT B). However, the level of evidence of the studies included is relatively low. For this reason, additional studies must be conducted to determine the cost-efficacy of its widespread adoption in diarrhea treatment.

**Take Home Message for Practice:** Smectite is a possible viable option for the symptomatic treatment of pediatric gastroenteritis.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 687**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Medical students carry out Health Promotion action for girls deprived of their liberty in the interior of SP.**

Julianne Neves, Alex Nenartavis, Édima Mattos

*UNOESTE, Presidente Prudente, Brazil*



On Tuesday, December 10, 2019, the extension project at the Dr. José Ismael Pedrosa Penitentiary Readaptation Center of Presidente Bernardes (M and F) - CRP of Presidente Bernardes, SP, promoted by the University Research Center, took place, University Oeste Paulista (UNOESTE), in the interior of the State of São Paulo, together with medical students from the 1st to the 7th terms of the Presidente Prudente campus under the supervision of Prof. Dr. Édima de Souza Mattos, during the morning and afternoon shifts, application of questionnaires on mental health of female prisoners.

The violence present in Brazilian society has considerably increased the numbers of crime in small and large cities, becoming a serious public health problem, since there is no distinction of classes, ethnicities or religions. Historically, males are more associated with crime and, therefore, more prevalent among Brazilian prisoners, since women's participation in this Brazilian prison scenario is only 5.31% and, although this ratio is relatively low if compared to male indices, the number of female detainees in Brazil has increased eightfold in 17 years. In 2000, there were 5,601 women in prison. At the end of 2016, there were 44,721, according to the Ministry of Justice.

The 656% increase in women's incarceration rate in Brazil between 2000 and 2016 has become a challenge, still little measured and visible, for public policies on penitentiary security.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 732**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Association of primary care physician supply with maternal and child health in China: a national panel dataset, 2012-2017**

Mengping Zhou

*Sun Yat-Sen university, Guangzhou, China*

**Background:** The Chinese government has been reinforcing the primary care system since the New Healthcare System Reform was launched in 2009. Meanwhile, significant improvement in maternal and child health is obvious to all in the previous years.

**Methods:** A longitudinal ecological study was conducted using a 6-year panel dataset of 31 provinces in China. Linear fixed effects regression model was applied to explore the association of primary care physician (PCP) supply with maternal and child health while controlling for specialty care physician supply and socio-economic covariates. Stratified analysis was used to test whether this association varies across the eastern, central, and western region in China.

**Results:** An increase of one PCP per 10,000 population was associated with a 5.26 per 100,000 live births (95% CI, -6.745 to -3.774) reduction in maternal mortality rate, 0.106 percent (95% CI, -0.189 to -0.023) decrease in low birth weight, and 0.419 per 1,000 live births (95% CI, -0.564 to -0.273) decline in perinatal mortality rate while other variables were held constant. The association was particularly prominent in the less-developed western China compared to the developed eastern and central China.

**Conclusion:** The sufficient supply of PCP was associated with improved maternal and child health in China, especially in the less-developed western region. However, per capita supply of PCP decreased in nearly half of the 31 provinces between 2012 to 2017. Policies on effective and equitable allocation of resources should be made and conducted to strengthen primary care system and eliminate geographical disparities.



Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 771**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Analysis of the approach to gender violence by primary care professionals**

Anna Guarido Maraver, Dolores Aguilar Redorta, Giovanna Lovaton Villena

*CAP Est, Consorci Sanitari de Terrassa, Terrassa, Spain*

Gender violence (GV) is a social and also a health problem present all around the world. Primary care (PC) has a very important role in its detection and as a link between victims and specialized services, for that reason is very important as professionals be trained in this topic.

**Methods:** A cross-sectional study was carried out in 7 health centers from Consorci Sanitari de Terrassa, with 137 health professionals. The information was collected through the self-filled PREMIS questionnaire (Physician Readiness to Manage intimate Partner Violence Survey).

**Results:** A 13.6% of the professionals had completed more than 15 hours of training compared to a 20% who acknowledge not having done an hour. A 60% of them knows that there is an action protocol but only an 11.4% consider it widely used. A 73.6% do not know or are not sure about the reference resources to attend women in these situations. A 17.2% of the professionals consider themselves prepared or well prepared to ask about GV. A 33.6% identified that the main reason to suffer from GV is to be a woman. The 35% of respondents never ask about GV. Professionals who have done more than 20 hours of training ask always or in some specific situations in a 90%, compared to those who have not received any training that only ask in a 59.3%, though this relationship is not statistically significant.

**Conclusions:** although not statistically significance has been observed, the results suggest a relationship between more training and better approach in GV.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 789**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Come over for lunch! Experiences and beliefs about food and health of indostani families living in Barcelona**

Chantal Ferrer, Jasmione Elsie McGhie, Marta Arcarons-Martí, Montserrat Lopez-Antequera, Laura Ibañez-Perex, Gisela Oñate-Ferriz, Pau Silva-Ruiz, Haidee Comas-Arsuaga, Marta Florensa-Puig, Enriqueta Pujol-Ribera

*Primary care, Institut català de la Salut, Barcelona, Spain*



**Background:** Obesity and its negative consequences on Health especially affect population from south Asia settled in Europe. Both health promotion failure, especially in minorities, and cultural differences in dietary pattern could contribute to this reality.

**Aim:** To achieve a deeper knowledge of the dietary pattern of Indostany families settled in Barcelona and how they relate it to health. Also to identify barriers and facilitators for change towards healthier habits.

**Methods:** Descriptive-interpretive qualitative research from a phenomenological perspective. Setting: Health care centre of Barcelona city. Participants: 6 dyads (married couples) were interviewed and 5 other women participated in a discussion group. Purposive sampling and recruitment by reference physician. Six semi-structured interviews and a focus group. Thematic content analysis with inductive categorization.

**Outcomes:** The participating families showed conventional family roles based on man provider and women carer. Culinary pattern is based on maintaining traditional meals and incorporating processed products from the host country. Overweight/obesity was not perceived as a loss in health although they relate it to some chronic diseases. They identify non healthy habits and follow diets with restrictive strategies. They mention difficulties in cooking separate meals for themselves as the main barrier against change. Participants refer good health even though some of them suffer chronic diseases.

**Conclusions:** They express difficulties to achieve healthier habits in relation to their social structure and caregiver roles. Obesity needs a multidirectional approach and culturally adapted to the most vulnerable minorities.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 818

#### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### Presentation form / Präsentationsform

Workshop

### Let's talk about sex. Presenting, discussing and training of guidelines on sexual history taking with a focus on HIV/STIs

Silke Eggers

*medicine and consultation, Deutsche Aidshilfe, Berlin, Germany*

#### Background:

Good communication about sexual practices and transmission pathways is key for timely diagnoses of HIV/STIs. But often physicians are not adequately trained or may try to avoid supposedly unpleasant topics like sexuality and HIV/STIs in order not to strain the physician-patient relationship. To fill this gap, Deutsche Aidshilfe (DAH) developed the programme „Let's talk about Sex: HIV/STI prevention and consultation in medical practice“. Aimed at physicians/medical students, the programme offers free of charge inhouse-trainings. In between 2017-2019, 95% of the participants rate the workshop as very or mostly useful for their work.

#### Target group:

Physicians, young physicians, medical students, social workers

#### Method:

In the framework of the programme, we have developed **guidelines on sexual history taking focussing on HIV/STIs**. Within the **75 min workshop**, we present and discuss those guidelines. The workshop also allows for **counteraction of potential over-dramatic/moralistic attitudes towards STIs/HIV** and



LGTB\* people. **Interactive tools and methods** enabling an open, unprejudiced, targeted and respectful **communication about sex and sexual practices** within the **physician-patient-communication** are presented and **trained in role plays**.

**Aims:**

The **aim** is **to enable physicians to invite patients to report about their health risks associated with HIV and STIs**, thus making it possible **to administer the appropriate testing mechanism and subsequent treatment**.

**No. Participants:**

15-25

**Short presentation workshop trainer:**

Silke Eggers, graduated (Dipl.) social pedagogue and social worker, 30+ years of working experience in the context of HIV/STIs. Manager of the DAH-programme „Let’s talk about Sex“.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 851**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Health and Culture**

Osório Raquel, Freitas Jorge

*USF Mónicas, Lisbon, Portugal*

In its 2001 Universal Declaration on Cultural Diversity, UNESCO considers that cultural diversity is as necessary for humanity as biodiversity is for nature.

Member States of the World Health Organization as part of Health 2020, the European Health and Welfare Policy, agreed that measured and reported on the objective and subjective well-being of populations. However, the practical challenges remain, particularly with regard to the influence of cultural factors. This focus on cultural health contexts is corroborated by the 2014 Lancet Commission on Culture and Health, which argued that “systematic neglect of culture in health and healthcare is the biggest barrier to advancing the highest. standard of health worldwide”.

With the migratory flow from the last years due to migration, social or political reasons, the world is changing and so as the kind of population we see in our appointments. Sometimes people that come from totally different backgrounds, languages, cultures and coming from combat areas, with problems that we are not always familiar with or had formation for.

This requires intervention by governments as well as society at large, enabling people to find their own meanings of disease and health, as well as creating more people-centered health systems.

What can we doctors or other health professionals do, what can be our role!?

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 890**

**Abstract subtopic / Abstract Unterthema**



2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

## **Presentation form / Präsentationsform**

Lecture / Vortrag

### **The critical role of general physicians in intensive home care for ventilated patients**

Michael Ewers, Susanne Stark, Yvonne Lehmann

*Institute of Health and Nursing Science, Charité - Universitätsmedizin Berlin, Berlin, Germany*

In Germany, nearly 30.000 ventilated patients with long-term intensive care needs are cared for in private homes, mostly supported by skilled nurses on a 24/7 basis. Due to German legislation, this form of home care is prescribed and supported by general physicians (GPs). However, little is known yet about the role they actually play in this form of home care.

A secondary analysis of data from expert interviews (N=28) and Focus Groups (N=6) from three relevant qualitative health services research projects (HIP; SHAPE; VELA-Regio) was carried out. The results of the content analysis which was focusing on the role of GPs in intensive home care of ventilated patients were then summarized and condensed.

Intensive home care for this vulnerable group of patients is unthinkable without regular involvement of GPs. They are fully responsible for the patients, their treatment and care. However, because of their usual obligations GPs are rarely on site. Most of the care is delegated to nurses, which due to German professional laws are not allowed to work independently. Everyday care is dominated by qualification and information deficits and coordination problems with resident specialists, hospitals or home and community services.

To be able to provide comprehensive, qualified, safe and patient-centered intensive home care for ventilated patients teams of different health professionals are indispensable. It is necessary to clarify the conditions that would allow GPs to integrate themselves meaningfully into those teams and to enable them to fulfill their critical role in this form of intensive home care.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 906**

### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

## **Presentation form / Präsentationsform**

Workshop

### **Child abuse: what every family doctor needs to know**

Nina Monteiro<sup>1)</sup>, Marina Jotic Ivanovic<sup>2)</sup>, Ana Soares<sup>3)</sup>, Cristina Sicorschi<sup>4)</sup>, Yusianmar Mariani Borrero<sup>5)</sup>, Elena Klusova<sup>6)</sup>, Raquel Gomez Bravo<sup>3)</sup>, Maria João Nobre<sup>1)</sup>, Lara Diogo<sup>7)</sup>

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<sup>4)</sup>Medgate, Eckental, Germany

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<sup>6)</sup>semFYC, Ibiza, Spain

<sup>7)</sup>UCSP Montijo, Montijo, Portugal



**Background:** Child abuse is a public health problem with the WHO stating that 1 in 4 adults were physically abused as children.

Child abuse can be presented in different forms. Its consequences can be immediate, with children suffering from serious injuries or death, or last a lifetime. Adults who were abused or neglected as children have a higher risk of perpetrating or being a victim of violence and suffering from depression, anxiety, obesity, high-risk sexual behaviors, unintended pregnancies, harmful use of drugs.

**Target Group:** Primary care health professionals.

**Didactic Method:** Through a dynamic and interactive workshop we will provide participants with the knowledge to deal with child abuse confidently.

After an introduction regarding key facts, we will introduce the audience to some specific features of this type of abuse. Participants will be divided into groups discussing different case scenarios, presenting their experiences and reflecting about screening and communication skills. Groups will report the results of their discussion for a final debate on child abuse management in primary care.

**Objectives:** Equip family doctors with a set of tools that help them identify and manage child abuse and adverse childhood experiences.

Help them identifying, assessing and managing risk and protective factors, including the social determinants of health, as a key procedure to achieve positive outcomes from interventions in these cases.

**Estimated number participants:** 25-30

**Brief presentation workshop leader:** Nina Monteiro is a family doctor, PhD student at Porto University, member of VdGM executive and leader of VdGM family violence special interest group.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 913

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

Lecture / Vortrag

## What do parents need for the appropriate antibiotic management in their children in primary health care setting?

Jose Arnau-Sanchez<sup>1)</sup>, Rosario Morales- López<sup>1)</sup>, Gema Martín -Ayala<sup>2)</sup>, Casimiro Jimenez-Guillén<sup>2)</sup>, José Miguel Bueno-Ortiz<sup>1)</sup>, Manuel Alcaraz-Quiñonero<sup>1)</sup>

<sup>1)</sup>Primary Health Care, Murciano Health Service, Murcia, Spain

<sup>2)</sup>General Directorate for Planning, Research, Pharmacy and Citizen Care, Health Counseling, Murcia, Spain

**Background:** In Spain, the largest antibiotic prescription to treat acute respiratory tract infection in childhood occurs in primary care. Most parents do not know how to make good use of them in their children

**Objective:** To analyze parent´s needs for the appropriate antibiotic management in their children within the scope of primary care in Murcia Region (Spain)

**Methods:** A Qualitative research framed in Grounded Theory. Four discussion groups were performed among parents who had children less than three years and received pediatric care in primary care setting. Data were audio recorded, transcribed, and coded to identify themes

**Outcomes:** Three themes were identified: (i) Ongoing assistance in primary care. This would avoid self-medication with antibiotics by parents; (ii) Symmetry in the clinical relationship; (iii) Seeking accurate



information. Sometimes, limited information is offered by pediatricians, thus, educational talks on the management of antibiotics are needed

**Discussion:** Parents' needs are focused on continuous assistance in primary health care, otherwise, they are forced to treat their children with antibiotics to remove disease rapidly. In addition, a close clinical relationship generates trust among parents, which contribute to following the pediatricians' recommendations in the antibiotic management. Far from that clinical interaction, some doctors provide limited information to parents for the appropriate use of these drugs, making them resort to social network to obtain accurate information.

**Message For the practice:** Both parents' knowledge about antibiotic management and Pediatricians' attitudes are crucial factors in the misuse of these medications by parents treating their children  
Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 983

#### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

#### Gps and gender-based violence.

Maria Zamparella, Marilena Masiello

*General Praticce ASL BA, ASL BA, BARI, Italy*

**Background:** According to the WHO, gender based violence is a serious public health problem that directly affects the physical and psychological wellbeing of women and indirectly affects the social and cultural wellbeing of the whole population. **Aim:** To evaluate how GPs and paediatricians perceive gender-based violence. **Methods:** A three-part questionnaire was sent to doctors and distributed by e-mail and social media and collected the following data:1.Name/surname(initials), the corresponding local health district, job, gender and age;2.The number of cases of physical and/or psychological violence verified in the last two years; what, if any, consequences ensued and where the violence occurred;3.How the doctor would act if confronted with an episode of violence.

**Results:** The violence appears to be spread throughout the area, with no significant differences. A higher number of younger doctors, and especially women, took part in the study. Due to the fact that GPs have a greater knowledge of their patients, it is vital that they should intervene. Physical consequences are cuts and bruises followed by palpitations, migraine, abdominal pain, sexual dysfunction, miscarriage, recurring infections, broken teeth, burst eardrums and hypertension; psychological consequences include low self-esteem, social maladjustment, post-traumatic stress disorder and anxiety-depression-syndrome.

**Conclusions:** In primary care, it would be beneficial to work on various fronts: 1.Medical initiatives;2.Dedicated clinic;3.Psychological support;4.Interdisciplinary measures(importance of interdisciplinary communicative network);5.GP training in order to acquire the methodology to manage interaction with the victims as well as with the perpetrators of violence.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 999

#### Abstract subtopic / Abstract Unterthema



2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Body weight changes in women using contraceptive implant

Jéssica Peres<sup>1)</sup>, Natalina Rodrigues<sup>1)</sup>, Rita Ferreira<sup>1)</sup>, Beatriz Lopes<sup>1)</sup>, Tânia Caseiro<sup>1)</sup>, Miguel Pereira<sup>1)</sup>, Duarte Sousa<sup>2)</sup>

<sup>1)</sup>USF Mondego, ACeS Baixo Mondego, Coimbra, Portugal

<sup>2)</sup>USF Auren, ACeS Médio Tejo, Ourém, Portugal

**Background:** Etonogestrel implants are long-acting, reversible, user-independent and cost-effective methods. However, concerns about weight gain may influence the choice of this method and cause early discontinuation among users.

**Aim:** To evaluate body weight changes in women using contraceptive implant.

**Methods:** Retrospective observational study of all women who had implant inserted for contraception at the primary healthcare centre from January 2014 to June 2019. The data were extracted from the clinical records. Inclusion criteria: implant users for the first time; weight registration on the day of placement and 6-24 months later. For weight changes between the initial and final weight, the paired t-test was carried out. Significance was established as  $p < 0.05$ .

**Outcomes:** 81 women were included in the study. The mean age was 26.7 years and the mean body mass index was 24.1 kg/m<sup>2</sup>. The mean baseline weight was 63.3±13.4kg. The mean weight change was an increase of 1.55 kg, which was statistically significant. However, there was broad variability in weight change ranging from -8 to +16.5 kg. Overall, 60.5% of the women had a weight gain while using implant (73.5% of these gained up to 5 kg). About 39.5% lost or maintained their weight. 4 women discontinued the method for the complaint of weight gain.

**Discussion:** Weight change was variable among women using contraceptive implant. Weight change over time is influenced by a complex interaction of multiple factors and cannot be attributed exclusively to implant use. Appropriate counselling about typical weight gain may help reduce discontinuation of contraceptives.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 1005

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

Science Slam

### Kitrinos NGO patients clinical profile in Moria refugee camp, Lesbos

Albert Bellvert Rios<sup>1)</sup>, Carles Albaladejo Blanco<sup>1)</sup>, Tomas Simonek<sup>2)</sup>, Siyana Shaffi<sup>3)</sup>

<sup>1)</sup>Family, Community and Humanitarian Medicine, ICS and Kitrinos Healthcare, Barcelona, Spain

<sup>2)</sup>Internal Medicine, St. Elizabeth University of Bratislava, Bratislava, Slovakia

<sup>3)</sup>Humanitarian physician, Kitrinos Healthcare Charity, London, United Kingdom



**Introduction and objectives:** Kitrinos-Healthcare NGO offers medical assistance in Moria refugee camp (Lesvos, Greece). This work's objective is to describe the characteristics of treated patients, as well as the main diagnoses and their management.

**Methodology:** Retrospective observational study of a sample refugees served during 1 week in November 2019. All visits recorded in that period are analyzed (n = 440).

**Results:** 62.5% of patients correspond to men, and the rest are women. They have an average age of 29 years (SD: 15.9 and range: 0.05-80), the majority coming from Afghanistan (82%).

The visits related to Traumatology (21.9%) and Infections (18.7%) are the most frequent, followed by those of the Digestive System (10.2%), with viral gastroenteritis as the main diagnosis of suspicion. They are followed by the Respiratory System (8.7%), with lower respiratory tract infections as the most frequent; Rheumatology (7.7%) and Dermatology (6.8%). In this last group, the suspicion of scabies stands out as the most common diagnosis. Next, there are those related to Psychiatry (6.4%), with post-traumatic stress disorder being the most frequent diagnosis, and Endocrinology (4.7%).

18% of patients require referral to another service, most to *Keelpno* (Greek service in the field), mainly for suspected scabies. The top five most commonly used medications are: analgesic-antitermic (26%), local antiseptics (25%), antibiotics (18%), anti-inflammatories (11%) and gastric protectors (5%).

**Conclusion:** The patient treated mostly corresponds to a young male from Afghanistan, with a varied pathology mainly of traumatology and infectious disease and who receives symptomatic treatment.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1014

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Questionnaire design for the distinction of risk factors of iron deficiency

Iuliia Perig

*Family medicine and outpatient care, Shupik MNAPE, Kyiv, Ukraine*

I.S. Perig, L.F. Matyukha

**Background:** The research deals with the problem of early detection and prevention of iron deficiency for population with a high prevalence of anemia, especially adolescents (10-19y.o).

**Research question:** what is the convenient questionnaire design in general practice to find the risk of developing iron deficiency among adolescents?

**Materials and methods:** An analysis of international publications was conducted describing the methods of questionnaire development, the feasibility of introducing questions into the questionnaire, the method of conducting a population survey on the risk factors for iron deficiency anemia and latent diabetes. According to an analysis of international reviews, we've tried to highlight the following causes of iron deficiency in adolescents: nutritional deficiency, intensive growth, sport activities, juvenile uterine bleeding, abundant menstruation in girls. After that we've carried out a pilot study (50 participants of 13-15 y.o. with 1 of the parents) for final approval and use in a subsequent sociological study.

**Results:** There was designed the questionnaire to determine the risk of ID anemia in adolescents. We found a difference between answers in children and their parents. There is a low dietary diversity in food consumption and high account of iron-depletive foods. It was difficult to answer the questions about intensive



growth and sport activities. The questionnaire is subject to testing in a final approval in a bigger number of participants in for use in a subsequent sociological study.

**Take Home Message for Practice:** Be aware while hearing general complains from patient.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 1028**

### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Iron deficiency and anemia in early pregnancy and postpartum women in a multiethnic population in Oslo**

Marthe-Lise Naess-Andresen

*Department of General Practice, University of Oslo, Oslo, Norway*

**Background:** Better assessment of iron status in today's multiethnic populations are needed to optimize treatment and clinical recommendations.

**Objective:** We aimed to determine the prevalence of iron deficiency (ID) by serum ferritin <15 mcg/L, soluble transferrinreceptor >4.4 mg/L, and calculated total body iron <0 mg/kg, and anemia (trimesterspecific in pregnancy; Hb <10.5/11.0 g/dL, and <12.0 g/dL postpartum) in early pregnancy and postpartum, and associations with ethnicity, maternal factors and birth complications. Ethnicity was defined by country of origin.

**Methods:** A cohort study from Oslo, Norway, of 823 pregnant women from primary antenatal care. We have valid primary outcomes measures in 792 women in early pregnancy and in 573 women at the postpartum visit.

**Results:** Two thirds of the women were of ethnic minority origin. The prevalence of ID varied substantially depending on the iron indicator used; in early pregnancy 7% - 33%, and 19 – 39% postpartum. The prevalence of anemia was 6% in early pregnancy, and 25% postpartum. We found large ethnic disparities of ID and anemia in early pregnancy, which were somewhat reduced at the postpartum visit. Western European women had a low prevalence of anemia in early pregnancy, and the largest relative increase at the postpartum visit.

**Conclusion:** The ethnic disparities in early pregnancy were reduced at the postpartum visit, possibly explained by other covariate factors.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 1029**

### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### **Presentation form / Präsentationsform**

WONCA only / Nur WONCA: WONCA Symposium



## NAVICARE: Patient-orientated interventions for the reduction of barriers to care for vulnerable patients with chronic disease

Susanne Doepfmer<sup>1</sup>, Hella Fügemann<sup>2</sup>, Kathrin Gödde<sup>2</sup>, Christoph Heintze<sup>1</sup>, Christine Holmberg<sup>3</sup>, Lisa Kümpel<sup>1</sup>, Susanne Schnitzer<sup>4</sup>, Judith Stumm<sup>1</sup>, Nina Rieckmann<sup>2</sup>

<sup>1</sup>Institute of General Practice, Charité-Universitaetsmedizin Berlin, Berlin, Germany

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<sup>3</sup>Institute for Social Medicine and Epidemiology, Brandenburg Medical School Theodor Fontane, Brandenburg, Germany

<sup>4</sup>Institute of Medical Sociology and Rehabilitation Science, Charité-Universitaetsmedizin Berlin, Berlin, Germany

### Objectives:

Germany is burdened by a demographic shift towards an aging population. GPs play the central role in the care for most patients and are responsible for the coordination of care. The diminishing number of GPs and the growing complex needs of vulnerable patient groups make it increasingly difficult to address patients' needs that are not of primarily medical nature, resulting in gaps in the chain of care. New models of care have to be developed and implemented. We wish to discuss results from the first phase of the NAVICARE project and present the planned interventions for the next funding phase, which are designed in a mixed-methods approach. Shining a light on the diverse perspectives of patients and different care providers we discuss possibilities for addressing the needs of patients, connecting existing but under-utilised social support services and personalised support through navigators.

### Discussion:

There is not one single solution for every gap in the care of vulnerable patients. The navigation through the chain of the medical support system is a major challenge; in the long-term care social needs often move to the fore. Accordingly, differing approaches have to be developed that offer support tailored to the needs of the patients and community structures and resources.

### Take Home Message for Practice:

In your vicinity there may be support services for vulnerable patients that you do not know yet. For those patients who face a new or chronic medical condition a navigator may help to find the tailored support for specific needs.

### Titles of Individual contributions:

- 1.) Seeing through different glasses: the care of chronically ill patients from the perspective of general practitioners, medical practice assistants, specialists and patients
- 2.) Through the thickets of the health system: lessons learned from navigation programs in Germany and other countries
- 3.) Needs and possibilities for support of GPs in the care for multimorbid patients
- 4.) Collaborative endeavours: patient-orientated support tailored to the needs

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 1032

#### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### Presentation form / Präsentationsform

WONCA only / Nur WONCA: WONCA Symposium



## Tailoring prevention to the needs of refugees and the feasibility of mobile health interventions

Guus Busser<sup>1</sup>, Maria van den Muijsenbergh<sup>1</sup>, Jose Renkens<sup>1</sup>, Aral Sürmeli<sup>2</sup>, Bart Pieter Waalewijn<sup>1</sup>, Caitlyn Hoeflin<sup>2</sup>

<sup>1</sup>Department of Primary and Community Care, Radboud University Medical Center, Nijmegen, Netherlands

<sup>2</sup>Medical Rescue Association of Turkey, Istanbul, Turkey

**Objectives:** 1-To discuss specific needs of refugees in the case of preventive care and barriers to healthcare access in immunization, antenatal and chronic care (including mental health). 2- Identifying gaps in GP training specific to prevention and needs of refugee populations in general practice. 3- Discussing novel intervention methods such as design thinking for co-creation of interventions together with refugees and mobile health(mHealth) to increase uptake of prevention by target populations and potential of GPs in mHealth interventions.

**Discussion:** There is a need for tailoring preventive health interventions for the specific needs of refugees. Specifically, healthcare access barriers that are associated with stigma, language, competing demands. Prevention of mental health issues requires deep understanding of risks associated with being migrant and requires training during GP education.

**Take Home Message:** To be effective, preventive interventions need to be developed in co-creation with refugees. GPs, as first point of entry to healthcare plays an important role in increasing uptake. Mobile health interventions can be low cost- high efficiency alternative in increasing demand for preventive healthcare service and easy to use in general practice.

**Individual contributions:** (same order with authors)

- 1- Collaboration of public health and refugees regarding prevention and health promotion in the Netherlands.
- 2- An mHealth intervention to increase uptake of prevention in refugee populations - Turkey example.
- 3- Training needs of GPs regarding prevention of mental Healthcare problems in refugee youth.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 1063

#### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### Presentation form / Präsentationsform

ePoster

#### Learning from our mistakes: the importance of placebo effect

Filipe Mateus<sup>1</sup>, Marta Freitas<sup>2</sup>, Mara Silva<sup>3</sup>, Ana Marinho<sup>2</sup>, Diogo Prates<sup>4</sup>, Gabriela Machado<sup>5</sup>, Ricardo Coelho<sup>6</sup>, Joana Afonso<sup>5</sup>, Teresa Raposo<sup>7</sup>, Maria do Rosário Oliveira<sup>1</sup>

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<sup>3</sup>USF Poente, Almada, Portugal

<sup>4</sup>USF Pinhal de Frades, Seixal, Portugal

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<sup>6</sup>USF Feijó, Almada, Portugal

<sup>7</sup>USF Andreas, Mafra, Portugal

Placebo effect exists when it comes to adverse effects of a certain drug, but also regarding the positive results of any treatment.



In October 2019, a female patient, aged 55, came to our consultation because she wanted to quit smoking. She knew some of the risks associated with smoking and her nephew had just quit smoking using nicotine mouth spray. Therefore, she wanted to try the same method as her nephew. The problem was that these sprays are quite recent in Portugal and I had no experience in prescribing them. So I explained the patient that we could have the exact same results using nicotine gums and that is what I prescribed.

The outcome was not good. In the following consultation, she smoked the same number of cigarettes as before. In the meantime, I had read about the mouth spray and thought about the help we could get from the placebo effect, due to her motivation, because of her nephew's success and chose to initiate it.

One month later, our patient had reduced from 20 cigarettes per day to 5.

On January 1st, she successfully took her new year's resolution and managed to quit smoking.

We know that theoretically the same dosage of every nicotine replacement therapy works similarly. However, our patient had an extra motivation that worked as placebo, which was the success of her nephew with nicotine spray.

This way, we learned the importance of always listening to our patients' preferences and the value of placebo effect.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1034**

### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### **Presentation form / Präsentationsform**

ePoster

### **When threats (and love) turn into an opportunity for a patient**

Daniela Florentina Pruteanu<sup>1)</sup>, Noelia Pastor Gradolí<sup>1)</sup>, María Dolores Ripoll Bonifacio<sup>1)</sup>, Esperanza Valentín Palomares<sup>2)</sup>

<sup>1)</sup>Valencia Health Department, Paterna Health Care Centre, Valencia, Spain

<sup>2)</sup>Paterna Town Hall, Social Work Service, Paterna, Valencia, Spain

### **Background:**

71-yo-male patient, living with his wife (69-yo, mental retardation) in a van, due to his paranoid ideas (that their house was haunted by the spirit of a dead turtle). They shared the van with some turtles and cats. No medical follow-up in the last year; suddenly presents serious condition.

### **Case description – questions, outcomes:**

He visited GP due to one week of dizziness, low-abdominal pain and macroscopic haematuria. Urgent blood and urine tests showed UTI, acute renal failure. GP referred him to the hospital. He refused hospital admission, as "bad people could harm his wife and animals". He was fitted with a urethral catheter upon release, but then he asked GP to have it removed. GP recommended him to accept hospital admission, as his condition was severe, but he insisted that he loved his wife too much to leave her alone at night. Medical team informed social workers and alerted police in order to find them (they'd disappeared with the van).

Previously, social workers had performed a 2-year-follow-up, managing to get state protection for them, but the case was postponed due to work overload.

Police found them; involuntary admission was requested by GP, the couple ended up in a mental disease hospital sharing the same room (fortuitously on Valentine's Day). After being stabilized they received a flat in a nursing home.



## Take-home message:

This case shows the importance of collaboration between community services in order to turn a threat into an opportunity for the patient.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1051

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

ePoster

## Life stories of polio patients and their families. Shared resilience

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## Background:

Polio surviving patients and their close relatives are based on a personal history with an important presence and impact of the disease throughout its life cycle. Previous studies find high resilience in these people. PostPolio Syndrome presents patients and family members with a new challenge in old age with added morbidity.

## Objectives:

To explore the historiographic experiences of polio-affected people and their closest relatives with special focus on resilience-related aspects in both.

## Methods:

Exploratory and analytical qualitative research, inductive methodology based on Founded Theory. Affected polio patient and closest family member. Recruitment through the association of affected. Snowball technique. Theoretic sampling until saturation. Qualitative design. Data collection technique: Paired Life Stories (patient and close relative). Audio recording, transcription. Analysis of content on two levels: textual and conceptual. Preparation of a preliminary report that will be returned to the participants for modification. Atlas Ti 5.0 Program.

## Practical application:

Knowing the process of personal adaptation will allow us to identify strengths to enhance and maintain them, as well as barriers in the confrontation to reduce them, for the benefit of the quality of life, even more in the presence of Postpoly Syndrome. The results will guide a work proposal on Resilience for patients and family members.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1076

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform



ePoster

## Identifikation von Notfallsituationen in Pflegeheimen: Interprofessionelle Fokusgruppeninterviews im G-BA geförderten Projekt NOVELLE

Juliane Poeck<sup>1)</sup>, Sven Schwabe<sup>2)</sup>, Nils Schneider<sup>2)</sup>, Carsten Bretschneider<sup>1)</sup>, Günther Andreas<sup>3)</sup>, Jutta Bleidorn<sup>1)</sup>

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<sup>2)</sup>Institut für Allgemeinmedizin, Medizinische Hochschule Hannover, Hannover, Germany

<sup>3)</sup>Rettungsdienst, Braunschweig, Germany

**Hintergrund:** Notfallsituationen in Pflegeheimen führen zu einer steigenden Anzahl von Rettungsdiensteinsätzen und Krankenhauseinweisungen. Die kontinuierliche Versorgung der Heimbewohner\*innen wird unterbrochen, was sich negativ auf den Gesundheitszustand auswirken kann und zu vermeidbaren Kosten führt. Der Umgang mit Notfallsituationen wird durch auftretende Unsicherheiten, Kommunikationsprobleme und unklare Zuständigkeiten erschwert. Zudem bleiben die dokumentierten Behandlungswünsche der Heimbewohner\*innen oft unbeachtet. Das Gesamtprojekt NOVELLE (Förderkennzeichen: 01NVF18007) zielt darauf ab, unter Berücksichtigung des Bewohnerwillens ein sektorenübergreifendes Notfall- und Verfügungsmanagement zu schaffen und Handlungsalgorithmen für Pflegekräfte zu erstellen. Als Grundlage dafür werden in dieser Studie relevante Notfallsituationen exploriert.

**Fragestellung:** Welche Notfallsituationen kommen in Pflegeheimen vor und führen zu vermeidbaren Rettungsdiensteinsätzen und Krankenhauseinweisungen?

**Methoden:** Im Januar und Februar 2020 werden drei aufeinanderfolgende interprofessionelle Fokusgruppeninterviews mit jeweils 10 Expert\*innen aus stationären Pflegeeinrichtungen, ambulanten und stationären medizinischen Einrichtungen (z.B. Notfallmedizin, Allgemeinmedizin, Geriatrie) durchgeführt. Die dort erstellten Protokolle und Mind Maps werden inhaltlich strukturierend qualitativ ausgewertet.

**Ergebnisse:** Vermeidbare und nicht-vermeidbare Notfallsituationen in Pflegeheimen werden identifiziert und interprofessionell diskutiert. Die Analyse wird im April 2020 abgeschlossen.

**Diskussion:** Die identifizierten Notfallsituationen bilden eine wichtige Voraussetzung für die Erstellung von Handlungsempfehlungen für Pflegekräfte. Insgesamt soll dadurch die Handlungs- und Rechtssicherheit für Pflegekräfte sowie die Patientensicherheit erhöht werden.

### Take-Home Message für die Praxis:

- Relevante Notfallsituationen werden identifiziert und zum Zeitpunkt der Präsentation vorgestellt
- Die Identifikation von Notfallsituationen bei Heimbewohner\*innen erfordern interprofessionelle Kooperation aller an der Behandlung beteiligten Berufsgruppen
- Wünsche und Erwartungen der Heimbewohner\*innen müssen Berücksichtigung finden

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 1101

#### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### Presentation form / Präsentationsform

ePoster

### Tuberculosis in patients with connective tissue disorders: Course and prognosis

Ahmed Sami Hammami<sup>1, 2)</sup>, Hela Sakly<sup>3)</sup>, Syrine Dadaa<sup>3)</sup>, Maroua Ben Brahim<sup>3)</sup>, Sonia Ouali<sup>3, 1)</sup>



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<sup>2)</sup>Family Medicine Department, Faculty of Medicine of Monastir, Fattouma Bourguiba's Hospital, University of Monastir., Monastir, Tunisia

<sup>3)</sup>Internal Medicine Department, Faculty of Medicine of Monastir, Fattouma Bourguiba's Hospital, University of Monastir., Monastir, Tunisia

**Background:** Tuberculosis (TB) incidence among patients with connective tissue disorders (CTD) is notably increased, however diagnosis is very challenging with several confounding symptoms.

**Objective:** To describe the clinical characteristics of patients with CTD diagnosed with TB and assess the course, treatment and outcome of their infections.

**Patients and Methods:** this is a retrospective cross-sectional study including 59 patients with a history of CTD admitted to the internal medicine department, who subsequently developed TB. We assessed presenting symptoms, TB location, treatment and outcome.

**Outcomes:** 59 patients were included (46 women and 13 man) with a mean age of 47 years [18-83 years]. Systemic disorders included: systemic lupus erythematosus (13.6%, n = 8), Gougerot-Sjögren syndrome (18.6%, n = 11), other inflammatory disorders (67.79%, n=40). All patients were treated with immunosuppressant drugs. TB presenting symptoms included weight loss (55.9%), fatigue (50.8%) and fever (24.7%). TB was diagnosed with conventional testing methods [Tuberculin Skin test(n=27), interferon-gamma-release-assay(n=11), mycobacterial culture(n=8), pathology(n=13)]. The location of TB was pulmonary (32.3%), ganglionic (33.9%), urogenital (20.3 %), lymphatic (8.47%), abdominal (6.77%), cerebral (3.38%), ocular (3.38%), osteoarticular (3.38%) and more than one location in 23.7% of cases. 8 patients were diagnosed with TB during a flare of their condition. Treatment consisted of 4 antituberculous agents, duration was different according to TB location. The outcome was favorable in all patients.

**Conclusions:** This study confirms the challenging diagnosis and often extra-pulmonary location of TB in patients with inflammatory disorders treated by immunosuppressants; Hence, the screening threshold should probably be lowered.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1115

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

## A case of hypothyroidism diagnosed during pregnancy - an opportunity to consider more generalised screening?

Hannah Gough

*USF ANDREAS, Mafra, Portugal*

Thyroid dysfunction is common in women of childbearing age and during pregnancy and is often subclinical in nature, meaning it is not easily recognised without specific screening. Even a slight maternal thyroid hormone deficiency may lead to neuropsychiatric and cognitive complications in the unborn child.

This case highlights the difficulties faced by family doctors providing maternity care in regard to screening and early diagnosis of thyroid dysfunction, specifically subclinical hypothyroidism.



Female, 29 years old, caucasian, with no relevant past medical, obstetric or family history. The patient presented to her family doctor at approximately 6 weeks of gestation as her first point of contact after discovering she was pregnant. She had not presented to her doctor for pre-conception care. Pregnancy was confirmed and although no risk factors for thyroid dysfunction were identified, thyroid function tests were ordered. Subclinical hypothyroidism was diagnosed as the patient presented with an elevated TSH concentration (7mU/L) and normal FT4 (1.05ng/dL). The patient was medicated with 50 micrograms of levothyroxine and was referred for follow-up with an obstetrician. Pregnancy and birth occurred without complications and the patient's hypothyroidism perseveres.

This case represents an opportunity to consider more generalised screening for thyroid dysfunction during pregnancy and pre-conception, a condition which can have a significant impact on the unborn child. Medication of hypothyroidism with levothyroxine is safe and effective, however for this to take place, prompt diagnosis is vital. Family doctors play a vital role as they are often the first point of contact during these phases.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 1121**

### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### **Presentation form / Präsentationsform**

Workshop

## **Intensive support consultation for smoking cessation: a new paradigm for the future**

Filipe Mateus<sup>1)</sup>, Ricardo Silva<sup>2)</sup>, Miguel Natal<sup>1)</sup>

<sup>1)</sup>USF Cuidar Saúde, Seixal, Portugal

<sup>2)</sup>USF Torre da Marinha, Seixal, Portugal

Tobacco in any form kills and sickens millions of people every year. Around 8 million people died from a tobacco-related disease in 2017.

The WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 includes the reduction of the global prevalence of tobacco use by 30% by the year 2025, comparing to 2010. For decades the tobacco industry has deliberately employed strategic, aggressive and well-resourced tactics to attract youth to tobacco and nicotine products. Electronic nicotine delivery systems (ENDS) have become the most popular tobacco products among youngsters and many of them consider these new ways of smoking to be less harmful and more appealing.

Health professionals in primary health care are in a privileged position to make a difference in smoking prevention and control.

This workshop is addressed to all health professionals. We think it is important to empower our colleagues with the appropriate knowledge and techniques, so that they can help their patients to try to achieve our final, although maybe utopical, goal, which is a tobacco-free world.

We will make a brief theoretical presentation, followed by role-playing with 15-20 participants per session.

At a professional level, I am a General Practice resident in Cuidar Saúde Health Centre, in Seixal, Portugal and also work with a multidisciplinary team in Intensive Support Consultation for Smoking Cessation in Torre da Marinha Health Centre, in Seixal, Portugal.

Our team works in collaboration with high schools and universities, making interventions and providing support to local intervention groups.

## CONTENT

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Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1122**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**CPR Day: a comprehensive teaching strategy for health professionals in Rio do Sul / SC - Brazil.**

Michele Pereira de Liz, Vitoria Meneghetti, Talita Reis, André Haas, Francielle Zeni

*Community Health Interaction (IESC) and Computer Skills., UNIDAVI, Rio do Sul - SC, Brazil*

**Introduction:** In Brazil, 400,000 people die each year due to acute myocardial infarction. Most victims of cardiopulmonary arrest die before reaching a health unit, where there are trained professionals to deal with the situation. Therefore, it is essential to inform and educate the population to perform quality Cardiopulmonary Resuscitation (CPR), after all, knowledge can generate better results. **Objective:** CPR Day in the city of Rio do Sul had the role of instructing and disseminating CPR technical knowledge and procedures. **Methodology:** The event happened with the help of military firefighters, emergency care professionals, Rio do Sul city hall, health department of the municipality and also the state, University Center for the Development of the Alto Vale do Itajaí (UNIDAVI), among other institutions. On average, 200 trained professionals participated. The event occurred on October 5, 2019. **Result:** RCP Day had a main theme: Your Hands Can Save Lives, and, with the union of the population and several professionals, the goal of prevention and health promotion was achieved. Three thousand people participated and 1560 people had their training completed. **Conclusion:** The RCP Day accomplished in the city of Rio do Sul achieved the proposed objectives and provided an essential learning experience for society.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1124**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Pacemaker Bearer Day in Rio do Sul: a life-saving experience.**

Michele Pereira de Liz, Vitoria Meneghetti, Talita Reis, André Haas, Francielle Zeni

*Community Health Interaction (IESC) and Computer Skills., UNIDAVI, Rio do Sul - SC, Brazil*

**Introduction:** Brazilian doctors adopted September 23 as the national pacemaker day. In Brazil, the deployment of mobile devices is below the number considered ideal, however, there is an increasing search for improvements in this situation by health professionals. In every three hospitalizations in Brazil, one is due to heart failure, therefore, the Brazilian prominence in relation to heart problems is perceived in comparison to other countries. 100,000 new cases appear annually and some of these cases dies in the hospitals.



**Objective:** To teach how to measure heart frequency by measuring pulse beats. **Methodology:** UNIDAVI medical students have taught the people of Rio do Sul how to identify their heart frequency so they can detect changes in their heartbeat, indicative of arrhythmias, and thus seek medical help. All of this was done in a square with a large circulation of people and without the use of any device, just the correct touch of the fingers on the wrist, that is, by measuring the heartbeat by the pulsation. **Result:** More than 100 adult people have been taught to check their heart rate with only a pulse check. **Conclusion:** This action favored the interest of seeking health services in cases of changes in heart rate for the correct identification and resolution of the problem.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1135**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

Workshop

**Caring for marginalized and underserved populations: Practical approaches for providing socially accountable care**

Anne Andermann

*Family Medicine, McGill University, Montreal, Quebec, Canada*

**Background:** Increasingly primary health care professionals are expected to provide more socially accountable care that meets the needs of marginalized and underserved groups such as people experiencing homelessness, refugees, or members of the LGBTQ community. This workshop discusses challenges and approaches for providing more socially accountable care based on scientific evidence, as well as practical clinical experience.

**Target Group:** This workshop will be of interest to family physicians, nurses, social workers, health professional trainees, community support workers, and people with lived experience.

**Didactic Method:** Brief PPT presentation followed by small group breakout discussions, sharing of experiences and clinical practice tools, and a plenary session with take-home messages for how to provide more evidence-based, trauma-informed and responsive care.

**Objectives:** At the end of this workshop, participants will be able to:

- Identify common barriers to accessing care for marginalized and underserved populations
- Implement strategies for providing more accessible, comprehensive, ongoing and accountable care
- Advocate for broader structural changes to address underlying determinants and promote equity

**Estimated number of participants:** This workshop is intended for 30-50 participants

**Brief presentation of the workshop leader:** Dr Anne Andermann is a member of the Canadian Homeless Health Research Network, and the Social Accountability Working Group of the College of Family Physicians of Canada. She is Director of Community Oriented Primary Care at McGill and founded a community outreach clinic at a local food bank to improve access to care and provide training in socially accountable care for family medicine trainees (<https://www.mcgill.ca/clear/>).

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1161**



## Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

## Presentation form / Präsentationsform

Lecture / Vortrag

## Eine qualitative Analyse internationaler Leitlinien und Empfehlungen für Ärztinnen und Ärzte zum Umgang mit eigener Gesundheit.

Ketura Herklotz, Florian Wolf, Sven Schulz

*Institute for General Practice and Family Medicine, Jena University Hospital, Jena, Germany*

**Hintergrund:** Die ärztliche Berufsgruppe stellt ein besonderes Patientenkontinuum dar. Ärztinnen und Ärzte verfügen im Vergleich zu nichtärztlichen Patientinnen und Patienten über ein umfangreicheres Fachwissen, sowie einen erleichterten Zugang zu Leistungen des Gesundheitssystems. Im anglistischen Sprachraum wurden Empfehlungen für Ärztinnen und Ärzte zum Umgang mit der eigenen psychischen wie physischen Gesundheit von Ärzteverbänden und Ärzteverwaltungsinstitutionen herausgegeben. Derartige Empfehlungen liegen in Deutschland nicht vor.

**Fragestellung:** Mittels dieser Forschungsstudie sollen Aussagen zu beinhalteten Themen, Argumentation bestimmter Empfehlungen, Adressierung von Empfehlungen und Empfehlungsstärken getroffen werden.

**Methoden:** Eine gezielte Internetrecherche auf Webseiten internationaler Ärzteverbände und Ärzteverwaltungsinstitutionen zu vorhandenen Empfehlungsdokumenten erfolgte im Zeitraum April bis Juni 2019. Eingeschlossen wurden offizielle, frei zugängliche, deutsch- oder englischsprachige Dokumente mit Empfehlungen zum Thema Ärztegesundheit. Die Analyse erfolgte durch die Methoden der Dokumentenanalyse nach S.-P. Ballstaedt und strukturierend qualitativer Inhaltsanalyse nach U. Kuckartz.

**Ergebnisse:** 17 Dokumente konnten analysiert werden. Alle Dokumente raten von Selbst- und Angehörigenbehandlung ab und empfehlen die Inanspruchnahme unabhängiger Hausärztinnen und Hausärzte. Empfehlungsstärken, Definitionen, wie zu Angehörigen oder Ausnahmesituationen, unterscheiden sich in den Dokumenten. Die Empfehlungen richten sich sowohl an individuelle Ärztinnen und Ärzte als auch an Ärzteverwaltungsinstitutionen sowie Krankenhäuser als Arbeitgeber und Ausbildungsstätten.

**Diskussion:** Die ärztliche Profession besitzt neben dem Privileg der Selbstverwaltung eine Verantwortung für die Gesellschaft. Eine Trennung der ärztlichen Rolle von der Rolle als Patient ist notwendig und kann durch Empfehlungen, die wichtige Themen aufgreifen, erleichtert werden.

**Take-Home Message:** Die Ergebnisse geben einen systematischen Überblick über Themen und Empfehlungsdifferenzierungen zur Ärztegesundheit und können einen Beitrag zur Entwicklung von Empfehlungen in Deutschland leisten.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1172

## Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

## Presentation form / Präsentationsform

Lecture / Vortrag

## How to prevent sexual violence in primary care?



Anne Til, Doreth Teunissen, Toine Lagro-Janssen  
*Department of Primary Care, Radboud University, Nijmegen, Netherlands*

**Title:** How to prevent sexual violence in primary care?

**Background:** One out of four Dutch women have experienced sexual violence. This causes physical and mental health problems. Some fall again victim to (sexual) violence later in their life (revictimization). Professional help and reporting to the police prevent health problems and revictimization. However most victims neither seek help nor report to the police. More insight into victim characteristics and reasons not to report can offer a preventive approach.

**Objective:** Which victims do not report and what can GP's do to support victims?

**Methods:** The rape center located in Nijmegen collected data of victims (age, gender, relation to perpetrator, prior abuse, mental problems) who attended the center between 2016 and 2019. Logistic regression analysis are done using SPSS.

**Results:** A total of 206 victims attended the center, mostly women younger than 25 years old. Half of the victims have been prior victims of (sexual) violence. One out of five victims were mentally disabled. In 85% of the cases the perpetrator was known to the victim. In 88.3% of the cases victims had contact with the police, 37.4% of them actually reported. There were several reasons not to report.

**Conclusions:** Victims with prior violence and mental disabilities have an increased risk of becoming victims of sexual violence. GP's should be aware of these vulnerable groups and the specific reasons not to report. GP's should offer personalized care to the victims in order to support and encourage victims to report to the police.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1209

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

Lecture / Vortrag

## Why women victims of sexual violence are reticent about be taken care of by general practitioner?

Camille Leveque<sup>1, 2</sup>, Guessoum Yacine<sup>1</sup>, Bes De Berc Alix<sup>1</sup>

<sup>1</sup>Département de médecine générale, University de Bordeaux, Bordeaux, France

<sup>2</sup>University of Luxembourg, Esch-sur-Alzette, Luxembourg

**Introduction:** In France, 14,5% of women are victims of sexual violences in France during their lifetime. Despite of the violences consequences on short- and long-term health, only 16% of victims spoke to a doctor. The aim of this study is to explore the barriers felt by women who are victims of sexual violences to used general practitioners

**Method:** Twenty three semi-structured individual interviews were conducted with women survivors of sexual violences (rape, attempted rape ...). Two researchers analysed all verbatims with grounded theory.

**Results:** The results highlighted four major issues. First, women experience difficulties in identifying themselves as a victim: amnesia of violence, difficulties in naming violence, lack of knowledge of their repercussions. Secondly, there is the "silence law", included the societal taboo, the family secret and threats from the aggressor, which generated strong inhibitory thoughts (shame, guilt, pain, fear...). The third issue was specific



to GP: barriers were the perception of sexual violence as not falling under primary care, an unsatisfactory doctor-patient relationship, the absence of screening about sexual violence, the limited time of the consultation. Finally, a negative reception of this word by the GP prevented the continuation of the care.

**Conclusion:** The study highlighted the obstacles to the use of GP is related to the patient-doctor relationship but also important psycho-social barriers. Create a beneficial socio-cultural environment to the revelation of violence and the care of victims by specific public health policy, primary care training seems essential to caring victims and preventing secondary traumatization

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1227**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**State of the Heart in women**

Umayya Musharrafieh

*Family Medicine, American University of Beirut, Beirut, Lebanon*

There is a need to look at the state of the Heart in women. Studies have shown that after years of steady reductions in cardiovascular mortality in women, mortality has plateaued. Cardiovascular disease is the leading cause of death in women claiming millions each year. According to the American Heart Association and the Center for Disease Control, the number of women who die of cardiovascular is similar to men. Despite the declining trends in cardiovascular disease, women with cardiovascular continue to experience disproportionately higher mortality than men. Since 2002, cardiovascular mortality has been increasing in women 35 to 54 years of age, while decreasing in men. It is important to note that women may present late with 'atypical symptoms', which may delay investigations and treatment for coronary heart disease. Besides, there is a referral bias where women are less intensively investigated and treated than their male counterparts. Further more. Women have worse outcomes from both chronic stable angina and acute coronary syndromes, which may be related to a worse comorbid profile as well as undertreatment when compared with men.

This presentation will highlight main cardiac problems in females in the current time and the possible factors contributing to it

Conflict of interest / Interessenkonflikte  
yes / ja

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**Contribution ID: 1239**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

ePoster

**Integrated Care for Substance Abuse Patients – an opportunity for improved services**

Christine Rose



## *GP Surgery, Goslar, Germany*

Integration of primary care, mental health and substance misuse services is accepted as best practice but often not prioritised politically or by services used to operating alone. This paper provides a detailed case study of progress so far and plans for more effective joined up care providing a positive example for improved services.

Goslar, in Lower Saxony, a town of 43,000, has disproportionately attracted individuals misusing substances, many of whom have been enrolled in local drug substitution programmes. Local disapproval of drug use is high. The search for a new venue for a substitution clinic provided an opportunity to design a bespoke building with fully integrated services. One of the major advantages in Goslar is the close mutual communication between medical, social and community services involved in looking after vulnerable people. A site in a central location with public transport access has been given by the community to an NGO to build a substitution clinic containing the following facilities: a daily dispensary, a General Practice specializing in the care of socially deprived patients, an office based substance abuse psychiatrist, a drug advisory service and a meeting room for patients, including facilities for cooking, laundry and showers.

Building work will commence in early spring 2020. Outcome metrics, like patient and citizen satisfaction, quality of life and treatment indicators will be collected before and after the completion of the building.

Projects like this are only possible with co-operation of all services involved in the treatment of deprived groups, and strong political support.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 1250**

#### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### **Presentation form / Präsentationsform**

ePoster

### **Depot Buprenorphine - a new treatment option for opioid dependent patients**

Christine Rose

*GP Surgery, Goslar, Germany*

The beneficial effect of opioid substitution on the reduction of morbidity and mortality associated with drug use and improving psychosocial outcomes is proven. Buprenorphine is a safe treatment option, although the risk of misuse and diversion is high. Depot injections, administered weekly or monthly, were introduced in Germany and other countries in 2019 removing the risk of diversion and misuse significantly. Depot Buprenorphine offers an attractive treatment option for patients wanting to avoid long -distance travel to dispensaries, and allows them to concentrate on work and/or family commitments. The treatment also alleviates problems associated with a shortage of substitution doctors, especially in rural or remote areas.

A report on the introduction of Depot Buprenorphine in a large rural drug substitution clinic will be given. Further research is needed to improve effective dosage, assess outcome parameters like retention in treatment and illicit drug use and patient experiences.

Conflict of interest / Interessenkonflikte

yes / ja

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**Contribution ID: 1254**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

ePoster

**Vertrauen und Autonomie beeinflussen die Inanspruchnahme des Gesundheitswesens durch Ärzte im eigenen Krankheitsfall – eine typenbildende qualitative Inhaltsanalyse**

Sven Schulz, Friederike Hecker, Florian Wolf

*Institute of General Practice and Family Medicine, Jena University Hospital, Jena, Germany*

**Hintergrund:** Ärzte als Patienten unterliegen besonderen Bedingungen hinsichtlich des Umgangs mit der eigenen Gesundheit im Vergleich zu Laienpatienten. Neben einem zugeschriebenen größeren medizinischen Fachwissen haben sie spezifisches Wissen über Interna des Gesundheitssystems und einen strukturell erleichterten Zugang zu Leistungen des Gesundheitswesens. Nach dem Verhaltensmodell von Andersen hat der wahrgenommene Bedarf (perceived need), welcher u.a. von Persönlichkeitsmerkmalen und Einstellungen geprägt wird, einen Einfluss auf die Inanspruchnahme des Gesundheitswesens.

**Fragestellung:** Gibt es Merkmalstypen von Arzt-Patienten in Zusammenhang mit der Inanspruchnahme des Gesundheitswesens im eigenen Krankheitsfall?

**Methoden:** Im Rahmen einer qualitativen Studie wurden 16 leitfadengestützte Einzelinterviews mit 16 Thüringer Hausärzten durchgeführt, aufgezeichnet und wortwörtlich transkribiert. Gegenstand der Interviews war die Schilderung eigener Krankheitserfahrungen vom Auftreten erster Symptome über einen eventuellen Arztbesuch bis zum weiteren Verlauf der Erkrankung. Aufbauend auf eine strukturierende qualitative Inhaltsanalyse sowie Frameworkanalyse zur Identifizierung von Einflussfaktoren der Inanspruchnahme erfolgte eine typenbildende qualitative Inhaltsanalyse mit Zuordnung der Interviewfälle zu den Merkmalstypen.

**Ergebnisse:** Es ergaben sich induktiv die Merkmalsräume Vertrauen (vertrauensvoll/ängstlich) und Autonomie (autonom/abhängig). Daraus konnten die vier Typen „ängstlich-autonom“, „vertrauensvoll-autonom“, „ängstlich-abhängig“ und „vertrauensvoll-abhängig“ abgeleitet. Alle 16 Interviewteilnehmer konnten einem dieser vier polythetischen Realtypen bzw. einem Mischtyp zugeordnet werden. Es zeigte sich ein deutlicher Einfluss der Merkmalstypen auf das Inanspruchnahmeverhalten.

**Diskussion:** Die gefundenen Merkmale Vertrauen und Autonomie können u.a. den wahrgenommenen Bedarf und damit das Verhalten von Ärzten im eigenen Krankheitsfall beeinflussen. Weiterführende Untersuchungen zum tieferen Verständnis des Inanspruchnahmeverhaltens von Arzt-Patienten sind erforderlich.

**Take-home message:** Vertrauen und Autonomie sind wichtige Merkmale der Inanspruchnahme des Gesundheitswesens durch Ärzte im eigenen Krankheitsfall.

Conflict of interest / Interessenkonflikte

nein / nein

**Contribution ID: 1275**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**



Lecture / Vortrag

## Health and healthcare experience of homeless people in Cork City Ireland

Colin Bradley, Anna Marie Naughton, Sharon Lambert, Reagan Murphy, Shayna Henry

Department of General Practice, University College Cork, Cork, Ireland

### Background:

It is well recognized that homeless people have worse health experience. However, the profile of people currently homeless in Ireland has undergone rapid change in the past decade. The traditional profile of a homeless person is of an elderly male with mental health and alcohol misuse problems. This research was conducted to update this stereotype

### Method:

Ninety people experiencing homelessness in Cork city were interviewed between April and November 2017 by 10 medical and social science researchers. The interviews were all conducted on-site which included homeless shelters, hostels and rough sleeping areas. A cross-sectional correlational design is employed.

### Findings:

Our cohort comprised 57 males and 30 females and nearly one third were aged 22-30 years. The most prevalent known health problems were depression (43); anxiety (38); dental problems (32); asthma (19); and hypertension (18). Seven respondents had been pregnant while homeless. 78 were current smokers, 52 were currently consuming alcohol above safe limits and 63 said they had a current drug problem. One third stated they have experienced difficulties accessing health care and one quarter did not have access to the publically funded GP services. One third had accessed a hospital emergency room within the previous 6 months. People with an assigned key worker had better access and made better use of health services.

### Conclusion:

The profile and health experience of homeless people in Ireland is changing. Providing appropriate health services to the vulnerable population is challenging but can be facilitated by assigning of a designated key worker.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 1285

#### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### Presentation form / Präsentationsform

ePoster

## Functional (in)dependency evaluation in home visits

Tiago Silva, Filipe Vaz, Liliana Rumor, João Guerra, José Silva, Joana Batista, Pedro Paulo, Sandra Cunha

USF Marquês de Marialva, Cantanhede, Portugal

**Background:** Home visits are an important activity in family doctor's routine, usually taken to patients unable to reach the Unit, due to acute or chronic disease (mostly dependent elderly people). With the current aging of the population, functional losses become more evident. Functional status may be accurately assessed using scales like Katz Index or Barthel Index.

**Questions:** Are doctors assessing and registering appropriately the functional status of their dependent patients?

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**Methods:** Descriptive retrospective study. Medical records from all home visits to dependent patients, performed in the first semester of 2019, were analyzed searching for the registries of functional evaluation, either in qualitative (text) and quantitative (scales) classifications. Data was analyzed on M.Excel®.

**Outcomes:** 83 home visits were done, mostly to females, with mean age of 84 years. About 26% had no functional evaluation at all, 19% were classified using only a descriptive text and 55% using a scale. In this group, the scale used was always the Barthel Index because it's embedded for filling in the software in use. Its average score was 31, with the majority being classified as severe dependence. Among those with only a descriptive text, the most common status was "bedridden" followed by "walks with help" and "wheelchair".

**Discussion:** There's still room to improvement. The use of scales allows to numerically quantify the level of (in)dependence. This individualized patient-centered approach grants a more objective functional classification and helps preventing added morbidity. It contributes to a better follow-up, earlier intervention and wiser decision making.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1290

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

ePoster

## Primary care of lgb-patients within Germany - A qualitative study of the patient perspective

Laura Barth<sup>1)</sup>, Wolfram Herrmann<sup>2)</sup>, Birgit Reime<sup>1)</sup>

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<sup>2)</sup>Fachbereich Gesundheit (Health), FH Münster (Münster School of Health), Münster, Germany

**Background:** Sexual orientation is part of every individual's personality which largely determines their own living environment and therefore also their health. People who identify themselves as gay, lesbian or bisexual (lgb) and thus belong to a non-heterosexual orientation are considered a sexual minority. This viewpoint not only causes social incomprehension but can also lead to an inequality of opportunities in the health care system.

**Questions:** To explore the lgb's perspective on primary care in Germany.

**Methods:** An exploratory qualitative study with five lgb-patients of all ages. We conducted guideline-based, episodic-narrative individual interviews in South-West and North Germany. The transcribed interviews were analysed by a structured content analysis according to Udo Kuckartz.

**Results:** For lgb-patients, knowing that the GP accepts a patient's sexual orientation creates the basis for a trusting doctor-patient-relationship and therefore minimizes potential barriers contributing to medical examination and the success of the treatment. All interviewees think it is important that the GP knows about their sexuality and wish for a holistic approach in treatment but would not open up about the topic if not asked or without context.

The lgb interviewees expect GPs in rural areas to be more conservative than practitioners in larger cities.

**Conclusion:** The results are in line with results from other European countries such as Norway. GPs should signalise openness regarding sexual orientation, e.g. by displaying flyers or a rainbow flag. GPs should not hesitate to ask patients for their sexual orientation to allow for a holistic view of the patient.

Conflict of interest / Interessenkonflikte



no / nein

**Contribution ID: 1293**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

ePoster

**Effectiveness of a standardized intervention in smokers with vitalograph-COPD-6 by increasing awareness of the risk of disease**

Cristina Colungo<sup>1)</sup>, Núria Sánchez Ruano<sup>2)</sup>, Rosa María Paisano<sup>1)</sup>, Carme Alvira<sup>1)</sup>, Amparo Hervás Docón<sup>2)</sup>, Eva Sánchez<sup>1)</sup>, María José Gordillo<sup>1)</sup>, Laia Montañola<sup>2)</sup>, Francico Garrido Ortiz<sup>3)</sup>

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<sup>3)</sup>Software Developer, Primary Care Center CAP Comte Borrell, Barcelona, Spain

**Background:** Smoking is the main risk factor for developing chronic obstructive pulmonary disease (COPD). The role of Primary Care is to promote awareness and prevention actions early. The Vitalograph-COPD-6 portable meter (measures FEV1/EV6) is an accurate and validated tool for the detection of bronchial obstruction, which also detects the patient's lung age.

**Questions:** It is proposed to assess the effectiveness of a standardized intervention in the approach of smoking cessation, using the Vitalograph-COPD-6 as a sensitization tool to facilitate the result of lung age and raise awareness of the risk of COPD.

**Methods:** Prospective cohort study lasting 18 months. Inclusion: smokers over 35 years with more than 10 packages-year of cumulative dose. Randomization of the population attended in consultation in an intervention group to which we will perform the Vitalograph COPD-6 and control group that will carry out the usual follow-up of clinical practice. Individualized intervention with a nurse and/or intervention in motivational workshops to quit smoking will be offered to both groups.

Variables: Clinics (Farguestrom Test, Richtmon Test and therapeutic options), frequentation, satisfaction and success rate.

**Outcomes:** It is expected to increase motivation and success in smoking cessation in those patients sensitized by the risk of presenting COPD and knowing their lung age after using Vitalograph in primary care, being higher in the intervention group.

**Conclusions:** Vitalograph-COPD-6 is an easy and quick to use instrument in the daily consultation that would help raise awareness for smoking cessation and raise awareness of the risk of COPD.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 1379**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

ePoster



## Awareness of sexually transmitted diseases (STDs) in Portuguese young people (14-24 years): a population-based cross-sectional study

Maria Inês Pereira da Silva<sup>1)</sup>, Maria Alexandra Rodrigues<sup>2)</sup>, Carlos Franclim Silva<sup>3)</sup>, Paula Rocha<sup>4)</sup>, Paulo Santos<sup>3)</sup>

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<sup>3)</sup>Department of Community Medicine, Information and Health Decision Sciences, Faculty of Medicine, University of Porto, Porto, Portugal

<sup>4)</sup>University of Aveiro, Aveiro, Portugal

### Introduction:

Sexually transmitted diseases (STDs) are a health problem. The average age of first sexual intercourse has decreased over the years, increasing the probability of various sexual partners and contracting STDs. The aim of this study was to investigate the awareness of STDs among young people.

### Methods:

Cross-sectional, population-based, self-report survey of 746 individuals aged between 14 and 24 years, from Paredes, a county in northern Portugal. Data collection occurred from January 2014 to September 2014.

### Results:

We excluded those who didn't specify their sex, leading to 731 valid questionnaires (45,4% male, 54,6% female, mean age 18,3 +/- 2,9 years) Of that, 50,4% were sexually active (50,1% males and 49,9% females,  $p=0.003$ ), with a median age to start sexual activity of 16,7 years +/- 2,1 years (16,2 for males and 17,2 for females,  $p=0.001$ ). There was a prevalence of 1,1% of STDs (75% of males and 25% of females,  $p=0,171$ ). The majority of the inquired perceived their knowledge about STDs as excellent (34,5%) or good (42,9%). The main source of information about sexuality was friends (22,7%) and mother (20%). Health care providers were minor sources of information for this sample, accounting with 3,9%.

### Conclusion:

The prevalence of STDs found in this study was 1,1%, but there may be underdiagnosis. The majority of the inquired consider their knowledge of STDs excellent or good, nevertheless will be important to explore each STD. The health professionals were minor sources of information, so efforts must be made to change this, particularly in Primary Care.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1402

#### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### Presentation form / Präsentationsform

ePoster

### Erfahrungen mit der Legasthenie im Grundschulalter

Hermann C. Römer<sup>1)</sup>, Klaus Golka<sup>2)</sup>

<sup>1)</sup>Institut für Allgemeinmedizin, Essen, Germany

<sup>2)</sup>Leipzig-Institut für Arbeitsforschung, Dortmund, Germany

Eine Lese-Rechtschreibstörung (Legasthenie) ist eine Teilleistungsstörung und wird den psychiatrischen Erkrankungen zugeordnet (ICD-10 F81.0). In Deutschland sind ca. 3-5% der Grundschul Kinder betroffen.



Die Legasthenie ist eine Erkrankung, für die nicht die Krankenkassen, sondern andere, von Bundesland zu Bundesland unterschiedliche, Kostenträger zuständig sind. Dabei ist wichtig zu wissen, dass die Erkrankung familiär gehäuft auftritt und daher die durch den Hausarzt erhobene Familienanamnese erste Hinweise auf die Legasthenie geben kann.

Von großer praktischer Bedeutung ist die möglichst frühe Erkennung dieser Teilleistungsstörung, da ein frühzeitiger Beginn der Therapie wichtig ist. Allerdings kann aufgrund der nicht spezifischen Erstsymptome die Diagnosestellung durchaus schwierig sein. Aus Sicht der Autoren erscheint es besonders wichtig, dass spätestens Ende des ersten Schuljahres, nach entsprechendem Üben, ein ganz kleines Diktat geschrieben wird. In einem sehr eindrucksvollen Fall wurde dann das „Wort „Hase“ „DLFT“ geschrieben. Damit war die Grundschullehrkraft von der Verdachtsdiagnose überzeugt, die dann durch entsprechende Testung bestätigt wurde.

Eltern und Hausärzte sind besonders gefordert, den betroffenen Kindern, die ja keine Minderung der Intelligenz haben, zu helfen.

Hilfreich erscheint der Einsatz von geeigneten Computerprogrammen, die über eine didaktisch sehr geschickte Präsentation von Wort, Bild und Ton in Kombination mit einem ein Kind ansprechenden Belohnungssystem dem Kind dabei helfen, die Teilleistungsstörung anzugehen. Auch wenn die Benotung der Lese-Rechtschreibleistung gemäß eines Erlasses bis zum 7. Schuljahr ausgesetzt werden kann, so zögern doch die Schulen teilweise z.B. bei einer uneingeschränkten Empfehlung für das Gymnasium, auch wenn in 2 der 3 hier in NRW relevanten Fächern (Mathematik, Sachkunde) die Note „gut“ erzielt wurde.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 1407**

### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### **Presentation form / Präsentationsform**

ePoster

## **Integrated mental health services in primary care Qatar using multidisciplinary team (MDT)**

Samya Ahmad AL - Abdulla

*Operations Department, Primary Health Care Corporation, Doha, Qatar*

The provision of high-quality health services that are accessible, timely and effective, is key to achieve the Qatar National Health Strategy 2018-2022. Ensuring more specialized services are available in community settings, closer to people's homes, that will result in improved access to care.

Analysis of Qatar's submission, indicated mental health as being one of the three priority areas for health services in Qatar. Major depressive disorder and generalized anxiety disorder are the most frequent mental illnesses seen in consulting adults in Qatar for primary care.

As a result Primary Health Care Cooperation (PHCC), implemented the mental health service as per the stepped care model and developed clinical guidelines for depression and anxiety based on NICE.

A MDT of trained FM physicians, Clinical psychologist, psychiatrist, Nurses, Social worker, etc, support the mental health care in PHCC. Integrating mental health into primary care, improved the uptake of mental health services in a non-stigmatizing environment, closer to the patients' home.

## CONTENT

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Patients are assessed and diagnosed with evidence-based screening tools and prescribed medications, if required and can access the most appropriate services for their needs in a timely manner.

Establishment of Psychology clinics within PHCC, implementation of integrated Psychiatry Clinics and Cognitive Assessment clinics are some of the outcome of this initiative. Investment in resources, supported by strong and committed leadership, development of excellent relationships between physicians and other stakeholders across primary and secondary care providers and robust reporting arrangements which contributed towards the successful integration of mental health into primary care.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 1410**

#### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **What happens to a child when domestic abuse is hidden - a narrative approach**

Venetia Young<sup>1, 2)</sup>

<sup>1)</sup>MH working Party, WONCA, penrith, United Kingdom

<sup>2)</sup>Primary Care Safeguarding Forum Executive, Affiliated to RCGP and NHS England, London, United Kingdom

This workshop will present the narrative of a family where several opportunities were missed to manage the early presentations of abuse by several agencies. It details what happens to the child, the mother and the father when the child's voice is not heard.

Participants are invited to listen through the ears of police, social work, health visitor, midwife, community psychiatric nurse, school and Family Doctor. The family members then give feedback.

The delegates are invited to think about how well integrated their countries are with other agencies.

The aims of this approach are to enable looking at a situation through other agencies eyes; to provide skills around obtaining a disclosure as a Family Doctor

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 1416**

#### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **Bringing emotional wellbeing into annual reviews for people with severe and enduring mental health problems**

Venetia Young<sup>1, 2)</sup>

<sup>1)</sup>MH working Party, WONCA, penrith, United Kingdom

<sup>2)</sup>Representative, Cumbria Mental Health Provider forum, Penrith, Cumbria, United Kingdom



From 2007 Family Doctors in the UK were paid for delivering annual physical health checks to patients with severe and enduring mental illness. Working with Practice Nurse and Health Care Assistant we achieved 90-95% attendance annually. As an additional focus to consultations we added Lunsers side effect profiling and looking at relationships. These relationships were: patient to diagnosis, patient to medication, patient to GP practice, patient to community mental health team, patient to family members, patient to community. This was with the aim of empowering a group of patients, whom the Practice nurse felt were too quiet and submissive.

In addition to the patients becoming more vocal and starting to complain more, the practice team derived great satisfaction from working in this way. Staff retention has been good. There is evidence for relationship based consulting being good for practitioner and patient. The take home message for practice has been that imposed tasks can be made more interesting to patient and professional.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1426**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

ePoster

**Influenza vaccination during pregnancy**

Paula Rodrigues, Rafaela Cabral, Inês Santos, João Figueiral Ferreira, Ana Rita Cunha, José Varanda Marques, Ana Paula Pinheiro

*USF Viseu-Cidade, Viseu, Portugal*

**Introduction:** Influenza is a contagious disease that in most cases have spontaneous cure. Complications may occur in people with chronic diseases, the elderly and pregnant women.

**Objective:** Determine the prevalence of pregnant women vaccinated against influenza in the 2017/2018 and 2018/2019 season.

**Methods:** Observational, descriptive, retrospective study. Population: pregnant women from Family Health Unit (FHU) during 2017 and 2018. The convenience sample included only pregnant women who had follow-up at the FHU. Excluded: pregnant who had an abortion or childbirth before the recommended vaccination period. Variables: age, influenza vaccine administration, and trimester of pregnancy.

**Results:** Out of 177 pregnant women, 124 (59 in the 2017/2018 season and 65 in the 2018/2019 season) met the inclusion criteria, with an average of 30.9 years. In the 2017/2018 season only 6.8% (n = 4) of the unit's pregnant women had the vaccine during pregnancy, half in the 2nd trimester and half in the 3rd trimester, and in 2018/2019 only 4.6% (n = 3), all in the 2nd quarter.

**Discussion:** Influenza can be prevented by vaccination. Pregnant women are among the priority target groups and vaccination is strongly recommended according to general direction of health guidelines. The aim of vaccination in this group is to protect against serious evolution of the disease during pregnancy and protect the baby during the first months of life. The results show that it's necessary to give pregnant women greater knowledge of the importance of this vaccine during pregnancy.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1440****Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Social exclusion – often mentioned, seldom understood...**

Patrick O'Donnell<sup>1</sup>), Khalifa Elmusharaf<sup>1</sup>), Maria vandenMuijsenbergh<sup>2</sup>), Lisa Moran<sup>1</sup>), Stefan Geelen<sup>2</sup>)

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

<sup>2</sup>)Department of Primary and Community Care, Radboud University Medical Center, Nijmegen, Netherlands

**Background:**

The term social exclusion is used regularly when discussing issues relating to the health of marginalised and vulnerable members of society. People often considered to be socially excluded include people who are homeless, people who use drugs, undocumented migrants, and others. There has been little analysis of what the term actually means in the context of health and primary care, however.

**Questions:**

What is social exclusion? Who is affected by it? How does it affect the health of our patients?

**Methods:**

We have therefore conducted a piece of qualitative research with a group of twenty-four purposively selected participants representing groups such as experts by experience, healthcare providers and national politicians in order to try to gain an understanding of the term social exclusion, and its links with health. Data from the interviews were analysed by three researchers and then combined, leading to a thematic analysis of the information. We have also developed a consensus definition of social exclusion relative to health.

**Outcomes:**

A consensus definition of social exclusion, and an analysis of its relationship to health. Major themes were identified, and subthemes deductively evolved under each of these themes.

**Discussion:**

Social exclusion is a complex topic. The way social exclusion is understood, and operationalised by our participants provides us with a rich description of the concept from a variety of differing viewpoints.

**Take-Home Message:**

Social exclusion is a complex topic, but our understanding of it affects the way we engage with people affected by it.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 1442****Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

ePoster

**Pharmacological therapy of postpartum depression**

Catarina Rosa, Raquel Plácido, Sandra Almeida

USF Beira Ria, ACeS Baixo Vouga, Gafanha da Nazaré, Portugal



**Introduction:** Postpartum depression is a mood disorder with an estimated incidence of 7 to 15% in the first 3 months postpartum. It has impact on maternal health with repercussions throughout the child's life cycle. Breastfeeding, besides being the ideal nutrition, promotes a secure connection. Women with diagnostic criteria for postpartum depression should receive appropriate treatment promptly. Implementing pharmacological treatment in the woman who breastfeeds is a challenge.

**Objective:** To review the recent literature on antidepressant therapy on the treatment of postpartum depression and its compatibility with breastfeeding.

**Methodology:** Bibliographic search in the evidence-based databases of articles written in English, published over the last 10 years, using the MESH terms "breastfeeding" and "antidepressant drugs".

**Results:** For the pharmacological treatment of postpartum depression some selective serotonin reuptake inhibitors (SSRIs) are currently used successfully. Although all antidepressant drugs are excreted in breast milk, sertraline has a safety profile compatible with breastfeeding, with less passage to breast milk and fewer reported effects on the child.

**Discussion:** In the current state of the art the first line of pharmacotherapy consists of SSRI drugs. The current number of pharmacotherapy studies in postpartum depression is low, so further clinical trials will be necessary to improve future clinical decisions in the treatment of this disorder. Harmful effects of untreated depression versus the risks of the use of antidepressant medications during breastfeeding should be clearly established.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1451

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

Lecture / Vortrag

### Perinatal mental health: the role of the family doctor

Catarina Rebelo, Maria Camões  
*USF Oceanos, Matosinhos, Portugal*

**Background:** Perinatal mental health problems are those which affect the woman during pregnancy or in the first year following the birth of a child. Depression and anxiety are the most common mental health morbidities of this period.

**Questions:** What is the role of the family doctor on the management of mental health issues during pregnancy and post-partum?

**Methods:** We searched PubMed and Cochrane Library using the MeSH terms "Pregnancy", "Mental health" and "Postpartum depression". We included articles written in English and Portuguese, between January 1, 2006 and November 31, 2019.

**Outcomes:** Regular evaluation of the pregnant woman's psychosocial and mental well-being is recommended every trimester and in the post-partum period, using specific screening tools. Non pharmacological approaches are effective for postnatal depression and should be considered in most cases. Pharmacological treatment can be used in more severe situations that compromise the health of the expectant mother or fetus.



**Discussion:** Inadequate treatment of perinatal conditions can lead to negative medical outcomes and long-term deleterious effects in the mother-child relationship. Efforts are needed to identify psychosocial risk factors and develop individual and culturally appropriate protective factors. The decision to start or keep psychotropic drugs in the perinatal period should be individualised and made by specialized professionals, accounting for the risk of untreated illness on the mother and fetus/infant.

**Take Home Message for Practice:** The family doctor has the tools to perform an early intervention in problematic situations, allowing women experiencing perinatal mental health issues to be properly screened, diagnosed and oriented.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 1464**

#### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### **Presentation form / Präsentationsform**

Workshop

#### **Anamnesis in medição diagnoses: when silence has a meaning**

Talita Reis, Vitoria Meneghetti, Bruna Strube Lima, Ivana Becker, Pedro Diego Jimenez Salcez  
*Community Health Interaction (IESC) and Computer Skills., UNIDAVI, Rio do Sul - SC, Brazil*

**Introduction:** Silence can be used as an answer to an anamnesis in a way that "silencing" is an attempt not to keep quiet, but to say "one thing" instead of saying "other things". It is the unsaid necessarily excluded. This way, it is observed patients that refrain their answers to questions that might jeopardize their social image or other factors, offering one answer not to give away other. To speak up, the patient needs silence and by deciding to say something, other possible - yet undesirable - sentiments are erased in an anamnesis.

**Objective:** In these terms, our interest is placed on the processes of sensation development established by silence and its relationship with fulsome medical diagnoses, enhancing treatment and measures towards patients in the municipality of Rio do Sul/SC, employing medicine undergraduates in the discursive analysis about patients' silencing during anamnesis. **Methodology:** This research presents a qualitative nature, because it is an exploratory and descriptive investigation and because it examines the phenomenon's complex nature, concepts and factors. **Results and conclusion:** Our findings highlight the importance, during the anamnesis, of sense construction through silenced pieces of information: from which the doctor will come up with the diagnosis aiming to find out what the matter with the patient is; non-verbal, such as bruises, mild excoriations that along with others will suggest an interpretation of the silenced elements by the patient; sociohistorical reasons that might have led them to choose silencing, among others, accordingly to theory of Speech Analysis.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 1468**

#### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag



## Identification of the characteristics of the autistic spectrum disorders in the municipality of Rio do Sul/SC by medicine undergraduates

Vitoria Meneghetti, Talita Reis, Ivana Becker, Bruna Strube Lima, Amanda Duarte Prim, Pedro Diego Jimenez Salcez, Eduarda Vargas Previante Szenczuck  
Community Health Interaction (IESC) and Computer Skills., UNIDAVI, Rio do Sul - SC, Brazil

**Introduction:** Autistic spectrum disorders are a condition of difficult diagnosis because it's purely clinical: there are no biological markers that could be confirmed through tests. For a clinical diagnosis we must include individuals that are connected to the autistic child. There is also the precise utilization of the anamnesis, physical and psychomental exams and, in some cases, complementary exams in order to exclude other syndromes that might have similar signs and symptoms. **Objective:** This work aims to broaden the communication between autistic patients and professionals in order to optimize intervention actions, diagnoses and referrals to health specialized professionals in the municipality. **Methodology:** The methodological approach of this work was initially the submission of a questionnaire to patients and their parents and care givers. The questions were our investigative instrument in this field research and were previously elaborated by health professionals in partnership with medicine undergraduates from UNIDAVI and with professionals from the psychiatric, neurology and psycho-pedagogy fields. **Results:** results evidence that we can achieve in our health center part of the results that other scientific works have already achieved, as well as the findings reported by the American Psychiatric Association (1994). These discoveries consider four main types of manifestations that autistic children may present: qualitative deficits in social interaction, communication deficits, repetitive and stereotyped behavioral patterns and a restrict repertoire of interests and activities. **Conclusion:** Accordingly to these four aforementioned characteristics medical assistance scripts were designed to pediatric patients who look for support in primary care units of our municipality.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1473

#### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### Presentation form / Präsentationsform

Lecture / Vortrag

## Factors that lead to drug therapy noncompliance of Systemic Arterial Hypertension (SAH)

Henrique Krichenko Ledra, Vitoria Meneghetti, Talita Reis, Bruna Strube Lima, Ivana Becker  
Community Health Interaction (IESC) and Computer Skills., UNIDAVI, Rio do Sul - SC, Brazil

**Introduction:** Systemic Arterial Hypertension is an illness that is considered to be one of the main factors for the development of cardiovascular conditions. SAH is under the influence of a variety of other circumstances, namely the individual's lifestyle and their compliance to the prescribed therapy. Porto et al (2015, p. 77) state that knowing the noncompliance causes is important for the health professionals to be able to raise patient awareness about the need of correct compliance to the prescribed treatment, a prerequisite required to obtain the expected benefits and what reveals the necessity of relentless researches.

**Methodology:** Theoretical basis of this research arises from literature review in the Scielo, Pubmed and Google Scholar databases. **Objective:** This works aims to analyze the main factors that lead patients to



therapy noncompliance, as well as the major side effects caused to patients. **Results:** There are innumerable variables to therapy noncompliance considering issues related to sociodemographic profile, healthcare professionals, treatment, among others. The research method, as part of the methodology applied to the present investigation, initially arises from the development of an anamnesis guide elaborated by medicine undergraduates from UNIDAVI in partnership with healthcare professionals. **Conclusion:** The results achieved demonstrate the need for the development of specific policies that show interest in risk groups, regarding therapy compliance for both clinical development of patients and quality of life improvement, and for persistent studies concerning the subject that will assist as theoretical basis for these public policies make notable social impact.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 1500**

#### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **Primary care measures to identify systemic arterial hypertension in children and teenagers in basic health units**

Pedro Diego Jimenez Salcez, Vitoria Meneghetti, Bruna Strube Lima, Talita Reis, Eloyve Joaquim Ramos Junior

*Community Health Interaction (IESC) and Computer Skills., UNIDAVI, Rio do Sul - SC, Brazil*

**Introduction:** Even though systemic arterial hypertension (SAH) is dominant amidst adults, rates among children and children (from 01 up to 17 years of age of both genders) are not to be neglected: accordingly to the Brazilian Society of Hypertension, they strike from 5% up to 11% of all events, being severe obesity the predominant aspect in this age group. **Objective:** Therefore, it is this work's goal to analyze which methodology (alarm signs) is the most appropriated to be followed in primary care in order to identify hypertense children and teenagers in basic health units in Rio do Sul/SC. **Methodology:** This study arose from a bibliographical review using Google scholar and its fundamental variables in the identification of these patients include weight, height, stage of sexual maturation, physical activities, stress and emotional changes. This study's methodological basis is the treatment and interventions that focus on the addition of a multidisciplinary team made up of psychologists, nutrologist physicians and professionals in physical education to the unit's medical crew. **Results:** Results have revealed that the predominant factor of SAH among children and teenagers in basic health units in Rio do Sul/SC also occur because of the asymmetrical relation between these patients' increase in weight and height, two factors that are always chained and also linked to the other factors. **Conclusion:** In this sense, it is understood that the employment of a more opportunistic and adequate methodology is needed in order to achieve more promising and satisfactory diagnoses in these health units.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 1529**

#### **Abstract subtopic / Abstract Unterthema**



**2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)**

**Presentation form / Präsentationsform**  
 ePoster

**Prevalence of chronic diseases in homeless population**

Rebeca Alfranca<sup>1)</sup>, Mercè Salvans<sup>1)</sup>, Anna Julià<sup>1)</sup>, Cristina Pastor<sup>1)</sup>, Fran Calvo<sup>2, 3)</sup>, Dídac Parramon<sup>1)</sup>, Cristina Giralt<sup>2)</sup>, Imma Frou<sup>1)</sup>, Conxa Bou<sup>1)</sup>, Anna Torrelas<sup>4)</sup>

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**Background:** Over the last ten years, the number of homeless people has increased in European Union countries. There is a daily average of 18,001 homeless people in Spain. This population is aging and affected by chronic diseases.

**Questions:** What is the prevalence of chronic diseases (hypertension, diabetes, COPD, cardiovascular events, obesity and cancer) in homeless population?

**Methods:** Descriptive study of the prevalence of chronic diseases in homeless people registered in Girona in 2016.

**Outcomes:** Data were obtained from 492 homeless patients. The average age was 49,7, 84,5% were men and 15,5% women. Prevalence rates: hypertension 14.02%, diabetes 9.75%, COPD 7.11%, cardiovascular events 7.72%, obesity 11.58% and cancer 4.47%.

**Discussion:** Permanent homelessness, addictions, risky behaviors and malnutrition cause chronic diseases. It has been described that homeless people start suffering chronic diseases about 20 years earlier than general population. Homeless people have a high rate of premature death. Previous literature also shows that they have a higher morbidity and mortality than general population and insufficient medical care.

**Take home message for practice:** Health care for homeless people is complex and presents different needs than general population. It must be integrated and provided by interdisciplinary and coordinated medical and social services.

Conflict of interest / Interessenkonflikte  
 no / nein

**Contribution ID: 1537**

**Abstract subtopic / Abstract Unterthema**

**2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)**

**Presentation form / Präsentationsform**  
 ePoster

**Primary care and community services ten-years follow-up study of a cohort of people experiencing homelessness**

Fran Calvo<sup>1, 2)</sup>, Oriol Turró-Garriga<sup>3)</sup>, Cristina Giralt<sup>1)</sup>, Mercè Salvans<sup>4)</sup>, Rebeca Alfranca<sup>4)</sup>, Montse Clot<sup>4)</sup>, Dídac Parramon<sup>4)</sup>, Irina Ivanova<sup>4)</sup>, Anna Palomeras<sup>4)</sup>, Daniel Alcantarilla<sup>4)</sup>

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- <sup>4)</sup> *Santa Clara Primary Care Health Centre, Institut Català de la Salut (ICS), Girona, Spain*

**Background:** Homelessness is a situation of severe social exclusion characterized by difficulty or lack of accessibility of housing. Consequences of homelessness include higher probability to suffer different health problems including mental health and substance misuse disorders.

**Questions:** This study aims to explore how many homeless people have been managed in Girona Primary Health Care for the last ten years.

**Methods:** Prospective cohort study. In 2006, It was started a basic data registry of homeless people in the city. This cohort was followed until 2016. La Sopa centre (centre for homeless people in Girona city) was coordinated with primary health care surgeries in order to share information from hospitals, immigrants in specific institutions and gender-based violence services.

**Outcomes:** 826 homeless people were followed. 17,2% (n = 142) presented mental health problems, including 14,9% (n = 127) of substance misuse disorders. 57,1% (n=472) were attended in Primary Health Care. During the follow up, 60 people died (12,6%), 51 were men (12.8%) and 9 were women (12,7%). Significant statistic differences were found among migrant status since only a 3,3% of migrant homeless died.

**Discussion:** People experiencing homelessness have more prevalence of mental health diseases than general population.

**Take Home Message for Practice:** It is necessary to adequate the health system and social care services to homeless special needs to improve their community attention.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1549

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

ePoster

### Intervention project: what do women know about cervical cancer screening?

Alexandra Táboas, Alice Seixas

USF Covelo, ARS Norte - ACeS Porto Oriental, Porto, Portugal

Cervical cancer screening is a population organized screening in Portugal. It is applicable to women between 25 and 60 years old, every 5 years. It is performed with cytology and HPV test in the Primary Care Centre. The aim of the intervention was to verify the knowledge that women have about the functioning, cadence and importance of the screening.

The methodology used was to summon women eligible for screening in the calendar year 2019. The intervention lasted 6 months. A questionnaire about cervical cancer screening was applied in the waiting room, to all participants. The screening was carried out and all information about it was given. At the end of the appointment, the same questionnaire was applied again to verify the improvement of knowledge. 102 women were eligible, but only 84 attended the call. All of them agreed to participate in the project. There was a variable rate of improvement in the 10 questionnaire answers, that ranged from 40-80%.



Screening has benefits in early diagnosis and intervention with improved prognosis. Thus, increasing knowledge about screening is one of the strategies to increase women's adherence to screening. Thus, with this intervention project, it was possible to apply two essential levels of prevention in the practice of a Family Doctor - primary prevention through health education and secondary prevention through early screening, with very satisfactory results

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1564**

### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### **Presentation form / Präsentationsform**

ePoster

### **When diabetic ketoacidosis becomes routine: a case of self-neglect**

JoãoPedro Teixeira Baptista<sup>1)</sup>, Cátia Brito<sup>2)</sup>, Mafalda Aveiro<sup>3)</sup>, Melanie Azeredo<sup>3)</sup>, Célia Conceição<sup>1)</sup>

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<sup>3)</sup>Ars Algarve - Aces Central, USF Ossonoba, Faro, Portugal

### **Introduction:**

Several studies have demonstrated the higher incidence of psychiatric comorbidities in patients with type 1 DM compared to the rest of the population, with anxiety and depression having the greatest impact on metabolic control.

### **Case description:**

Male, 26 years old, abandoned by his parents at 3 months of age, grew up in institutions. Diagnosis of DM1 in September 2014, started with Humalog insulin 10UI (3 main meals) and 22 IU Lantus (night). April 2015 was sent to Emergency department (ED) due to complaints of polydipsia, polyphagia, polyuria and weight loss of 11 kg during one month, had HbA1c of 13.5% and ketonemia of 3.9. Patient missed several of the Diabetology consultations at the hospital. During 2017, he did not attend the GP consultation. In February / 2018 he returned again to GP appointment with complaints of general malaise and vomiting, had HbA1c 14.8%. Psychiatric consultation was requested because of patient dysfunctional behavior, like abandoning insulin therapy and refusing food in order to cause decompensations. Was diagnosed with severe Personality Disorder (Cluster B). In 2019, he had 19 admissions to the ED because of diabetic ketoacidosis due to therapeutic non-compliance, several occasions signed discharge against medical advice.

**Discussion:** After the initial diagnosis of DM1, an increased risk of anxiety, substance abuse, mood disorders and personality disorders was shown in several studies. This case report aims to highlight the importance of monitoring mental illness in children/ young adults in the early years after diagnosis and treating the psychiatric problems associated with DM1.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1566**

### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)



## Presentation form / Präsentationsform

ePoster

### Influenza vaccination in a cohort of chronic patients

Fátima Silva Gil, María Ángeles Quesada Román, María Bernal Ordóñez, Esther Navarrete Martínez  
*DS Córdoba-Guadalquivir, UGC Posadas, Servicio Andaluz de Salud, Guadalcazar, Spain*

**Background:** In our country, annual influenza vaccination is indicated for patients with chronic diseases, of any age.

We have chosen patients with type II diabetes mellitus from our health center.

**Questions:** The aim is to know if they get vaccinated against the influenza annually

**Methods:** Methods: A cross-sectional study. Location: rural health centre. Poblacion: Diabetic type 2 patients any years old and sex assigned to the health centre of Guadalcazar(Córdoba)

**Outcomes:** Of the total of 79 patients in our study, type 2 diabetics, 47 were vaccinated for the influenza in the last annual campaign (59.49%). Of them, 63.7% were women. The average age was 72years, with an age range of 65-95 years. In addition to diabetes, other cardiovascular risk factors are associated: 85.10% were hypertensive, 44.68% had dyslipidemia. 38.29% of them had both diseases

**Conclusions/ take home message for practice:** The influenza human is a viral disease, of a benign nature and lasting approximately one week. In patients with chronic diseases, it can reach severity, complicating with pneumonia, dehydration. That is why the annual influenza vaccination in Spain is driven by a campaign of active recruitment of patients. Although the ideal would be that we reach 100% vaccination in the population with chronic diseases, in the cohort of patients we have studied, this is not the case. We therefore think that we should take advantage of any consultation of our patients to advise them of influenza vaccination, and even do activities with the community explaining the benefits of vaccination.

Conflict of interest / Interessenkonflikte

yes / ja

### Contribution ID: 1595

#### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### Presentation form / Präsentationsform

ePoster

### A case series of mumps outbreak during a military deployment in a conflict zone.

Colin kilmartin

*Medical Corps, Defence Forces Ireland, Dublin, Ireland*

#### Background:

In May 2019, Ireland deployed several hundred troops to the United Nations peacekeeping mission in south Lebanon. Two months into the six-month mission an outbreak of mumps occurred within the camp. A total of seven soldiers were infected and treated by Irish military medical personnel before the outbreak was contained. This was on a background of what is shaping up to be the second largest mumps outbreak in Ireland in the last three decades since the MMR was first introduced within the standard childhood immunisation scheme.

#### Method:



A literature review was conducted on the presentation and management of mumps and several examples of recent military related mumps outbreaks identified. A summary of the clinical presentations in this mumps outbreak is described and an analysis of the issues and their mitigation in a conflict zone presented.

**Results:**

An epidemiological study demonstrated the flow of infection through the camp and identified the index cases.

**Conclusion:**

Mumps is an easily transmissible disease that can not be fully protected against through vaccination programs. Given the close living and working conditions of the military it is advisable for soldiers to receive a booster third MMR vaccine on recruitment. Overseas deployments pose additional challenges and the minimisation of risk for any infectious disease is vital preparation for deployment.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1599**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

ePoster

**"Saúde Sem Tecto" = "Health Without Roof"**

Mariana Belo

*USF Viriato, Viseu, Portugal*

**Context:** "Saúde em Português" is a portuguese non-governmental organization and a social solidarity institution, with a Delegation in Viseu, Portugal. Its mission is to promote the social and community integration, particularly of vulnerable populations. One of the projects being developed is the "Saúde sem Teto", which means "Health without Roof". This project targets the homeless population in the city of Viseu. Nowadays, the homeless phenomenon is seen as a multidimensional issue, that requires a global and integrated approach.

**Ojectives:** This project seeks to complement the assistance provided by other institutional partners with measures of health promotion and disease prevention, warranting the free of charge and sustained access of this population to quality health care.

**Overview:** Once, every 15 days, a team of 4 volunteers, promote the realization of medical, nursing or psychological consultation of the homeless. We also supply chronic medication or personal hygiene products and, sometimes, stimulate group dynamics destined to debating a certain topic of interest.

**Discussion:** This project has contributed to the establishment of a closer contact with this marginalized group, that constitutes, because of that, a very vulnerable population, very often without the proper access to the health care that they so much need. It is very important to share the experience of this activities with the community that integrates this population, in order to facilitate its reintegration, but also to share it with the medical community, in hopes of encourage others to pursue similar paths in our sociocultural obligation as Family Medicine Doctors.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1610**

**Abstract subtopic / Abstract Unterthema**



2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**  
ePoster

**Effectiveness of the integrated attention model to patients with chronic conditions: Salut+Social. Protocol for a quasi-experimental study with mixed methodology.**

Jorgina Lucas Noll<sup>1</sup>, Ester Gavalda Espelta<sup>1</sup>, Maria Ferre Ferraté<sup>1</sup>, Jordi Baucells Lluís<sup>2</sup>, Mar Lleixa Fortuño<sup>3</sup>, Begonya Tomas Navarro<sup>4</sup>, Nuria Brunet Reverte<sup>4</sup>, Claudia Curto Romeu<sup>4</sup>, Gerard Mora Lopez<sup>1</sup>, Juan Manuel Ballesta Ors<sup>5</sup>

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<sup>5</sup>EAP Tortosa Est, Institut Català de la Salut, Tortosa, Spain

**Background:** In the integrated attention program, "Salut+Social" participates in the social and healthcare services, and it aims to promote the coordination and communication between the different professionals with the support of the Salut+Social app.

**Discussion Point:** To implement and evaluate the effectiveness of the program and its impact on quality of life, treatment adherence, medical service utilization and caregiver overload.

**Content:** This pre- and post-intervention quasi-experimental study with repeated measures and mixed methodology in the southern Catalonia, aims to analyse the effectiveness of an integrated care model. Some questionnaires will be used for the quantitative part and focus groups for the qualitative part. The population of interest are all the users with health and social conditions that are susceptible to be treated in a collaborative and coordinated way in the field of primary healthcare in our area; it has been determined that the sample size should be higher than 141 users. The expected results are the modification of the chronic patient approach, improvement of decision-making and quality of life, reduction of caregiver overload and increase of treatment adherence. The intervention has a duration of 6 months, and the post-intervention measures will be held after 6, 9 and 12 months.

**Take Home Message for Practice:** It is a relevant project due to its great application both on the health side and on the social side, because the study group presents a high incidence of chronic diseases; it aims to give response to the present and future challenge of addressing the chronicity.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1614**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**  
Workshop

**Facilitating health dynamics for a multicultural population**

Sofia Correia Pinto

USF da Baixa ACeS Lisboa Central, Lisbon, Portugal



## Background:

Health professionals in USF da Baixa are challenged on a daily basis with cultural diversity and language barriers since they serve a multicultural population from countries such as Bangladesh, Nepal and China. Aiming at improving migrant's access to healthcare, promoting health literacy and empowering patients, health professionals and members from different communities worked together choosing health topics for leaflets, creating content, deciding upon graphic design and producing audio recordings in different languages such as Bengali, Nepali, Urdu, Mandarin, French, Portuguese and English. This content has been shared with different institutions nationwide since different organizations showed interest in having this material available for their work settings.

## Target Group:

This session is relevant for any professional who works for the community such as general practitioners, nurses, administrative staff, social assistants, medical students.

## Didactic Method:

Oral presentation with slides.

Small group discussion (challenges for professionals, barriers migrants encounter, strategies to overcome them).

## Objectives:

Sharing knowledge on the process of the creation of the leaflets (ex working with community organizations, cultural specificities).

Empowering participants in developing strategies they can implement in their work settings.

## Estimated number of participants:

20-40

## Brief presentation of the workshop leader:

Sofia Correia Pinto is a Family Doctor in USF da Baixa, involved in the 3 year project previously described.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1617

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

State of the art session

## Revolutionary evidence regarding complementary feeding in infants: how it changes the paradigm of family medicine practice

Jorge Hernâni-Eusébio<sup>1)</sup>, Ricardo Silva<sup>1)</sup>, Joana Oliveira<sup>2)</sup>

<sup>1)</sup>USF do Minho, Braga, Portugal

<sup>2)</sup>Department of Pediatrics, Hospital de Braga, Braga, Portugal

Complementary feeding in infants is one of the most debated topics in family medicine due to the Family Doctor's position as promoter of a family health status. To achieve that, one must have in mind the most recent scientific evidence and adapt it to each patient, its culture and beliefs, especially in our times of enormous migration rates and globalization.

The previous recommendations by the European Society for Pediatric Gastroenterology Hepatology and Nutrition (ESPGHAN) were particularly restrictive in terms of prevention of food allergies, cardiovascular



events, obesity, diabetes and celiac disease and served as basis for local recommendations in several countries.

In 2017, ESPGHAN released new and revolutionary recommendations about the subject. These recommended 4 to 6 months of age as the perfect timing for starting complementary feeding in infants, fact of most importance in Europe, where most mothers start to work within 4 months after giving birth. It also recommends not to follow a specific order when introducing different foods, not to delay the introduction of potential allergenic foods and to consume iron-rich foods since early age.

In this state of the art session, we pursue the goal of revisiting these new recommendations from ESPGHAN and to overview how can they be subscribed and used in different European countries.

Since this topic is of most value for infants parents and caregivers, it is the Family Doctor's duty to give them the best recommendations available about this subject in order to guarantee an healthy development of our infant patients.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1618**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

ePoster

**Pneumococcal vaccination in a cohort of patients over 65**

Fátima Silva Gil, María Bernal Ordóñez, María Ángeles Quesada Román, Esther NAvarrete Martínez  
*DS Córdoba-Guadalquivir, UGC Posadas, Servicio Andaluz de Salud, Guadalcázar, Spain*

**Background:** Streptococcus pneumoniae infection produces a wide range of pathologies, from pneumonia, otitis media, mastoiditis, sinusitis and other common diseases of the upper respiratory tract, to severe forms of invasive pneumococcal disease (ENI), such as bacteremic pneumonia, meningitis or sepsis; the latter are less frequent, but more serious and generate greater morbidity and mortality. The risk of acquiring pneumococcal infection is greater in children under 5 years of age, in people over 65 and in people with certain risk conditions such as chronic processes or diseases that alter the immune response.

**Question:** The aim is to know how many diabetic patients over 65 are vaccinated against Streptococcus Pneumoniae

**Methods:** A cross-sectional study. Location: rural health centre. Poblacion: Diabetic type 2 patients any years old and sex assigned to the health centre of Guadalcázar(Córdoba)

**Outcomes:** Of the 79 type 2 diabetic patients in our consultations, 73 were 65 or older. Of them, 50 were vaccinated against pneumococcus (68.49%). 60% were women. 80% of patients were also vaccinated for the flu. In addition to type 2 diabetes, 37% had high blood pressure, and 42% had dyslipidemia. 34% suffered both diseases

**Discussion:** Although the percentage of vaccination is high, the goal is to have the entire population over 65 vaccinated, to avoid complications. We believe that we could make an active recruitment of patients in consultation, every time they came, even if they had no symptoms of respiratory tract infection.

Conflict of interest / Interessenkonflikte  
yes / ja

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**Contribution ID: 1622**



## Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

## Presentation form / Präsentationsform

Workshop

## Providing (better) healthcare to LGBT patients: what family physicians should know

Francisco Silva<sup>1, 2)</sup>, Ana Fernandes<sup>3)</sup>, Luís Silva<sup>2)</sup>, Filipe Bacalhau<sup>1)</sup>, Cristiana Antunes<sup>1)</sup>, Luís Eusébio<sup>1)</sup>

<sup>1)</sup>USF Amora Saudável, Amora, Portugal

<sup>2)</sup>GAT-CheckPointLx, Lisbon, Portugal

<sup>3)</sup>USF Vale de Sorraia, Coruche, Portugal

**Background:** Primary care physicians are very likely to assist lesbian, gay, bisexual, and transgender (LGBT) patients in their practice, for that reason they must be able to provide informed, appropriate, and culturally sensitive care. LGBT patients have unique healthcare needs, while there may be an increased risk for mental health and substance abuse disorders, certain health conditions vary by group. Primary care of the LGBT patient needs to be individualized but also guided by the knowledge of distinct risks and behaviors associated with particular groups.

**Target Group:** All healthcare providers with interest in LGBT healthcare.

**Didactic Method:** The workshop will be divided in two parts: one introductory presentation on gender identity, sexual orientation and behavior. Then we will have a more interactive part with case studies, where the participants have to discuss the particular aspects of the healthcare aimed at this population.

**Objectives:** The objective of this workshop will be approaching issues of gender identity, sexual orientation and sexual behaviour, special care needs, assessing risk behaviour and providing strategies for risk reduction and family planning.

**Estimated number of participants:** 20

**Brief presentation of the workshop leader:** Francisco Silva is a 3rd year resident in Family Medicine also working as a volunteer physician at GAT-CheckPointLx, a community clinic providing counselling, sexually transmitted infections testing and treatment aimed to men who have sex with men. He has a special interest in LGBT healthcare and defending their rights.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1640

## Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

## Presentation form / Präsentationsform

ePoster

## Weight loss in an adolescent - a case report

Tiago Macedo, José Assis, Sophia Martins, Sandra Cunha, Sofia Vale Pereira, Arão Sambango

USF Trevim Sol, Lousã, Portugal

**Didactic method:** case report



Presented problem: A healthy 17-years-old high-school sports student single male, living with his parents, come to our medical practice reporting 8kg weight loss, epigastric pain, heartburn, nausea and episodic postprandial vomiting, for the last 3 months. At physical examination everything was normal (BMI of 23.6).

**Management:** After 1 week of sucralfate and 30 days of pantoprazole, he reported resolution of the symptoms except anorexia and a weight loss of 13kg in 4 months. The labs were ok. At this point we asked for upper endoscopy and colonoscopy which proved completely negative. During this process, we noticed that the patient was under high levels of anxiety. With a brief psychotherapy approach, he revealed that he wasn't liking his course, he felt burdened with family discussions and irritated with his parents' parental control. Brief psychotherapy was performed, escitalopram 10mg was initiated, and he was referred to our psychologist.

**Outcome:** Within two months, anorexia was resolved, anxiety levels were low and he had started to gain weight again.

**Discussion:** Unintentional weight loss is always warning. Mental health in young patients is difficult to access. The differential diagnosis of psychiatry problems is vast, making the diagnosis difficult. Generalized anxiety disorder is more prevalent in young adults and can course with impairing symptoms. The combination of psychotherapy and psychopharmacology seems the best approach.

**What we can learn from this:** An empathetic approach with accessibility and confidentiality is essential for the doctor-patient relationship and enables a correct diagnosis and treatment.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1641**

### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### **Presentation form / Präsentationsform**

ePoster

### **A Case Study of Narcolepsy in Adolescent**

*Sophia Martins, Sofia Vale Pereira, Sandra Cunha, Tiago Macedo, José Viveiros*

*USF Trevim Sol, Coimbra, Portugal*

Sleep disorders have serious implications in a child's learning, behavior, mood and physical health and often can be overlooked in general practice. A comprehensive exploration of sleepiness and its underlying cause is essential to the management and treatment.

A 15-year-old adolescent presents with excessive daytime sleepiness with one-year duration of progressive intensity and episodes of laughing induced paralysis. She tends to fall asleep while sitting quietly, during classes and meals, while taking tests and on the bus ride. The patient sleeps about 10hours per night on school days and 12hours on weekends and denies nocturnal awakenings or nightmares. Family deny snoring or apnea. The patient denies stressful life events, anxiety or depression, habitual medication or relevant medical history. Apart from sleepy facial expression and an Epworth sleepiness scale of 20, physical examination doesn't reveal alterations. Bloodwork which included hepatic, renal and thyroid function were normal. She was referred to the Pediatric Hospital of Coimbra for further evaluation. The polysomnography and Multiple Sleep Latency Test (MSLT) revealed narcolepsy with laughing induced cataplexy. She started medication soon after diagnosis and is still adjusting the dose. She is now accompanied by her Family Doctor, Pediatrician and Psychologist.



Narcolepsy is a chronic neurologic system disorder characterized by recurrent attacks of irresistible daytime sleepiness of unknown etiopathogenesis. Diagnostic criteria are based on nocturnal polysomnography and MSLT specific for children. As family doctors we must be attentive to these insidious symptoms and know how to approach, refer and manage these patients.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1672**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

ePoster

**Do we truly know our patients? - the importance of house visiting**

Carlos Castro

*USF do Minho, ARS Norte, Braga, Portugal*

**Background:** Home visiting plays a key role in the family doctor routine. It allows the observation of the patient in his own territory and further knowledge of his social situation. However, it is considered by healthcare providers as a time-consuming activity. This case report intends to show the importance of home visiting in a biopsychosocial approach.

**Clinical case:** 84-year-old woman, with type 2 diabetes and hypertension, independent for the activities of daily living, living with her oligofrenic son, maintaining periodic office consultations. The patient was home visited by her family doctor and nurse in order to assess her health condition (according to her son she was "bedridden and eating less"). The house had precarious sanitary conditions, including inaccessibility to clean drinking water and sanitation. The patient was found lying in bed with poor hygiene, refusing to get up, stating she was "mad at her neighbours". Using an empathic and patient-centred communication, the healthcare team explained she needed to cooperate so that her health condition could be assessed. The patient agreed. No alterations were observed in physical or mental examination, or in blood analysis. Due to the social context, the team contacted the social worker in the community. The patient was offered a host family and her son was relocated in a social shared habitation.

**Discussion:** The house visit was fundamental to unveil the social issues in this family, never mentioned in face-to-face consultations. It required a good cooperation between the healthcare team and the community resources to meet the patient needs.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1680**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

Workshop

**Recognizing and rethinking barriers in recognizing and treating victims of family violence**

Nena Kopcavar Gucek<sup>1, 2)</sup>, Hagit Dascal Weichhendler<sup>1)</sup>



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<sup>2)</sup>Community Health Center of Ljubljana, Ljubljana, Slovenia

## Background:

Regardless of declaring gender equity, women are still much more frequent victims of intimate partner violence than men. In some environments violence towards women is still a socially acceptable norm.

Only 1 of 20 victims of family violence is recognized by doctors, while one out of three women has been exposed to violence at least once in their lifetime. Only a fraction of violence is visible, while subjective testimony of the victims is the sole source of information. Cultural background, the influence of environment and the fear prevent spontaneous disclosure by the victims. In some countries, admitting to having been victimized by a male means a death sentence for the female victim (i.e. honour killing).

Stereotyping and prejudices, such as blaming the victim for staying in the violent relationship and possibly for provoking violence have worrying consequences.

Inevitably, the responsibility for the violence is always on the part of the perpetrator.

## Aims:

The aim of the workshop is to present and discuss dilemmas and barriers in recognizing and treating family violence. Participants` views, backgrounds, standpoints and values should cause reflection. They are not less important than knowledge and skills.

The re-examination of one`s own standpoints and recognizing the importance of our role while adhering to professionalism and ethics is the final goal.

## Methods:

The following methods will be used: a short plenary presentation, a film-clip of a testimony of a survivor of intimate partner violence; working in small groups, plenary discussion, forming a take home message.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1725

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

ePoster

## Facial nerve paralysis in children - an example of inter-institutional coordinated care

Daniela Fernandes<sup>1)</sup>, Sofia Sá<sup>1)</sup>, Fábria Martins<sup>1)</sup>, Raquel Lima<sup>1)</sup>, Liliana Rumor<sup>2)</sup>, Mariana Martins<sup>1)</sup>, Almerinda Rodrigues<sup>1)</sup>

<sup>1)</sup>Cantanhede Personalized Health Care Unit, Cantanhede, Portugal

<sup>2)</sup>Marquês de Marialva Family Health Unit, Cantanhede, Portugal

## Background:

Paralysis of the facial nerve is a relatively uncommon condition in the pediatric population. Whereas idiopathic causes account for the majority of adult cases, secondary causes are more frequent in children. The treatment is guided by the etiology and severity of the condition and it encompasses the pharmacological treatment, rehabilitation, and surgical care. The impact of the disease on the child and their family must be taken into account and all associated healthcare services should provide timely and well-coordinated care.

## Case presentation:



A 7-year-old girl presented to the pediatric emergency service with left facial asymmetry. She has been diagnosed with acute otitis media on a primary care acute-consultation 13 days before. She received pharmacological treatment for an acquired facial nerve palsy secondary to infection and appointments were made for physical medicine and rehabilitation and neurology. She returned to her family doctor who provided reassurance, referred to a community-based rehabilitation unit, and scheduled frequent follow-up appointments. In six weeks she had fully recovered and was discharged from the hospital specialties.

### Discussion:

This clinical case is an example of a good organization of care across the interface between family practice and secondary care. The patient and their family did not report feeling lost or overwhelmed, in spite of navigating through the emergency, hospital, primary and community care. Given the dramatic presentation of this condition, the family doctor was instrumental in providing both child and parents with support, while facilitating engagement with the child's grandparents and their school as well.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1752

#### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### When walking is an alert!

César Matos<sup>1</sup>, António Assunção<sup>2</sup>, Ana Maria Pinto<sup>3</sup>, Cláudia Bessa<sup>3</sup>

<sup>1</sup>UCSP Azeitão, Azeitão, Portugal

<sup>2</sup>USF Viriato, Viseu, Portugal

<sup>3</sup>USF Lusitana, Viseu, Portugal

**Introduction:** Legg-Calvé-Perthes Disease (LCPD) is a pediatric osteoarticular pathology that is characterized by necrotic changes in the femoral head. It occurs between the ages of 3 and 12 years (> 7 years). Bone age is delayed in almost 90% of cases. The clinic is characterized by limping gait, pain in the anterior aspect of the thigh and knee and limited joint movement.

**Clinical Case:** Young female, 16 years old, comes to the General and Family Medicine (GFM) consultation with her mother for respiratory complaints, having been observed and medicated. When she was leaving, an altered gait pattern was observed. She informed that she was being followed in France (Orthopedics) since she was 3 years old, with conservative treatment and the surgery was postponed to adulthood. According to the mother, she started a period of limp, intermittent gait in the right lower limb with about 2 months. Due to suspicion about this approach, Rx of the right hip was requested, which confirmed a state of advanced degradation of the coxofemoral joint with lateral subluxation of the femoral head. Being referred for orthopedics consultation, which confirmed the diagnosis and the complex surgical need due to late surgical planning.

**Conclusion:** GFM plays an important role in early diagnosis and referral. LCPD, if not properly treated, can result in loss of sphericity of the femoral head, with the development of pain, limited range of motion, hip instability and early hip osteoarthritis. Imaging plays a key role in diagnosis and follow-up.

Conflict of interest / Interessenkonflikte  
no / nein



## Contribution ID: 1756

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

Lecture / Vortrag

### Signs and symptoms of intimate partner violence in women attending primary care. systematic review and meta-analysis

Mathilde Vicard-Olagne<sup>1, 2)</sup>, Bruno Pereira<sup>3)</sup>, Aurélie Cabailot<sup>2, 4)</sup>, Gilles Lazimi<sup>5)</sup>, Philippe Vorillon<sup>2)</sup>, Catherine Laporte<sup>2, 1)</sup>

<sup>1)</sup>EA7280, Clermont Auvergne University, Faculty of Medicine, Clermont-Ferrand, France

<sup>2)</sup>General Practice, Faculty of Medicine of Clermont-Ferrand, CLERMONT-FERRAND, France

<sup>3)</sup>Biostatistics Unit (Clinical Research and Innovation Department), University Hospital—Clermont-Ferrand, Clermont-Ferrand, France

<sup>4)</sup>Inserm 1107, Neuro-Dol, Observatoire Français des Médicaments Antalgiques (OFMA),, Faculty of Medicine, Clermont Auvergne University, Clermont-Ferrand, France

<sup>5)</sup>General Practice, Pierre et Marie Curie University—Faculty of Medicine, Paris, France

**Background:** Intimate partner violence (IPV) is a prevalent yet underdiagnosed health issue, and primary care practitioners (PCPs) are in a unique front-line position to provide care and counsel for the victims.

**Questions:** Identifying the signs and symptoms of women exposed to IPV who attended primary care.

**Methods:** Systematic review and meta-analysis in Central, Medline / Pubmed, Embase and Cinahl, in the grey literature, and manually, on sources published between 1946 and 2018. Eligible studies had to be original quantitative research, and focused on women aged >15 years, attending primary care settings in Europe, North America and Australia, and interviewed on their status as victims of IPV and on their signs and symptoms.

**Outcomes:** Of 1334 eligible studies, 51 were selected, including more than half that had sample size >900 women. Statistically significant associations were found between IPV and a number of signs and symptoms, including: signs and symptoms of depression (17 studies: overall odds ratio [OR] = 3.54, 95% CI, 2.7–4.7, I<sup>2</sup> = 88%), anxiety (8 studies: overall OR = 2,26, 95% CI, 1.62–3,15, I<sup>2</sup> = 85%), and gynecological and/or sexually transmitted infections (6 studies: overall OR = 2.6, 95% CI, 2–3.4, I<sup>2</sup> = 41%).

**Discussion:** Women exposed to IPV can show foreground clinical expressions other than bodily injury.

**Take Home Message for Practice:** In front of some symptoms, including depression and anxiety, PCPs should ask patients whether they have experienced IPV, to give them a forum in which to open up.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1822

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

Lecture / Vortrag

### The Roller Coaster of Smoking Cessation- GPs can play a crucial role here!

Rajesh Rajpal



*Buncrana Medical Centre, ICGP, CME Tutor, Letterkenny, Ireland*

## Introduction:

The 'brief Interventions for smoking cessation advice' (BISCA) includes a range of effective behaviour change interventions which is short in duration 5-10 minutes.

## Objectives:

To determine whether BISCA given to patients would lead to smoking cessation.

## Method:

Prospectively, from April-2018 to April-2019; cigarettes smoking patients were included.

## Results:

A BISCA was provided 384 times to the 166 patients. 101 patients reported quitting smoking within four weeks. 94 patients were included. The median age was 49yrs. Smoking rate per day was 10, 20, 30 and 40+ in 19, 57, 16 and 2 patients respectively. Therapy used were Varenicline, Nicotine Therapy, E-cigarette and Nil in 12, 61, 17, and 4 respectively. Of 94 patients 66 relapsed within a median duration of 7 weeks. Of the remaining 28 patients, 9 relapsed between the median and mean duration of 42 and 59 weeks respectively. Total of 19 patients remains smoke-free for a minimum of 52weeks. Of these 19 patients, 1, 7, 3 are using Varenicline, NRT, EC respectively. The relapse rate for Varenicline, NRT, EC and Nil was 47%, 66 %, 78% and 100% respectively.

## Conclusion:

This study has shown the effectiveness of BISCA to promote smoking cessation. Helping patients to change behaviour to enhance QOL is an important role for GPs. Change interventions are especially useful to address lifestyle modifications for disease prevention, The BISCA can be provided by GPs, trained staff and community nurses. In our study, although, in our study Varenicline effectiveness were superior to NRT.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1830

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

ePoster

## Vitamin D deficiency in southern Spain: optimal levels and risk factors review.

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<sup>1)</sup>DCCU, Dispositivo de Apoyo - DCCU Cádiz - La Janda, Spain, CADIZ, Spain

<sup>2)</sup>Hospital of Jerez de la Frontera, Spain, Urgency Department, CADIZ, Spain

Vitamin D3 (colecalfiferol) is formed from its precursor 7-dehydrocholesterol in the skin by ultraviolet irradiation. In the liver the vitamin D3 is hydroxylated to form 25-hydroxyvitamin D3, which is metabolised to its active metabolite 1,25-dihydroxyvitamin D3 preferentially in the kidney. Vitamin D3 may also be provided in the diet, which is a significant source of supply only in the case of insufficient exposure to sunlight. Blue fish naturally contains large quantities of vitamin D3. Low 25 hydroxyvitamin D (25OHD) levels are associated

with poor skeletal and extra-skeletal health and minimum level of 75 nmol/L is necessary in older adults to minimize the risk of falls and fracture. The optimal serum 25OHD concentrations for extra-skeletal health are evolving but appear to be above 75 nmol/L. Vitamin D sufficiency is estimated by determining 25-



hydroxyvitamin D concentrations. We observed that in southern Spain insufficiency, or even true deficiency in vitamin D is already found in children or young people, and persists in adults, postmenopausal women, and in older people mostly living in residential homes, with a seasonal variation which barely reaches normal levels after summer.

The aim of our work is to familiarize the participants with the cut-offs presently applicable to define Vitamin D sufficiency. Even in sunny regions of Spain it is important to highlight the necessity of the knowledge of the doctor and the patient with respect to the optimisation of the consumption of calcium and vitamin D.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1831

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

ePoster

## Ehlers-Danlos syndrome and its association with psoriatic arthritis. Case report.

Anna Holub<sup>1)</sup>, Javier Marante Fuertes<sup>2)</sup>, Elvira Pacheco Vázquez<sup>1)</sup>

<sup>1)</sup>DCCU, Dispositivo de Apoyo - DCCU Cádiz - La Janda, Spain, CADIZ, Spain

<sup>2)</sup>Hospital of Jerez de la Frontera, Spain, Urgency Department, Cádiz, Spain

Psoriatic arthritis (PsA) is a chronic condition that combines the swollen, sore joints and involves the inflammation of synovial tissue, entheses and skin in patients with psoriasis. Ehlers-Danlos syndrome is a clinically and genetically heterogeneous group of heritable connective tissue disorders, characterized by skin hyperextensibility, tissue fragility, fragile and soft skin, delayed wound healing with formation of atrophic scars, easy bruising, and generalized joint hypermobility. We report a case of a 29-year old female with Ehlers-Danlos syndrome who developed PsA.

The patient was diagnosed with Ehlers-Danlos syndrome in early childhood. The onset of psoriasis occurred soon after that when she developed joint symptoms and soon the diagnosis of PsA was made. The patient was using salazopirin and pronison. She staid asymptomatic for a few years however experienced problems with her hand joints after. Inflammatory markers were normal and she was anti-citrullinated protein antibody and rheumatoid factor negative. X-ray images of the hand have shown dysplastic changes on the skeleton (probably connected with Ehlers-Danlos syndrome) and signs of chronic arthritis of both carpal regions. The ultrasound examination revealed the tenosynovitis of some extensor tendons in the right wrist region. The treatment with glucocorticoids and methotrexate was started and she responded very well on this therapy. In the patient with Ehlers-Danlos syndrome, the development of PsA occurred. The most prominent problems, arthritis of both wrists and tenosynovitis of the right wrist, were completely withdrawn soon after the start of the treatment with glucocorticoids and methotrexate.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1837

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform



ePoster

### **Analysis of blood pressure levels on people in street situation from Goiânia, Brazil**

João Victor Alves Xavier<sup>1, 2)</sup>, Julia Alves Nascimento Rodrigues<sup>1)</sup>, Gustavo Aguilar Alvarenga Amorim<sup>3)</sup>, Giane Hayasaki Vieira<sup>1)</sup>, Danyelle Rute Francisco e Silva<sup>1)</sup>, Alice Alves Resende Dorneles<sup>1)</sup>, Ana Beatriz Vieira Vilela<sup>1)</sup>, Beatriz Ferreira Bueno<sup>1)</sup>, Isabela Lobo da Silva<sup>1)</sup>, Tatiana Gomes Marinho<sup>1)</sup>

<sup>1)</sup>Medicine Department, Pontifícia Universidade Católica de Goiás (PUC-GO), Goiânia, Brazil

<sup>2)</sup>Pontifícia Universidade Católica de Goiás (PUC-GO, Goiânia, Brazil

<sup>3)</sup>Medicine Department, Universidade Federal de Goiás, Goiânia, Brazil

According to a Brazilian Survey, 48% of the homeless have some health problem, including heart related disease, and 30% of them use medicines regularly. Even though some can obtain these drugs, this group still has difficulties to access the healthcare network.

The aim of this study is to identify epidemiological and health data of the homeless of Goiânia (Brazil), including sex, age, ethnic and blood pressure (BP).

This is a cross-sectional study realized from March to September of 2019 with questionnaires of the Hearts for the Homeless project, promoted by the International Federation of Medical Students Associations (IFMSA), achieving 211 participants in Goiânia, Brazil. The inclusion criteria were: age over 18 years old, physical and mental capacity to answer the questionnaire and the voluntary acceptance, by signing the Free and Clarified Consent Term (FCCT).

In our sample, 84% were men, the average age was 42 years old and 53,5% declared themselves "brown". The analysis of the BP was made according to the Brazilian scale: normal, pre-hypertension, hypertension I (mild), hypertension II (moderated) and hypertension III (severe). The results revealed: 42%; 28%; 18,5%; 6%; and 5,5%, respectively, to the scale.

The majority of our group can be classified as "normal" and "pre-hypertension" and, we can conclude that the number of participants of each group decreases according to the severity of the disease. However, it can't be stated, with certainty, that these individuals have no risk of developing disease, since the BP was measured just once.

Conflict of interest / Interessenkonflikte

no / nein

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#### **Contribution ID: 1838**

#### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

#### **Presentation form / Präsentationsform**

ePoster

### **Relationship between the homeless and the Brazilian Public Health System**

João Victor Alves Xavier<sup>1)</sup>, Julia Alves Nascimento Rodrigues<sup>2)</sup>, Gustavo Aguilar Alvarenga Amorim<sup>3)</sup>, Giane Hayasaki Vieira<sup>2)</sup>, Danyelle Rute Francisco e Silva<sup>2)</sup>, Alice Alves Resende Dorneles<sup>2)</sup>, Ana Beatriz Vieira Vilela<sup>2)</sup>, Beatriz Ferreira Bueno<sup>2)</sup>, Isabela Lobo da Silva<sup>2)</sup>, Tatiana Gomes Marinho<sup>2)</sup>

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<sup>2)</sup>Medicine Department, Pontifícia Universidade Católica de Goiás (PUC-GO), Goiânia, Brazil

<sup>3)</sup>Medicine Department, Universidade Federal de Goiás, Goiânia, Brazil



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Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1839**

### **Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### **Presentation form / Präsentationsform**

ePoster

### **Diseases prevalence in homeless of Goiânia, Brazil**

João Victor Alves Xavier<sup>1</sup>), Julia Alves Nascimento Rodrigues<sup>1</sup>), Gustavo Aguilar Alvarenga Amorim<sup>2</sup>), Giane Hayasaki Vieira<sup>1</sup>), Danyelle Rute Francisco e Silva<sup>1</sup>), Alice Alves Resende Dorneles<sup>1</sup>), Ana Beatriz Vieira Vilela<sup>1</sup>), Beatriz Ferreira Bueno<sup>1</sup>), Isabela Lobo da Silva<sup>1</sup>), Tatiana Gomes Marinho<sup>1</sup>)

<sup>1</sup>) Pontifícia Universidade Católica de Goiás (PUC-GO), Goiânia, Brazil

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In Goiânia, according to the Municipal Secretariat of Social Assistance, the number of people living in street situation in 2019 reached 1.300 and tuberculosis, STDs, hypertension, drug abuse and mental disorders are the most recurrent diseases among this population.

This study aims to elucidate the main diseases found in this population and the treatment they are in use.

This is a cross-sectional study, conducted between March and September of 2019 with questionnaires from the Hearts for the Homeless project, promoted by the International Federation of Medical Students Associations (IFMSA), achieving a sample with 211 homeless in Goiânia, Brazil. Among the inclusion criteria were: age over 18 years old, physical and mental capacity to answer the questionnaire and the voluntary acceptance, by signing the Free and Clarified Consent Term (FCCT).

As a result, 117 participants did not have any comorbidity and, even so, 15 of them were using at least one medicine. 27 of them had the diagnosis of hypertension, but only 20 were using medication; 12 were diabetics, however only 5 were medicalized. Besides that, 13 presented psychiatry or neurological diseases,

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4 had chronic lumbar pain treating with anti-inflammatory, 2 had HIV correctly managed with antiretroviral therapy and one was been treated for Hansen`s disease.

Homeless have a lot of different comorbidities and sometimes are polypharmacy cases, so they face difficulties to get the medicine and with medical monitoring. It is very clear the urgency for health education and social policies that are coherent with their health needs.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1840

### Abstract subtopic / Abstract Unterthema

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

### Presentation form / Präsentationsform

ePoster

## Relation between the use of alcohol and drugs to the adhesion to protective sexual methods in homeless of Goiania, Brazil

João Victor Alves Xavier<sup>1</sup>, Julia Alves Nascimento Rodrigues<sup>2</sup>, Gustavo Aguilar Alvarenga Amorim<sup>3</sup>, Giane Hayasaki Vieira<sup>2</sup>, Danyelle Rute Francisco e Silva<sup>2</sup>, Alice Alves Resende Dorneles<sup>2</sup>, Ana Beatriz Vieira Vilela<sup>2</sup>, Beatriz Ferreira Bueno<sup>2</sup>, Isabela Lobo da Silva<sup>2</sup>, Tatiana Gomes Marinho<sup>2</sup>

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The homeless consist in people that transiently live in public places in a socioeconomic exclusion situation. In Brazil, one of the most common reasons for this to happen is the use of alcohol and drugs, which prejudice the general health and the adhesion of protective sexual methods.

The aim of this study is to relate the use of alcohol and drugs to adhesion to protective sexual methods in homeless of Goiania, Brazil.

This is a cross-sectional study conducted from March to September 2019 with questionnaires of the Hearts for the Homeless project, promoted by the International Federation of Medical Students Associations (IFMSA), achieving 211 homeless in Goiânia, Brazil. The inclusion criteria were: age over 18 years old, physical and mental capacity to answer the questionnaire and the voluntary acceptance, by signing the Free and Clarified Consent Term (FCCT).

In the studied population, 47% used exclusively alcohol. 65.2% of the alcohol users group used contraceptives, whereas those who admitted combining alcohol and drugs had a decrease of this rate to 56.8%. When we isolated the participants that had denied alcohol consumption, 56.2% used protective methods. And when they used neither alcohol nor drugs, the percentage of protective methods increased to 63.3%.

These numbers make us reflect on the need to reach the scope of family planning and sexual health among the homeless. Our numbers indicate that drugs make sexual prevention worse and it is clear that little has been done to improve the health quality for this group.

Conflict of interest / Interessenkonflikte

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no / nein

**Contribution ID: 1870**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Distinguishing between COVID-19 and the common cold in a primary care setting - comparison of patients with positive and negative SARS-CoV-2 PCR results.**

Johannes Just

*General Practice, "Hausärzte am Rhein", Bonn, Germany*

**Authors:** Johannes Just, Marie-Therese Puth, Felix Regenold, Klaus Weckbecker, Markus Bleckwenn

**Background:** Combating the COVID-19 pandemic is a major challenge for health systems, citizens and policy makers worldwide. Early detection of affected patients within the large and heterogeneous group of patients with common cold symptoms is an important element of this effort, but often hindered by limited testing resources and the lack of pathognomonic symptoms in COVID-19. Therefore, we aimed to identify predictive risk factors for a positive SARS-CoV-2 PCR (CovPCR) result in primary care.

**Method:** We performed a multi-center cross-sectional cohort study on predictive clinical characteristics for a positive CovPCR over a period of 4 weeks in primary care patients in Germany.

**Findings:** In total, 374 patients in 14 primary care centers received CovPCR and were included in this analysis. The median age was 44.0 (IQR: 31.0-59.0) and a fraction of 10.7% (n=40) tested positive for COVID-19. Patients who reported anosmia had a higher odds ratio (OR: 4.54; 95%-CI: 1.51-13.67) for a positive test result while patients with a sore throat had a lower OR (OR: 0.33; 95%-CI: 0.11-0.97). Patients who had a first grade contact with an infected persons and showed symptoms themselves also had an increased OR for positive testing (OR: 5.16; 95% CI: 1.72-15.51). This correlation was also present when they themselves were still asymptomatic (OR: 12.55; 95% CI: 3.97-39.67).

**Conclusions:** If testing resources are limited, several anamnestic criteria may be helpful to identify patients with COVID-19 clinically.

Conflict of interest / Interessenkonflikte

yes / ja

**Contribution ID: 1891**

**Abstract subtopic / Abstract Unterthema**

2.4. Medical care to vulnerable groups (including social workers) / Versorgung vulnerabler Gruppen (ggf Einbeziehung Sozialarbeit)

**Presentation form / Präsentationsform**

Science Slam

**Alone making life work: how children view themselves in relation to their chronically ill parents in primary health care**

Charlotte Oja

*NVS, Karolinska Intitutet, Tyreso, Sweden*

**Background:**

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Children are impacted when parents are ill. They suffer now and may develop worse health than others as they grow up. There are effective and appreciated interventions aimed at informing underaged children about the parental illness in oncology, psychiatry including substance abuse and HIV care. Little research has been done in family medicine.

### Questions / Discussion Point:

In a family medicine context: How do children view themselves in relation to their ill parent? Is there a problem and if so, how?

**Content:** Interviews were conducted with children aged 11-16 and analyzed using Grounded Theory Methods. The main concern of the children was: Coping Alone for the both of Us. The two main strategies the children used were trying to understand the situation and to adopt a parental role.

### Take Home Message for Practice:

It is an important health task for professionals in family medicine to reach out and inform both ill parents and their children that research shows that children are very interested and involved in their parents' health. These children need respect for both their capacity and their vulnerability as they struggle to make life stable and functional for themselves and their parents. Development of appropriate interventions in family medicine are needed. Meanwhile:

Which children in your practice could be in a similar situation?

Could you talk to the parent and possibly to the child to let them know they are not alone and that you have information about the illness which might be helpful to them?

Conflict of interest / Interessenkonflikte

no / nein

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## 2.5. Chronic disease management / Management chronischer Krankheiten

### Contribution ID: 13

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

#### Presentation form / Präsentationsform

ePoster

#### Follow-up DM: HbA1C and Vitamin D

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<sup>3</sup>Family Medicine, Aksaray University / Faculty of Medicine, Aksaray, Turkey

**Aim:** Diabetes (DM) is a chronic disease which can lead to loss of work-power as well as organ loss. Most of the studies reported that DM patients had lower levels of vitamin D. One of the cohort research also reported that there is a weak correlation between high D vitamin levels and decreased risk of DM development. In this study, we aimed to investigate the relationship between routine health outputs of DM patients and vitamin D levels.

**Methods:** This pilot research was designed as a descriptive study in the patients at the age of 18 and over, who were evaluated in the family medicine outpatient clinic. We included cholesterol, fasting glucose and vitamin D levels of 104 diabetic patients.

**Results:** 32.7% of the participants were male and 67.3% female. The mean age of the patients was 59.90 years (min: 55 years- max: 85years). The mean serum total cholesterol was 196 mg/dl (min:63-max:279),



fasting glucose levels was 141mg/dl (min:63-max:448) and the median vitamin D value was 17.47g/mL (min:4.40 - max:57.0).

Most of the patients were medicated with only oral antidiabetic drugs (61%). Spearman correlation analysis showed a statistically significant negative correlation between serum HbA1C and vitamin D levels (correlation coefficient -0.232) while there was no correlation between fasting glucose and vitamin D levels.

**Conclusion:** Although further researches are needed to clarify the mechanism, the correlation between HbA1C and vitamin D is the main outcome of this study to follow-up DM patients.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 42**

#### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

#### **Presentation form / Präsentationsform**

ePoster

#### **Therapies of respiratory symptoms in advanced stage chronic patients.**

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<sup>1</sup>ESAD, IBSALUT, Palma, Spain

<sup>2</sup>Centro de Salud Son Pisá, IBSALUT, Palma, Spain

Managing respiratory treatment of our chronic patients is challenging. It became more difficult when the patients are in a late stage of the disease. Primary Care and Palliative Care professionals, including doctors and nurses, need theoretical knowledge and practical skills about manage therapies during this end of life stage.

In our workshop we will explain the most common treatments, techniques and advices to our patients and their caregivers.

Interactive test will be presented to our colleagues that assist at the workshop.

The aim of this workshop is to increase knowledge and practical skills of our participants, hopefully mostly young family doctors, family medicine residents, general practitioners and nurses.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 50**

#### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

#### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

#### **Approach to patient with limited scleroderma - CREST syndrome in primary health care**

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<sup>2</sup>Health care center, Krupa na Uni, R. Srpska, Bosnia and Herzegovina

**Background:** Systemic sclerosis is rare, autoimmune connective skin, gastrointestinal tract, lungs, kidneys and skeletal muscle tissue disorder. The prevalence is 1 / 12,500. Women are predominantly affected (4: 1).



Localized variant is limited scleroderma (cutaneous calcification, Raynaud's phenomenon, esophageal dysmotility, sclerodactyly and telangiectasia).

**Questions:** How family physicians can minimize specific organ involvement?

**Methods:** We present case of a 64-year-old woman with a longstanding history of limited scleroderma.

**Outcomes:** Our patient experienced cold and numbness in fingers when exposed to cold. Her digits turn white then blue and upon exposure to warmth red with pain and swell. Hyperpigmentation, telangiectasias and progressive skin tightening in the face and fingers. Blood sample was positive on antinuclear antibodies and anticentromere, mild leukocytosis, normocytic-normochromic anemia, thrombocytosis, elevated erythrocyte sedimentation and C-reactive protein. Sclerodactyly started in the distal fingers. Calcium deposits occurred subcutaneously on the palmar surface and knees chalklike and toothpaste-like consistency, tender and painful. They appeared radiographically as variable opaque densities. Patient experienced drainage, pain and skin ulcerations with superimposed infection treated with antibiotics and surgical debridement. Paraspinal calcifications also occurred, causing local pain, radiculopathy and weakness. Followed and treated with vasodilating agents, corticosteroids, diltiazem, sildenafil, nitro-paste, antiplatelets, physical therapy and covering the hands and feet.

**Discussion:** Therapy that targets specific organ involvement before irreversible damage occurs improves quality of life.

**Take home message for practice:** Many factors that alter daily function need to be addressed including nutrition, pain, deconditioning, musculoskeletal diseases, emotional and social aspects caused by disfigurement.

**Keywords:** crest, scleroderma, calcinosis.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 57

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Workshop

### How to communicate with diabetic patients who are reluctant to start an injectable therapy

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<sup>2)</sup>Primary Care Diabetes Europe (PCDE), Ekeeren, Belgium

**Introduction and aim:** Health is determined by exposure to multiple risk, the modifiable ones can be avoided by healthy lifestyle and adherence to therapy. Health behaviour change is a complex issue, for patients, as well as healthcare professionals. Patients with chronic diseases like Diabetes Mellitus sometimes perceive therapy as complex and adaptation burdensome which, in turn, results in low adherence to therapy. This workshop (WS) aims to review and practice communications skills for effective behavioural interventions in primary care to motivate and empower reluctant patients to initiate and adhere to injectable therapies.

**Design and methods:** In this interactive 90 minute WS participants will review together with the facilitators patient-centred clinical communication techniques, especially focussing on microskills to initiate behaviour change by evoking the patient's intrinsic motivation. The WS will be run in small groups (maximum 35 participants) with 2 or 3 facilitators. The program will begin with a presentation on motivational interviewing



techniques and will continue with discussion of and reflection on videos/role play 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"), to identify which stage the consulting patient is in, relate this to ambivalence, readiness to change, and motivation, and to choose the appropriate communication techniques to evoke intrinsic motivation, thus, demonstrating awareness of the technique of motivational interviewing and the micro skills to initiate behaviour change.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 58**

### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

### **Presentation form / Präsentationsform**

State of the art session

## **A Disease State Approach to the pharmacological management of Type 2 Diabetes in Primary Care: A Position Statement by Primary Care Diabetes Europe**

Samuel Seidu<sup>1, 2)</sup>, Xavier Cos<sup>3)</sup>, Stephen Brunton<sup>4)</sup>, Stewart Harris<sup>5)</sup>, Stefan Jansson<sup>6)</sup>, Manel Mata\_Cases<sup>7)</sup>, Guusje Neijens<sup>8)</sup>, PINAR TOPSEVER<sup>9)</sup>, Kamlesh Khunti<sup>1)</sup>

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Type 2 diabetes and its associated comorbidities are growing more prevalent, and the complexity of optimising glycaemic control is increasing, especially on the frontlines of patient care. In many countries, most patients with type 2 diabetes are managed in a primary care setting. However, primary healthcare professionals face the challenge of the growing plethora of available treatment options for managing hyperglycaemia, leading to difficulty in making treatment decisions and contributing to therapeutic inertia. This position statement offers a simple and patient-centred clinical decision-making model with practical treatment recommendations that can be widely implemented by primary care clinicians worldwide through shared-decision conversations with their patients. It highlights the importance of managing cardiovascular disease and elevated cardiovascular risk in people with type 2 diabetes and aims to provide risk stratification and treatment strategies that connect patients with the most effective care.

## CONTENT

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Key words: Type 2 diabetes, cardiovascular disease, cardiovascular risk factors, multimorbidity, therapeutic inertia, heart failure, renal disease, elderly, primary care, patient-centred care, shared decision making

Conflict of interest / Interessenkonflikte  
yes / ja

## Contribution ID: 92

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Lecture / Vortrag

## Intervallfasten in der Hausarztpraxis: Pilotstudie zu 16:8 Fasten im Pre-Post Design

Dorothea Kesztyüs<sup>1)</sup>, Petra Cermak<sup>1)</sup>, Markus Gulich<sup>1)</sup>, Tibor Kesztyüs<sup>1, 2)</sup>, Anne Barzel<sup>1)</sup>

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**Hintergrund:** Intermittierendes Fasten, besonders in Form von 16:8, erlebt einen großen medialen Hype. Angesichts zunehmender ernährungsabhängiger Erkrankungen bietet 16:8 die interessante Möglichkeit einer niederschweligen Intervention.

**Fragestellung:** Wie lässt sich 16:8 in der Hausarztpraxis umsetzen und welche Effekte gibt es?

**Methoden:** Für diese Pre-Post Pilotstudie wurden abdominal adipöse Patient\*innen während eines Hausarztbesuchs rekrutiert. Die Teilnehmer sollten für drei Monate ihre nächtliche Fastenphase auf 15-16 Stunden verlängern. Eingangs erfolgten anthropometrische Messungen (Größe, Gewicht, Bauchumfang) und eine Blutabnahme. Sozio-demographischen Daten, Gesundheitsverhalten und gesundheitsbezogene Lebensqualität (HRQoL) wurden per Fragebogen erfasst, Essenszeiten per Tagebuch. Analog dazu wurde die Abschlussuntersuchung um Fragen zu Durchführbarkeit und Nebenwirkungen erweitert.

**Ergebnisse:** Teilnehmer (n=40, 31 weiblich) waren 49,1±12,4 Jahre alt. Es gab zwei Studienabbrecher. Das Fastenziel wurde durchschnittlich an 85,5±15,2% aller erfassten Tage erreicht. Der Bauchumfang wurde um -5,3±3,1cm (p<0,001) reduziert, drei Teilnehmer erreichten eine Remission abdominaler Adipositas. Die HRQoL verbesserte sich um 9,8±12,5 Punkte (p<0.001). HbA1c wurde um -1,4±3,5 mmol/mol (p=0,003) reduziert. Serumlipidwerte und hsCRP zeigten keine signifikanten Veränderungen. Berichtete Nebenwirkungen wie z.B. Hunger in der Fastenphase besserten sich überwiegend im Studienverlauf.

**Diskussion:** 16:8 wurde von den Teilnehmern gut akzeptiert mit geringer Dropoutrate. Als einfach durchzuführende Lebensstilintervention kann 16:8 mittels Reduktion abdominaler Adipositas zur Prävention kardiovaskulärer Erkrankungen beitragen. Bemerkenswert ist die Steigerung des patient-reported Outcomes (PRO) gesundheitsbezogene Lebensqualität.

**Take Home Message für die Praxis:** 16:8 als leicht durchzuführende Form begleiteten Fastens in der Hausarztpraxis verringert abdominale Adipositas und steigert die Lebensqualität.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 95

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster



## The Frequency of Restless Leg Syndrome/ Willis-Ekbom Disease In Medical Students and its Risk Factors

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**Background:** Restless Leg Syndrome/Willis Ekbom disease (RLS/WED) is a chronic sensorimotor disorder characterized by the need to move lower extremities.

**Question:** Our aim was to demonstrate the frequency and risk factors of RLS/WED among students of our faculty.

**Method:** A cross-sectional study was conducted between May-July 2018, enrolling 354 3<sup>rd</sup> and 4<sup>th</sup> grade medical students. A survey of 31 items questioning sociodemographic features, disease awareness and RLS/WED risk factors was applied.

Students with four positive answers out of seven questions in ICSD-3 diagnostic criteria were diagnosed as RLS/WED. Chi-square test and Mann-Whitney U test were used.

**Outcome:** The prevalence of RLS/WED was 11.1%. Female: male ratio was 1.8: 1. Three of the diagnostic criteria were met by 92 students (26%) and two of the diagnostic criteria were met by 165 students (46,6%). RLS/WED symptoms causing anxiety and stress were found significant ( $p < 0.001$ ). Among characteristics of the participants, the relationship between the disease and low socioeconomic status, family history, and presence of depression were found significant ( $p < 0.05$ ). The relationship between the disease and habits of smoking, using alcohol and regular exercise were not significant.

RLS/WED was more common in the group with higher awareness ( $p < 0.05$ ).

**Discussion:** RLS/WED was rare in medical students from high income families. RLS/WED symptoms led to anxiety and stress in students or vice versa. Disease awareness was low in the students.

Take home message: The quality of life and functionality of patients may be increased with the correct diagnosis and orientation.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 111

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

#### Presentation form / Präsentationsform

Lecture / Vortrag

### Risk-based screening of atrial fibrillation in diabetic and hypertensive patients

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**Background/Purpose:** The main objective of this study is to evaluate a risk-based screening of atrial fibrillation in high cardiovascular risk patients.

**Methods:** Multicenter, observational, longitudinal and retrospective study of a cohort of 8237 diabetic and hypertensive patients in Primary Care, without AF, between 1/1/2013-31/12/2017 (NCT03188484, IEC P15/047). The primary endpoint detection of new AF. Sociodemographic/clinical/risk scores variables were included. A descriptive analysis was made and a risk formula was created.

**Results:** 8237 cases (49% women), mean age 78.01±11.9 years. The ID of AF was 10.5 per 1000/people/year (95%CI 9.5-11.5), higher in men ( $p < 0.001$ ). Independent prognostic factors of AF: age



(OR=1.07 95%CI 1.05-1.09, p<0.001), weight (OR=1.03 95%CI 1.02-1.04, p<0.001), CHA<sub>2</sub>DS<sub>2</sub>VASc (OR=1.55 95%CI 1.14-2.10, p0.005), female sex (OR=0.56 95%CI 0.39-0.84, p0.005) and heart rate (OR=0.98 95%CI 0.97-0.99, p<0.001). With the resulting formula, 4 risk groups were identified: low risk (Q1) DI 2.95 per 1000/people/year (95%CI 1.69-4.80), medium low risk (Q2) DI 8.85 per 1000/people/year (95%CI 6.54-11.70), medium high risk (Q3) ID 15.70 per 1000/people/year (95%CI 12.47-19.52) and high risk (Q4) ID 22.45 per 1000/people/year (95%CI 18.41-27.10). The Q4 group had higher age (p<0.001), greater number of women (85.2%), higher AF and higher mortality (p<0.001).

**Conclusions:** Screening based on risk groups can be a useful instrument for defining the target population and improving the effectiveness of AF screening methods in primary care patients.

Conflict of interest / Interessenkonflikte  
 no / nein

**Contribution ID: 118**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

ePoster

**Low adherence as risk factor for poor control of type 2 diabetes in younger patients in primary care**

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**Objective:** Identify influential factors in poor control of patients under 65 years with type2 diabetes (DM2).

**Methodology:** Cross-sectional descriptive study by review of computerized clinical history of 178 patients under 65 years, randomly selected, from a University Primary Care Center. Dependent variable: HbA1c>7. Predictor variables: socio-demographic (sex, age, environment, level of studies, work activity); clinical (BMI, diet, physical exercise, smoking, lipid profile, blood pressure, metabolic syndrome (MS), Charlson index); DM2(years of evolution); follow-up (number of total-family doctor-nurse visits, annual electrocardiogram and retinography); treatment (DM2 medication, therapeutic compliance, inertia). Statistical analysis using Stata.v15.

**Results:**

Descriptive(average-minimum-maximum-SD or frequency): A1c=6.9%-4.9-11.6-1.3; A1c>7=33.7%; women=42%; age=56.8-39-64-5.8; urban=82.6%; non-studies/primary=61.3%; active=57.5%; BMI=31.7-20,1-49.6-5.5; inadequate diet=31.6%; sedentary=20.9%; smoker=29.4%; triglycerides>150=47.8%; TAS=133.9-87-206-17.9; TAD=88.6-58-140-57.9; MS=82%; Charlson=2,6-1-6-1.1; evolution=6.2-1-19-4.4; annual nurse visits=3.7-0-50-5.5; ECG=62.7%; retinography=86.4%; diabetes medication=1.8-0-6;1.2; non-compliance=5.6%; inertia=51.7%.

Bivariate: worse control: men(38.8vs26.7;p=0.090), TG>150(44.72%vs23.74%;p=0.003), years of evolution (7.70v 5.48;p<0.001); more visits with nurses(6.2vs4.6;IC95%=[0.880;4,005];p<0.001), non-ECG(50.0%vs21.6%;p<0.001), MS(37.0%vs18.8%;p=0.048); Charlson (2.90vs2.74;p=0.017); medications(2.83vs1.40;p<0.001); non-compliance (75%vs14.7%;p<0.001).



Multivariate (logistic regression): constant=0.021; non-compliance=7.22(IC95%=1.26-41.23;p=0.026); non-ECG=2.98(IC95%=1.44-6.14;p=0.003); TG<150=2.34(IC95%=1.15-4.76;p=0.019); men=2.15(IC95%=1.02-4.51;p=0.044); years of evolution=1.13(IC95%=1.04-1.22;p=0.003).

**Conclusions:** Patientes with low adherence are a target that need to intensify actions in order to obtain more efficient results. The use of new technologies (text messages, phone support, interactive web-based programs) can help.

Health care workers should pay special attention to males with more years of disease progression.

We must improve therapeutic inertia.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 120**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

ePoster

**Influential factors in poor control of patients with type2 diabetes in primary care**

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**Objective:** Identify influential factors in poor control of patients with type2 diabetes (DM2).

**Methodology:** Cross-sectional descriptive study by review of computerized clinical history of 446 patients, randomly selected, from a University Primary Care Center. Dependent variable: HbA1c(according to 2018 GDPS recommendations). Predictor variables: socio-demographic (sex, age, environment, level of studies, work activity); clinica (BMI, diet, physical exercise, smoking, lipid profile, blood pressure, metabolic syndrome (MS), Charlson index); DM2(years of evolution); follow-up (number of total-family doctor-nurse visits, annual electrocardiogram and retinography); treatment (DM2 medication, therapeutic compliance, inertia). Statistical analysis using Stata.v15.

**Results:** Descriptive (average-minimum-maximum-SD or frequency): HbA1c=6.8%-4.7-14.0-1.2; worse control=22.4%; women=47.8%; age=67.5-39-91-0.8; urban=73.8%; non-studies/primary=81.1%; active=23.8%; IMC=31,1-19.2-52.7-5.2; inadequate diet=25.2%; sedentary=22.2%; smoker=17.3%; HDL=49.56-13-117-13.8); triglycerides>150=41.9%; TAS=135.7-82-209-18.4; TAD=80.1-50-140-12.1; MS=82.5%; Charlson=4.13-1-13-2; drugs=6.65-0-20-3.8; years evolution=8.37-1-31-5.4; annual nurse visits=4.7-0-64-6.1; ECG=63.0%; retinography=78.3%; diabetes drugs=1.85-0-6-1.2); non-therapeutic compliance=4.0%; therapeutic inertia in poorly controlled patients=52%.

Bivariate: worse control: younger(average=63.3vs68.5;IC95=[-7.9--3.2];p<0.001), men(26.6%vs17.8%;p=0.027); active(35.8%vs18.2%;p<0.001); TG>150(29.9%vs17.0%;p=0.001); MS(24.2%vs14.1%;p=0.050);

non-ECG(31.5%vs17.1%;p<0.001), non-compliance(72.2%vs 20.3%;p<0.001),

Multivariate (binary logistic regression): constant=3.439;

non-compliance=2.296(p=0.005); ECG=0.636(p=0.011); TG<150=0.0758(p=0.003);



age<65 years=1.116(p<0.001); retinopathy=1.166(p<0.001).

**Conclusions:** Younger and more active patients have worse control so we need to adapt to their reality. One possibility would be the use of new technologies (text messages, telephone support, interactive web-based programs).

Patients with chronic complications, who do not follow protocolized controls, nor their treatments are a target for intensified interventions.

We must improve therapeutic inertia.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 123

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Providing integrated care for patients under biological therapies – the GP role

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**Introduction:** Considerable advances have been made in recent years in treating rheumatologic inflammatory conditions owing mainly to the advance of biological agents, resulting in higher rates of disease control and remission. Even though this medication is managed mainly by the Rheumatologist, the GP is the closest caregiver and should be prepared to manage possible complications arising from the disease and its therapies.

**Objectives/Discussion:** With this paper we propose a guideline of integrated care for the GP in Portugal when dealing with these patients. We decided that the most important topics to cover are the prevention and management of infections, tuberculosis risk evaluation, vaccination, family planning and elective surgery particularities and risks. For each topic we provide practice recommendations.

**Conclusion:** In the case of a patient undergoing biological therapy, periodic surveillance of the patient should be ensured. The GP must be aware of the main concerns and adverse effects related to these therapies such as the risk of infections and the reactivation of latent tuberculosis. The GP goal should be to promote health education in every appointment, to ensure compliance with the recommended national vaccination program, to promote family planning and to ensure a line of communication with the Rheumatologist. The sharing of care between the GP and the Rheumatologist is essential so that the best possible care is provided to the patient.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 148

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

## Evidence of cannabis use in fibromyalgia - systematic review

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**Background:** Fibromyalgia is a chronic disease with an overall prevalence of 2 to 8%, mostly affecting females, with a peak incidence between 20-55 years. This disease has a major impact on quality of life and functionality. Currently there are few effective therapeutic options in symptomatic relief of this condition. Cannabis is now known to be used in some countries as a therapy for chronic pain. In Portugal, Law No. 33/2018 of 18 July regulates the use of cannabis herbal medicines, preparations and substances for medicinal purposes.

**Question:** Can Cannabis Help Fibromyalgia Patients?

**Methods:** We included in the research publications after the year 2010, with studies made in humans. Mesh criteria covered fibromyalgia, Cannabis, Cannabinoids. The research was done at the following locations: Cochrane Library, Pubmed and MedLine. The articles were analyzed based on the American Family Physician's Strength of Recommendation Taxonomy (SORT) rating scale and reviewed by 2 independent authors.

**Outcomes:** The research was done in meta-analyses, systematic reviews and clinical trials. 29 articles were identified and 5 were selected.

**Discussion:** According to research, although the efficacy of medicinal cannabis in reducing pain in fibromyalgia patients is known, the scientific evidence is still of poor quality. To better clarify the role of cannabis in fibromyalgia will require further studies with methodological quality.

**Take home message for practice:** Medicine is constantly evolving. The use of alternative medical treatments has become very important in the treatment of chronic diseases to which conventional medicine has not yet been able to respond.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 171

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

## Follow-up of patients with obstructive sleep apnea (OSA) in a primary care unit

*Diana Gonçalves, Carla Resende, Ana Sofia Matos, João de Deus Lopes*

*Tortosendo Primary Health Care Unit, Covilhã, Portugal*

### Background:

The diagnosis of OSA requires a PSG (polysomnography) made at the hospital and these patients need a regular follow-up until they are well adapted to treatment (positive airway pressure - CPAP). In 2017, our region reference hospital and primary care units devised a protocol to continue the follow-up of these patients at the primary care level.

### Questions:

What can we manage in a follow-up appointment of an OSA patient?

### Methods:

Analytic, transversal study. Data were collected from 56 patients representing those belonging to our primary care unit who no longer need hospital follow-up. Patients list acquired through Mimauf® platform and clinical information collected using SClínico®. Statistic analysis: Microsoft Excel 2016 ®.

### Outcomes:



Patients aged from 39 to 94 years (median 66,6 years) with 75% males. Regarding to the comorbidities: 57%- hypertension; 45%- dyslipidemia; 30%- type 2 diabetes; 19%- pulmonary obstructive disease; 11%- asthma, 9%- gout; 7%- chronic sinusitis. Of all patients, 64% were obese, and 4% had normal weight, 69% of men and 93% of women had an augmented waist circumference. About smoking habits, 18% were active smokers. The disease control was based on our national protocol: 98 % of the patients were well adapted to CPAP, with AHI (Apnea-Hypopnea Index)  $\leq 5$  in 93% and 96% with Epworth  $< 10$ .

### **Discussion:**

Adequate management of all comorbidities can improve OSA treatment itself and reduce patient cardiovascular risk.

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

One of the keys to success in OSA treatment is the clinical communication between primary and secondary care.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 186**

#### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

#### **Presentation form / Präsentationsform**

Workshop

### **Rare Diseases: threats or opportunities for general practitioners?**

Patrick Tabouring

*Université du Luxembourg, Luxembourg, Luxembourg*

### **Introduction:**

Much countries implement a National Plan for Rare Diseases. The 2018 plan of our country is one of the firsts elaborated and conducted with participation of GP's.

The aim of the workshop is to familiarize the GP with rare diseases (RD) and to make easier to deal with them, as their contribution in taking care of concerned patients and families is of great importance.

### **Method:**

The following questions are submitted to working groups:

- Are RD a threat for GP's and patients? For what reasons?
- In which circumstances could GP's be concerned by RD?
- How to improve the GP's approach of RD and concerned patients and families?
- How to implicate the GP's in care taking from affected patients?

### **Expected Results:**

Each group will report his answers.

The author will try to resume in order to synthesize the considerations.

Then he will expose his own the oretical developments and practical experience.

After, the results of the workshop will be compared to the author's presentation and it will be evaluated if the aim of the workshop has been reached.

### **Conclusion:**

RD are as frequent as COPD or diabetes. That means many of our patients are concerned. But much GP's consider RD more as a threat than a challenge. The curiosity to approach them and better care giving are real opportunities to improve our medical practice.

Conflict of interest / Interessenkonflikte



no / nein

## **Contribution ID: 187**

### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

### **Presentation form / Präsentationsform**

State of the art session

## **The threat of persistent complaints and their opportunity for primary care**

Patrick Tavouring

*Université du Luxembourg, Luxembourg, Luxembourg*

### **Introduction:**

GP's are concerned by patients with persistent complaints and much of them feel threatened by their dissatisfaction, their chronophagic lamentations, the complexity of their symptoms and the volume of their medical documents. But we pretend we can stop the nomadic odyssey or the medical shopping.

### **Concept:**

Personalized and contextual medicine lead to the concept of persistent complaint, which was amply presented at the CNGE Congress in Tours 2018. It is near to that of undiagnosed patient (rare diseases), largely diffused in USA, but also in Japan, Italy and Germany.

### **Primary care approach:**

The author presents a theoretical overview and practical approach forward these patients. We will show how to receive these patients, how to study their medical documents according to the method developed by GP's of the University Hospital of Bonn, how to adopt the diagnosis and how to fidelize these patients. Part of these chronic complaints are related to exhaustion (centralization phenomenon of chronic diseases) and part are in relationship with psychological consequences of feeling of incomprehension and lack of recognition.

### **Conclusion:**

Patients with persistent complaints are chronically suffering and search desperately for relief. Unfortunately, they are often considered as a burden by the health professionals and wander among innumerable practitioners. They are often felt as a threat, but we have the opportunity as GP's to give them enough care and attention to relieve them and to accompany them efficiently during their difficult course.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 211**

### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

### **Presentation form / Präsentationsform**

ePoster

## **An approach to patient with primary amenorrhea: triple x syndrome**

Gaye Didem Çabukoğlu, Ersin Akpınar

*Family Medicine, Çukurova University, Adana, Turkey*

Triple X syndrome is one of the most common aneuploidies. It affects 1/1000 females, in which the individual is born with an extra X chromosome. In 90% of cases, additional X chromosome is of maternal origin. The risk of trisomy X increases with advanced maternal age. Most of them have a normal phenotype except a tall



stature . Premature ovarian failure, primary or secondary amenorrhea could be seen in this syndrome. This case emphasizes the need for chromosomal analysis in girls presenting primary amenorrhoea.

A 17 year old girl presented to our clinic due to primary amenorrhoea. Mild learning difficulties and attention deficits were in her history. Examination showed that external genitalia were normal. Breasts were Tanner Stage I-II. Axillary and pubic hair were Tanner Stage III. Rest of the examination was normal. Ultrasound scanning of pelvic region showed small uterus with 2.3 x 1 cms measurement and right ovary 2,3 x 1,4 cms ,left ovary 2,5 x 1,4 cms. Cytogenetic analysis was carried out by GTG and HRB banding on cultured peripheral blood and HRB cell. Karyotyping revealed 47,XXX chromosomes.

Behavioral problems, such as attention-deficit/hyperactivity disorder (ADHD) or symptoms of autism spectrum disorder could be seen in this syndrome. When a patient who has tall state, dysmorphic face features and behavioral problems presented us due to primary amenorrhoea, we should think triple X syndrome. One of the family medicine principles is low prevalence medicine. Although triple x syndrome is a rare numerical chromosomal anomaly, family physicians take important responsibility about that these cases detected and give genetic counseling their family.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 252**

### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

### **Presentation form / Präsentationsform**

ePoster

## **Anticoagulation control of patients with atrial fibrillation at primary care center les fontetes. Barcelona**

Pedro Alejandro Gonzales Flores, Silvia Sanchez Casco

*Primary Health/Emergency department, Catalan Health Institute/Mollet's Hospital, Cerdanyola del Vallès/Mollet del Vallès, Spain*

### **Objective:**

To determine the degree of anticoagulation control of patients with atrial fibrillation attended at the Primary Care Center "Les Fontetes" of Cerdanyola del Vallès.

### **Methodology:**

Descriptive and retrospective study. The electronic medical records of patients treated at the CAP Les Fontetes (Barcelona, Spain) during the year 2019 with a diagnosis of atrial fibrillation were reviewed. Were excluded patients under 18 years old.

### **Results:**

93 patients were obtained, of which 53 were women (56.99%), the average age was 77.59 +/- 8.65 years old. The average of diagnosis of atrial fibrillation was 5.65 years. 63 patients were anticoagulated with anti-Vit K (62 with acenocumarol and 1 with warfarin).

30 patients had direct-acting anticoagulants. Good of control with anti-Vit K was 56.56%; 30 patients with direct-acting anticoagulants: Initiated 16, changed due to poor control 12, intolerance 2.

The most common direct-acting anticoagulants were: Dabigatran 10 (33.33%), Rivaroxaban 12 (40%), Apixaban 7 (23.33%) and Edoxaban 1 (3.34%) Men had better coagulation control than women (66.67% vs 47.22% with  $p < 0.05$ ). Patients with anti-Vit K that had Chadsvasc  $> 3$  shown an adequate anticoagulation control of 38% while the Chadsvasc  $< 3$  is 62% ( $p < 0.05$ )

### **Conclusions:**

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1. Good control with anti-Vit K were 56.56%
2. Men have better control of INR compared to women ( $p < 0.05$ )
3. Patients with ChadsVasc  $> 3$  have worse INR control than those with ChadsVasc  $< 3$
4. Patients who started direct-acting anticoagulants. 40% of them were due to bad control with anti-Vit K.
5. The most commonly used direct-acting anticoagulants are: Dabigatran and Rivaroxaban.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 383

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Lecture / Vortrag

## How best to support people with dementia to manage other long-term conditions: A PhD exploring factors impacting management, experiences of stakeholders and available support

Jessica Rees

*UCL, London, United Kingdom*

**Background:** Dementia rarely travels alone as age is associated with increased risk of developing dementia, and of having a long-term condition. Healthcare services require significant adaptation to address the needs of the growing population of people living with dementia and other long-term conditions.

**Questions:** What factors enable or inhibit self-management of long-term conditions for people with dementia? What are the experiences of stakeholders in managing long-term conditions in dementia?

**Methods:** We conducted a systematic review of the literature and analysed 82 interviews with people with dementia ( $n=11$ ), family carers ( $n=22$ ), healthcare professionals ( $n=19$ ), and homecare staff ( $n=30$ ).

**Outcomes:** People with dementia live with a variety of physical and mental conditions. Dementia symptoms impeded treatment regime and adaptations to routine enabled self-management. Family carers negotiated self-management support often due to safety concerns and healthcare professionals were integral to providing information regarding long-term conditions. Long-term conditions are managed through lifestyle and behaviour change, medication and attending appointments. Family carers provided practical support, healthcare support varied according to professional domain, and we found support by homecare staff to be limited by training.

**Conclusions:** Holistic care planning must consider how dementia impacts an individual's ability to manage long-term conditions, and explicitly state how collaboration between stakeholders will work.

**Take Home Message for Practice:** Future work must consider how care is planned and delivered for people living with dementia and other long-term conditions.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 396

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Workshop report from the practice / Werkstattbericht aus der Praxis



## The effects of the teach-back method on clinical parameters and patient knowledge in individuals with type 2 diabetes receiving insulin therapy

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<sup>1)</sup>Family Medicine, Ataturk University Faculty of Medicine, Erzurum, Turkey

<sup>2)</sup>Internal Medicine, Ataturk University Faculty of Medicine, Erzurum, Turkey

**Background:** Patient education plays an essential role in the treatment of diabetes. The teach-back method is an interactive education that ensures the understanding of patients by asking them to repeat the taught information in their own words.

**Questions:** What's the effects of teach-back method as a diabetes education method on patients' knowledge levels and clinical parameters?

**Contents:** From the randomized patients, a single-session diabetes education was given to the intervention group (IG) using the teach-back method, whereas the control group (CG) received standard diabetes education. The sociodemographic and clinical characteristics, laboratory results (fasting blood glucose, HbA1c, cholesterol levels) and diabetes knowledge of the patients were assessed before education. The all was repeated after three months. The data were analyzed by SPSS. p-value was set <0.05. The mean diabetes knowledge scores of both groups increased after education; however, the mean score of the IG was significantly higher than the CG (p<0.001). Three months after education, the mean scores of both groups were still higher than the baseline levels, the IG has significantly higher scores than CG (p<0.001). Three months after education, the mean scores of both groups decreased considerably compared to post-education levels (p<0.001). There was no significant difference between the groups regarding clinical parameters both before and after education (p>0.05).

**Take Home Message for Practice:** Teach-back method as a diabetes education method increases diabetes knowledge of patients, however it has no effect on clinical parameters.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 398

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

#### Presentation form / Präsentationsform

ePoster

### Diabetes' follow-up in case of S-C Hemoglobinopathy

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46-year-old woman, native of Guinea and resident in Spain for 10 years, comes to our Primary Health Care unit due to a progressive intensity asthenia, subjective weight loss, nausea and intermittent diffuse abdominal pain of 1-2 months of evolution. The patient also reports increased appetite and intense polyuria. Initial glucose level of 108 mg/dL and an analytical determination shows a baseline glucose level of 165 mg/dL and HbA1c initially at 0 mg/dL due to an abnormal hemoglobin interference, presenting a normocytic and normochromic anemia (Hb of 10.2 g/dl). The HPLC screening shows results compatible with double heterozygosity S/C. What's the alternative to glycosylated hemoglobin in that case?



**Methods:** Bibliographic research to dominate the initial approach of patients with hemoglobinopathies and follow-up of comorbidities in the Primary Health Care consultation.

**Discussion:** Hemoglobinopathies (mainly due to hemoglobin S or S/C) are especially frequent in the sub-Saharan population and that has been correlated with an evolutionary adaptation to the high incidence of Malaria in this region. A sickled red blood cell can't be infected by plasmodium, so this alteration in hemoglobin confers the affected a malaria's resistance. A heterozygous S / C presents a milder clinic and it may go unnoticed until the presence of intercurrent pathology precipitates the diagnosis.

Take into account in the differential diagnosis of a mild anemia the hemoglobinopathies. Genetic advice is advised in the presence of S or C hemoglobinopathy. And, if diabetes coexists, it will be monitored through fructosamine values.

**Conflict of interest / Interessenkonflikte**  
no / nein

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## **Contribution ID: 419**

### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

### **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Meaning of the assumed Turkish migrant background in the decision-making concerning patients with heart failure symptoms**

Colette Gras<sup>1)</sup>, Sarah Koens<sup>2)</sup>, Olaf von dem Knesebeck<sup>2)</sup>, Martin Scherer<sup>1)</sup>, Gabriella Marx<sup>1)</sup>

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<sup>2)</sup>*Institut für Medizinische Statistik, Universitätsklinikum Hamburg-Eppendorf, Hamburg, Germany*

### **Background:**

General Practitioners' (GP) decision-making process is crucial for diagnostic and therapy of heart failure. Differences in health are observed in Germany between persons with or without migrant background.

### **Aim:**

Explore the decision-making process of patients with assumed Turkish migrant background.

### **Methods:**

Video-vignettes of simulated patients describing heart failure symptoms were presented, differing in sex, age and migrant background only. Qualitative interviews were conducted with 128 GPs and analysed using formulating interpretation of documentary method. A subsample (21) of all interviews addressing migrant background was selected for reflecting interpretation. Types of decision-making were developed.

### **Results:**

Appearance, name or accent of patients shown in the videos lead to stereotyped patterns of thoughts within decision-making and went along with a differentiation of 'Us' and 'Them'. Three types of decision-making were identified: 1) Resource-driven type who anticipates investment of time or emotions, 2) paternal type who implicates patients' needs with a tendency to patronise. Both types are particularly prone to stereotyping, while 3) the reflecting type questions and relativizes his own prejudices and decision-making process.

### **Discussion:**

Stereotyping is relevant for medical decision-making but perverts how patients are perceived, which may cause discriminatory (inequality in) decision-making. The construction of the *Other* plays a decisive role in this process. Reflection, however, can be a powerful tool to surpass stereotyped and discriminating decision-making processes.

### **Practice implications:**

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To achieve equal treatment, physicians should realise and reflect their own possible discriminating patterns. Further, an early on discussion around discrimination (inequality) in medical education and practice could be cultivated.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 422**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

ePoster

**The great unknown: livedo vasculopathy; based on a clinical case**

Nuria Albertí Masalleras, Elmira Gasparyan, Dolors López, Javier O.Farrill, Josep Sanchez, Marc Sagrista  
*ABS Tordera, Tordera, Spain*

Livedo vasculopathy is a chronic and little known disease, characterized by the appearance in low limbs bilaterally, especially in the dorsolateral side of the foot, of painful purpuric macule or plaques with a tendency to ulceration. But its most especial feature is the tendency to be cured leaving atrophic scars of starry morphology and peripheral hyperpigmentation named "white atrophy".

The etiology is unknown. It is believed to be a non-inflammatory alteration of small blood vessels by deposition of fibrin in the wall and its inside, in the absence of inflammatory infiltrate.

There are no specific laboratory tests that allow us to make a definitive diagnosis.

The differential diagnosis is broad and will be made with all those cases that are referred to "white atrophy": small vessel vasculitis, calciphylaxis and other subjects that may have similar ulcers.

In terms of treatment, the most important thing is the adequate pain control: ulcer cures, non steroidal anti-inflammatory drugs, corticosteroids and in case of not pain control anti-platelet +/- anticoagulant drugs (rivaroxaban of choice).

We present a real case of 46-year-old woman, inquiring for repeated ulcers on lower extremities bilaterally very painful, that heal slowly with difficulty. It was not the first time that happened. This time, the diagnosis was eminently clinical because the first episode included a biopsy that discarded vasculitis, calciphylaxis and other possibilities. The treatment consisted of cure of the ulcers and oral corticoid for the pain control.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 434**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

Science Slam

**The association of serum 25-hydroxyvitamin D3 levels with blood C-reactive protein levels in diabetic patients and healthy participants**

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**Background:** The association of serum 25-hydroxyvitamin D3 levels and inflammation markers has been studied in diabetic patients as diabetes is now accepted as a state of subclinical inflammation. In this study, we aimed to reveal the association of serum vitamin D levels and C-reactive protein (CRP) as an inflammation marker in diabetic patients and to compare this association with the similar association in healthy participants.

**Methods:** Seventy-nine healthy and diabetic patients who have applied to Istanbul University – Cerrahpasa, Cerrahpasa Medical Faculty, Department of Family Medicine were evaluated retrospectively. Their serum 25-hydroxyvitamin D3, CRP, fasting blood glucose, LDL, HDL, triglyceride, fasting insulin and insulin resistance values were investigated from their files. Data provided from this study were evaluated using Pearson correlation test, Mann Whitney U test and student t-test. P-values less than 0.05 were considered statistically significant.

**Results:** A statistically significant correlation was found between serum vitamin D levels and CRP in the whole study population (n=79) ( $r = 0.254$ ,  $p = 0,038$ ). There wasn't any significant correlation between the serum levels of 25-hydroxyvitamin D3 and blood levels of fasting glucose, HDL, LDL, triglyceride, fasting insulin and insulin resistance values. Within diabetic (n=46) and control groups (n=33), there wasn't any statistically significant correlation. When the correlations within these two groups were compared, there wasn't any statistical significance.

**Conclusion:** In subjects with low serum vitamin D levels, blood CRP levels were higher, but this correlation was not different when diabetic and healthy subjects were compared.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 462

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

## A study of attitudes to sleep, and sleep medications, in a rural general practice setting

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**Background:** Insomnia is a common presentation in general practice. There is long-established evidence that sleeping influences many aspects of health, including cardiovascular, endocrine and cognitive function. Evidence suggests that current hypnotic drugs are inferior to non-pharmacological treatments and have significant risks. It is therefore necessary to understand why patients cannot sleep, as well as attitudes to sleep and insomnia treatment, to inform management.

**Aims:** To assess the prevalence of sleeping problems in a general practice population and patients' perceived causes, to investigate knowledge of sleep hygiene and sleep benefits, to determine if knowledge correlates with sleep achieved, to assess prevalence of sleeping medication use, to assess incidence of GP attendance for sleeping problems.

**Methods:** A questionnaire was designed to investigate what obstacles to sleeping patients experienced, based on the literature. It also posed questions regarding sleep hygiene, sleeping medication and GP attendance for sleep problems.



**Results:** 54 patients completed questionnaires. 56% felt that they slept insufficiently. Average sleep duration was 6.29 hours. The most common reasons cited for insufficient sleep were toileting and 'worrying'. Some sleep hygiene measures, e.g. routine, were recognised as important by most participants, while others, e.g. caffeine avoidance, were not. Knowledge of sleep benefits was less than 50% for most options presented. Sleep hygiene knowledge did not correlate with sleep duration. 24% of respondents had attended a GP with sleep problems, of which 84% were satisfied with their care.

**Conclusion:** Insomnia is common, sleep hygiene knowledge is suboptimal, but most patients seeking GP care are satisfied.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 497**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Torseamide versus furosemide in heart failure management**

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<sup>3)</sup>USF Beira Ria, Gafanha da Nazaré, Portugal

**Background:** Loop diuretics, including torsemide and furosemide, are the cornerstone in symptomatic heart failure management. Although there is data suggesting potential benefits with torsemide, furosemide remain the most used loop diuretic in heart failure treatment.

**Question:** Is torsemide more effective and safer than furosemide in heart failure management?

**Methods:** A literature research was conducted in Pubmed, Cochrane Library, Guidelines Finder and National Guideline Clearinghouse, including Systematic Reviews (SR), Meta-analysis (MA), Clinical Guidelines and Randomized Controlled Trials (RCT) in English using the MeSH terms "Torsemide", "Furosemide" and "Heart failure" in the last 10 years. It was used the Strength of Recommendation Taxonomy (SORT) of the American Academy of Family Physicians to evaluate the level of evidence and the strength of recommendations.

**Results:** The research led to 35 articles and 4 matched eligibility criteria (2 MA and 2 RCT). Both MA found that torsemide was associated with statistically significant more improvement in functional status (NYHA) and lower risk of cardiac mortality compared with furosemide, but there was no difference in all-cause mortality or medication side effects between them. In one RCT, torsemide was associated with similar 30-day outcomes compared with furosemide but remained associated with increased 150-day death. In other RCT there was no statistically significant differences.

**Discussion:** Although there is strong evidence that torsemide is associated with significant more improvement in functional status and lower cardiac mortality than furosemide, additional RCT are needed to investigate the effect of torsemide versus furosemide in heart failure management.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 542**

**Abstract subtopic / Abstract Unterthema**



## 2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

#### More than skin blemishes

Jaime López Díez<sup>1)</sup>, Julián López Marín<sup>1)</sup>, Luis Martínez Antequera<sup>2)</sup>, María Martínez Ferri<sup>3)</sup>, Diego Francisco Roldán Lafuente<sup>4)</sup>, Rocío Romera Martínez<sup>5)</sup>, Vanesa Cascales Sáez<sup>3)</sup>, Carmen Celada Roldán<sup>3)</sup>

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<sup>5)</sup>Mar Menor Health Center, Cartagena, Murcia, Spain

**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.

**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.

Conflict of interest / Interessenkonflikte  
no / nein

#### Contribution ID: 545

#### Abstract subtopic / Abstract Unterthema

## 2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

#### A retrospective analysis of 10-year survival in patients after myocardial infarction with hyperglycemia

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West Kazakhstan Marat Ospanov Medical University, Aktobe, Kazakhstan



**Introduction:** Patients with AMI and hyperglycemia are known to have high mortality rates on admission (Hayri Cinar, 2019), not only in-hospital, but also after discharge (Ouhoumane N, 2010). The aim is to study the effect of hyperglycemia on the 10-year survival of patients with myocardial infarction

**Methods:** A retrospective cohort study included all patients with MI discharged alive from hospitals in Aktobe in 2008 (n = 606). After exclusion of patients with incomplete data, 596 were left. We compared 10-year survival in patients with hyperglycemia (n = 58) and without (n = 538), measured on an empty stomach. Blood sugar level on empty stomach  $\geq 8.0$  mmol / L was considered as hyperglycemia (HG) (P. Deedwania et al. 2008)

**Results:** There were 32 (55%) and 367 (68.2%) men with  $p = 0.045$ , the average age of the patients was 65 (52-72) and 61 (52-71) years ( $p = 0.33$ ), the creatinine level- 88, 6 (75-106) and 88.4 (68.8 -94.5) mmol / L ( $p = 0.12$ ), cholesterol - 5 (4.4-5.8) and 5 (4.3- 5.5) mmol / L ( $p = 0.85$ ), for patients with HG and without HG, respectively. The total mortality rate over 10 years in all patients was 62%. Mortality - 68.9% and 61.3% ( $p = 0.226$ ) in groups with HG and without HG respectively, OR 1.401 (95% CI 0.782-2.508).

**Conclusion:** Our one-dimensional analysis study showed a significant effect of HG on an increased risk of death within 10 years (OR 1.4) in the presence of HG at admission, but not statistically significant

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 564

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## The comparison of visceral adiposity index and atherogenic index of plasma in overweight and obese patients

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<sup>2)</sup>Endocrine and Metabolism ASSOCIATION OF TURKEY, Kızılay/Ankara, Turkey

**Background:** Obesity and dyslipidemia are important risk factors for coronary artery diseases. In this study, we aimed at comparing visceral adiposity index (VAI) levels calculated through anthropometric measurement and lipid levels with atherogenic index of plasma (AIP) levels calculated with only lipid levels in overweight and obese subjects.

**Material and method:** Between 18-65 years, 157 obese patients were included. Homeostasis model assessment of insulin resistance (HOMA-IR), VAI and AIP levels were calculated.

**Results:** The study was performed in 105 patients (91 women and 14 men). Regarding AIP risk levels, 9.5% (n=10) of patients were found as low-risk, 2.9% (n=3) as medium and 87.6% (n=92) as high. In high-risk group, HOMA-IR ( $p=0.026$ ) and VAI ( $p<0.001$ ) were found higher. VAI and AIP levels were higher among those with BMI ( $\geq 35$  kg/m<sup>2</sup>) than those with BMI (25-29.9 kg/m<sup>2</sup>) ( $p=0.009$  and  $p=0.009$ , respectively). A positive correlation was detected between AIP, and HOMA-IR and VAI. Each 1-cm increase in waist circumference and each one-unit increase in body mass index (BMI) led to increases of 0.009 and 0.028 in AIP, respectively.

**Conclusion:** As obesity increased, VAI and AIP levels were also determined to increase as indicators of atherosclerotic disease. A positive association was detected between VAI and AIP. VAI levels of high-risk patients as to AIP were found higher than those of low-risk patients according to AIP. It was concluded that due to



easy calculation with the formula, both VAI and AIP could be used to determine atherosclerosis development risk in such patients.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 567**

### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

### **Presentation form / Präsentationsform**

ePoster

## **Blood pressure control in patients with a previous stroke/transient ischaemic attack in primary care in Ireland: a cross sectional study**

Roisin Doogue<sup>1</sup>, David McCann<sup>2</sup>, Nóirín Fitzgerald<sup>2</sup>, Andrew Murphy<sup>2</sup>, Liam Glynn<sup>1</sup>, Peter Hayes<sup>1</sup>

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

<sup>2</sup>Department of General Practice & HRB Primary Care Clinical Trial Network Ireland, National University of Ireland Galway, Galway, Ireland

### **Background:**

Uncontrolled blood pressure (BP) is an important modifiable risk factor for recurrent stroke. Secondary prevention measures when implemented can reduce stroke re-occurrence by 80%. However, hypertension control rates remain sub-optimal, and little data is available from primary care where most management occurs.

### **Questions:**

What is the BP control of primary care-based patients with a previous stroke or transient ischaemic attack (TIA) in Ireland, and is antihypertensive medication-dosing adequate?

### **Methods:**

The individuals most recent office-based BP reading was compared with both the European Society of Hypertension (ESH) goal of BP <140/90 mm Hg, and the American Heart Association (AHA) goal of BP <130/80 mmHg. Optimal anti-hypertensive medication dosing was determined by benchmarking prescribed doses with the World Health Organisation-Defined Daily Dosing (WHO-DDD) recommendations.

### **Outcomes:**

We identified 328 patients. Blood pressure was controlled in almost two thirds of patients when measured against the ESH guidelines (63.2%, n=207), but in only one third of patients according to the AHA guidelines (28.4%, n=93). Of those with BP ≥140/90 (n=116), 22 patients were not prescribed anti-hypertensive drugs, and 31 were prescribed a single agent only. 38% of all patients were inadequately dosed when compared with the WHO-DDD recommendations.

### **Discussion:**

Further work is required to see how best to manage blood pressure in patients with a previous stroke or TIA in Primary Care.

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

Blood pressure control in patients post stroke appears sub-optimal in up to two thirds of patients.

Close to 40% of patients may benefit from drug –dose improvements.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 584**



## Core Values of Family Medicine: Threats and Opportunities

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

### Dietary control of glycaemia in a type 2 diabetes patient

Ana Rita Cunha, Conceição Martins

USF Viseu Cidade, Viseu, Portugal

According to recommendations published by the American Diabetes Association in 2019, low carbohydrate diet may contribute to improve glycaemic control and has the potential to reduce antihyperglycemic medication in type 2 diabetes (DM2) patients. The target for glycated haemoglobin (HbA1c) is 7% for the majority of the nonpregnant population, and metformin is the preferred initial pharmacologic agent.

A 78-year-old widow with hypertension, dyslipidaemia, chronic venous insufficiency and toxic multinodular goitre was diagnosed with DM2 in 2007 and started treatment with metformin 850mg. In 2015 due to 7.2% of HbA1c the metformin dose was increased to 1000mg. The patient had a BMI of 30.5kg/m<sup>2</sup> and HbA1c values below 7%. In 2017, it increased to 7.5%, and after a discussion with the patient dietary measures were reinforced and she started a low-carbohydrate diet. She reduced 5kg of weight (BMI 29kg/m<sup>2</sup>) and HbA1c was 5.7% three months after (the lowest presented since the diagnosis). During follow-up she recovered the weight, but maintained HbA1c levels below 7%. LDL cholesterol was on target (according to previous recommendations), and therapy was adjusted at the last visit to meet the new targets.

Lifestyle changes, including dietary interventions, should be part of the therapeutic management of every patient and, specially, of DM2 patients. Adhering to the proposed plans is a challenge and often family or professional support can help achieve the desired goals. Although more research is suggested in this area, low carbohydrate diet can effectively contribute to glycaemic control of DM2.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 643

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

### Liraglutide in weight loss

Mónica Lopes, Vera Sousa

ARS Algarve, Faro, Portugal

**Background/Questions:** Obesity is one of the biggest public health challenges, with consequent direct and indirect costs that overwhelm the health system and social resources. Weight loss is difficult to achieve and maintain with lifestyle measures alone. Liraglutide is a glucagon-like peptide-1 (aGLP-1) approved for the treatment of obesity (BMI  $\geq$  30) or overweight (BMI  $\geq$  27) with associated complications, in a daily dose of 3.0 mg subcutaneously.

The aim of this paper is to study the effect of Liraglutide in the treatment of obesity.

**Methods:** Bibliographic search (July 2019), in the PubMed database and Google Scholar (Evidence Based Review method); Mesh terms:liraglutide, obesity and weight loss. Selected articles in Portuguese/English, of the last 10 years.

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**Outcomes:** Obtained 35 articles. Selected 13 (based on abstract).

**Discussion:** In a randomized, clinical trial (2017), 3371 obese and overweight adult patients underwent diet, exercise and Liraglutide or placebo during 3 years. The Liraglutide group compared with placebo group presented better results regarding the loss and maintenance of lost weight, glycemic parameters, cardio-metabolic effects, impact in the apnea-hypopnea index and quality of life.

A systematic review and meta-analysis (2016), obese and overweight adult patients were treated with different anti-obesity drugs. All active agents were found to be associated with a weight loss of at least 5% at 52 weeks, with phentermine-topiramate and liraglutide achieving better results.

**Take Home Message:** Liraglutide 3 mg as an adjunct to diet and exercise leads to weight loss in overweight and obese patients and improves glycemic parameters, cardiometabolic risk factors and quality of life.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 649**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

ePoster

**Epidermolysis Bullosa: narrative review of a neglected disease**

Bruna Strube Lima, Martha Scaravonatto, Paulo Sérgio da Silva Deschamps

UNIDAVI, Rio do Sul, Brazil

**Introduction:** Epidermolysis bullosa (EB) is known as a group of acquired disorders exemplified by the blistering of the skin due to friction or minor trauma. The subtypes of EB are historically classified taking into consideration the skin morphology. Recent researches show great progress towards this condition's treatment, which present patients with quality of life, longer life expectation and less suffering. **Objective:** To elucidate EB and report treatment options that provide patients with more comfort and better symptoms management. It is intended to value this neglected disease and emphasize the importance of continuous therapy research. **Methodology:** This research is constructed upon a narrative review of symptoms and treatments. Its basis arises from Pubmed™ and SciELO™ databases accordingly to the following keywords: rare skin diseases, epidermolysis bullosa, dermatoses. **Results:** Being a genetic acquired disease, the EB phenomenon is explained by structural mutations in specific skin's proteins. This illness is described under the structural defectiveness involving epithelium adhesion, the level of blister development and the genetic mutation involved, being subsequently apportioned into EB simplex, Junctional EB, Dystrophic EB and Kindler Syndrome. Being still a condition with no cure, EB's treatment purely aims to support patients, handle symptoms and add more comfort to their lives, which is however still not enough, since these individuals deserve a more permanent solution to their condition.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 652**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

ePoster



## Vitamin c supplementation for the management of hyperglycemia: an evidence-based review

Sara Jesus<sup>1</sup>, Carlota Mendonça<sup>2</sup>, Rita P. Alves<sup>2</sup>, Joana Jesus<sup>3</sup>, Margarida Sousa<sup>1</sup>

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<sup>3</sup>Alma Mater Health Center, National Health Service, Lisbon, Portugal

### Background and Questions:

Nowadays, the incidence of Diabetes mellitus is increasing. As family doctors, it is of extreme importance that we understand the negative impact this disease can have on both the patient and their family. We should be able to offer the best medical advice available.

The main purpose of this presentation is to review the available recommendations regarding the prescription of vitamin c for the management of type 2 diabetes mellitus.

### Methods:

In December 2019, we performed a systematic review on PubMed and Cochrane databases, using the MESH terms "Vitamin C", "Hyperglycemia" and "diabetes mellitus", with publication dates from 2009 to 2019. We assigned a level of evidence to each article using Strenght of Recommendation Taxonomy (SORT).

### Outcomes:

Of the articles 307 obtained, 7 matched the eligibility criteria. The following aspects were taken into account: in vivo studies using vitamin c and the impact of vitamin c on glycemc control. The most recent studies seem to demonstrate moderate inverse relationship between plasma vitamin C and both fasting glucose in adult subjects across the glycaemic spectrum.

### Discussion and Take-Home Message for Practice:

As family doctors, we are responsible to adequately provide clear recommendations to improve glycemc control. Still, we need further studies to demonstrate the relationship between vitamin c supplementation and glycemc control in type 2 diabetics and the level of evidence is low (recommendation C).

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 975

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

#### Presentation form / Präsentationsform

ePoster

## Water dripping day by day wears the hardest rock away

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<sup>1</sup>USF Alpha, Ovar, Portugal

<sup>2</sup>USF Porta do Sol, Matosinhos, Portugal

### Background:

To change a behavior can be a tough job. Sometimes, general practitioners can get frustrated as they try to encourage a patient to embrace a healthier life style. However, persistence and motivational interviewing can be the key to success.

### Methods:

Clinical case

### Outcomes:



A 60-year-old man, accountant, married, with a nuclear family in the VII phase of Duvall's Family Life Cycle, with hypertension, dyslipidemia and obesity, had a surveillance appointment where the doctor reinforced the importance of losing weight to control cardiovascular risk factors. Different motivational approaches were tempted for several years despite the patient's uninterest and non-recognition of his obesity. This time the physician explained how to calculate Body Mass Index (BMI) and why the patient was considered obese, bringing up some strategies to a healthier lifestyle. At the second appointment, the patient was a lot more motivated to change his lifestyle and wanted to understand how to achieve this goal. One year later, the patient lost 20kg and the BMI lowered from 33kg/m<sup>2</sup> to 26 kg/m<sup>2</sup>. Hypertension is now under control and the patient was able to stop statin. The medical doctor reinforced patient's achievements and his investment in a healthier lifestyle with diet and exercise.

### Discussion:

Physicians have the responsibility to inform the patient and motivate behavioral changes. Health education is the key to promote empowerment and responsible decisions, as it can promote changes.

### Take Home Message for Practice:

Empowerment is essential to promote informed decisions and promote behavioral change.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 686

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

#### Presentation form / Präsentationsform

ePoster

### Retinitis Pigmentosa in Azores Islands Population

Inês Pereira

*USISM, Ponta Delgada, Portugal*

Retinitis pigmentosa is a retinal degenerative disease with a prevalence of about 1 in 4000 people, classified as a rare disease, however it is one of leading causes of blindness in the population aged 20 to 60 in developed countries.

Despite its low prevalence, it is worldwide diagnosed. Thus, a study was developed in Azores Archipelago to assess its prevalence, knowledge and follow-up of the pathology, considering only patients followed up in public health units, identifying a group of 11 adults from different islands, aged 21 to 79 years, seven women and four men, in different stages of disease.

Data collection focused on the evolution of the disease and possible complications, as well as on one's knowledge of the disease and changes in their daily life as a consequence.

Everyone knows that the disease is hereditary and with no cure. Almost all of them know family members with similar symptoms, although some without diagnosis, but few have information about the evolutionary process or its impact on personal, social and family life.

Retinitis Pigmentosa has a major impact on patients' lives, and its knowledge is important to organize health services to support and educate patients and families to the changes and complications throughout the course of the disease.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 694



## Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### "Goal Setting" - finding and agreeing goals with patients

Theodor Petzold

Allgemeinmedizin (General and Family Medicine), Medizinische Hochschule Hannover (Medical University of Hannover), Bad Gandersheim, Germany

When accompanying people in the family doctor's practice, the question of self-activation is increasingly coming up, both for prevention and especially in the treatment of 'chronically' ill patients. As a motivation strategy serves a special common goal setting. The orientation towards attractive goals is a focus of a salutogenetic orientation and communication.

In the everyday practice of a family doctor in the "Gesundes Kinzigtal", patients have been successfully agreeing their goals with their doctors for about ten years. This has led to a healthier lifestyle for many of them, so that the *Ärztezeitung* called it "therapy booster goal setting".

A well-executed goal setting, finding out and clearly naming the attractive health targets, desired by the patient and seemingly possible, leads to

- More activity in relation to a healthy lifestyle
- Relief of the doctor from too high expectations, if the patient is actively and responsibly involved and sets himself realistic goals
- All in all to a better, possibly co-creative cooperation, because a common intentionality becomes clearer and stronger.

- Doctors and other therapists, MFA, nursing professions

- Keynote speech; dialogue exercises; group exchange;

- Develop and get to know the basics of a motivating goal setting by using a simple questionnaire.

- 10-30

- General practitioner; lecturer in general medicine MH Hannover; developer of salutogenic communication; director of the Center for Salutogenesis; author of numerous books and articles: current: "Contributions of Salutogenesis to research, theory and professional development in health care." In: Handbook of Health Sociology.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 695

## Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Lecture / Vortrag

### Evaluation of the adherence to "Combined COPD Assessment System" of patients with chronic obstructive pulmonary disease in primary care

Zeynep Ozen, Vildan Mevsim

Family Medicine, Dokuz Eylul University Faculty Of Medicine, Izmir, Turkey

### Introduction:

## CONTENT

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Global Initiative for Chronic Obstructive Lung Disease (GOLD); is an international organization established to determine the approaches to the diagnosis, evaluation and treatment of chronic obstructive pulmonary disease (COPD). Treatment according to guidelines is particularly important for disease control, increase in mortality rate may be observed. The aim of this study is to evaluate the adherence of the treatments to 'Combined COPD Assessment System'.

### Methods:

In our cross-sectional analytical study, all individuals with COPD diagnosed at the age of 18 and over were enrolled from primary health care centres in Izmir. Sociodemographic data form, mMRC (Modified Medical Research Council) dyspnoea score and COPD assessment test (CAT) were used in the study.

### Results:

83% had low exacerbation risk and 11.5% had hospitalization. The mean mMRC score: 1.57 and the mean CAT score: 12.5. 54% GOLD Group A, 29% group B, 2% Group C, 15% Group D. According to GOLD, 30.2% of the participants receive appropriate treatment. 35.2% were under-treated or not treated, and 34.6% were over-treated.

### Conclusion:

The adherence of the treatments received by COPD patients to Combined COPD Assessment System is low. Half of the patients who do not receive appropriate treatment receive inadequate treatment and the other half receives more treatment than necessary.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1058

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

## The Role of Duloxetine in the Symptomatic Treatment of Osteoarthritis - Evidence-Based Review

Francisco Silva, Andreia Alves de Castro, Filipe Bacalhau, Cristiana Antunes, Catarina Avelaz, Luís Filipe Eusébio

*USF Amora Saudável, Amora, Portugal*

**Background/Questions:** Osteoarthritis (OA) is characterized by loss of cartilage causing joint pain and stiffness, having a great impact on the quality of daily life. First-line analgesic therapy consists of non-steroidal anti-inflammatory drugs (NSAIDs) and opioids but these may be associated with considerable side effects. Duloxetine is increasingly being used to treat chronic pain. The aim of this review is to review the evidence for the use of duloxetine in the symptomatic treatment of osteoarthritis. **Methods:** Relevant studies were identified through PUBMED, *Cochrane Library*, *TRIP Database*, *DARE*, *National Guidelines Clearinghouse*, *Canadian Medical Association Practice Guidelines InfoBase*, *NICE Evidence Search* and *Bandolier* were searched for clinical guideline standards (GL), meta-analysis (MA), systematic reviews (SR) and randomized controlled trials (RCTs). Articles in English, Portuguese and Spanish published between January 2009 and January 2019 were selected using the MeSH terms *osteoarthritis* and *duloxetine hydrochloride*. The Strength of Recommendation Taxonomy (SORT) was used to assign the levels of evidence and recommendation strength. **Outcomes:** This research identified 231 articles having 197 been excluded. Of those contemplated in the review, 5GL, 2MA, 2SR, 5RCTs and 1 cohort study were considered. Duloxetine showed efficacy and a good safety profile in the symptomatic treatment of osteoarthritis when a daily dose



of 60mg was used. **Discussion/Take Home Message for Practice:** According to the available evidence, duloxetine appears to reduce pain in OA when compared to placebo and is noninferior to other first-line treatments. In conclusion, the authors strongly recommend its use (Strength of recommendation A).

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 718

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

#### Presentation form / Präsentationsform

ePoster

#### Hypothyreosis in family medicine

Azra Arslanagic-Korjenic<sup>1</sup>, Rasema Sehovic<sup>1</sup>, Neda Ferizovic<sup>2</sup>, Vildana Hodzic<sup>1</sup>, Snjezana Prcic-Keric<sup>1</sup>, Zumreta Bihorac-Kucuk<sup>1</sup>

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**Background:** Disorders related to thyroid gland affect millions of people around the world, especially those who are in their most productive life period and reproductive stage. Thyroid gland disorders are more prevalent in women than in men.

**Aim:** Analysis of patients with hypothyreosis based on parameters relevant to family medicine. Correlation of those parameters to patients' clinical picture and their satisfaction with therapy was analysed.

**Methods:** A retrospective analysis was performed on 159 patients with hypothyreosis, from six family medicine departments. The parameters analysed were gender, age, cause of hypothyreosis, TSH levels, comorbidities and satisfaction of patient with therapy.

**Results:** Of the 159 patients 144 (90.56%) were female and 15 (9.43%) were male. TSH levels were within normal range within 109 patients (68.55%), 50 patients have had positive family anamnesis (31.44%) while 137 patients had comorbidity (86.16%). The most common comorbidities among the analysed patients were HTA, DM, dyslipidemia, hyperinsulinemia and obesity. Signs of autoimmune thyroiditis (AIT) based on ultrasound imaging of thyroid gland and high antibody levels were found within 106 patients (66.66%). 44 patients were satisfied with their therapy (27.67%) and 26 of them had signs of AIT (16.35% of total). 115 patients were not satisfied with their therapy (72.32%) and 80 of them had signs of AIT (50.31% of total).

**Conclusion:** Within the analysed group of patients autoimmune etiology dominates as the main cause of hypothyreosis. Dysregulated TSH levels and dissatisfaction with therapy are very frequent characteristics found among patients with hypothyreosis caused by AIT.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 747

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

#### Presentation form / Präsentationsform

ePoster

**Inhalers: How to choose? - From commercial pressure to attention to the sick person**



João Pedro Marques, Rita Freitas, Clara Portel, José Pérez  
*USF Quinta da Prata, Vila Boim, Portugal*

## Background:

The inhalation way is the way of choice for the pharmacological treatment of respiratory diseases. The huge supply of inhaler devices in the market associated with a difficulty in understanding the correct inhalation technique on the part of the patients often makes that therapeutic results are small.

## Discussion:

Reinforce the importance of inhalation way in respiratory diseases. Alert for possible difficulties in treatment. Emphasize the aspects that should be taken into account when choosing the inhalation device.

## Content:

There are four major types of inhaler devices on the market: pressurized metered dose inhalers (with or without spacer device) – pMDI – , dry powder inhalers – DPI – , soft mist inhalers – SMI – and nebulizers. In 2016 a team led by Dr. Omar Usmani proposed a decision algorithm that has been accepted and integrated into the latest GOLD document.

The choice is made according to the patient's ability to perform quick and deep and/or slow and steady inhalation manoeuvres. The same study group proposes a pedagogical approach to the use of inhalation devices based on seven steps: Preparation, Priming, Exhaling, Mouth, Inhalation, Breath holding, Closing and repeating.

Other aspects of a practical nature should also be taken into account at the time of prescription: patient's convenience or preference, patient's age, hand-lung coordination, adverse effects and the price.

## Message:

Inhaled devices are essential in the treatment of respiratory conditions with proven results demonstrated by medical evidence.

The choice of device should be carefully weighed.

The teaching of inhalation technique has to be done and reviewed.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 734

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Intracerebral haemorrhage (ICH) amongst chronic complex patients (CCP). Risk factors and sex differences

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<sup>3)</sup>Primary care, IDIAP Jordi Gol, Barcelona, Spain

**Background:** In the developed countries 3-4% of the population could be identified as CCPs, which present an increased ICH incidence. Understanding of bleeding risk factors is imperative for stratification in this subgroup.

**Questions:** We aim to identify modifiable risk factors of ICH amongst CCPs and sex differences.



**Methods:** Multicentric, retrospective and community based study of a CCP cohort identified from the Catalan Health Institute registry during 01/01/2013-31/12/2017 (IECP16/087). None had suffered an ICH episode previously. Variables: demographic, clinical, functional, cognitive and prescription. Descriptive analysis and adjusted Hazard Ratio (HR, CI95%) to estimate the ICH risk associated. Follow up: end of study or death. Primary outcome: ICH episode.

**Outcomes:** 3594 CCPs (55.2%women, age 87±12). ICH incidence density 17.1/1000people/year (CI95%14.4-19.7) with higher prevalence of antiplatelet treatment (64%vs52.9%;p0.006), hypertension (83.2%vs75.3%;p<0.017) and higher systolic blood pressure (133mmHg vs 130mmHg;p0.031). Women had more falls (17.8%vs7%;p0.045), hypercholesterolemia (64.4%vs43.7%;p0.008) and SSRI treatment (46.7%vs23.9%;p0.003); men presented higher prevalence of alcoholism (19.7%vs5.6%;p0.006), ischemic cardiopathy (31%vs12.2%;p0.003), chronic renal insufficiency (13.3%vs33.8%;p0.002), antiplatelet treatment (76.1%vs54.4%;p0.005) and HbA1C (6.3vs5.9;p0.039). Independent ICH risk factors: Diabetes [HR1.80;CI95%1.27-2.50;p0.001], hypercholesterolemia [HR0.58;CI95%0.40-0.83;p0.03], heart failure [HR1.67;CI95%1.14-2.45;p0.008], antiplatelet treatment [HR0.58;CI95%0.41-0.80;p0.001] and statins [HR1.60;CI95%1.11-2.32;p0.013].

**Discussion & Take Home Message:** Most ICH risk factors are modifiable; primary prevention must be one of the strategic priorities. Some sex differences should be taken into account.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 739

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Lecture / Vortrag

## Participation in structured diabetes mellitus self-management education program and association with self-management behaviour - results from a population-based study

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**Background:** Although randomized-controlled trials shown improved self-management behavior (SMB) for diabetic patients after participation in a diabetes mellitus self-management program (DSME), little is known about the effects of DSME on SMB after broadly dissemination of DSME in routine health care.

**Question:** Is participation in a DSME associated with an improved SMB in routine health care setting for diabetic patients in a population-based study?

**Methods:** We included 1,495 persons with diabetes (934 ever- and 561 never-DSME participants) from the cross-sectional population-based survey German Health Update 2014/2015. SMB was defined by keeping a



diet plan, keeping a diabetes diary, holding a diabetes pass, blood sugar self-measurement, foot self-examination, eye examination, haemoglobine A1c (HbA1c) measurement. We conducted multivariable logistic regression analyses and latent class analyses for SMB differences comparing ever- and never-DSME participants including age, sex, socioeconomic status, living together, limitation due to chronic illness for six months, self-efficacy, health attention and time since diagnosis as confounders.

**Outcomes:** DSME participation increased the chance for SMB regarding (all OR [95% CI]) keeping to a diet plan (2.10 [1.33-3.32]), keeping a diabetes journal (4.0 [2.92-5.49]), keeping a diabetes pass (6.21 [4.51-8.55]), blood sugar self-measurement (3.86 [2.95-5.05]), foot self-examination (2.94 [2.04-4.24]), eye examination (3.85 [2.84-5.22]), HbA1c measurement (2.95 [2.19-3.96]). Results of latent class analyses confirm these associations.

**Discussion:** DSME participation is associated with a significantly improved SMB even in routine health care.

**Take it home message:** General practitioner should recommend DSME participation to diabetic patients to ensure an improved of their patient's SMB.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 741

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

## Treatment with oral anticoagulants – adherence and personalized medicine in general practice in Romania

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**Introduction:** NOACs (non-vitamin-K-antagonist oral anticoagulants) are recommended in adult patients in order to prevent stroke in non-valvular atrial fibrillation and also to prevent and treat pulmonary thromboembolism and deep vein thrombosis. In most EU countries, the NOAC can be recommended by the general practitioner (GP), but in Romania, the initiation of oral anticoagulant treatment (ACO) is done by the specialist doctor and the GP monitors this treatment in terms of efficiency and possible side effects. **Objective and method:** The objectives of this study are to evaluate the prevalence of the use of oral anticoagulants (AVK and NOAC) in primary care and the degree of patient adherence. Furthermore, we investigated the factors of anticoagulant adherence and how it is influenced by the GP. Our study was conducted between 1.01.2019-01.01.2020, in four general practices from Iasi, Romania (4924 patients). **Results:** A total of 244 patients (4,95%), aged 38-84, received oral anticoagulant (ACO) treatment (47.73% were treated with AVK, 52.27% with NOAC). 13 patients have discontinued antivitamin K due to the repeated INR testing, while 24 patients have stopped NOAC treatment for financial reasons (lack of national prescription programs). The switching rates from AVK to NOAC was 56%, while the NOAC discontinuation rate was 46%. We mention minor bleedings (gingivorrhagia, epistaxis) in 16% of anticoagulated patients as side effect, but also major upper digestive haemorrhage in 3 cases with AVK and two cases with NOAC. **Discussions and conclusions:** The management of anticoagulant



treatment involves the patient's motivation, presence of thromboembolic recurrences and side effects, but also the GP's knowledge of anticoagulant therapy.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 743**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

Science Slam

**The influence of Antonovsky' Sense of Coherence on type 2 diabetic patients. Does higher performances correlate with better outcomes?**

Olga Mas, Zoe Herreras Pérez, Belchin Adriyanov, Cristina Colungo Francia

*Family and Community Medicine, Unitat Docent Medicina Familiar i Comunitària Clinic Maternitat - Consorci d'Atenció Primària Barcelona Esquerra, Barcelona, Spain*

**Background:** It is believed that higher scores in Antonovsky' Sense of Coherence (SOC) are associated with better lifestyle habits. The role of SOC and its relation to diabetes has been addressed previously with no consistent conclusions. **Discussion point:** This study aims to test the hypothesis that controlled type-2 diabetes individuals will show higher SOC than those with worse glycaemic controls or chronic complications.

**Content:** To investigate this, we have assessed a control group of type-2 diabetic patients who have <8% of HbA1c and have not been diagnosed with any chronic complications (i.e. diabetic nephropathy, diabetic foot, diabetic polyneuropathy, diabetic retinopathy, or ischaemic heart disease). On the other hand, the case group consists of individuals showing poor glycaemic controls (>8% of HbA1c) and/or with chronic complications. To measure it, it has been administrated to all participants the Spanish version of the abbreviated 13-items SOC questionnaire. In addition, we have explored adherence to the treatment, using the Diabetes Self-Care Inventory-Revised Version (SCI-R) questionnaire, and sociodemographic data. We expect to recruit 50 patients, 25 per group, from the primary care setting. **Take home message for practice:** To date, we have collected data from 23 case and 15 control patients. Preliminary results show no large differences between groups. We believe that the SOC questionnaire used here might not be the best tool to assess SOC as participants seem to show some degree of social desirability response bias. We are considering other research instruments and methodologies for future investigations

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 746**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Management of sexual dysfunction caused by antidepressants**

Inês Silva<sup>1</sup>, Rute Marques<sup>1</sup>, Válder Ferreira<sup>1</sup>, Bruno Pinto<sup>2</sup>, Teresa Mendes<sup>1</sup>

<sup>1</sup>USF Ars Medica, Lisboa, Portugal

<sup>2</sup>USF Génesis, Odivelas, Portugal



**Background:** Sexual dysfunction is one of the most common adverse effect of the use of selective serotonin reuptake inhibitors (SSRIs), occurring in roughly 50% of patients. These sexual difficulties remain a problem underestimated by the clinicians with great impact on the quality of life of the patients.

**Question:** How can we manage sexual dysfunction caused by antidepressants?

**Content:** The initial approach of these patients is watchful waiting for spontaneous remission of the sexual impairment, for 2 to 8 weeks. If it persists, we should slowly decrease the dose of the SSRI, within therapeutic range. Further approaches on the sexual dysfunction depend on the response or lack thereof of the depressive symptoms after the introduction of antidepressants. For those who feel no change in the intensity of their depressive symptoms or have moderate response while maintaining severe sexual dysfunction, it is suggested switching antidepressants, typically to bupropion, or even mirtazapine, agomelatine, moclobemide, selegiline, vortioxetine or a different SSRI. For patients with moderate response of depressive symptoms whose sexual dysfunction is mild to moderate, it is suggested to associate a second drug with the SSRI to manage the symptoms: a phosphodiesterase-5 inhibitor in males; in females, depending on the specific sexual impairment, bupropion, phosphodiesterase-5 inhibitor or nonpharmacologic interventions.

**Take home for practice:** A substantial proportion of patients treated with SSRIs will experience some degree of sexual dysfunction. Clinicians should be informed and comfortable to access this theme both before and after prescribing these type of medication and diminish the burden.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 749

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Workshop

### Motivational interview in a weight management consultation

Ricardo Araújo<sup>1)</sup>, Valter Moreira<sup>1)</sup>, Ricardo Silva<sup>2)</sup>, Daniela Maça<sup>3)</sup>, Andreia Ribeiro<sup>1)</sup>

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### Background:

Obesity is a common condition that is associated with a variety of medical problems such as Cardiovascular and Pulmonary diseases, as well as Diabetes Mellitus and Sleep Apnea. Primary care physicians have an essential role in the evaluation of these patients and help them to promote weight loss and healthy lifestyle choices in order to improve their overall health. A critical strategy in terms of behavioral modification interventions is motivational interviewing that coupled with encouraging physical activity and dietary changes are shown to lead to additional weight loss.

### Target Group:

Primary Care Physicians

### Didactic Method:

It consists of a initial method of expositional theory and concepts followed by an interactive role-play and case discussion. All participants will be given relevant bibliography and handouts.

The contents to be addressed will be: Sociodemographic characterization, history of obesity and comorbidities; Assessment of eating habits and behavior, physical activity, dietary choices; Prochaska and Diclemente model; Motivational interviewing techniques.

## CONTENT

[www.familydoctoreurope2020.org](http://www.familydoctoreurope2020.org)



Organized by  
DEGAM (WONCA Member)





## Objectives:

To provide Primary Care Physicians the tools to engage and approach the overweight individual, from the communicational and behavioral point, to apply in their clinical practice

## Estimated number of participants:

20-30 participants

## Brief presentation of the workshop leader:

Medical resident of Family Medicine with a particular interest in motivational interview applied to behavioral changes. Currently has a consultation aimed at overweight people of weight management in his clinical institution.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 769

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Lecture / Vortrag

## Gesundheitsförderung in der Primärversorgung – Erste Ergebnisse aus der Praxis

Nina Altmann, Lena Werdecker, Tobias Esch

*Humanmedizin, Institut für Integrative Gesundheitsversorgung und Gesundheitsförderung der Universität Witten/Herdecke, Witten, Germany*

## Einleitung:

Die Universitätsambulanz für Integrative Gesundheitsversorgung und Naturheilkunde (UnIG) hat mit ihrer Eröffnung im November 2018 erstmalig für Deutschland ein Angebot zur Gesundheitsförderung in der ambulanten Primärversorgung im Rahmen der Gesetzlichen Krankenversicherung (GKV) eingeführt. Dabei handelt es sich beispielsweise um eine achtwöchige Gruppen-Intervention aus dem Bereich der Mind-Body Medizin, mit je zwei Stunden pro Woche, die den Gesundheitszustand und damit die Lebensqualität verbessern sowie die Stressbewältigungsressourcen der PatientInnen stärken soll.

## Fragestellung:

Welche Auswirkungen hat die Teilnahme an einem Kurs zur Gesundheitsförderung auf den Gesundheitszustand und die Stressbewältigung der PatientInnen?

## Methoden:

Seit November 2018 bis Januar 2020 haben bereits über 100 Patienten diesen Kurs wahrgenommen. Zur Evaluation wurden papierbasierte Fragebögen vor Beginn, nach Beenden und drei Monate nach Abschluss des Kurses (prä, post, follow-up) verwendet (Vollerhebung). Dazu wurden u. a. die gesundheitsbezogene Lebensqualität (SF-12), Achtsamkeit (FFA-14), individuelle Stresswahrnehmung (PSS-10), demographische Daten und eigens erstellte Fragen zu den Bereichen Ernährung, Bewegung und Entspannung sowie eine Bewertung des Gruppenangebots erhoben. Neben einer deskriptiven Analyse werden paarweise Mittelwertvergleiche durchgeführt.

## Ergebnisse:

Der Altersdurchschnitt der TeilnehmerInnen liegt derzeit bei 50,5 Jahren (n=123). Die Mehrheit der TeilnehmerInnen ist mit 78% (n=123) weiblich. Weitere Ergebnisse sowie tiefergehende Analysen werden Aufschluss darüber geben, welches Potenzial eine Teilnahme an diesem Angebot zur Gesundheitsförderung in der Primärversorgung in Bezug auf Lebensqualität, Achtsamkeit, Stress, Ernährung, Bewegung und Entspannung haben kann.



## Diskussion:

Die Analyse der vorliegenden Daten gibt Aufschluss über die erreichte Zielgruppe und Veränderungen im Gesundheitsverhalten über den Kursverlauf. Anpassungsbedarf bei dem Kursangebot kann aus den Erkenntnissen abgeleitet werden.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 778

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Lecture / Vortrag

## Neues Organisationsmodell in der Primärversorgung – Eine vorläufige Zielgruppenanalyse

Nina Altmann, Lena Werdecker, Tobias Esch

*Humanmedizin, Institut für Integrative Gesundheitsversorgung und Gesundheitsförderung der Universität Witten/Herdecke, Witten, Germany*

Die Universitätsambulanz für Integrative Gesundheitsversorgung und Naturheilkunde (UnIG) hat im November 2019 erstmalig in Deutschland im Rahmen der Gesetzlichen Krankenversicherung (GKV) als Pilotprojekt ihre Tätigkeit in der Primärversorgung aufgenommen. Die avisierte Zielgruppe basierte auf den häufigsten Beratungsergebnissen in der Primärversorgung unter besonderer Berücksichtigung chronischer Erkrankungen. Dazu gehören muskuloskeletale Erkrankungen inkl. Schmerzerkrankungen, Fettstoffwechselstörungen, endokrinologische, metabolische und ernährungsbedingte Erkrankungen, Diabetes mellitus Typ II, Bluthochdruck, depressive Störungen (Rückfallprophylaxe), Magen-Darm-Funktionsstörungen sowie die Mitbehandlung/Begleittherapie onkologischer Erkrankungen. Ebenfalls gehören akute Beratungsanlässe wie Atemwegs- und Magen-Darm-Erkrankungen bzw. -infekte zum Behandlungsspektrum. Zu untersuchen ist, inwieweit die tatsächlich stattgefundenen Beratungsergebnisse der UnIG mit den zuvor genannten zu erwartenden Ergebnissen übereinstimmen.

Welche Behandlungsergebnisse entstehen in der UnIG? Inwieweit stimmen diese mit den zuvor avisierten Behandlungsergebnissen überein?

Zur Untersuchung der Behandlungsergebnisse erfolgt eine deskriptive Primärdatenanalyse anhand anonymisierter Behandlungsdaten (prozessproduzierte Daten) der UnIG-PatientInnen im ersten Jahr (November 2018 bis Oktober 2019).

Analysiert werden u. a. Cluster, Anteile und Häufigkeiten von ICD-Diagnosen. Daneben werden Alters- und Geschlechterverteilung, Anteile und Häufigkeiten von Verordnungen (Heil- und Hilfsmittel) sowie die Anzahl an Arztkontakten, das Verhältnis zwischen chronischen und Akutpatienten und die Entwicklung der Zielgruppe im Zeitverlauf berücksichtigt.

Die Ergebnisse zeigen, inwieweit die UnIG ihre ursprünglich geplante Zielgruppe mit ihrem Angebot erreicht. Dies dient als Grundlage für weitere Analysen. Zukünftig werden die Ergebnisse mit externen Daten (z. B. Routinedaten der Gesetzlichen Krankenkassen) verglichen. Daraus können Erkenntnisse darüber gewonnen werden, inwieweit die UnIG entsprechend dem Triple-Aim Ansatz (Verbesserung des Gesundheitszustandes, Verbesserung der Patientenerfahrung, Reduzierung der Kosten) zu einer Verbesserung der Versorgung im Vergleich zur Regelversorgung beiträgt.

Conflict of interest / Interessenkonflikte  
no / nein



## Contribution ID: 790

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Lecture / Vortrag

## Over-prescription of short-acting beta agonists in the treatment of asthma

Ingrid Looijmans<sup>1)</sup>, Anouk Werkhoven<sup>2)</sup>, Theo Verheij<sup>3)</sup>

<sup>1)</sup>Julius Health Centers Leidsche Rijn, Utrecht, Netherlands

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

<sup>3)</sup>Julius Center for Health Sciences and Primary Care, University Medical Center, Utrecht, Netherlands

### Background:

Despite a clear guideline for asthma medication, overuse of short-acting  $\beta$ 2-agonists (SABAs) seems to be common in clinical practice. Guidelines state that when patients need a SABA more than two times a week, inhaled corticosteroids (ICS) should be added.

### Questions:

What is the degree of overuse for SABAs (with and without use of ICS) in asthma patients in primary care and is excessive use of SABAs associated with exacerbations?

### Methods:

This is a retrospective study using electronic medical records from patients aged 18 and older of five Primary Care centers, in the period of July 1st, 2018 through July 1st, 2019 in the Netherlands. Excessive SABA use was defined as  $\geq 400$  inhalations per year.

### Outcomes:

A total of 1161 patients were included in the study. Of the 766 patients using a SABA, 193 (25%) overused SABAs. Among the patients with inappropriate SABA use 41% did not use enough ICS for maintenance treatment. The odds of having an exacerbation were 2.9 times higher in case of SABA overuse compared to appropriate SABA use (OR, 2.897; 95% CI, 1.87-4.48).

### Discussion:

This study provides important insights into the medication use of asthma patients and shows that overuse of SABAs is common and associated with poorer asthma control. It highlights that clinicians need to be alert to this and need to adjust the treatment of patients who might be at risk.

### Take Home Message for Practice:

Overuse of SABAs is alarmingly common and associated with poorer asthma control.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 825

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

## Rapidly Progressive Dementias- A World to Explore

Ana Gabriel Torres, Teresa Tapadinhas Coelho

USF Mactamã, Massamá, Portugal



This case aims to review the diagnostic gait and differential diagnosis of rapidly progressive dementias, especially in non-elderly adults.

A 55-year-old man, previously independent began progressive cognitive deterioration on the last two years with: agitation, aggression and verbal-auditory hallucinations. As history is worth mentioning a rupture of cerebral aneurysm, dyslipidaemia and chronic alcohol consumption.

Due to the progressive worsening of the clinical situation, namely in terms of spatiotemporal disorientation and aggressiveness, he was referred to the psychiatry emergency. During hospitalization, already in neurology, the study of dementias was done, excluding autoimmune, neoplastic and infectious diseases, being discharged with the diagnosis of early-onset Alzheimer's disease.

Rapidly progressive dementia occurs over a period of about 1-2 years or even over a period of weeks or months. An early diagnosis can identify treatable or even curable causes of these conditions. A complete medical history, with an emphasis on early symptoms, documenting habits, usual medications, and family history is essential for the correct diagnosis. It is also of utmost importance to assess which organs and systems, other than the neurological are affected. The main causes can be grouped into vascular, infectious, toxic-metabolic causes; autoimmune; neoplastic; iatrogenic; neurodegenerative disorders.

It is intended to review what are the main signs / symptoms of each group of diseases that make the differential diagnosis with dementia and what differentiate them from each other, highlighting the importance of family doctor at the beginning of the diagnostic

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 830**

### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

### **Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### **Rare complications? Not so much**

Ana Gabriel Torres, Teresa Tapadinhas Coelho

*USF Mactamã, Massamá, Portugal*

Lower limb ulcers in diabetic patients are serious complications of diabetes as they increase morbidity and mortality and higher costs to the health system. The main cause is neuropathy. However, other causes, such as gas gangrene, should be considered, namely, a rapidly evolving ulcer with concomitant symptoms.

A 74-year-old male, with history of hypertension, dyslipidaemia, and controlled type 2 diabetes, appears with a left lower limb ulcer with fever and progressive tiredness for five days. He denies trauma. He goes to the primary care unit at day 5 of disease where he started an antibiotic. Due to the progressive worsening of his general condition, he returns at D7, where he is referred to the emergency department for maintenance of fever and signs compatible with gangrene. Gas gangrene is diagnosed and he is submitted to above-knee amputation.

Gas gangrene is a lethal tissue infection caused by the species *Clostridium*. *Clostridium* infection can occur spontaneously. The infection involves deep tissues, notably the muscle, which can cause rapid progression of the infection. One of the main risk factors for non-traumatic gas gangrene is diabetes. The infection can spread rapidly and in a matter of hours, the patient may progress to shock, sepsis and death. Patients with gas gangrene have signs of infection, such as fever, pain, inflammation at the wound site. Lab and imaging tests are useful.



This case is a reminder that any new lesions, on diabetics, with systemic signs should be, as early as possible, referred to the surgical unit.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 858**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Diabetes and ramadan – to fast or not to fast?**

Maria Lucas

*USF Afonsoeiro, Montijo, Portugal*

**Background:** The Koran exempts the sick from the duty of fasting and diabetics fall under this category. Nevertheless, it's estimated that 40-50 million diabetics worldwide fast during Ramadan, creating a medical challenge for themselves and their physicians.

**Questions:** Can diabetics fast during Ramadan? Are there any risks for diabetics who fast? How should doctors manage diabetes during Ramadan for those who fast?

**Methods:** Analysis of the most recent, high-quality and independent evidence available about fasting among diabetics and the effects of fasting during Ramadan.

**Outcomes:** 474 articles were analyzed, including guidelines, meta-analyzes, systematic reviews, cohort studies and case-control studies.

**Discussion:** Fasting during Ramadan for patients with diabetes carries a risk of an assortment of complications. The main concerns are hypoglycaemia, hyperglycaemia, dehydration, and ketoacidosis. Agents such as metformin and dipeptidyl peptidase-4 inhibitors appear to be safe and don't need dose adjustment. Most sulfonylureas can't be used safely except with extreme caution. Newer pharmacological agents have lesser hypoglycaemic potential and may have specific advantages. Diabetics treated with insulin should be educated on the appropriate administration and the need for glucose monitoring.

**Take home message for practice:** A patient's decision to fast should be made after ample discussion with his primary care physician concerning the risks involved. In order to minimize adverse side effects during fasting, patients should undergo pre-Ramadan assessment and receive appropriate education and instructions related to physical activity, meal planning, glucose monitoring, and dosage and timing of medications.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 876**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

ePoster

**Population characterization of warfarin-treated Atrial Fibrillation at primary care in S. Miguel Island**

Raquel Martins, Ana Isabel Cordeiro Machado



*USISM (Unidade de Saúde da Ilha de São Miguel), Ponta Delgada, Portugal*

**Background:** AF is a relatively common diagnosis with a prevalence of 2.5% in the Portuguese population over 40 years, increasing to 9% in the elderly. AF is more prevalent in females. At AF diagnosed, CHA2DS2-VASc is applied and patients are medicated accordingly. Users treated with vitamin K antagonist, due to contraindication or economic difficulty, require monthly INR control. In October 2016, it was created an oral anticoagulant therapy control consultation in our local care unit (USISM), at São Miguel, allowing these users to adjust their INR at their Primary Health Center with their family doctor.

**Methods:** Observational and retrospective study of our personal database. The data was treated using Excel®.

**Outcomes:** USISM is following 443 patients with AF treated with vitamin K antagonist oral anticoagulants. From these, 52.4% were female (n = 232) and 47.6% male (n = 211) with a mean age of 72.6 years old.

**Discussion:** The average age and the slightly bigger prevalence in females is in line with previous literature. With decentralization, the movement of users to control INR has been facilitated. This is an elderly population with multiple comorbidities, often dependent on relatives. Thusm this elderly population saw their move to an INR monitoring center facilitated. It contributed to a reduction not only of work absenteeism but also of the inherent costs.

**Take Home Message for Practice:** There is an improvement in the quality of life of users an approximation between the user/family, Primary Care and Secondary Care.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 879**

### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

### **Presentation form / Präsentationsform**

ePoster

## **Anticoagulant Therapy Control Consultation in a Primary Care Unit – is INR control accordingly to literature?**

Raquel Martins, Ana Isabel Cordeiro Machado

*USISM (Unidade de Saúde da Ilha de São Miguel), Ponta Delgada, Portugal*

**Introduction:** In our primary care unit of São Miguel Island (USISM), was created a consultation called "Anticoagulant Therapy Control Consultation", from which was elaborated a Protocol in order to homogenize our practice. Patients who are taking a vitamin K antagonist (VKA) oral anticoagulant must have INR control at least monthly. Since the effect of this drug is easily variable, it is estimated that approximately 34% of users do not have INR value within the target values.

**Question:** Does INR values are concordant with the literature?

**Methods:** Observational and retrospective study of patients with atrial fibrillation taking VKA, making their follow up in the headquarters of our primary care unit (CSPD). Consultation of records regarding the values obtained from INR analysis was made during July and August 2019.

**Outcomes:** In the time studied, 139 consultations were performed, of which 51 (37%) did not verify the INR value in the target value, needing therapeutic adjustment.

**Discussion:** The expected percentage of patients without INR in the target values is accordingly with the previous literature. We underline the importance of reinforcing the cares regarding diet and medication. Besides the verbal information we also provide written documentation.



**Take Home Message for Practice:** In the Family Doctor daily practice it is important to determine if we are having the best possible practice. This way we can determine what is working and, if not, what changes should be addressed, keeping in mind the health and quality of life of our patients.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 889**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Maximising the benefits of exercise based cardiac rehabilitation for cardiac disease management in family practice; lessons from Limerick**

Raymond O'Connor<sup>1)</sup>, Alison Bourke<sup>2)</sup>, Vikram Niranjana<sup>3)</sup>, Catherine Woods<sup>2)</sup>

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<sup>2)</sup>Physical Exercise and Sports Science, University of Limerick, Limerick, Ireland

<sup>3)</sup>Health Research Institute, Graduate Entry Medical School, Limerick, Ireland

**Background:**

Cardiovascular disease (CVD) is the most common cause of morbidity and mortality worldwide and is significantly associated with physical inactivity. There is extensive evidence for the efficacy of exercise-based cardiac rehabilitation (EBCR) programmes. 'MedExUL' was established as an EBCR programme for the management of patients with CVD. We examine facilitators and barriers to its uptake.

**Questions:**

What are the facilitators and barriers for attendance, as well as suggestions for further development of MedExUL?

**Methods:**

Qualitative study designed to understand physical activity associated health behaviour of patients using the 'Theory of Planned Behaviour (TPB)'. One to one semi-structured interviews with long-term participants (LT) and people who have dropped-out (PWDO) of 'MedExUL' were conducted. Thematic content analysis carried out with AtlasTi software.

**Outcomes:**

We identified four thematic areas. Three positive themes were 1. Support from professionals, family and peers; 2. Benefits to physical and mental health; 3. Positive motivation caused by behavioural changes. The fourth theme, barriers to participation, included self-awareness e.g. of pain and physical barriers e.g. distance from the exercise centre. Patients' suggestions to enhance their attendance included patient involvement in programme delivery, exercise plans based on age & disease severity and evening classes.

**Discussion:**

EBCR programmes must address patients' motivations and barriers to engage. Strategies to improve attendance should include class scheduling, ability-based exercise, patient involvement in exercise planning and education of family practitioners on the benefits of EBCR to encourage referral.

**Take Home Message for Practice:**

Simple developments with patient involvement will enhance participation

Conflict of interest / Interessenkonflikte

no / nein



## Contribution ID: 902

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

## Creating a new anticoagulation protocol can improve the Family Doctor practice?

Raquel Martins, Ana Isabel Cordeiro Machado

*USISM (Unidade de Saúde da Ilha de São Miguel), Ponta Delgada, Portugal*

**Background:** Atrial fibrillation (AF) is common in elderly population and is frequent in Primary Care (PC). In order to contribute to the improvement of quality of life in AF patients treated with vitamin K antagonist oral anticoagulants (AVK), it was created, in October 2016, a new consultation in the PC unit of São Miguel Island (USISM), designated "Anticoagulant Therapy Control Consultation".

**Methods:** A protocol called "Oral Anticoagulant Therapy Control" was elaborated and it established the indications and contraindications for different anticoagulant therapies and how to safely *switch* from AVK to New Oral Anticoagulants (NOACs). Observational and retrospective study of our personal database, which was treated using Excel®.

**Outcomes:** When the protocol was implemented 41 AF patients were treated with AVK and started being followed in PC, rather than on the regional hospital. After 29 months follow-up, 8 patients had passed away (19,5%), 2 patients changed their address so went to another primary care unit (4,8%), 6 patients returned to the hospital since complications developed (14,6%) and 25 patients were started on NOAC (60,9%).

**Discussion:** The implementation of the protocol and widespread use by the Family Doctors from our unit contributed to a change in the prescription pattern. Patients with no contraindications for NOAC and with financial possibility started this drug with less medical interactions, more convenient posology and not requiring regular monitoring.

**Take Home Message for Practice:** With the application of this protocol, AF patients with multiple comorbidities, often dependent on relatives, saw their quality of life being improved.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 958

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Workshop

## Communicating attractive health goals can stimulate the healthy self-regulation - Salutogenesis and communication in general medicine

Theodor Petzold<sup>1)</sup>, Nadja Lehmann<sup>2)</sup>

<sup>1)</sup>*Allgemeinmedizin (General and Family Medicine), Medizinische Hochschule Hannover (Medical University of Hannover), Bad Gandersheim, Germany*

<sup>2)</sup>*Center for Salutogenesis, Bad Gandersheim, Germany*

Patients with NCD are a big problem in in general medicine. Doctor-patient communication can become a non-specific therapy booster.



If we focus only on the treatment of the disease in patients with chronic diseases, on adjusting blood pressure, blood lipids, pain, etc., we will prescribe more and more drugs. This can often lead to increased chronicity.

In order to stimulate the patients' own activity and healthy self-regulation, it is useful to focus on his healthy development, attractive health goals and resources. We then ask more questions about his desires, ideals and needs and positive experiences and the abilities to shape his life, which includes dealing with his symptoms.

Those questions change our relationship towards acceptance and shared decision-making and responsibility - it becomes more cooperative. They encourage to develop more autonomy. This communication stimulates the patients psychophysical self-regulation, his self-responsible activity and empowered to more healthy shaping competence. As a result, the chance of staying healthy for a longer period of time is increased by up to 30%.

- Doctors and other therapists
- Keynote speech; dialogue exercises; group exchange;
- Understanding of basics of salutogenetic orientation and communication to stimulate healthy selfregulation in patients with NCD.

- 10-30

- General practitioner since 1979; lecturer Med.Highschool-Hannover-General Medicine; developer salutogenic communication; director of the Center for Salutogenesis; author of numerous books and articles: current: "Contributions of Salutogenesis to research, theory and professional development in health care." Handbook of Health Sociology.

- Psychotherapist, diploma pedagogue

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 985

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

### Sulfonylureas consumption in diabetics over 65 years

Fátima Silva Gil, María Bernal Ordóñez, María Ángeles Quesada Román, Esther Navarrete Martínez

*DS Córdoba-Guadalquivir, UGC Posadas, Servicio Andaluz de Salud, Guadalcazar, Spain*

**Background:** Sulfonylureas are drugs used in diabetes mellitus type 2, high potency and safe profile, which in recent years have been relegated to a second level by the appearance of new drugs of similar efficacy for the treatment of diabetes. One of the limits to its use has been the elderly. The aim is to know the consumption of sulfonylureas in a diabetic population over 65 years old

**Methods:** A cross-sectional study. Location: rural health centre. Poblacion: Diabetic type 2 patients over 65 years old. Inclusion criteria: Diabetic patients of both sexes, over 65 years old, assigned to the health centre of Guadalcazar (Córdoba), who consume sulfonylureas. The study variables were: sex, age, years of diagnosis, hypoglycemia

**Outcomes:** Diabetes mellitus type 2 (113 patients), 72 were over 65 years old (63.71%), 62.5% were women. The average age was 69.95 (range 65-95 years). Sulfonylureas was prescribed in 15 patients (20.83%): gliclazide 13.88%,



glimepiride 1.38%, glibenclamide 3.86%, repaglinide 3.86%. 11 of them had metformin associated. 46.66% were diagnosed more than 6 years ago, and 46.66% more than 10 years ago. The average blood glucose was 110 mg/dl, and HbA1C was 6.28 mg/dl. Only weight and body mass index data appeared in 2 patients. No hypoglycemia was observed in any of the diabetic patients who consume sulfonylureas.

**Discussion:** Although sulfonylureas should be prescribed with caution in people over 65 years of age, in our study there were no significant adverse effects. Actually there are new drug groups that best fit the profile of the elderly diabetic

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1015

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

#### Presentation form / Präsentationsform

Lecture / Vortrag

### Relationship of non-melancholic and melancholic depressive symptoms with all-cause mortality

Ansa Rantanen<sup>1)</sup>, Mika Kallio<sup>2)</sup>, Jyrki Korkeila<sup>3, 4)</sup>, Hannu Kautiainen<sup>5, 6)</sup>, Päivi Korhonen<sup>1, 2)</sup>

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<sup>3)</sup>Department of Psychiatry, University of Turku and Turku University Hospital, Turku, Finland

<sup>4)</sup>Department of Psychiatry, Hospital District of Satakunta, Pori, Finland

<sup>5)</sup>Folkhälsan Research Center, Helsinki, Finland

<sup>6)</sup>Unit of Primary Health Care, Kuopio University Hospital, Kuopio, Finland

**Background:** Depressive symptoms have been associated with excess mortality. However, evidence is still inconclusive, partly due to inadequate adjusting for confounding variables. In addition, variety of depressive symptoms has rarely been considered in these studies. Non-melancholic, or atypical, and melancholic depressive symptoms have been found to differently associate with biological mechanisms connecting depression to somatic disease. Thus, the aim of this study was to assess if they differently predict mortality.

**Methods:** A population-based prospective study of 2522 Finnish middle-aged cardiovascular risk persons was conducted. Depressive symptoms were assessed by the Beck's Depression Inventory. Data on mortality was obtained from the official statistics after 11-year follow-up.

**Results:** At baseline, the prevalence of non-melancholic and melancholic depressive symptoms was 14.9% and 5.2%, respectively. During the mean follow-up time of 11 years, 8.1% of those without, 13.9% of those with non-melancholic, and 10.7% of those with melancholic depressive symptoms died. Compared to non-depressive subjects, the hazard ratio for all-cause mortality was 1.82 (95% CI: 1.33-2.50,  $p < 0.001$ ) in non-melancholically depressive and 1.12 (95% CI: 0.63-2.02,  $p = 0.69$ ) in melancholically depressive subjects, when adjusted for age, gender, smoking, and education. In comparison to mortality rate throughout Finland over the same period, non-depressiveness was associated with a decreased standardized mortality rate.

**Conclusion:** Non-melancholic depressive symptoms seem to be associated with excess all-cause mortality. In clinical settings, recognition of non-melancholic depressive symptoms should be emphasised.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1021



## Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

## Presentation form / Präsentationsform

Lecture / Vortrag

### When the doctor becomes the patient: a struggle through refractory gastroesophageal reflux disease and an insight on alternative treatment options

Gerardo Boillat

*Málaga, Servicio Andaluz de Salud, Rincón de la Victoria, Spain*

Almost a year of gastroesophageal reflux disease (GERD) with refractory symptomatic control and the appearance of two uncommon side effects: mild acute cognitive impairment and acute interstitial nephritis, secondary to the prolonged use of proton pump inhibitors (PPIs). A look at an alternative pharmacological treatment with Baclofen, a gamma-aminobutyric acid-B agonist (GABA-B) that has shown on studies promising results in the management of refractory GERD patients with residual acid or weakly acidic reflux by reducing the rate of transient lower esophageal sphincter relaxations (TLESR) and thus gastroesophageal reflux; and a relatively new surgical approach consisting on the placement of a magnetic sphincter augmentation device: LINX reflux management system.

This session is targeted to primary care and family doctors, as well as digestive specialists. We'll review the published data on the topic and share personal experience.

The objective is to make awareness on the existence of these side effects and the availability of an alternative medical therapy and a novel antireflux procedure for treating refractory GERD.

What everyone must take home for practice is that PPIs aren't innocuous drugs. They can cause infrequent but important side effects when prescribed. Alternatively, Baclofen has demonstrated the potential to modulate the GABA-B receptor pathway to inhibit acid and non-acid reflux events and improve GERD symptoms. Additionally, the LINX procedure can be considered a first-line surgical option, obtaining much shorter operation and recovery time and equal efficacy to that of Laparoscopic (Nissen) Fundoplication. It brings significant clinical improvement across all GERD symptoms.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1062

## Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

## Presentation form / Präsentationsform

ePoster

### When the hardest way is actually the easiest

Teresa Raposo<sup>1)</sup>, Ana Marinho<sup>2)</sup>

<sup>1)</sup>*USF Andreas, Mafra, Portugal*

<sup>2)</sup>*USF Cova da Piedade, Cova da Piedade, Portugal*

Diabetic patients are generally hard patients to treat. Firstly, because diabetes is a silent disease which can be easily neglected. It has no symptoms but at the same time it has a big impact in a patient's life. Usually these patients have a quite good compliance to oral medication. Female, 62 years old, retired cleaning lady, divorced. Her core family is composed of her son and one granddaughter. Her past medical history includes dyslipidaemia, tubular adenoma of the colon (low grade), anxiety disorder and sedentarism.



She was diagnosed in 2015 with Diabetes Type II. During the last 4 years this patient showed a very poor compliance to treatment, she made no changes regarding physical activity and small changes in food habits. Throughout these years the glycated haemoglobin levels were high and when the patient was asked about the fact she was not taking the medication she always had a prompt excuse.

On January 2019, the patient was confronted with the urgent need to start Insulin once the haemoglobin level was 10%. She promptly accepted this decision. She had an appointment with the nurse who taught her how to use and administer insulin. On November 2019, the last appointment had with this patient, the glycated haemoglobin level was 7.5% and when asked, the patient was very satisfied with insulin therapy. This case shows that sometimes, what seems to be the easiest approach is not the easiest for all patients.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1065**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**The incidence of comorbidities in patients with heart failure**

Theodoros Vasilopoulos, Dimitrios Vasilakis, Stylianos Dimitrakopoulos, Dionysios Vathalis, Nikolaos Tsakountakis

*Health Center of Agia Varvara, Herakleion Creta, Greece*

**Background:** The patients who suffer from heart failure are often present comorbidities that worsen their prognosis and mortality.

**Discussion Point:** The detection of comorbidities in patients with heart failure and the comparison between patients with low (HFIEF) and preserved (HFprEF) ejection fraction of left ventricle.

**Content:** 39 patients (31 male/8 female) aged 74.4 +/- 10.3 who had visited a health center in rural area of Crete for prescription medication about heart failure. They were divided in two groups, ( 28 patients with HFIEF EF:27.3+/-6.7 and 11 patients with HFprEF EF:50% +/- 5.1), according to the ejection fraction.

They were tested for comorbidities and used statistical analysis Spss V21.

1) A statistically strong difference was found in the incidence of atrial fibrillation ( $p=0.028$ ) and chronic obstructive pulmonary disease ( $p=0.053$ ). Higher incidence occurred to the patients with HFprEF.

2) An increased incidence of coronary disease was detected to the patients with HFprEF ( $p=0.081$ )

3) The incidence of diabetes type 2 was increased in patients with HFprEF without a significant statistical difference

4) In both groups the incidence of hypertension was about 92%, anemia was 15% and chronic renal failure was 18%.

**Take Home Message for Practice:** Heart failure with preserved or low ejection fraction is accompanied with high comorbidity, polypharmacy, psychosocial disorders that worsen the management of disease and lead many hospitalizations. There is a need for a multifactor approach to the patients and the development of educational programmes for primary health care professionals for the prevention and management of heart failure.

Conflict of interest / Interessenkonflikte

no / nein



## **Contribution ID: 1066**

### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

### **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Concordance of patient beliefs and expectations regarding the management of low back pain with guideline recommendations – a cross-sectional study in Germany**

Jean-Francois Chenot, Peggy Knauthe, Christina Raus, Simone Kiel

*General Practice, Universtiy Medicine Greifswald, Greifswald, Germany*

### **Background:**

Clinical guidelines aim to improve patient care. Adherence to low back pain (LBP) guidelines is often low. Patient preferences and expectations for the management of LBP are one of multiple determining factors for to guideline adherence.

### **Research question:**

The aim was to investigate to which extent patients' expectations are concordant with recommendations of the German LBP guideline (G-LBP).

### **Methods:**

We assessed, with a self-developed survey, agreement of 977 patients in 13 General Practices regarding core recommendations for management of LBP from the G-LBP. Additionally we collected demographic data, data on current LBP and previous treatment experiences to investigate possible interaction.

### **Results:**

More than half of the surveyed patients (65%) are willing to refrain from further examination if judged unnecessary by their doctor and agreed to continue physical activity as much as possible. About 40% expected imaging (not recommended) 45% injection therapy and 70% massage therapy, particularly if they received these services before. Although women expressed higher acceptance of psychosocial factors, less than half (43%) agreed that psychosocial factors should be explored and only 37% agreed that psychotherapy could be part of treatment of LBP.

### **Discussion:**

This study indicates that patient views regarding management of LBP are only partially concordant with guideline recommendations and are strongly influenced by previous treatment experiences. Acceptance of the psychosocial model is low. Given the potential impact on patient satisfaction, exploring patient treatment expectations may help increase guideline adherence and minimize dissatisfaction.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 1100**

### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

### **Presentation form / Präsentationsform**

ePoster

## **Woman with headache and neurological focus, will it be something else?**

Alicia Moscoso Jara<sup>1)</sup>, Raquel Gracia Rodríguez<sup>2)</sup>

<sup>1)</sup>Centro de salud Sector Sur, Córdoba, Spain

<sup>2)</sup>Centro de salud Bujalance, Bujalance, Spain



**Background:** Woman. 38 years. Ankylosing spondylitis, bilateral uveitis, migraine with aura. **Treatment:** adalimumab. Current disease: She came to the health center for having thunderclap headache associated with motor and sensory deficit of left limbs repeatedly in the last days. She had taken corticosteroids for his arthropathy. Neurological examination: alert, oriented, normal language and cranial nerves. Motor: no claudication. Preserved reflexes. **Sensitive:** right hand with hypoaesthesia. She was referred to the Emergency Area. Several tests were performed: blood analysis, cranial CT and electrocardiogram; being all normal. CT angiography of supraaortic trunks: bilateral mediastinal and hilar adenopathies greater than one centimeter. It was decided to enter the Stroke Unit.

**Methods:** She entered Neurology. Valproic acid treatment was initiated due to headache persistence. At 5 days, episode of mixed aphasia and disconnection of the medium. Urgent CT was requested, which was normal. In MRI with contrast, generalized leptomeningeal enhancement and a nodular left frontotemporal hypercaptant focus were observed. The electroencephalogram showed a postcritical state with left focal slowing. Negative Mantoux. Treatment with levetiracetam was started. TACAR: bilateral pulmonary mediastinal and hilar adenopathies suggestive of sarcoidosis. Two lymph nodes were biopsied by fiberoptic bronchoscopy, suggesting non-necrotizing granulomatous lymphadenitis. Intravenous corticosteroid therapy was started three days and then orally, improving until she was asymptomatic.

**Results:** Stage I thoracic sarcoidosis. Neurosarcoidosis masked by corticosteroids.

**Conclusion:** There are treatments that can mask the true symptoms of a pathology, making its correct diagnosis more difficult. Therefore, I´d like to highlight the importance of a good anamnesis.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1104

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

## The role of the mediterranean diet in preventing and improving symptoms of rheumatoid arthritis

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<sup>2)</sup>General Practice / Family Medicine, USF VillaLonga, Lisboa, Portugal

Rheumatoid Arthritis (RA) is one of the most common inflammatory arthritis and is associated with high morbi-mortality rates. The etiology is unknown, although it is suggested that genetic factors interact with modifiable environmental/lifestyle factors, which are still poorly understood. The Mediterranean Diet (MD) has been associated with several health benefits and, as such, described as a diet that can also benefit in RA. The aim of this systematic review was to assess the role of MD in the etiology and symptom improvement of RA.

Methods: Research of randomized clinical trials, meta-analyzes, systematic reviews (SR) and observational studies, in the scientific databases PubMed/MEDLINE and Cochrane Library; MESH terms: "Rheumatoid Arthritis", "Mediterranean Diet", in Portuguese, English and Spanish, published in the last 10y.

Results: Fourteen articles were found. Only two were selected after exclusion criteria: a SR and a cross-sectional observational study. There is evidence that MD associates with significant improvements in pain, edema, mobility, inflammatory markers, quality of life and progress of the disease, but only in women. No



significant association was found between greater MD use and reduced risk of developing RA in women, but there appears to be a significant reduction in men, and in the subgroup of patients with positive antibodies, of both sexes.

Conclusion: According to the available evidence, DM appears to can be recommended for prevention of RA in men and patients with positivie antibodies, and for symptomatic improvement in women with RA. More large-scale studies are needed to allow validating the evidence found.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1106**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

ePoster

**Adequacy of contraception in women with migraine - a double headache**

Cristiana Miguel, Rita Clarisse Marques, Alexandra Marujo

*USF Condestável, Batalha, Portugal*

**Background:** Migraine (14,7% prevalence worldwide) is a factor to consider when choosing contraception. Migraine with aura increases the risk of stroke. Combined hormonal contraception (CHC) in these patients constitutes an unacceptable health risk, regardless of age.

Concerning migraine without aura, women  $\geq 35$ -years-old should not initiate CHC.

CHC should be stopped if a migraine worsens or develops aura.

**Aim:** To assess contraception adequacy in women with migraine in a Family-Health-Unit (FHU).

**Methods:**

Population: Women 15-49-years-old from a FHU with the diagnosis "Migraine" active in December 2018.

Exclusion: menopause, menstrual migraine.

Observational, descriptive, transversal study.

Data: MIM@UF®, SClínico®, PEM® softwares

Analysis: Excel®.

**Outcomes:**

A total of 162 women met our criteria. From these, 25 (15,43%) had migraine with aura, 13 using CHC, 10 not using, 2 without data.

137 women (84,57%) had migraine without aura. From these, 95 were  $\geq 35$ -years-old, 32 using CHC, 55 not using, 8 without data. 42 were  $< 35$ -years-old, 25 using CHC, 15 not using, 2 without data.

From the 25 with CHC, 14 were using it when migraine was diagnosed and 11 initiated post-diagnosis. A total of 59 women (36,42%) for whom CHC is not recommended are using it.

**Discussion:** 36.42% of women with migraine in our FHU are under inadequate contraception. Poorly detailed clinical records were the major limitation to this investigation.

**Take Home Message for Practice:** A thorough clinical history is important before initiating contraception, as well as a periodical reassessment of the contraindications to the different methods.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1111**

**Abstract subtopic / Abstract Unterthema**



## Core Values of Family Medicine: Threats and Opportunities

### 2.5. Chronic disease management / Management chronischer Krankheiten

#### **Presentation form / Präsentationsform**

Workshop

#### **Supporting Health Behaviour Change in Real World General Practice: Experiences from Crete, Greece**

Christos Lionis<sup>1)</sup>, Sophia Papadakis<sup>1)</sup>, Marilena Anastasaki<sup>1)</sup>, Fotini Anastasiou<sup>1)</sup>, Ioanna Tsiligianni<sup>1)</sup>, Emmanouil Smyrnakis<sup>2)</sup>, Emmanouli Symvoulakis<sup>1)</sup>

<sup>1)</sup>Medical Faculty University of Crete, Heraklion, Greece

<sup>2)</sup>Primary care and Hygiene, Aristotle University of Thessaloniki, Thessaloniki, Greece

**Background:** Health behaviour change is key to the prevention and management of the majority of conditions and diseases seen in general practice including chronic conditions, vaccination, as well as, compliance with screening and treatment. General practitioners and other health care professionals are important intermediaries to influencing behaviour change among patients and families. There is a growing body of evidence to support specific behaviour change techniques that can be integrated into routine practice. The Clinic of Social and Family Medicine (CFSM) at the University of Crete has been leading research and knowledge translation activities focussed on behaviour change in general practice and community settings for more than two decades.

**Target Group:** Health care professionals.

**Objectives:** The CFSM will share experience, key findings, lessons learned from four large European Projects focussed on behaviour change in primary care (FRESH-AIR, TITAN GREECE & CYRPUS Tobacco Treatment Network, NASH-Fatty Liver Disease).

**Didactic Method:** The qualitative and quantitative findings generated from these projects will be presented with a focus on three behaviours smoking cessation, vaccination and preventative screening. We will review key behaviour change techniques and methodologies including: Very Brief Advise, Motivational Interviewing, and Action Planning. A short leaflet discussing key concepts, methods and results will be disseminated. Interactive group discussion will be used exchange experience in the use of these techniques among participants in their own clinical settings.

**Anticipated Results and Impact:** The workshop will provide skills training, learning and exchange among participants to further the integration of health behaviour interventions into European general practice settings.

Conflict of interest / Interessenkonflikte  
yes / ja

#### **Contribution ID: 1114**

#### **Abstract subtopic / Abstract Unterthema**

### 2.5. Chronic disease management / Management chronischer Krankheiten

#### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

#### **Management of nonmotor symptoms of Parkinson disease in primary care**

Leonor Duarte<sup>1)</sup>, Ana Monteiro<sup>2)</sup>

<sup>1)</sup>Unidade de Saúde Familiar Oceanos, Matosinhos, Portugal

<sup>2)</sup>Neurology Department, Unidade Local de Saúde de Matosinhos, Matosinhos, Portugal

#### **Background:**

#### CONTENT

[www.familydoctoreurope2020.org](http://www.familydoctoreurope2020.org)



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Parkinson disease (PD) is the second most common neurodegenerative disorder after Alzheimer disease. Approximately 90% of patients with PD will develop at least one nonmotor symptom (NMS), and these can be the presenting feature.

### **Questions:**

What is the family doctor's role in the management of nonmotor symptoms in Parkinson disease? What are the main therapeutic approaches in primary care setting?

### **Methods:**

Review of the most significant literature in English and Portuguese of the last ten years, through the Medline® database, with the terms "Parkinson disease", "nonmotor symptoms". Articles were selected based on their abstract and relevance.

### **Outcomes:**

Some of the NMS are classified as neuropsychiatric problems (depression, anxiety, sleep disorders and cognitive impairment), while others are included in the autonomic dysfunction category of the nonmotor symptoms (dysphagia, constipation, urinary dysfunction, orthostatic hypotension and pain). Some of these symptoms precede motor symptoms by as much as 20 years and play a major role in the deterioration in quality of life of patients and their relatives.

### **Discussion:**

Helping patients and caregivers manage some of these symptoms and anticipate needs can allow them to come to terms with impending losses so that decisions are not deferred until the crises occur.

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

The family doctor's role is essential for early identification and management of NMS in PD, enabling the establishment of strategies to decrease morbidity and mortality, and improve the quality of life of both patients and caregivers.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 1159**

#### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

#### **Presentation form / Präsentationsform**

DEGAM only / Nur DEGAM: DEGAM Symposium

### **The new S2e DEGAM-guideline frequent gout attacks and chronic gout**

Horst Prautzsch

*Institut für Allgemeinmedizin und Interprofessionelle Versorgung, University Tübingen, Tübingen, Germany*

Die neue DEGAM-Leitlinie für den primärärztlichen Bereich häufige Gichtanfälle und chronische Gicht wird vorgestellt.

Rheumatologische Leitlinien zum Thema Gicht kommen zu teilweise ganz anderen Empfehlungen, die möglichen Gründe werden thematisiert. Die Abwägung der Gefahren der Therapie und ihres begrenzten Nutzens werden im primärärztlichen Patientengut anders getroffen. Unter anderem werden folgende Punkte besprochen:

- Ab wann sollen Harnsäuresenker erwogen werden? Es wird empfohlen mit dem Beginn einer harnsäuresenkenden Therapie frühestens zwei Wochen nach einem Anfall zu beginnen.
- Wer soll Harnsäuresenker empfohlen bekommen, und wer nicht? Nur Patienten mit mindestens zwei Gichtanfällen pro Jahr sollten Harnsäuresenker empfohlen werden.
- Was ist die beste Therapie? Mittel der Wahl bleibt Allopurinol. Patienten, die anstatt dessen Febuxostat



- nehmen, sterben im Durchschnitt schneller (number needed to kill 165/32 Monate). Deshalb sollte diese Substanz nicht mehr verwendet werden.
- Was versteht man unter einer Anfallsprophylaxe und wer sollte sie erhalten und wie? Bei Patienten mit hoher Gichtlast kann eine Anfallsprophylaxe am Beginn einer harnsäuresenkenden Therapie geboten sein, da für ca. 6 Monate mehr Anfälle auftreten werden, als vor Beginn der Therapie. Der Nutzen der Therapie beginnt erst ca. 1 Jahr danach.
  - Wie soll die Therapie überwacht werden? Die Für und Wider von Harnsäurezielwerten vs. klinischer Beurteilung werden erläutert.
  - Was ist und wie soll mit asymptomatischer Hyperurikämie umgegangen werden? Eine Therapie kann nicht empfohlen werden.
  - Warum ist die DEGAM-Patienteninformation-Gicht deutlich zurückhaltender bei den Empfehlungen als ihr Vorgänger?
  - Kitteltaschenversion, Kurz-Präsentation, Patienteninformation und andere Materialien werden vorgestellt.
- Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1171**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Prescribing and medical non-adherence after myocardial infarction: qualitative interviews with general practitioners in Germany**

Christian Freier<sup>1)</sup>, Christoph Heintze<sup>1)</sup>, Wolfram Herrmann<sup>1, 2)</sup>

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<sup>2)</sup>Münster School of Health, FH Münster - University of Applied Sciences, Münster, Germany

**Background:**

Despite increasing prevalence of survived myocardial infarction (MI), prescribing of and adherence to medical secondary prevention are known to be frequently insufficient. General practitioners (GPs) are the most important prescriber.

**Questions:**

What is the GPs' perspective on prescribing and medical non-adherence following MI?

**Methods:**

A qualitative approach comprising episodic interviews with 16 GPs in Berlin (urban) and Brandenburg (rural), Germany, and subsequent framework analysis.

**Outcomes:**

The GPs reported following guidelines for MI aftercare and prescribing the medication that was initiated in the hospital; however, they described deviating from guidelines because of side effects or intolerances. GPs perceived diverse reasons for non-adherence, particularly side effects, freedom from symptoms and patients' indifference to health. They attributed mainly negative characteristics, like lack of knowledge and understanding, to non-adherent patients. These characteristics contribute to the difficulty of convincing these patients.

GPs improved adherence by preventing side effects, explaining the medication's necessity, facilitating intake and involving patients in decision-making. However, about half of the GPs reported threatening their patients with negative consequences of non-adherence.



## Discussion:

Improving physicians' communication skills and informing and motivating patients in an adequate manner, for example in simple language, should be an important goal in the hospital and the GP setting.

## Take Home Message for Practice:

GPs should be aware that discharge medication can be insufficient and thus, should check it for accordance with guideline recommendations. They should assess patients' motivations through motivational interviewing, which no interviewed GP mentioned, and talk with them about adherence and long-term treatment goals regularly.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1173

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Lecture / Vortrag

## OnkoKom – Intersectoral communication in the health care network of cancer patients in the region Tuebingen - Stuttgart

Annika Philipps<sup>1)</sup>, Oliver Piehl<sup>2)</sup>, Claudia Rother<sup>2)</sup>, Stefanie Joos<sup>1)</sup>, Magdalena Fiedler<sup>1)</sup>, Heidrun Sturm<sup>1)</sup>

<sup>1)</sup>Institute of General Practice and Interprofessional Care, University Hospital and Faculty of Medicine Tuebingen, Tübingen, Germany

<sup>2)</sup>District administration, Public Health department, Tuebingen, Germany

## Background:

In cancer patients, care involves different health care professionals due to the complexity of the disease. The coordination of these professionals which have different professions and work in different sectors of the health care network bears complex challenges. Here we explore deficits and suggestions for improvement concerning communication of all involved actors in a regional setting.

## Methods:

We performed five focus groups with in total 37 participants, including patients as well as care professionals from various disciplines. Main results have been discussed in a workshop. Data was analyzed using structured content analysis.

## Results:

Three challenges impact inter-sectoral communication: a) Not all relevant actors receive information b) Neither content nor form of information is tailored to the recipient's needs. Participants wished for a better comprehensibility and concrete information on symptom management or procedures. c) Presently used communication tools have various deficits: phone - need of availability in person; discharge letters - delay; digital tools - data protection, interoperability. A further problem is the coordination of responsibilities being hampered by the lack of knowledge regarding the competences of the providers involved.

## Discussion and Take Home Message:

Offering good quality of care for cancer patients is hampered by information gaps and lack of coordination in the health care network. All involved professionals need to be identified to be integrated into the information flow. Timely communication tools bypassing the necessity of availability in person and patient held records gathering information on reports as well as on responsibilities within the care team were proposed.

Conflict of interest / Interessenkonflikte



no / nein

**Contribution ID: 1185**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Patients' and GPs' duties and responsibilities in long term care after myocardial infarction – a qualitative study of the patients' perspective**

Jonathan Pohl, Wolfram Herrmann, Christoph Heintze

*Institut für Allgemeinmedizin, Charité (Institution for general practice, Charité University of Berlin), Berlin, Germany*

**Background:**

Effective and individualised long-term treatment of patients with chronic diseases such as CHD and myocardial infarction reduces the mortality and risk of recurrence and prevents secondary diseases. Many studies explored the acute and also long-term care of myocardial infarction, however, there is little data on the patients' view.

**Question:**

To examine the patients' perspectives on long-term care after MI.

**Methods:**

A qualitative interview study with patients after myocardial infarction in Berlin and Brandenburg, Germany. 15 episodic interviews were conducted and analyzed using framework analysis.

**Outcomes:**

Patients concordantly emphasized major functions of general practitioners (GPs), namely: checking, counseling, diagnostics, referrals and coordination, as well as further functions such as empathy and feeling emotionally valued.

Likewise, major functions of patients appeared such as information sharing, lifestyle change, coping.

Responsibility towards doctors was expressed as active participation by telling their symptoms, following the doctor's directions, flexibility and co-decision-making

Self-responsibility in patients showed two divergent approaches. On one side passive attitude (accepting, helplessness, scaling back, living with the disease) and on the other side active fighting and taking action (initiative, bouncing back, staying positive and counteracting). Both patterns of behaviour can, to varying degrees, be found in most patients.

**Discussion:**

The study underlines the importance of communication and awareness of a patient's perspective. As all patients had some level of an active attitude, the GPs can tie in with patient's aims and encourage their initiative.

**Take home message:**

Doctors should be aware of patient's expectations, identify their self-responsibility and support their active attitude.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 1197**

**Abstract subtopic / Abstract Unterthema**

[CONTENT](#)

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## 2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Lecture / Vortrag

### Communication in long-term primary care after myocardial infarction - a cycle of fear, coping and threatening

Wolfram J. Herrmann<sup>1)</sup>, Jonathan Pohl<sup>2)</sup>, Christian Freier<sup>2)</sup>, Christoph Heintze<sup>2)</sup>

<sup>1)</sup>Münster School of Health, Münster, Germany

<sup>2)</sup>Institute of General Practice, Charité-Universitätsmedizin Berlin, Berlin, Germany

**Background:** Because case fatality for the acute myocardial infarction has been decreasing, the importance of long-term primary care after a myocardial infarction has been increasing. From previous studies, we know that treatment goals regarding medication and change of lifestyle are often not met.

**Question:** What are the communication patterns in long-term primary care after myocardial infarction?

**Methods:** A qualitative approach. We conducted episodic interviews with 15 patients who had survived a myocardial infarction at least 6 months ago and with 16 general practitioners (GP) in North East Germany. Data of both study arms was analyzed by framework analysis. The results were then triangulated between the GPs' perspective and patients' perspective.

**Results:** Patients often suffer from fear after myocardial infarction, e.g. to experience another event. They apply different coping mechanisms, e.g., downplaying. GPs do often experience incompliance and indifference to health among their patients. This might be due to the patients' coping mechanisms. Consequently, GPs try to motivate the patients by threatening with the consequences of incompliance, such as risk of death. This might increase fear of patients again. Other communication techniques, such as motivational interviewing, were not mentioned by the interviews GPs.

**Discussion:** The results indicate a potential source of misunderstanding between patients and GPs. Further studies should try to confirm this cycle and explore potential solutions.

**Take Home Message for Practice:** Motivational interviewing might be a solution to handle fear and increase adherence.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 1218

### Abstract subtopic / Abstract Unterthema

## 2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Self-monitoring of blood glucose in patients with non-insulin treated type 2 diabetes: a primary health care unit's reality

Maria Ines Rocha, Nuno Junqueira Neto, Susana Sousa, Maria Alberta Magalhaes, Sandra Espirito Santo

USF Lidador, AcES Maia/Valongo, ARS Norte, Maia, Portugal

### Background:

Nowadays, therapeutic adjustments in non-insulin treated type 2 diabetes (NIT–T2D) individuals are made taking into account the glycated Hemoglobin A values (HbA1c). However, in Portugal, it is estimated that self-monitoring of blood glucose (SMBG) is prescribed in more than a third of these patients. Though there



may be exceptions, current evidence shows that SMBG has limited efficacy and benefits in NIT-T2D and can actually have harmful consequences.

### Discussion Point:

Evaluation of SMBG prescription quality by doctors in NIT-T2D patients of a Primary Health Care Unit (PHCU).

### Content:

We designed a descriptive cross-sectional study, having all patients in our PHCU with a T2D active diagnosis in June 2019 as our population (n=1199). Patients without a medical consultation in the first semester of 2019, deceased patients and patients with any active prescription of insulin were excluded. 932 patients were included in the study (age  $\mu=68,2\pm10,5$  years; ♀50,8% :♂49,3%; HbA1c  $\mu=6,94\pm1,18$ ). 232 (29,3%) of these patients had a recent prescription of blood glucose testing strips, with an average of  $3,84\pm2,63$  strips per week.

### Take Home Message for Practice:

In our PHCU, the prescription of SMBG in NIT-T2D is lower than national average (29,3% vs 42,8%). However, since it is a painful, time-consuming practice with no evidence of benefit for most patients and high health costs, there is room for improvement. In conclusion, further action must be taken to achieve the desired results in our PHCU.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1230

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

#### Presentation form / Präsentationsform

ePoster

### Non-smoking woman diagnosed with COPD, is the diagnosis correct?

Alicia Moscoso Jara<sup>1)</sup>, Raquel Gracia Rodríguez<sup>2)</sup>

<sup>1)</sup>Centro de salud Sector Sur, Córdoba, Spain

<sup>2)</sup>Centro de salud Bujalance, Bujalance, Spain

**Background:** Woman. 42 year old. Allergic to naproxen. Non-smoker. Waitress. She went to the health center because she had presented in recent months cough and mucus almost every day along with dyspnea when she had been climbing hills or going upstairs. No hospital admission in the last year, only she had had an episode of bronchitis. She hadn't vaccinated for influenza or pneumococcus. Treatment with acridinium. In pulmonary auscultation decreased vesicular murmur and isolated wheezing. Oxygen saturation: 96%.

**Methods:** Spirometry: FEV1 / FVC post bronchodilation 66%, FVC 96%, FEV1 69%. Blood analysis: eosinophils 200. mMRC 2. CAT 14. I checked the inhalation technique test, which is correct, and changed to double bronchodilator therapy with acridinium / formoterol. I indicated vaccination. In the following two months she presented two episodes of acute bronchitis that required antibiotic treatment with azithromycin and prednisone orally without hospital admission. I changed to triple therapy with formoterol / glycopyrronium / beclomethasone. Then, she went to the health center at approximately three months for another reason. She referred to a great improvement in her basal symptomatology and no exacerbations at that time.

**Results:** COPD. Non-acute low risk phenotype (GEePOC). Grade 2, group B (GOLD) in passive smoker.



**Conclusion:** When we think of COPD, we must not only take into account active smokers, but also all those who are exposed to tobacco smoke becoming passive smokers and could also develop this pathology. In addition, we must not forget the importance of the number of synophiles to modify the treatment.  
Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1233**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

ePoster

**Neurofibromatosis type 1: orthopedic complication beyond fever – case report**

Maria Liberal<sup>1)</sup>, Filipa Carvalho<sup>2)</sup>, Joana Veloso<sup>1)</sup>, Fabio Borges<sup>1)</sup>, Miguel Tinoco<sup>1)</sup>, Tiago Frada<sup>3)</sup>, Joao Matos<sup>1)</sup>

<sup>1)</sup>Family Health Unit São Miguel-o-Anjo, Vila Nova Famalicão, Portugal

<sup>2)</sup>Family Health Unit, Barcelos, Portugal

<sup>3)</sup>Orthopedic surgery, Santa Maria Maior Hospital, Barcelos, Portugal

**Framework:** Neurofibromatosis type I (NF1) is a neurocutaneous disorder with autosomal dominant inheritance, common in the pediatric population, with an incidence of 1/2500. The diagnosis is clinical, according to the criteria established by the National Institute of Health Consensus Development Conference. Treatment and prognosis essentially focus in early diagnosis and control of complications. Manifestations are multisystemic, the phenotypic expression is extremely variable, without severity predictive factors. They may appear at birth and some complications arise at specific ages, forcing regular follow-up. Skeletal involvement can have a great expression and cause important morbidity, such as scoliosis, tibial pseudoarthrosis and osteoporosis.

**Clinical case:** A 13-year-old girl diagnosed with NF1 at 2 months, stable until 9 years old, when she develops severe scoliosis, posteriorly paraplegia and other complications. Since then she has undergone multiple surgeries and is supported by home care. In 2019, she presented to the Emergency Department with fever, edema and deformation of the left thigh for one week, denied pain or trauma. She had been taking paracetamol, without relief of symptoms. The physical examination showed deformation of the thigh with inflammatory signs. Femoral fracture was confirmed via X-ray and surgical treatment was decided.

**Conclusion:** We highlight the complexity of this pathology and the importance of regular follow-up of these patients, deep understanding of complaints and the need for a comprehensive and careful assessment, as morbidity and mortality are directly related to complications. The family doctor has a prominent role, providing comprehensive and ongoing care and coordinating multidisciplinary healthcare.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1259**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

Workshop

**Multimorbidity and polypharmacy in general practice: embedding integrated care within modern healthcare systems**



Silvan Licher<sup>1)</sup>, Kathryn Nicholson<sup>2)</sup>, Saverio Stranges<sup>2)</sup>, Marjan van den Akker<sup>3)</sup>

<sup>1)</sup>*Epidemiology, Erasmus MC, Rotterdam, Netherlands*

<sup>2)</sup>*Epidemiology & Biostatistics, Western University, London, Canada*

<sup>3)</sup>*Institute of General Practice, Johann Wolfgang Goethe University, Frankfurt, Germany*

## Background:

The pattern of health and disease in our population is rapidly changing. At least one third of individuals with a chronic disease, such as diabetes, chronic lung disease or cancer, will also be diagnosed with another chronic disease in their lifetime. General practitioners are the center of care for patients with multiple health conditions (multimorbidity) and multiple prescribed medications (polypharmacy). However, these patients increasingly require multidisciplinary care, necessitating regular consultation with various healthcare professionals that are still organized in silos around single diseases. This multidisciplinary workshop will address challenges for research and care within the field of multimorbidity. Avenues to overcome these challenges will be conceptualized together with attendees in order to attain goals of patient-centeredness and integrated care.

## Target Group:

General practitioners (in training), other healthcare professionals, patients and caregivers, medical specialists, epidemiologists, researchers in public health.

## Didactic Method:

Brief plenary presentation followed by case-based learning in smaller groups.

## Objectives:

- To gain insight about the characteristics of multimorbidity and polypharmacy
- To develop forms of integrative care for common multi-system disease clusters (heart disease & neurodegenerative disease, heart disease & cancer and neurodegenerative disease & stroke)
- To explore barriers and facilitators of integrative care for people with multiple health conditions, and to develop a generalist skill set to adequately manage these people

**Estimated number of participants:** 25-50

## Brief presentation of the workshop leader:

This workshop will begin with a brief presentation using data from the prospective Rotterdam Study to display the contemporary frequency of multimorbidity and polypharmacy in the general population.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1265

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Workshop

### Chronic pain management in primary care setting

Rita Abelho<sup>1)</sup>, Bruno Gonçalves<sup>1)</sup>, Rui Gerardo<sup>2)</sup>, Joana Pereira<sup>2)</sup>

<sup>1)</sup>*ARSLVT - Lisbon, Parede, Portugal*

<sup>2)</sup>*ARSLVT - Lisbon, Almada, Portugal*

## Background:



Pain is a subjective and personal experience, which makes it hard to manage. It's also equivalent to a 5<sup>th</sup> vital sign. 20% of Europeans are affected by chronic pain (CP) and it's estimated to increase; 38% of them report that their pain isn't controlled.

CP has physical, psychological, social and economic implications. Pain relief should be considered a human right and an accurate management will certainly improve quality of life.

**Target-Group:**

Students and doctors

**Didactic-Method:**

3 parts:

Firstly, a theoretic presentation about CP definition, epidemiology and evaluation/assessment, WHO's pain relief ladder and pain treatment options.

Secondly, the participants will be divided into small groups to discuss clinical cases of patients with CP; the participants will be invited to consider different approaches and treatment options according to patient culture or beliefs. These will be shared with the entire class to achieve final conclusions.

Finally, some time for assess the participants' satisfaction and comments.

**Objectives:**

- Acknowledgement of CP definition, epidemiology, evaluation/assessment and treatment options (pharmacologic and non-pharmacologic) of CP
- Understand the different meaning of CP according to different cultures and how this affect its management
- Peer discussion about strategies to manage CP in primary care setting;

**Estimated-number-of-participants: 25-30 Brief-Presentation-of-the-workshop-Leader**

4<sup>th</sup> year GP resident with 30-hour formation in CP. Experience in managing CP in primary care setting for 3 years and part of palliative care community team for 1 year.

A co-author has a postgraduation in CP

**Estimated-Duration-Time:**

First part: 25minutes

Second part: 35minutes

Third part: 15minutes

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 1272**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

ePoster

**A new multimorbid patient in a family medicine office: one symptom for two diseases?**

Tamara Fable, Karmela Bonassin

*Family Medicine Practice, Medical Health Centers of Istria, Pula, Croatia*

**Introduction:** A new multimorbid patient in care represents a real challenge for a family physician (FP). It's important to get to know the patient and make a monitoring plan. This paper's goal is to show how to recognize the most important morbidity among many.

**Case Study:** The 69-year-old multimorbid patient arrives for his first examination with his wife. He suffers from prostate cancer, leg thrombosis, arterial hypertension, hyperlipoproteinemia, depression, got over



pulmonary embolism. He feels weak, has no appetite and links his ailments to the elimination of megastrolacetate due to pulmonary embolism. On examination normally fed, weak muscle tone, hypotensive. The FP considers the possible progression of malignancy and conducts regular consultations with the patient and his family. The wife acknowledges the irregularity of taking the therapy. It becomes clear that depression symptoms are getting worse. The antidepressant mirtazapine is introduced with a targeted effect on appetite. After a month, his condition is better, there's no progression of malignancy. After 6 months the patient is in a good mood, walks independently, has an appetite, normotensive.

**Discussion:** Multimorbidity means the simultaneous presence of two or more chronic diseases. Concurrent diseases worsen the quality of life and the needs of patients are more complex. During the consultation it is necessary to gain the patient's confidence, determine treatment priorities and achieve good adherence.

**Conclusion:** Care continuity, knowledge of the patient and his family, comprehensiveness of approach, and joint-decision making about treatment are tools that ensure the FP's success in treating each patient.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1296

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

### Management of gout in primary care

Luisa Fonte<sup>1)</sup>, Ana Paula Oliveira<sup>2)</sup>, Daniela Marques<sup>3)</sup>, Virginia Martins Rodrigues<sup>3)</sup>

<sup>1)</sup>USF Ponte, Guimaraes, Portugal

<sup>2)</sup>USF Serzedelo, Guimaraes, Portugal

<sup>3)</sup>USF Ronfe, Guimaraes, Portugal

**Background/Question:** Gout is a disabling and common disease in Europe, and despite effective treatments, it is still often misdiagnosed and its management remains suboptimal. In this scenario, it is important to increase the knowledge of family doctors about this topic.

**Methods:** Review of the literature published about gout in the UpToDate database and the European League Against Rheumatism, in the last 5 years.

**Outcomes/Discussion:** Gout is a progressive urate crystal deposition disease, and its natural history includes three clinical stages: the gout flare, intercritical (or interval) gout, and chronic gouty arthritis/tophaceous gout. Although all patients with gout have hyperuricemia [serum uric acid (SUA) exceeding about 7mg/dL] at some point in their disease, most hyperuricemic individuals never experience a clinical event resulting from urate crystal deposition. Gout flares are typically monoarticular and intensely inflammatory, with severe pain, redness, swelling and disability. Acute flares of gout should be treated as early as possible and the recommended first-line options include colchicine, nonsteroidal anti-inflammatory drug and oral corticosteroid. Every person with gout should receive advice regarding lifestyle (weight loss, avoidance of alcohol, sugar-sweetened drinks, heavy meals and excessive intake of meat and seafood). Urate-lowering therapy (ULT), like allopurinol or febuxostat, is indicated in all patients with recurrent flares, tophi, urate arthropathy or renal stones. Initiation of ULT is recommended at the time of first diagnosis in patients with <40 years old, with a very high SUA level (>8mg/dL) or comorbidities. Prophylaxis with colchicine is recommended during the first 6 months of ULT.

Conflict of interest / Interessenkonflikte  
no / nein

## CONTENT

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## **Contribution ID: 1307**

### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## **Brugada syndrome: a rare case report of an adult man beyond mean age of death**

Sofia Luz

*Family Medicine, USF Global, Leiria, Portugal*

Brugada syndrome is a rare autosomal dominant condition that affects about 1 in 2000 individuals in Asia and 1 in 5000 individuals in the rest of the world and is characterized by an elevation of the ST segment in the right pre-cordial leads or, sometimes, in the lower leads (II, III and aVF). For each pregnancy there is 1 in 2 chance the child will inherit the gene fault having a parent affected by Brugada syndrome. Its presentation is chronic. Usually patients die young from a fatal arrhythmia. First presentation can be cardiac arrest. Patients with this syndrome may also present with heart palpitations, syncope and nocturnal agonal respiration. We herein report a rare case of a 42 year old caucasian man with Brugada syndrome who survived beyond the average age of death of those affected by this cardiac pathology. EKG and 24 hour-EKG monitoring revealed electrocardiographic anomalies compatible with Brugada syndrome after complaint of heart palpitations. The patient was diagnosed by the family doctor and was referred to a Cardiology consult. In spite of being a very specific and rare disorder, it is of extreme importance both the pre-hospital diagnosis and care and post-hospital follow up by the primary physician since most patients are not given any treatment and even a low grade fever from common infection can trigger a cardiac arrest, especially in children.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 1308**

### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

### **Presentation form / Präsentationsform**

ePoster

## **New guidelines for dyslipidemia in diabetic patients: Where are we? – study about the therapeutic adequacy in a patient list**

Ana Margarida Gonçalves, André Rainho Dias, Joana Palhota Antunes, Nadina Sousa, Denise Alexandra  
*USF Santiago, Leiria, Portugal*

**Background:** Diabetes requires reduction of risk factors besides glycemic control. Diabetics are classified as high or very high cardiovascular risk (CVR) patients.

In 2019 European Society of Cardiology (ESC) revised their guidelines about lipid control, updating LDL target values to <55mg/dL, if very high CVR, and <70mg/dL, if high CVR.

**Aim:** To determine achievement of LDL target value according to CVR category in a diabetic population.

**Methods:** Cross-sectional study. Characterization of diabetic patients of a patient list according to age, sex, CVR, LDL target value (ESC 2019) and hypolipidemic treatment. Data collection: November 2019, patients



## Core Values of Family Medicine: Threats and Opportunities

coded with T89 (type 1 Diabetes) and T90 (type 2 Diabetes) (ICPC-2). Software: MIM@UF; Scĺnico; SPSS22.0®; Microsoft Office Excel®.

**Outcomes:** Total 85 patients, 54,1% female, average age 66 (40-88). 25 (29,4%) had very high CVR ( $\geq 10\%$ ) and 60 (70,5%) had high CVR ( $\geq 5\% - < 10\%$ ). 53 (62,4%) presented LDL above target. In very high-risk patients, 21 (84%) had LDL above target. 45 (52,9%) treated with an average potency statin, 29 (34,1%) with a high potency statin, 3 with statin+ezetimibe, 1 with ezetimibe and 7 with nothing.

**Discussion:** Most (62,4%) presented LDL values above recommended. Only 34,1% were being treated with a high potency statin showing that we may yet intensify treatment. Considering 2019 ESC guidelines did not give enough time to adjust treatments and reassess LDLs. With previous guidelines, a smaller proportion, 30,6%, had LDL above recommended value. We plan to reassess after improvement of care.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 1342

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

#### Presentation form / Prasentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Investigation of nutritional habits and related factors of adults, a rural area sample from Turkey

Duygu Ayhan Bařer<sup>1)</sup>, Murat evik<sup>2)</sup>, zge Mihci<sup>1)</sup>

<sup>1)</sup>Family Medicine, Hacettepe University Faculty of Medicine, Ankara, Turkey

<sup>2)</sup>family medicine, Gdl Family Health Center, ANKARA, Turkey

**Background:** Diseases are rooted in individuals' unhealthy behaviors and habits, this applies particularly to rural areas which are economically, socially and educationally backward.

**Questions:** What are the nutritional habits and related factors of adults in rural sample?

**Methods:** Descriptive research was carried out between September 1, 2019-December 30, 2019, on individuals over 18 years of age living in a rural area. 876 people were asked to conduct a survey; 355 people agreed to participate. Survey form consists of 27 questions.

**Outcomes:** 66.8% of participants were women; 42.6% of them are in normal BMI; 22.8% of them are obese. Bread, cereal and oil were the most frequently consumed food groups. 3.73% of the participants consumed all nutrients in the 4 main food groups regularly every day. 47.1% of them consumed regular breakfast every day; 60.6% of them consumed regular lunch every day; 64% of them consumed regular dinner every day; 28.9% stated that they consume 3 main meals regularly. 54% of the participants thought that they do not have adequate and balanced nutrition; 55.6% of them eat their food at normal speed.

**Discussion:** In this study it was seen that the participants do not have a regular and adequate nutrition profile and that they did not exhibit healthy living behaviors.

**Take Home Message for Practice:** Raising awareness of the society in this regard can make a great contribution in preventing many chronic diseases.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 1350

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten



## Presentation form / Präsentationsform

Lecture / Vortrag

### An insight into life with Down Syndrome

Małgorzata Podstawka, Maria Malarska

*Clinical genetic, Medical University of Lodz, Łódź, Poland*

The aim of this research was to assess the situation of patients with Down syndrome in Poland, to examine the role of antenatal diagnostics (especially genetic tests), to gain an insight into the organization and quality of life of patients in Poland and to orient future study on topics requiring special attention.

The study was completed via online survey, which was filled by 223 parents of patients with Down Syndrome, who were of different age, level of education and residence. The results were analyzed and compared using statistical tests.

The results revealed that among 200 respondents most of whom were women (95%), mean age 30, 69.5% learnt about the condition of their children only after they were born. What is more, of those whose child was suspected to be affected during pregnancy only 50% conducted further medical diagnostic test recommended by a doctor, other than USG. Additionally, 50% claims that they do not get appropriate medical service and that medical staff seems to not be equipped with appropriate measures and knowledge to deal with patients with Down Syndrome on a daily basis.

Patients with Down Syndrome require constant care, medical attention from doctors of different specialization and help in their educational development. Society should be adjusted to enable these patients to grow, yet they often meet with mistreatment.

Further research on genetic diagnostics, implications and treatment is needed.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 1354

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

#### Presentation form / Präsentationsform

Lecture / Vortrag

### A biographical approach of patients consulting in infectious diseases ward for suspicion of "chronic" Lyme disease

Romain Lutaud

*Family Medicine, Aix-Marseille University, Marseille, France*

Lyme disease is nowadays the subject of controversy. Doctors and patients are demanding recognition of a chronic form of the disease. To date, however, there is no human study that allow a precise definition and precise diagnostic criteria for Post-Lyme syndrome.

The objective of our research is to describe the uncertain diagnostic pathways of patients consulting for suspected Lyme disease.

This is a descriptive study of a prospective single-center cohort of 30 first patients consulting for suspected Lyme disease in the infectious diseases department of the University Hospital in Marseille. Inclusion criteria were: subjective symptoms for > 6 months with negative Lyme serology, and no clinical or para-clinical argument for current or treated Lyme disease.



The patients' life stories were collected using a biographical approach using the life-calendar method in order to accurately and dated the sequence of events along the medical history.

The strength of our study is based on original results: a high level of conviction associated with the misdiagnosis of chronic Lyme observed in pathways not coordinated by a physician kept patients in a diagnostic impasse.

The patient, who is now an actor in the diagnostic investigation, testifies to a form of failure of evidence-based medicine to manage symptoms that it does not explain (medically unexplained physical symptoms).

The "Lyme moment" illustrates a reversal of the clinical medicine model: physicians are now confronted with patients producing diagnoses.

As part of their clinical training, future physicians should be made aware of the recognition of patient diagnostic knowledge forms.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 1356**

### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

### **Presentation form / Präsentationsform**

ePoster

### **Prevalence of depression in type 2 diabetes mellitus**

Ana Esteban Flores, Esteban Jodar Gimeno, Ana Maria Cebrian Cuenca, Diego Roldan Lafuente, Maria Isabel Vargas Lopez, Juana Flores Torrecillas, Marta De La Fuente Lopez

*General Practitioner, Servicio Murciano de Salud, Cartagena, Spain*

### **Background:**

Diabetes mellitus and depression are two chronic diseases with an important social and medical impact. There is probably a bidirectional relationship between them, although there are very few studies to sustain this. Using the validated questionnaire Beck's Depression Inventory (BDI) will help determine the real prevalence of this mental illness between diabetic patients.

### **Questions:**

The main objective is to estimate the prevalence of depression between type 2 diabetes mellitus patients. The secondary objectives are evaluating the glycemic control and other metabolic factors, the differences between clinical and analytical parameters in type 2 diabetes patients with or without depression.

### **Methods:**

We present a cross-sectional observational descriptive study where 69 patients with type 2 diabetes were included. Patients were recruited from the outpatient clinic of endocrinology at our hospital, to whom the BDI questionnaire was administered. Anthropometric measures and blood test were taken. The average age of the patients is 68.

### **Outcomes**

20.27% of the studied patients presented alterations on their mood, from slight alterations to severe depression. A tendency was found in the group with BDI >8, present lower blood pressure, worse glycemic and lipid control, and were younger than the other group. One of every five patients with diabetes presented a diagnostic of depression.

### **Discussion:**

The results are fundamental to a better understanding and approach of these two diseases, which should be treated as a whole.



## Take Home Message for Practice:

Beck Depression Inventory is a useful tool that should be used by the general practitioners.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1384

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

#### Presentation form / Präsentationsform

ePoster

### RESIST - a look into Resistant Hypertension

Maria Espírito Santo<sup>1)</sup>, Joana Magalhães<sup>2)</sup>, Ana Sofia Rijo<sup>3)</sup>

<sup>1)</sup>USF Arte Nova, São Bernardo, Portugal

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<sup>3)</sup>USF Terras de Antua, Estarreja, Portugal

**Background:** Resistant hypertension (RH) is the inability to achieve normal blood pressure (BP) values in patients treated with 3+ drugs. Studies suggest that 12-17% of patients with hypertension have resistant hypertension and they have a 47% higher risk of negative outcomes.

#### Questions:

- 1) Study the prevalence of RH in our population.
- 2) Determine the prevalence of characteristics associated with RH

**Methods:** Sample of hypertensive patients who had an appointment related with hypertension. Data collected: gender, age, race, body mass index, smoking habits, clinical BP measurement, medication, comorbidities (diabetes, dyslipidemia, chronic kidney disease (CKD), cardiovascular disease (CVD), target organ damage) and cardiovascular risk (SCORE scale).

**Outcomes:** N=360. 55% females, median age 68y (32-95y). 30.3% had uncontrolled hypertension (59.6% of these were not under optimal therapy); 19.4% had RH. We found a statistically significant correlation between RH and age >75y, CKD and CVD.

**Discussion:** The prevalence of RH in our study is similar to other studies. The correlation between RH and CKD and CVD increases the importance of targeting hypertension in these patients. The correlation between RH and age reinforces the importance of paying special attention on our elderly. Most patients with uncontrolled hypertension were not on optimal therapy which means they were at higher risk and need more tight control.

**Take Home Message for Practice:** The role of family doctor is crucial in promoting the best health lifestyles and in the timely diagnosis and treatment of these patients, which will have an impact on their health

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1391

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

#### Presentation form / Präsentationsform

ePoster



## Therapeutic revision in diabetes and obesity

Mariana Santos, Beatriz Meneses

*ARS Centro - SNS Portugal, Leiria, Portugal*

**Background:** Diabetes and obesity are two very important and concerning diseases that are usually present in the same patient. A lot of drugs including anti-diabetic medication have some effect on weight. Knowing these effects, allows the doctor to choose drugs that can help maintain or lose weight, so that they don't aggravate an already important cardiovascular risk factor.

**Questions:** To identify drugs that can cause weight gain in diabetic patients with obesity at our Family health unit.

**Methods:** Analytical, observational and retrospective study. The sample included patients of our Family Health Unit which were both diabetic and obese in August of 2017. Patients with no consultation on the unit since August 2016 were excluded. The list of patients was obtained from the database MIM@UF. Variables studied: age, gender and chronic medication. The individual clinical files were evaluated and the obtained data was analysed using Excel.

**Outcomes:** The sample included 164 patients. The mean age was 65 and 56,1% were males. 35.37% were medicated with drugs that could enhance weight gain. The most prescribed drug was gliclazide (45.45%) and then insulin (27.27%).

**Discussion:** A lot of these patients were medicated with drugs that can increase weight and worsen obesity. It is important to be aware of these situations so we could think of other equally effective alternatives that don't aggravate concomitant chronic diseases.

**Take Home Message for Practice:** Evaluate carefully all your patient medication because some side effects can worsen other conditions.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1463

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

#### Presentation form / Präsentationsform

Lecture / Vortrag

## Medication and healthcare utilisation of patients one year after myocardial infarction – healthcare utilisation of patients not receiving preventive medication

Raven Ulrich, Christoph Heintze, Wolfram Herrmann

*Institut für Allgemeinmedizin (Institute of General Medicine), Charité, Berlin, Germany*

**Background:** After myocardial infarction (MI), guidelines recommend four drug groups for prevention if not contraindicated (ACE-Inhibitor, beta-blocker, statin and antiplatelet agent including ASA). Poor pharmaceutical prevention after MI is related to higher mortality.

**Question:** How do patients who receive none of the recommended drug groups one year after MI use the healthcare system?

**Methods:** A claim data analysis of 500.002 insured persons in Germany's largest health insurance fund ("AOK"). We included 2.352 patients who had a MI in the years 2013 or 2014 and survived the fourth quarter after MI and were insured. We identified those patients who did not receive preventive medication in the fourth quarter after MI by using the ATC-Codes. In addition to the patient characteristics, we analysed the contacts to several healthcare providers.



**Results:** While nearly every patient with a survived MI visited the general practitioner (GP), only 24% received all four drug groups and every tenth patient was not receiving any of the 4 recommended drug groups one year after MI. We identified 237 patients after MI who did not receive any of these four drug groups. These patients were more likely to be younger and male. 189 patients visited a GP, 33 a cardiologist and 46 had an in-hospital stay.

**Discussion:** 80 % of patients who were not receiving any medication for prevention after MI visited, however, the GP.

**Take home message:** GPs should identify those of their patients who have had a myocardial infarction but do not receive any of the recommended medications.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1420

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Prevalence of neuropathic pain in diabetic patients: case series of a family health unit.

Francisca Mendes, Joana Sousa, Filipa Alves, Mariana Barreto, Rafael Henriques, Rui Grandão

*USF BRIOSA, Coimbra, Portugal*

**Background:** Type 2 diabetes mellitus (T2DM) represents one of the most prevalent chronic diseases in the world. The prevalence in Portugal is estimated at 13.3%. For its best treatment and morbidity prevention, the involvement of health professionals, patients and their families is mandatory. Early diagnosis of neuropathy is an integral part of good practice when it comes to monitoring T2DM.

**Aim:** To know the prevalence of neuropathic pain in the diabetic population at a family health unit.

**Methods:** Unicenter, observational and cross-sectional study. T2DM patients aged 18 years or older who resort to cardiovascular risk consultation from October 2019 to January 2020. Data was collected through the completion of the Portuguese version of the Neuropathic Pain Questionnaire (DN4), by interview and research in the clinical process. Variables: age, gender, race, time since diabetes diagnosis, DN4 questionnaire. Data analysis was performed using Microsoft Office Excel®.

**Outcomes and discussion:** We collected data from 60 patients. 63,3% had some alteration on the questionnaire performed. The most prevalent symptom was numbness with 38,3% of patients mentioning it. According to DN4 criteria there were 7 patients with 4 or more symptoms evaluated through the questionnaire, leading to an estimated prevalence of neuropathic pain in 11.6% of the diabetic population studied.

**Take home messages:** When it comes to T2DM morbidity, prevention is the key to success. If we correctly monitored our patients, they will be able to manage their disease, in a way that its progression is retarded so that their health quality is maintained.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1483

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform



ePoster

## ADHS – (k)ein Thema für den Hausarzt?

Thomas Wirth<sup>1)</sup>, Kirsten Stollhoff<sup>2)</sup>, Jürgen Fleischmann<sup>3)</sup>

<sup>1)</sup>niedergelassen als Allgemeinarzt, Ludwigsburg, Germany

<sup>2)</sup>niedergelassen als Kinderneurologin, Hamburg, Germany

<sup>3)</sup>niedergelassen als Kinder- und Jugendarzt, Sinzig, Germany

Wie Familienmedizin die Gesundheit von ADHS-Betroffenen verbessern kann.

Erfahrungsberichte, Tipps und Diskussionen von und mit erfahrenen Allgemeinmedizinern und niedergelassenen Pädiatern.

Was wird geboten?

- ein aktueller Blick auf die Aufmerksamkeitsdefizit-Hyperaktivitätsstörung
- warum ADHS Behandlung eine Domäne der Familienmedizin ist
- rechtliche Rahmenbedingungen
- praktische Erfahrungen und Abrechnungshinweise aus einer allgemeinmedizinischen Praxis mit Schwerpunkt „ADHS“
- Die Hausarztbroschüre des Expertenrats: Fachwissen und praktische Tipps für den Umgang mit ADHS Patienten und ihren Familien

Die Vortragenden sind Mitglieder im „Expertenrat ADHS“ einem Zusammenschluss von Ärztinnen und Ärzten unterschiedlicher Fachrichtungen, sowie Expertinnen und Experten aus den Bereichen Selbsthilfe und Medien, die ihre große praktische Erfahrung im Umgang mit den vielfältigen Problemen des ADHS-Bereichs eint. Wir wollen unsere Erfahrungen aus der Praxis als „best clinical practice“ mit den evidenzbasierten Studien der universitären Medizin zusammenbringen. Klinische Studien haben ihren Sinn, lassen sich aber selten auf die Behandlungsrealität übertragen, weil unsere Patienten aus klinischen Studien oft ausgeschlossen werden. Sie haben Komorbiditäten, sind bereits vorbehandelt oder passen nicht in die gängigen Therapieschemata. Eine gute Medizin darf aber auf das empirische Wissen der niedergelassenen Ärzte nicht verzichten.

Wir wollen die Versorgung, insbesondere von erwachsenen Patienten mit ADHS, aber auch von betroffenen Familien in allgemeinmedizinischen Praxen diskutieren und Vorschläge zur Verbesserung der Versorgung erarbeiten.

Wir freuen uns auf einen guten Erfahrungsaustausch mit den Teilnehmern!

Conflict of interest / Interessenkonflikte

yes / ja

**Contribution ID: 1459**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

ePoster

## Does alcohol and caffeine really matters?

Carlos Martins, Andreia Lobo

USF Cruz de Celas, USF Cruz de Celas, Coimbra, Portugal

**Introduction:**

[CONTENT](#)

[www.familydoctoreurope2020.org](http://www.familydoctoreurope2020.org)



Organized by  
DEGAM (WONCA Member)





Urinary incontinence is defined as involuntary loss of urine. It is a common pathology, which in many situations causes social embarrassment, and consequently impact on daily life activities. Numerous risk factors for the development and maintenance of urinary incontinence are described, including consumption of alcohol and caffeine.

### **Objectives:**

To verify the impact of coffee drinking and alcohol habits on urinary incontinence.

### **Methodology:**

Descriptive, observational and cross-sectional study. Random sample with from the population of users of a Family Health Unit, coded in U04 International Classification in Primary Care on the problem list.

### **Results:**

139 clinical files analysed: 92% (n=127) were female and 7% (n=11) male, with a mean age of 66,5 years. 75.55% (n=105) had no alcoholic habits, and the average of individuals who consumed alcohol was 6.5 g/day. 23.9% (n=33) denied daily coffee consumption, and the average of coffee drinkers was 0.62 coffees/day.

### **Discussion:**

Corroborating the literature, urinary incontinence is more prevalent in females. Caffeine consumption, due to its diuretic effect and instability in the detrussor muscle, can cause involuntary loss of urine. Alcohol also adds a muscle relaxing effect which contributes to this problem. From the results presented, it was not possible to associate these habits with the problem under discussion. Such results may be inferred from the limitations of a retrospective study by consulting clinical records. The relevance of this issue is related to the need to minimize the current negligence regarding the risk factors of urinary incontinence, and to promote an early diagnosis.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 1479**

#### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

#### **Presentation form / Präsentationsform**

State of the art session

### **General practitioners' attitudes on peer support programs for patients with diabetes mellitus and coronary heart disease – A web-based survey**

Khalid Majjouti<sup>1)</sup>, Anika Thielmann<sup>1)</sup>, Christian Funke<sup>2)</sup>, Frank Vitinius<sup>3)</sup>, Lisa Giesen<sup>4)</sup>, Helene Könnecke<sup>4)</sup>, Martina Hessbruegge-Bekas<sup>5)</sup>, Friederike Frank<sup>6)</sup>, Inés van der Arend<sup>6)</sup>, Larisa Pilic<sup>7)</sup>, Stefan Wilm<sup>2)</sup>, Stefan Gesenhues<sup>5)</sup>, Nicole Kuth<sup>6)</sup>, August-Wilhelm Bödecker<sup>7)</sup>, Stephanie Stock<sup>4)</sup>, Birgitta Weltermann<sup>1)</sup>

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<sup>3)</sup>Department of Psychosomatics and Psychotherapy, University Hospital of Cologne, Cologne, Germany

<sup>4)</sup>Institute for Health Economics and Clinical Epidemiology and Clinical Epidemiology, University Hospital of Cologne, Cologne, Germany

<sup>5)</sup>Institute for General Medicine, University Hospital Essen, University of Duisburg-Essen, Essen, Germany

<sup>6)</sup>Teaching Area General Medicine, RWTH Aachen University, Aachen, Germany

<sup>7)</sup>Teaching Department of General Practice, University Hospital of Cologne, Cologne, Germany



**Background:** Type 2 diabetes and coronary heart disease are chronic diseases, which can be treated successfully by behavioral changes. Peer support can improve self-management and quality of life. To reach more patients in the target population and to strengthen the sustainability of peer support, so-called 'peer support programs (PSP)' were developed. Preparing for a PSP in the German North-Rhine region, a survey among general practitioners (GPs) will obtain their attitudes at an early stage.

**Question:** To describe GPs attitudes regarding PSP and to identify potential barriers and facilitators regarding implementation.

**Methods:** An anonymous web-based questionnaire survey will be performed among 500 randomly selected GPs from the North-Rhine region. The questionnaire will describe details of peer-support programs and address issues related to the GPs' role: e.g., which patients they might consider for the program, which kind of patients they might approach to become peer-support leaders, how to best match support leaders and patients, how a peer-support program might interplay with their professional patients' care. Data will be analyzed using SPSS and qualitative analysis.

**Results:** The survey will be performed in spring 2020. Results will be presented at the conference.

**Discussion:** To our knowledge, this is the first survey among German GPs on PSP. The results will support the development of the program, e.g., how to best approach GPs for the support of PSP and how to develop standardized recruiting strategies for peer support leaders.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1488

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### A hurricane called Lupus and primary care management

Joana Veloso Gomes<sup>1)</sup>, Filipa Henriques da Silva<sup>2)</sup>, Tiago Simões<sup>1)</sup>

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<sup>2)</sup>USF Albufeira, ACES Central, ARS Algarve, Albufeira, Portugal

**Didactic Method:** powerpoint. **Presented problem:** Systemic Lupus Erythematosus is a complex, autoimmune disease with intermittent periods of relapse and remission. The family doctor (FM) must be informed about the epidemiology and consequences of this autoimmune disease, according to with the characteristics of its users. SLE is higher in women. Pregnancy in women with Lupus is associated with an increased risk of maternal and fetal morbidity and mortality. **Management and outcome:** 30-year-old woman, no children. Begins progressive picture of myalgias and arthralgias, generalized. An analytical study was requested. The patient was informed about a possible diagnosis of SLE. She goes to the Emergency Department because of sudden appearance of a maculopapular rash in the posterior region of the dorsal and lumbar spine. The diagnosis of SLE is confirmed. She is fired from her job. A year later, she is hospitalized again, due to multisystemic disease. She continues to visit the FM regularly. She was advised to avoid pregnancy at this stage. This year she was hospitalized with a new lupus flare and a new therapeutic readjustment was made. **Discussion:** FM assumes an increasingly important role in the timely diagnosis and overall management of patients with SLE. Due to its variable course, the SLE requires that the FM carries out regular clinical and laboratory monitoring, therapeutic guidance to control symptoms, promotion of adherence and assessment of possible side effects of therapy, and coordination with secondary health care. **What can we**



**learn from this?** How can FD improve their skills to recognize early symptoms and manage SLE? How can we minimize the psychological and social impact of SLE in primary care setting?

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1497**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

ePoster

**Management of premature auricular and ventricular contractions in primary care setting**

Virgínia Martins Rodrigues<sup>1)</sup>, Daniela Marques<sup>1)</sup>, Ana Paula Oliveira<sup>2)</sup>, Luisa Fonte<sup>3)</sup>

<sup>1)</sup>USF de Ronfe, Guimarães, Portugal

<sup>2)</sup>USF Serzedelo, Guimarães, Portugal

<sup>3)</sup>USF Ponte, Guimarães, Portugal

**Background/Questions:** It is important for clinicians to recognize that asymptomatic arrhythmias may require a detailed evaluation and treatment. Premature auricular contractions (PAC) used to be considered benign. Today, it is known that it may be an independent risk factor for atrial tachycardia or fibrillation. Premature ventricular contractions (PVC) may be found in healthy individuals, but some studies have shown an association with underlying cardiovascular disease. Hence, it is important to adopt a systematic approach in diagnosing and treating these entities.

**Methods:** Review of the literature in PubMed database and European Society of Cardiology guidelines, in the last 10 years, using Mesh terms "arrhythmia", "premature auricular contractions" and "premature ventricular contractions".

**Outcomes/Discussion:** It is important to exclude that these abnormalities are not caused by ionic or thyroid function changes. There is no absolute threshold of the number of PAC and PVC that can be used as a cut-off for underlying disease and hence should trigger further investigations. Patients with more than 500 PAC in 24 hours on Holter monitor should undergo further evaluation for possible AF, including more detailed or prolonged rhythm monitoring. The same threshold applies to PVC. Patients with more than 500 PVC in 24h, should be referred to a specialist for further evaluation to rule out any underlying structural, ischaemic, or electrical heart disease. If the previous study is negative, the presence of symptoms or a high extrasystoles burden seem to be plausible reasons to start pharmacologic treatment or even referring the patient for cardiac ablation.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1498**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

ePoster

**Pileoleiomyoma: case report**

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<sup>1)</sup>USF Planície, Évora, Portugal



<sup>2)</sup>USF Alcaides, Montemor-O-Novo, Portugal

The piloleiomyoma is a benign skin tumor that originates from smooth muscles of the arrector pili muscle. Piloleiomyomas are more common between the second and fourth decades of life and can affect both sexes. They may be solitary or multiple and present as dermal papules or nodules, varying from skin-colored to reddish-brown lesions over the extensor surface of the extremities, trunk, face, and neck. It is often associated with spontaneous or induced pain, especially by cold, winter or friction. The treatment of choice is surgical excision. The medical line of treatment has a limited role to play, but calcium channel blocker, phenoxybenzamine, and gabapentine can be used to control pain.

Woman, 45 year old, kindergarten assistant, previously healthy. The patient presents with brown lesions in the back, with gradual increase in quantity. These lesions are associated with pain, mainly related to the cold or stressful situations. On examination, there were grouped brown papules in the upper half of the dorsal region. The patient is referred to a dermatology consult, in which a biopsy is performed, with the diagnosis of piloleiomyoma. Due to the extension of the lesion surgery is not recommended and she is referred to Pain Consultation, for symptomatic management, and advised to avoid the cold. She is prescribed gabapentin and nifedipine that relieved the pain but caused severe hypotension. The nifedipine is then replaced by an opioid (oxycodone) with modest results.

Piloleiomyoma, although uncommon and benign, can have a big impact on the quality of life.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1514

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Workshop

### Carbohydrate count in diabetes mellitus

Sofia Morgado<sup>1)</sup>, Alexandra Rocha<sup>1)</sup>, Helena Lage<sup>2)</sup>, Helena Brandão<sup>3)</sup>, Mariana Barreira<sup>1)</sup>, Ana Teles<sup>1)</sup>

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<sup>2)</sup>UCSP Baixa da Banheira, ACeS Arco Ribeirinho, Moita, Portugal

<sup>3)</sup>USF Lagoa, ACeS Matosinhos, Porto, Portugal

**Background:** Diabetes Mellitus is a chronic metabolic disease characterized by altered glycemic regulation, greatly influenced by the intake of carbohydrates present in the diet. Carbohydrates are the main nutrient that affects the postprandial glycemic response. Thus, nutritional planning, namely the carbohydrate count, is an important strategy in the management of Diabetes Mellitus.

**Target Group:** all health professionals involved in chronic disease management, such as Diabetes Mellitus.

**Didactic Method:** brief presentation about the disease, the interference of carbohydrates in glycemic levels and the repercussion of food on management and therapy. Three practical learning and training stations for counting carbohydrates in different foods and different portions, reading food labels and counting from recipes and healthy choices for snacks.

**Objectives:** practice/learn how to count carbohydrates. Provide the necessary tools for health professionals to give good nutritional counseling to their patients, as well as quality education for self-management of the disease.

Estimated number of participants: maximum 15.



Brief presentation of the workshop leader: Sofia Morgado, Alexandra Rocha and Helena Lages are portuguese doctores in their 2nd year of internship in general and family medicine. They love what they do and they are always eager to know more. And what is the best way to learn if not from colleagues?

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 1582**

### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

### **Presentation form / Präsentationsform**

Lecture / Vortrag

### **Referral criteria for chronic kidney disease - implications for patient management and healthcare expenditure**

Gesine Weckmann<sup>1, 2)</sup>, Simone Kiel<sup>2)</sup>, Jean-François Chenot<sup>2)</sup>, Sylvia Stracke<sup>3, 4)</sup>, Aniela Angelow<sup>2)</sup>

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<sup>4)</sup>KfH Renal Center, Greifswald, Germany

### **Background:**

Chronic Kidney Disease (CKD) has an age-dependent prevalence of 10% in adults. The majority of CKD patients are treated in general practice. International guidelines differ substantially in recommendations regarding referral to nephrology services.

### **Questions:**

How would implementation of different guideline referral criteria influence the number of subjects referred and cost generated.

### **Methods:**

Clinical and billing data of the population based cohort Study of Health in Pomerania (SHIP-2) were analysed to estimate the portion of subjects meeting the referral criteria and referral cost of 4 clinical guidelines: Kidney Disease Improving Global Outcome (KDIGO), National Institute of Health and Care Excellence (NICE), German Societies of Nephrology (DGfN) and Internal Medicine (DEGIM), German College of General Practitioners and Family Physicians (DEGAM).

### **Results:**

Data of 1854 subjects (56% female; age M = 59, SD = 13) were analyzed. 9% (165/1854) had GFR<60ml/min, while 2,5% (37/1854) of subjects had GFR<45ml/min. KDIGO referral criteria were met by 13,5% (249/1850) of subjects, age 70+: 26,7% (122/457); NICE: 8,8% (163/1850), 70+: 20,8% (95/457); DGfN/DEGIM: 12,0% (222/1850), 70+: 28,9% (132/457); DEGAM 3,8% (70/1850), 11,8% (54/457).

Estimated cost for implementing these criteria varied between 2.014.304 € (KDIGO) and 527.960€ (DEGAM) based upon a population of 1,2 million (1184048), receiving a singular consultation, excluding diagnostic tests like laboratory tests and imaging.

### **Conclusions:**

Implementation of the recommendations of the newly published German DEGAM guideline can result in significant reductions of overtreatment and healthcare cost while preserving quality of care.

Conflict of interest / Interessenkonflikte



no / nein

## **Contribution ID: 1522**

### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## **Evidence of angiotensin converting enzyme inhibitors and angiotensin receptor blockers in the prevention of episodic migraine**

Catarina Ramos Rodrigues<sup>1)</sup>, José Augusto Santos<sup>2)</sup>, Sara Carneiro Alves<sup>3)</sup>, Adriana Moura<sup>4)</sup>

<sup>1)</sup>USF Eça de Queirós, Póvoa de Varzim, Portugal

<sup>2)</sup>USF Navegantes, Vila do Conde, Portugal

<sup>3)</sup>USF Corino de Andrade, Póvoa de Varzim, Portugal

<sup>4)</sup>USF Casa dos Pescadores, Póvoa de Varzim, Portugal

**Background:** Migraine is a common and disabling disease. Current treatment is often unsatisfying because of the lack of results and side effects. Angiotensin converting enzyme inhibitors and angiotensin receptor blockers are generally well tolerated and their ability on altering sympathetic tone and proinflammatory markers may indicate a potential role in the treatment of this disease.

**Question:** What is the evidence of angiotensin converting enzyme inhibitors and angiotensin receptor blockers comparing to placebo in reducing the frequency of symptoms in episodic migraine?

**Methods:** We designed an evidence based review. Level of evidence and strength of recommendation were assigned based on Strength Of Recommendation Taxonomy (SORT). On december 2019, we searched for guidelines, systematic reviews, meta-analysis and randomized controlled trials using the following key-words: "migraine", "prevention", "angiotensin ii type 2 receptor blockers" and "angiotensin converting enzyme inhibitors".

**Outcomes:** We identified 62 articles, which were independently evaluated by the authors. For this review, we selected 9 articles.

**Discussion:** Candesartan and lisinopril were the more studied substances. They significantly reduced migraine episodes and they were well tolerated. There are other substances with potential benefits, but more studies are needed.

**Take-home messages:** The evidence showed that candesartan and lisinopril may be a treatment option for reducing frequency of symptoms in episodic migraine (SOR B).

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 1530**

### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## **Malnourishment amongst COPD patients**

Carla Matos

*USF Ramalde, Matosinhos, Portugal*



## Background:

Malnutrition is a common finding amongst patients with chronic obstructive pulmonary disease (COPD) and directly related to adversely affecting disease progression and prognosis. Nutritional supplementation is recommended in GOLD 2019 for malnourished COPD patients, improving respiratory muscle strength and health status.

## Questions / Discussion Point:

A cross-sectional study was performed to characterize a population of DPOC patients regarding anthropometric and nutritional assessments, and the prevalence of malnutrition. As a secondary objective, the association between malnutrition and disease severity was studied.

## Content:

The inclusion criteria were: patients from USF Ramalde, diagnosed with DPOC, older than 65 years old; exclusion criteria: not having a diagnostic spirometry registered or not willing to participate in the study. 98 patients met the criteria and were selected. Anthropometric and nutritional assessments were performed in all the patients by using the MNA (Mini Nutritional Assessment). These were stratified as presenting with normal nutritional status, at risk of malnutrition or malnourished. COPD severity was determined using the Global Initiative for Chronic Obstructive Lung Disease criteria, and the correlations between nutritional status and disease severity parameters were measured. The prevalence of malnourished COPD patients was 15%. FEV1 values were significantly lower in patients with malnutrition; dyspnea symptoms and exacerbation number in the last year were higher.

## Take Home Message for Practice:

Malnutrition is a frequent problem amongst COPD sufferers, affecting the overall thriving of the patients. Nutritional supplementation in malnourished COPD patients should be implemented, improving health status.  
Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1568

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Lecture / Vortrag

## High adherence observed in users of the medication reminder app mediteo

Alexander Fischer, Gerrit Schumacher, Peter Kumberger, Sven Peter, Daniel Gotthardt  
*Mediteo GmbH, Heidelberg, Germany*

**Background:** Non-adherence is a common obstacle in therapy success, but improving adherence has been shown to be difficult. Mobile applications that remind users about their medication intakes and address motivation represent a novel approach towards higher adherence.

**Questions:** Do users of the medication reminder app mediteo have a higher adherence than non-users?

**Methods:** Based on anonymized and aggregated data from the medication reminder app mediteo, we retrospectively calculated adherence using the number of intakes reported by the user. To allow comparison to reports from previous studies, we excluded users on short-term therapy.

**Outcomes:** The mediteo study cohort consisted of 36,575 users who had on average 3 intakes per day. 75.5% of users were highly adherent, i.e.  $\geq 80\%$  of planned intakes were taken. We identified previous studies that reported adherence based on pharmacy dispensing data and used these as comparison values. The proportion of highly adherent mediteo users was significantly higher than the comparison values for both antihypertensives (83.2% vs. 74.6%;  $p < 0.001$ ) and statins (81.2% vs. 67.6%;  $p < 0.001$ ).



**Discussion:** Our analysis revealed a higher adherence of mediteo users compared to previous estimates of adherence for two medication groups. This warrants further studies among others to measure the effect of mediteo on outcome parameters.

**Take Home Message for Practice:** Medication reminder apps like mediteo are a promising approach to improve adherence in large numbers of patients and, thus, support a continuous, and coordinated patient-centered care.

Conflict of interest / Interessenkonflikte  
yes / ja

## Contribution ID: 1571

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

### Dyspnea and FEV1: relationship in patients with COPD

Enrique Barrueco Otero<sup>1</sup>, Iris Livia Mar Hernandez<sup>1</sup>, Erica Leon Subias<sup>1</sup>, Clara Viñado Mañes<sup>1</sup>, Belen Refoyo Matellán<sup>2</sup>, Danae Comps Almunia<sup>1</sup>, María Cristina González Gimeno<sup>1</sup>, Laura Bernat<sup>1</sup>, Juan José Eito Cuello<sup>1</sup>, Javier Bon Ribera<sup>1</sup>

<sup>1</sup>Salud, Barbastro, Spain

<sup>2</sup>Salud, Huesca, Spain

Dyspnea is the most disabling symptom in COPD patients. The Medical Research Council (MRC) scale is the most used to determine the degree of dyspnea and its impact on the activities of COPD patient's daily life.

**Objective:** To analyze the MRC score of patients diagnosed with COPD who come for review at a pneumology consultation and to relate the results to the severity of the obstruction determined by spirometry using FEV1.

**Methods:** 81 patients (59 men and 22 women), from 50 to 90 years-old, diagnosed with COPD, answered MRC questionnaire and performed a forced spirometry.

**Results:** 19 of the patients had a mild obstruction, 25 moderate, 17 severe and 20 very severe. MRC score ranged from 0 to 4 and was significantly higher ( $p < 0.0001$ ) as the severity of the disease increased. Mean values observed were:  $1.158 \pm 0.765$  in patients with mild obstruction,  $1.560 \pm 0.821$  moderate,  $1.588 \pm 0.795$  severe and  $2.400 \pm 0.940$  very severe.

**Discussion:** Measurement of dyspnea helps setting the effort limitation of COPD diagnosed patients. It is a simple index that correlates with the severity of the disease, although previous studies indicate that its relationship with impaired lung function is weak.

**Conclusion:** The results observed in our study show that MRC score is directly related to the severity of the disease (determined by the degree of obstruction), with significantly higher scores observed (greater limitation on effort) in patients with a higher degree of obstruction

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1575

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster



## Approach of family physicians to familial mediterranean fever disease

Şeyma Handan Doğan, Adem Özkara, Serpil Karamanoğlu, İrfan Şencan, İsmail Kasım, Tarık Eren Yılmaz  
Department of Family Medicine, University of Health Sciences, Ankara City Hospital, Çankaya/Ankara, Turkey

**Background:** Familial Mediterranean Fever (FMF) is an autosomal recessive disease characterized by recurrent attacks of fever and inflammation in the peritoneum, synovium, or pleura, accompanied by pain. Amyloidosis with renal failure is a complication and may develop without crises. If FMF is not treated, amyloidosis develops widely and can have a fatal outcome. Therefore, early diagnosis and treatment is important. In this study, we aimed to determine the approaches of Family Physicians on FMF.

**Question:** Are family physicians' approaches to familial Mediterranean fever disease sufficient?

**Methods:** The research is an observational, descriptive survey study. Survey questions prepared specifically for the research were applied to family physicians in Ankara. Participants were asked about age, gender, occupation, time spent in the profession, encounter with FMF patients, follow-up status, whether there was an FMF patient diagnosed in the family member, information about FMF disease and information about FMF treatment. The results will be evaluated by descriptive and analytical statistical methods

**Outcomes:** The study is ongoing and the findings will be presented during the congress

**Take Home Message for Practice:** It is important for the family physician to know the criteria for FMF and to diagnose the patient early in terms of effective treatment.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 1583

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

#### Presentation form / Präsentationsform

ePoster

## FEV1 and COPD assessment test (CAT): relation between objective and subjective variables in COPD

Enrique Barrueco Otero<sup>1</sup>, Iris Livia Mar Hernandez<sup>1</sup>, Yohana García Carrascal<sup>1</sup>, Guillermo María Castaño Doste<sup>1</sup>, Belen Refoyo Matellán<sup>2</sup>, Danae Comps Almunia<sup>1</sup>, María Cristina Gonzalez Gimeno<sup>1</sup>, Javier Anía Melón<sup>1</sup>, María del Rocio Rodriguez Gonzales<sup>1</sup>, Marta Noguero Pueyo<sup>1</sup>, Manuel Griegal García<sup>1</sup>

<sup>1</sup>Salud, Barbastro, Spain

<sup>2</sup>Salud, Huesca, Spain

One of the most used indexes in the assessment of patients with COPD is CAT questionnaire, a one-dimensional self-administered test. It is an approach with FEV1, exacerbations and comorbidity, to assess the quality of life of patients with COPD

**Objective:** to analyze the score obtained in CAT by patients diagnosed with COPD who come for review at a pneumology consultation and to relate observed results with the severity of the obstruction determined by spirometry.

**Patients and Methods:** 81 patients (59 men and 22 women), from 50 to 90 years-old, diagnosed with COPD, answered CAT and performed a forced spirometry.

**Results:** 19 of the patients included in the study had a mild obstruction, 25 moderate, 17 severe and 20 very severe. The CAT score ranged from 0 to 29 (13.95 ± 6.52); according to these scores, 22 patients had lower impact of the disease on their quality of life (CAT 10) and 59 had a greater impact (CAT 10). The mean



CAT value was  $9.47 \pm 4.63$ ,  $14.32 \pm 4.80$ ,  $12.29 \pm 5.45$  and  $19.15 \pm 7.33$  in groups with mild, moderate, severe and very severe obstruction, respectively.

**Discussion:** CAT is a questionnaire used in clinical practice to determine disease control and disease's impact on the patient's quality of life. Results observed in our study show that the score is directly related to the severity of the disease, with significantly higher scores (worse quality of life) observed in patients with higher degree of obstruction.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1592

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

## Management of chronic obstructive pulmonary disease: New challenges in care and therapeutic education in primary care

Hervás Amparo<sup>1</sup>, Sanchez Ruano Nuria<sup>1</sup>, Gordillo Martin Maria Jose<sup>1, 2</sup>, Colungo Francia Cristina<sup>1, 2</sup>, Garcia Planas Noemi<sup>2</sup>, Sans Corrales Mireia<sup>1</sup>, Paisano Haro Rosa Maria<sup>2</sup>, Sánchez Romero Eva<sup>2</sup>, Cazar Recalde Daniel<sup>1</sup>, Montañola Laia<sup>1</sup>

<sup>1</sup>Family Medicine, Cap Comte Borrell (CAPSBE), Barcelona, Spain

<sup>2</sup>Family and Community Nursing, Primary Care Center Comte Borrell. CAPSBE, Barcelona, Spain

**Background:** In Spain, chronic obstructive pulmonary disease(COPD) in a people>40 years old has a prevalence of 12.4%, with a high impact on morbidity, and health care resources. It is estimated 81.7%of infradiagnostic, low awareness of the disease, especially in the early stages, conditioned by lifestyle changes, prevention, adherence to treatments and improvement of quality of life to delay their progression and exacerbations.

**Questions:** To restructure and homogenize the integral care of COPD as a chronic pathology, in clinical, educational, organizational, service and resource optimization terms without increasing the demand or services for other levels, during the period 2019-2022 in primary care (PC). Design, implement and evaluate a therapeutic education and care program (PAET) in COPD and community awareness.

**Content:** The COPD Chronicity Group is established. Results of identified needs of patient and professional focus groups are evaluated. Review of Clinical Guides, territorial resources, educational materials, health indicators.

June 2019: Design PAET-COPD-Debut, initial intervention during 6 months with continuity of care with PAET-COPD-Follow-up according to degree of severity and multidisciplinary (Intervention >10hr/annual). Characteristics: face-to-face, telephone/telematic, individual and group visits. Time, content, resources, methodology and derivation circuits are structured. Record variables are defined in the medical history and nursing plans. 2020: Consolidate and validate the strategies and implement the PAET-COPD-Debut with the center's management.

**Take Home Message for Practice:** The implementation of the COPD-COPD-Debut in a multidisciplinary manner based on common registries in the PA should structure, standardize care and facilitate professional approach, achieving more homogeneous care and improving health outcomes.

Conflict of interest / Interessenkonflikte  
no / nein



## Contribution ID: 1604

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

## Vitamin D deficiency and type 2 diabetes - is there interconnection?

Victoria Tkachenko, Larysa Beresovska

Department of Family Medicine, Shupyk National Medical Academy of Postgraduate Education, Kyiv, Ukraine

**Background:** Type 2 diabetes is associated with serious health outcomes and increased mortality. The type 2 diabetes' management have improved, but innovative approaches to prevention are needed. There is growing evidence that vitamin D levels may affect on type 2 diabetes course.

**Question:** Is there interconnection between level of vitamin D and development of type 2 diabetes?

**Methods.** A systematic review was conducted, Pubmed, Medline and EMBASE were analyzed for period from inception to 2019. Used keywords were "25 (OH) D", "Cholecalciferol", "25-Hydroxyvitamin D" or "Vitamin D3" in combination with "type 2 diabetes" or "plasma glucose level", "HBA1C", "HOMA-IR" combined in different equations in English, Ukrainian and Russian.

**Results.** 9 cohort studies were found and analyzed. The studies included 23 8,543 participants, age range 30-75 years, in which the development of type 2 diabetes was observed for 22 years. All studies evaluated the impact and status of vitamin D. The consumption of vitamin D >500 international units (IU) / day decreased the risk of developing type 2 diabetes by 13% compared to the consumption of vitamin D of <200 IU/day. Individuals with the highest vitamin D values (> 25 ng/ml) had a 43% lower risk of developing type 2 diabetes (95% confidence interval of 24,57%) compared to those with the lowest vitamin D (<14 ng/ml).

**Discussions.** Available data suggest significant influence of the vitamin D level on the development of type 2 diabetes. But despite this, the topic is not studied and required further careful observation.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1630

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Lecture / Vortrag

## Translation and validation of the Diabetes Self-Management Questionnaire (DSMQ)

Bernadett Márkus<sup>1</sup>, Csenge Hargittay<sup>1</sup>, Barbara Iller<sup>1</sup>, Ilona Oláh<sup>2</sup>, József Rinfel<sup>3</sup>, Péter Torzsa<sup>1</sup>, László Kalabay<sup>1</sup>, Krisztián Vörös<sup>1</sup>

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<sup>3</sup>Department of Primary Health Care, University of Pécs Medical School, Pécs, Hungary

**Background:** self-management plays a significant role in the efficient care of chronic diseases, including diabetes mellitus. An important aspect of long-term care is the education and empowering of patients about self-management. Questionnaires provide useful insights and enable monitoring. The Diabetes Self-Management Questionnaire (DSMQ) by the Research Institute of the Diabetes Academy Mergentheim was designed to offer a practical, validated tool which correlates with HbA1c.



**Aims:** the objective of this study was to translate the original DSMQ into Hungarian language and validate it in the Hungarian primary care setting. Our additional goal was to develop an online version of the questionnaire to provide fast evaluation.

**Methods:** two independent investigators translated the original version into Hungarian, involving a third investigator to synthesize the translations. Two additional investigators retranslated the synthesized version into English to check potential semantic differences.

**Outcomes:** 432 diabetic patients were included in this study (age: 65.4±11.7 ys; T2DM: 94.5%) during their visit to the primary care. Cronbach's alpha showed good reliability ( $\alpha = 0.845$ ). In the group of patients with more strict metabolic control (HbA1c<7,0%) the total DSMQ score was higher ( $p = 0.027$ ). The DSMQ score negatively correlated with HbA1c ( $p<0.05$ ) and BMI ( $p<0.01$ ). Multivariate regression analysis revealed significant correlation between HbA1c and DSMQ, age and intensity of therapy.

**Take Home Message:** the total score of DSMQ showed moderate correlation with HbA1c. The Hungarian translation of DSMQ is a valid, reliable tool to assess and foster self-management activity of patients in the primary care setting.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1632

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

## Prescription of blood glucose test strips - quality improvement project protocol

Pedro Costa Dias, Helena Garcia Fonseca, Joana Teixeira e Silva, Joana Calejo, Bárbara Amorim, Carla Ponte  
*Matosinhos Local Health Unit, Matosinhos, Portugal*

**Introduction/Background:** Diabetes is an important cause of morbidity which affects about 8% of patients of primary health care units in Matosinhos. This disease represents 10% of health costs and nationally 42,8 million euros are spent on blood glucose test strips.

However, for non-insulin treated type 2 diabetics, the determination of capillary blood glucose for a period of 12 months was not superior when compared with the determination of glycated hemoglobin. The imposition of limits for the prescription of blood glucose test strips didn't significantly affect disease control. In Portugal, it is estimated that a rational prescription could represent annual savings of 9.5 million euros. It could be possible to reduce the costs with no associated harm for patients.

**Methods/Aim:** This study aims to improve the quality of blood glucose test strips prescription by 30% for primary care patients in Matosinhos, over a 6 month period. This was accomplished by having: a session in all health units; elaboration of a manual for health professionals; periodic meetings with the coordinators of the primary health care units; development of a leaflet addressed to patients; meetings with sales agents of blood glucose test strips – by December 2019.

**Conclusion:** In order to evaluate the impact of our project, we checked the suitability of the prescriptions by consulting the clinical files of type 2 diabetics seen during the second semester of 2019 and we plan to compare it with the first semester of 2020.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1633



## Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

## Presentation form / Präsentationsform

ePoster

### How to improve the obesity management in primary care?

Victoria Tkachenko, Taisiya Bagro

*Department of Family Medicine, Shupyk National Medical Academy of Postgraduate Education, Kyiv, Ukraine*

**Background:** Obesity is a leader in non-communicable diseases worldwide, leading to a number of complications and significantly increasing the risk of fatalities for patients.

**Question:** how to improve the obesity management in primary care?

**Methods:** systematic review in Pubmed, Medline and EMBASE was conducted about the reasons of fail and successful obesity management for 2009-2019 in English, Ukrainian and Russian.

**Outcomes:** the obesity is complex multidisciplinary problem that needs team care of general practitioner and sociologist, psychologist, psychotherapist, cardiologist, dietician, endocrinologist etc. The studying the issues of stigmatization, mental health disorders, eating behavior, study of the gut microbiota, cultural, religion, family traditions, genetics, hormonal and biochemical spectrum, physical activity etc have to be considered for successful treatment. The main reason of fail obesity management is missing some of these aspects in care. The modern hopeful approach for primary care is motivational counseling as part of patient-centered care, which includes all aspects. But the effective technics or tools for motivational counseling are discussed, the improvement of family doctors' skills is still needed. There are also a lot of barriers for its implementation.

**Discussion:** Despite the large number of studies conducted in various fields of science the obesity management needs improvement with determination of most effective techniques of individualized approach, motivational counseling and tools for general practice, that would prevent the «yo-yo» effect. Our next steps in ongoing study are aimed to assess the barriers and effects of improved techniq of patient-centered motivational counseling with follow up in patients with obesity

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1669

## Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

## Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Management of direct oral anticoagulants before and after procedures

Eduarda Inácio, Inês Guerra, Mariana Capela

*USF Mactamã, Sintra, Portugal*

**Background:** The management of anticoagulation in patients undergoing procedures is challenging. On the one hand the interruption of an anticoagulant before a procedure can transiently increase the risk of thromboembolism. On the other hand the procedures can also increase the bleeding risk that is already elevated in patients undergoing anticoagulation. Direct oral anticoagulant (DOAC) appeared more recently as a new alternative for anticoagulation and therefore little is known about management of DOAC before and after procedures. In primary care this is a common clinical scenario for which best practices are uncertain.



**Target Group:** All family doctors who manage anticoagulated patients.

**Didactic Method:** The workshop will start with a short theoretical presentation of DOAC characteristics and classification of the surgical procedure bleeding risk. Considering both factors, it will be presented a perioperative management strategy that was associated with low rates of major bleeding and arterial thromboembolism. The second part of the workshop will be the presentation and discussion with participants of some example cases that illustrate the decision-making process.

**Objectives:** Improve primary care physician's ability to manage the perioperative anticoagulation schemes. In the end of the workshop the participants must be able to understand the main characteristics of each DOAC and how to interrupt and reintroduce the DOAC before and after procedures.

**Estimated number of participants:** 20

**Brief presentation of the workshop leader:** Eduarda Inácio, junior family doctor from Sintra, Portugal, currently in last year of residency, who has a special interest in cardiovascular area.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1675**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Fibrates in secondary prevention in non-diabetic patients**

Joana Franco, Filipa Granado, Rui Queiroz-Valério

*Reynaldo dos Santos Family Health Unit, Regional Health Administration of Lisbon and Tagus Valley, Póvoa de Santa Iria, Portugal*

Hypertriglyceridemia is an important cardiovascular risk factor especially in high risk individuals. The goal of this evidence-based revision (EBR) is to determine the role of fibrates in cardiovascular risk reduction in non-diabetic patients with established atherosclerotic cardiovascular disease.

We searched articles and randomised clinical trials (RCT) published in the last 5 years in English, Portuguese, Italian, Spanish and Catalan in multiple databases. The keywords were "hypertriglyceridemia", "fibrate" and "cardiovascular disease" both in natural language and using the MeSH tool in the PubMed database. We used the Strength of Recommendation Taxonomy of American Academy of Family Physicians to establish the publications' quality.

We selected a systematic review (SR), an EBR, a post-hoc analysis of a RCT, two guidelines and an ongoing RCT. The post-hoc analysis and the EBR both agreed on fibrates beneficial effect; furthermore, the post-hoc analysis determined a mortality risk reduction. Conversely, the SR didn't agree with this, even if a moderate beneficial effect in preventing cardiovascular events was perceived. The guidelines state that doctors should consider using fibrates combined with statins in high risk patients with triglycerides above 200 mg/dL.

The population included in fibrate clinical trials were considerably heterogeneous. Inclusion of diabetic patients turns extrapolation to non-diabetic patients rather difficult. Guidelines give a higher force of recommendation to life-style changes and supplementation with n-3 fatty acids than to fibrates.

According to the evidence we found, we may allege that fibrates might be effective in lowering cardiovascular risk in high risk patients with hypertriglyceridemia.

Conflict of interest / Interessenkonflikte  
no / nein



**Contribution ID: 1707**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**

Workshop

**Role of primary care and personalized care in the challenge of chronic non-cancer pain management**

Catarina Matias, Inês Caetano

*Faculdade de Ciências da Saúde da UBI; Faculdade de Medicina da UC; USF Coimbra Centro, Coimbra, Portugal*

**Background:**

Chronic pain has a high personal, family and social impact. It has high prevalence (19% in European; 36.7% in Portuguese adults), particularly affecting most vulnerable population (elderly, retired, unemployed and lower educational level).

There is no evidence to support pharmacological treatment's efficacy. Communication and person centered approaches can be a key to address this subject.

**Target Group:**

General practitioners, trainees and medical students.

**Didactic Method:**

Initial approach with the evidence that supports this area, followed by a SWOT analysis to identify the opportunities and the approach of this challenge in primary care.

Next phase: person-centered medicine principles and communication skills will be addressed by role play/dramatization.

**Objectives:**

Understand non oncologic chronic pain treatment conditioning aspects;

Identify primary care based opportunities and possible approach strategies;

Transmit principles of person centered consultation in primary care to general practitioners.

**Estimated number of participants:**

25-30

**Brief presentation of the workshop leader:**

GP since 16.05.2013, currently working at USF Coimbra Centro (Coimbra-Portugal). Organizational and leadership skills during training programme: VdGM's portuguese delegate (2013-2014); VdGM's preconference manager, 2014; member of the organizing committee of 19th WONCA Europe Conference in Lisbon, 2014.

Interested in GP/FM clinical, organizational and research aspects, takes part in medical organization's activities and is one of the UEMO's portuguese delegates.

Invited Assistant in GP/FM at the Faculty of Medicine of Coimbra's University and PhD student at the Faculty of Health Sciences of the University of Beira Interior, with the thesis theme: "Knee osteoarthritis chronic pain treatment in Primary Healthcare".

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1708**

**Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

**Presentation form / Präsentationsform**



ePoster

### Applying of neurometer® for early diabetes mellitus detection in primary care: does location of hypoesthesia matter?

Eglė Kabašinskaitė<sup>1)</sup>, Neringa Borodičaitė<sup>1)</sup>, Irena Žukauskaitė<sup>2)</sup>, Vaiva Strupinskienė<sup>3)</sup>, Antanas Norkus<sup>4, 5)</sup>, Jūratė Pečeliūnienė<sup>1, 6)</sup>

<sup>1)</sup>Vilnius University, Faculty of Medicine, Vilnius, Lithuania

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<sup>3)</sup>Hospital of Klaipėda, Klaipėda, Lithuania

<sup>4)</sup>Lithuanian University of Health Sciences, Kaunas, Lithuania

<sup>5)</sup>The Institute of Endocrinology, Lithuanian University of Health Sciences Kaunas Clinics, Kaunas, Lithuania

<sup>6)</sup>Clinic of Internal Diseases, Family Medicine and Oncology, Santa Clinics, Vilnius, Lithuania

**Background:** Diabetic Peripheral Neuropathy (DPN) is underdiagnosed in primary care (PC). **The aim** of study to discover if hypoesthesia in legs could be related with increased diabetes mellitus (DM) risk in PC.

**Methods:** 66PC patients were evaluated by current perception test with Neurometer®, applying 2000, 250 and 5 Hz frequencies for both legs. Abnormal result was stated if hypoesthesia was at least in one measure. 7 patients had hypoesthesia in left leg (LLH), 10 in right leg (RLH), 9 patients had no hypoesthesia (NOH). FINDRISK questionnaire, varicose veins (VV) anamnesis were collected. For comparison of results Kruskal Wallis, Fisher Exact tests were applied, Spearman correlation calculated.

**Outcomes:** LLH patients had higher FINDRISK results (M=11.0), comparing to RLH (M=6.4) and NOH (M=4.4) groups (p=.024). Their waist circumference more often was abnormal (LLH 85.7% vs., RLH 60%, NOH 11.1%, p=.011) likewise negative DM family history (LLH 85.7% vs.,RLH 10%, NOH 33.3%, p=.008). Spearman correlation revealed that hypoesthesia stated using more frequencies (with all three Hz measures, only two, one or none) in left leg was positively related with higher FINDRISK scores (rho=.458, p=.019) while there was no such correlation in right leg. 85.7% LLH indicated having VV,while 30% did in RLH and 22.2% in NOH groups (p=.023).

**Discussion:** More data are needed to elucidate this correlation.

**Conclusion:** Study suggests left leg hypoesthesia may be related to DM and VV in PC.

**Practical aspects:** Practical measuring adjustment should be applied accordingly when Neurometer® used for DPN in PC.

Conflict of interest / Interessenkonflikte  
no / nein

#### Contribution ID: 1726

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Do family medicine residents correctly refer a migraine to the neurologist?

Angelina Aumala, Eva Maria Calvo Martínez, Silvia Copetti Fanlo, Arannie Stivan Ambrosio, Marta Bandrés Minguenza, Maria Carme Gisbert Revilla, Hadrián Fariña González, Khammi Ibrahim Abdullah, Anna Aymamí Soler, Edelmira Barraquer

Group of headache studies in primary care, Catalan family medicine society, Barcelona, Spain



Migraine is a public health problem affecting 12% of the population. The large majority of patients can be properly controlled by primary care professionals. It is important for training professionals to acquire basic knowledge and skills for proper assessment and follow-up and to be able to refer the neurologist when necessary.

**Targets:** To know in which situations the residents of familiar medicine refer to the neurologists a patient with migraine.

Content: Reference was made from the criteria established in the Catalan Consensus on Migranya. A survey of 4 multiple-choice questions was designed which included consensual criteria interspersed with other situations that often create doubts in consultation.

44 responses were obtained. Year of residence: First: 13, second: 11, third: 8 and fourth: 12.

1st: 52.3% would derive an atypical migraine, 45% in long auras, 77% complicated auras, 56.8% a basilar migraine. They would not derive: 95 % in case of visual aura.

2nd: 47% would derive if frequency increase, 56.8% if crisis intensity increase. 43% in case of migraine and cluster debut and 63% in case of difficulty to withdraw medication. Practically 100% would not derive menstrual migraines, migraines with and without aura and tension headache, 31.8 would derive a secondary headache.

3rd: 70% would derived if unclear headache changes, 60% medication abuse. 9% would derive a chronic migraine.

4th: 38.6% derive a migraine status, 61.4% a sudden onset headache, 88% crisis recurrence.

### Conclusions:

Need for training in migraine

It is important to assess the progressive acquisition of knowledge throughout medical residence.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 1730

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

#### Presentation form / Präsentationsform

Workshop

#### Just breath - a practical and simple asthma workshop

Maria Lucas<sup>1)</sup>, Joana Pinto<sup>2)</sup>, Cristiana Martins<sup>3)</sup>

<sup>1)</sup>USF Afonsoeiro, Montijo, Portugal

<sup>2)</sup>UCSP Montijo, Montijo, Portugal

<sup>3)</sup>UCSP Alcochete, Alcochete, Portugal

**Background:** Asthma is a common and potentially serious chronic disease that imposes a substantial burden on patients, their families and the community. It causes respiratory symptoms, limitation of activity, and flare-ups that sometimes require urgent health care and may be fatal. Fortunately, asthma can be effectively treated, and most patients can achieve good control of their disease. Treatment with inhaled corticosteroid containing medications markedly reduces the frequency and severity of asthma symptoms and markedly reduces the risk of flare-ups or dying of asthma. Treatment should be customized to the individual patient, taking into account their level of symptom control, risk factors for exacerbations, phenotypic characteristics, and preferences, as well as the effectiveness of available medications, their safety, and cost.

**Target group:** All primary care professionals.



**Didactic method:** Workshop based on real-life cases, integrating practical strategies and incorporating the most recent, high-quality and independent evidence available, including meta-analysis and international guidelines on asthma.

**Objectives:** Increase awareness about asthma among health professionals, public health authorities and the community, and to promote a comprehensive and integrated approach to asthma and its comorbidities (including special populations such as the elderly and pregnant, and particular situations such as cough variant asthma, exercise-induced bronchoconstriction...). It also aims to discuss the best therapeutic strategy, both in terms of control of asthma, or in the treatment of exacerbations.

**Estimated number of participants:** 25-30

**Brief presentation of the workshop leader:** Young and dynamic doctor, with a special interest in promoting healthy lifestyles and providing preventive care to vulnerable groups.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1741

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

### "*Silybum marianum*" and its therapeutic effects in hepatic fibrotic chronic diseases

Maycoll Vieira<sup>1</sup>, Catarina Vais<sup>1</sup>, Nádía Lopes<sup>2</sup>, Carolina Sousa<sup>3</sup>, Sofia Resendes<sup>4</sup>, Vanessa Amaral<sup>1</sup>

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<sup>3</sup>Pico's Island Health Unit - São Roque do Pico Health Center, São Roque do Pico, Portugal

<sup>4</sup>Pico's Island Health Unit - Lajes do Pico Health Center, Lajes do Pico, Portugal

### Background:

*Silybum marianum* (Milk Thistle / Silymarin) and its active component Silibinin / Silybin, is an over-the-counter supplement with antioxidant and antifibrotic properties used by many cultures for centuries.

### Question:

Does *Silybum marianum* and its active component (SIL) have any impact in the treatment of hepatic fibrotic chronic diseases in humans?

### Methods:

Evidence-based research using the databases NICE Guideline Finder, UpToDate and Pubmed / Medline (10 years). Query for:

- NICE and UpToDate: "(" silybum marianum "OR silymarin OR silibinin OR" milk thistle ") AND (liver OR hepatic) AND (cirrhosis OR fibrosis) AND (therapy OR therapeutics OR treatment)";

- Pubmed: "(" Silymarin "[Mesh]" AND (" Liver Cirrhosis "[Mesh]" AND (" Therapeutics "[Mesh]"))" "

Articles not focusing on the aim of the review were excluded.

### Outcomes:

Two UpToDate articles showed in general an unclear but possible reduction in liver-related mortality. NICE guidelines (two) indicated that SIL is no better than placebo for hepatitis C and unclear benefits in ALD. NICE Meta-analyses (two) and clinical trials (two) demonstrated reductions in ALT for hepatitis B (and liver biochemistry in general in PSC), as well as a significant improvement in steatosis in NAFLD and reduced NASH fibrosis.



Pubmed returned studies (six) focusing mainly in hepatitis C, showing reduced progression to cirrhosis, possible viral suppression in advanced disease, reduced HCV RNA only for co-infected patients with HIV and no reduction in transaminases.

One NICE guideline plus one meta-analysis were excluded, as well as three Pubmed studies.

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

More research is needed, but SIL appears to be a promising therapeutic tool.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 1761**

#### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

#### **Presentation form / Präsentationsform**

Lecture / Vortrag

### **What a Family Doctor should know about Mindfulness? The way to improve chronic patients' quality of life.**

Malgorzata Maria Kot<sup>1)</sup>, Francisco Javier Nieto Vilabert<sup>2)</sup>

<sup>1)</sup>Primary Care - Extrahospital Emergency Service, Torrevieja University Hospital, San Miguel de Salinas, Spain

<sup>2)</sup>Faculty of Psychology, UCAM Universidad Catolica de Murcia, Murcia, Spain

The mindfulness is frequently defined as a state of "full awareness and attention". It aims for a person to focus fully on the present in an active and conscious way.

It is an increasingly important concept, based on oriental values and combined with traditionally recognised occidental psychological therapies which is gaining popularity among mental health professionals, especially in the USA.

In past years multiple studies on the mindfulness-based stress reduction (MBSR), an individual or group therapy were published. The MBSR is oriented on the improvement of well-being, quality of life and alleviate suffering. Soon it was found its importance for adults with chronic diseases, such as fibromyalgia, rheumatoid arthritis, cardiovascular insufficiency and type 2 diabetes. Great majority of these studies showed positive outcomes both for mental and physical health. As is known, chronic illnesses are associated with many unwanted psychological consequences. It seems that thanks to the MBSR chronic and polymedicated patients can cope better with the symptoms, reduce stress and anxiety and, finally, gain a better quality of life.

Unfortunately, the mindfulness is still not well known nor practised among Family Doctors. We think it is important to receive an appropriate training in MBSR and we believe we can introduce some MBSR approaches directly into our clinical practice and help our patients in a holistic way. By integrating the MBSR interventions we hope we can decrease symptoms, improve quality of life and even medication use.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 1769**

#### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

#### **Presentation form / Präsentationsform**

ePoster

### **Targeting diabetes for healthier lives**



Amélia Fernandes<sup>1)</sup>, Carolina Augusto<sup>2)</sup>

<sup>1)</sup>*Family Medicine, Family Health Unit Anadia III, Anadia, Portugal*

<sup>2)</sup>*Family Medicine, Family Health Unit Costa de Prata, Ilhavo, Portugal*

## Background:

Diabetics are a vulnerable group and, therefore, in Portugal there is a specialised surveillance program designed to tackle their specific issues. The latest ESC-EAS Guidelines for the management of dyslipidaemias provides a new risk assessment and stratification defending new low-density lipoprotein cholesterol (LDL-C) goals.

## Questions:

Is diabetics LDL-C on target? What is the difference between 2016 ESC-EAS Guidelines and the ones released in 2019?

## Methods:

Diabetics that are part of a medical file and have attended an appointment in 2019 were studied for this survey. Their files were assessed to stratify the risk and verify the last LDL-C value. The risk was reclassified by 2019 ESC-EAS Guidelines and compared to the 2016 ones. Patients with no appointments in 2019 or without clinical information were excluded.

## Outcomes:

From 139 diabetics studied, and according to 2019 guidelines, only 41 had LDL-C on target, while 46 had very-high-risk, 88 with high-risk and 5 at a moderated-risk. If the 2016 guidelines were applied there would be 121 patients with very-high-risk and 18 with high-risk, whereas 57 would have a LDL-C on target. Comparing both guidelines only 59 patients maintained the same risk assessment, leading to a low LDL-C target.

## Discussion:

The risk assessment of a patient is vital to his follow up. A personalized pharmacological treatment is important to achieve the goal, without forgetting non-pharmacological strategies.

## Take Home Message for Practice:

The new knowledge acquired by health professionals must allow to practice state-of-the-art medicine so that patients live healthier and happier lives.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1770

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

## Anti-thyroid peroxidase antibodies and vitamin D relationship in patients with normal thyroid functions

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<sup>1)</sup>*Family Medicine, Tefenni State Hospital, Tefenni/ BURDUR, Turkey*

<sup>2)</sup>*Family Medicine, University of Health Sciences Istanbul Training and Research Hospital, Istanbul, Turkey*

**Aim:** In this study, we investigated the relationship between anti-thyroid peroxidase antibody (anti-TPO) positivity and vitamin (VitD) levels in patients who did not receive any treatment and have thyroid function tests (TFT) within normal limits.



**Materials and Methods:** This is a cross-sectional analytic study designed in 2019. The patient's age, gender, serum anti-TPO, VitD, thyroid stimulating hormone (TSH) and thyroxine (T4) levels were recorded. Among 3558, 110 (F/M:94/16) people were eligible for the study. According to the VitD levels, the participants were divided into two groups. In Group 1 (n=46; F/M:41/5; mean age: 38.5±10.7 yrs.) serum VitD levels were below, in Group 2 (n=64; F/M:53/11; mean age:42,5±13,7 yrs.) VitD levels were above 20µg/L. The data were analyzed statistically with SPSS 15.0 package program.

**Results:** There wasn't any significant difference regarding age and gender between two groups (p=0.08; p=0.35 resp.). Although anti-TPO levels were higher in group 1 as median, the difference wasn't statistically significant (p=0.77). TSH levels in group 2 and T4 in group 1 were higher as mean, but the differences between groups were not statistically significant (p=0.52; p= 0.97 resp.) Serum VitD levels were not correlated with age, serum anti-TPO, TSH and T4 levels (p> 0.05)

**Conclusions:** According to our study, there is no statistically significant relationship between serum VitD levels and anti-TPO positivity in healthy people.

**Keywords:** Vitamin D, autoimmune thyroid diseases, anti thyroid peroxidase antibody.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1773

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

ePoster

## COPD management - The reality of a family health care unit in Portugal

Lara Cabral, Joana Sousa, Sara Pinho, Filipa Alves, Francisca Mendes

*Briosa Family Health Unit, Coimbra, Portugal*

**Background:** Chronic Obstructive Pulmonary Disease (COPD) is currently the fourth leading cause of death in the world but is projected to be the 3rd leading cause of death in 2020. An appropriate COPD management is mandatory to exacerbation prevention and therefore to prevent disease progression and mortality.

**Question:** How are we managing our COPD patients?

**Methods:** Cross-sectional study conducted on November 2019. Population: adults with COPD confirmed by spirometry. Variables: age, sex, FEV1 records in the last 3 years, mMRC scale and CAT score, exacerbation history, influenza and pneumococcal vaccination, smoking habits and COPD therapeutic management. Data: MedicineOne® and Health Data Platform (eVacinas). Data analysis: Excel®.

**Outcomes:** 37 patients were evaluated, with average age 73,5 years and 78,4% being male. 59,5% have registered FEV1 in the last 3 years and 94,6% have a record of smoking habits. None has an annual record of mMRC scale or CAT score or an annual assessment of exacerbation history in the last 3 years. 29,7% received seasonal influenza vaccine annually and regarding pneumococcal vaccination, 24,3% received PPV23 and 32,4% received PCV13. 89,2% make use of inhalation therapy being the LAMA/LABA combinations the most prescribed (29,7%).

**Discussion:** Most patients have FEV1 and smoking status records and make use of inhalation therapy with long-acting bronchodilators. None has an annual record of mMRC scale or CAT score or an annual assessment of exacerbation history. Influenza and pneumococcal vaccination rates are low.

**Take Home Message for Practice:** Interventions to effectively improve COPD management are needed.

Conflict of interest / Interessenkonflikte

no / nein



## **Contribution ID: 1781**

### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

### **Presentation form / Präsentationsform**

ePoster

### **Procognitive effects of Vortioxetine: an evidenced based review**

Rafaela Passos<sup>1)</sup>, Joana Gonçalves<sup>1)</sup>, Pedro Peixoto<sup>2)</sup>, Christelle Costa<sup>3)</sup>, Mariana Martins<sup>4)</sup>

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<sup>4)</sup>Uarcos, Viana do Castelo, Portugal

**Introduction:** Major depressive disorder (MDD) is a common psychiatric disorder, representing a leading cause of disability worldwide. Cognitive dysfunction is a core feature of MDD and typically involves several domains, such as memory, attention, executive functions and psychomotor speed.

Vortioxetine is a multimodal acting antidepressant approved for treatment of adults with MDD. Its distinct pharmacological profile includes the modulation of several neurotransmitter systems involved in cognitive processes that are usually dysregulated in MDD. The present evidence-based review gathers the scientific evidence concerning the possible beneficial effect of vortioxetine on cognitive function.

**Methods:** A systematic search was conducted on January 2020 using Pubmed, Cochrane, BMJ, NICE and CRD databases. The Mesh terms used were: "Vortioxetine" AND "Depressive Disorder" AND ("Cognitive Dysfunction" OR "Cognition"). Only randomized controlled trials (RCT), guidelines, meta-analysis and systematic reviews, published in the previous 5 years and conducted in humans were considered. Language was restricted to English and the measurement tool used to evaluate this research was the Strength of Recommendation Taxonomy (SORT).

**Results:** 29 articles were found, 11 were excluded by repetition and 1 after the abstract lecture. 17 met the inclusion criteria: 15 randomised and controlled clinical trials (RCT) and 2 meta-analysis were selected to explore the effectiveness of vortioxetine on cognitive symptoms in patients with MDD.

**Conclusion:** According to current evidence, vortioxetine seems to have a multi-domain beneficial effect on cognitive performance and functional capacity. Furthermore, these effects seem to be independent of its effect on depressive symptoms.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 1835**

### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

### **Presentation form / Präsentationsform**

Workshop

### **European Primary Care Cardiovascular Society (EPCSS) Symposium: Diabetes and cardiovascular risk and the new options for management**

Richard Hobbs, Kamlesh Khunti

Nuffield Department of Primary Care, University of Oxford, Oxford, United Kingdom



What is the evidence for diabetes and risk of vascular disease? Can we quantify that risk? Is there evidence for interventions that can modify this risk and, if so, how are these interventions initiated, dosed, and monitored, alongside any adverse effects and contra-indications? There are many recent and new data to guide this symposium.

**Chair** Professor Richard Hobbs, Oxford

## **What's the evidence that diabetes is linked to CVD?**

Professor Richard Hobbs, University of Oxford

## **Update on managing CV risk in diabetes – what's the evidence?**

Professor Kamlesh Khunti, University of Leicester

## **Audience debate**

Conflict of interest / Interessenkonflikte

yes / ja

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### **Contribution ID: 1841**

#### **Abstract subtopic / Abstract Unterthema**

2.5. Chronic disease management / Management chronischer Krankheiten

#### **Presentation form / Präsentationsform**

Lecture / Vortrag

#### **Design of a chronicity support program**

Marta Albiol, Mercè Sallent, Ester Mestres, Monica Virgos, Ester Chirveches, Carmen Garzon, Antonia Gahete, Eduard Borreguero

*Primary care, Institut Catala de la Salut, Vilanova i la Geltru, Spain*

Population ageing implies an increase in patients with complex needs, with high consumption of health and social services, and an increase in expenses.

To guarantee continuity in their care, at home if necessary, with a bio-psycho-social and spiritual approach, we have created the Chronicity Support Team (CST), focused on the person and their families and that acts supporting the reference healthcare professionals.

**Main objective:** to guarantee continuity of assistance, accessibility and equity in the comprehensive care of complex patients.

#### **Secondary objectives:**

- Adapt health care to needs of patient and family.
- Act in sharpening situations by performing a pre-hospital intervention.
- Reduce consultations to emergency services.
- Reduce hospital admissions.
- Improve their quality of life.
- Be doctors /nursing consultants about complex patients for our colleagues.

#### **Inclusion criteria:**

1. Patients with complex needs with exacerbation of dyspnea (Heart Failure, COPD and/or others).
2. Oncological pain control.
3. Last days situation

#### **Method:**

Gateway: patients with inclusion criteria that their GP/nurse may consider needing of CST support. These patients are included in a chronicity support agenda. The CST evaluates them. Depending on the patient, it will be scheduled as a telematic visit, face-to-face visit at primary care center or home visit. After the evaluation the CST make the feed-back to the reference GP/nurse.

## CONTENT

[www.familydoctoreurope2020.org](http://www.familydoctoreurope2020.org)



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### Evaluation indicators:

- Number of patients attended.
- Number of visits in hospital services (emergency or chronic day hospital).
- Number of returns before one month.
- Number of visits from the CTS.
- Number of subacute income.
- Number of successes at home.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1842

#### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

#### Presentation form / Präsentationsform

ePoster

### The role of primary care professionals with complex chronic patients and advanced Chronic Disease patients

Marta Albiol, Monica Virgos, Merce Sallent, Ester Mestres, Daniela Pineda, Ester Chirveches, Sandra Pons, Montserrat Navarro

*Primary care, Institut Catala de la Salut, Vilanova i la geltru, Spain*

#### Introduction:

Joseph is 76 years old and has Alzheimer's disease with recent memory loss. Can't perform complex tasks. Needs help for basic and instrumental activities. Presents chronic diseases: heart and renal insufficiency, auricular fibrillation and Gonosteoarthritis.

Family doctors attend to geriatric population with complex needs. Moderate or severe fragility, advanced chronic diseases with dementia and polypharmacy can lead to critical moments of worsening with high vulnerability and last days situations. We are often faced with fragile and complex elderly patients who suffer health problems with multimorbidity.

#### Materials:

Health intervention plan in Catalonia puts forward a program of prevention and attention of chronicity to meet the needs of complex chronic patients (PCC) and advanced Chronic Disease (MACA). It is necessary to draw up a shared individual plan (PIIC), in primary and regional care to achieve basic requirements and will be performed by professionals of reference to patients. It helps to facilitate the continuity of healthcare provided by professionals, optimising resources and increasing patient and families satisfaction, respecting their decision.

#### Reflections:

What is the role of primary care professionals with patients?

Comprehensive geriatric assessment, focused on the person's autonomy and quality of life. Identify needs and maintain a psychosocial and spiritual vision of patients shared with their relatives.

-Patients and families ask for our help, our accompaniment and express their desire to die at home

-To address such complexity requires a multidisciplinary approach, a challenge in decision-making, reviewing priorities and respecting the desire for the end-of-life project of the patient and family.

Conflict of interest / Interessenkonflikte  
no / nein



## Contribution ID: 1884

### Abstract subtopic / Abstract Unterthema

2.5. Chronic disease management / Management chronischer Krankheiten

### Presentation form / Präsentationsform

Workshop

## Real-world use of once-weekly semaglutide in type 2 diabetes: results from SURE

### Denmark/Sweden

Ulrik Bodholdt<sup>1</sup>), Andrei-Mircea Catarig<sup>2</sup>), Sergiu-Bogdan Catrina<sup>3</sup>), Umut Erhan<sup>2</sup>), Katrine Grau<sup>2</sup>), Boris Klanger<sup>4</sup>), Søren Tang Knudsen<sup>5</sup>), Neda Rajamand Ekberg<sup>3</sup>

<sup>1</sup>*Kastruplægerne, Kastrup, Denmark*

<sup>2</sup>*Novo Nordisk A/S, Søborg, Denmark*

<sup>3</sup>*Karolinska Institute, STOCKHOLM, Sweden*

<sup>4</sup>*LäkarGruppen, Västerås, Sweden*

<sup>5</sup>*Steno Diabetes Center Aarhus, Aarhus, Denmark*

SURE Denmark/Sweden was a multicentre, prospective, non-interventional study that aimed to investigate the clinical parameters of once-weekly (OW) semaglutide, a glucagon-like peptide-1 receptor agonist (GLP-1RA) approved for the treatment of type 2 diabetes (T2D), in real-world clinical practice.

Adults with T2D and  $\geq 1$  documented HbA<sub>1c</sub> value  $\leq 12$  weeks before semaglutide initiation were enrolled, irrespective of background antidiabetes drugs (N=331; mean age 61.1 years, diabetes duration 10.5 years). Endpoints were analysed in patients receiving semaglutide at end of study (EOS; ~30 weeks; n=282 [85.2%]). At EOS, the mean semaglutide dose was 0.74 mg.

Patients treated with semaglutide experienced significant reduction in mean HbA<sub>1c</sub> from baseline (7.9%) to EOS (-1.2% [95% confidence interval (CI) -1.30;-1.11]) – primary endpoint. They also experienced reduction in BW (baseline: 101.5 kg; EOS [-5.4 kg [95% CI -6.02;-4.75]]) and waist circumference (baseline: 115.7 cm; EOS: -4.7 cm [95% CI -5.68;-3.77]). At EOS, HbA<sub>1c</sub> <8.0%, <7.5% and <7.0% was achieved in 252 (90.0%), 231 (82.5%) and 189 (67.5%) patients, respectively, with 176 (64.9%) and 134 (49.4%) achieving BW reductions  $\geq 3\%$  and  $\geq 5\%$ , respectively. Patient-reported outcomes (measured by Diabetes Treatment Satisfaction Questionnaire and 36-Item Short-Form Health Survey v2) improved from baseline to EOS. No new safety concerns were reported with semaglutide.

Similar to the SUSTAIN clinical trial results, patients with T2D treated with OW semaglutide in real-world practice in the SURE Denmark/Sweden study experienced clinically significant improvements in HbA<sub>1c</sub>, BW and waist circumference, and achieved HbA<sub>1c</sub> and weight-loss targets.

Conflict of interest / Interessenkonflikte

yes / ja

## 3. General aspects / Allgemeine Aspekte

### 3.1. Ethical issues / Ethische Aspekte

## Contribution ID: 73

### Abstract subtopic / Abstract Unterthema

3.1. Ethical issues / Ethische Aspekte

### Presentation form / Präsentationsform

Workshop



## Core values in Family Medicine. Fragmentation of care and market mechanisms: Threats or opportunities?

Anna Stavdal<sup>1)</sup>, Johann Sigurdsson<sup>2)</sup>, Roar Maagaard<sup>3)</sup>, Zalika Klemenc-Ketiš<sup>4, 5, 6)</sup>

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<sup>4)</sup>EQuIP, president, Ljubljana Community Health Centre, Ljubljana, Slovenia

<sup>5)</sup>Department of Family Medicine, Faculty of Medicine, University of Ljubljana, Ljubljana, Slovenia

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

### Background:

Studies show that good primary health care increase quality of life and saves money. These studies are however derived from traditional primary care, based on person-centred doctor-patient relationship, comprehensive care and continuity of care - *the core values of general practice*. During the last few decades, technology, commercialization, and fragmentation of care have, however, had a profound impact on our practice, indicating both threats and challenges to our core values. Therefore, the Wonca Europe Council meeting in Bratislava 2019, decided to start an awareness process and an action plan on this issue, involving all WE networks (EURACT, EQuIP, EUROPREV, EGPRN, VdGM, and EURIPA), stakeholders of healthcare systems, politicians, and others.

### Aims:

To reflect on challenges and threats on the core values and principles of Family Medicine in general, and in different countries in particular. In this workshop, we will put special emphasis on fragmentation of care, migration, and digitalization in relation to patient centred care and continuity of care, considering current societal trends.

### Methods:

We will briefly summarise generally accepted core values by our discipline, followed by discussions in small groups. Topics/questions for discussion:

- How will the increasing fragmentation of medicine affect the family doctor's ability to give comprehensive care?
- Will digitalization of medical care possibly affect person-centered primary care in your country?
- How will increasing migration and mobility of patients and doctors in Europe affect continuity of care?
- How to adjust to changes in different countries?

**Goal:** Awareness process. Part of WEs action plan

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 101

#### Abstract subtopic / Abstract Unterthema

3.1. Ethical issues / Ethische Aspekte

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

#### Experiences of German GPs and orthopaedists with regress claims within the German statutory health system - a survey

Leon Ribbat, Klaus Linde, Antonius Schneider, Bernhard Riedl



*Institute of General Practice and Health Services Research, Technical University of Munich, München, Germany*

**Background:** General practitioners and specialists providing outpatient care within the German statutory health insurance system can incur financial penalties ("regress claims") if their prescription pattern deviates from that of the collective. Reports suggest that the risk of regress claims is perceived as an important threat by physicians.

**Objective:** We aimed to investigate experiences and consequences of regress claims among GPs and orthopaedists.

**Methods:** A questionnaire was sent to a random sample of 1,000 GPs and 1,000 orthopaedists.

**Results:** The response rate was 41% among GPs and 39% among orthopaedists. Compared to orthopaedists, more GPs were female (37%/12%) and older than 60 years (34%/22%). The risk of regress claims was perceived as significantly affecting practical work by 37% of GPs/48% of orthopaedists. 85%/82% reported refraining from prescribing an intervention due to regress risk. 12%/6% frequently refer patients to other physicians to avoid regress claims, a further 39%/19% do so occasionally. 72%/58% reported experiencing a regress claim at least once. Regress claims above €5,000 were paid by 24%/45% of physicians who incurred financial penalties; some participants reported claims of more than €100,000. The emotional burden was rated higher than the financial burden. For about a quarter of GPs and orthopaedists the risk of regress claims would be a reason to advise young physicians against taking over their practice.

**Conclusions:** Our findings suggest that regress claims imply a significant emotional burden and have an important impact on the prescribing of German GPs and orthopaedists.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 114

### Abstract subtopic / Abstract Unterthema

#### 3.1. Ethical issues / Ethische Aspekte

### Presentation form / Präsentationsform

ePoster

### Doctor, i don't want to know what happens to me.

Iker Sierra Martínez<sup>1)</sup>, Leticia Sierra-Martínez<sup>2)</sup>, Rosario Martínez-Fuerte<sup>4)</sup>, Natalia Sanz-González<sup>3)</sup>

<sup>1)</sup>Traumatology Department, Hospital Comarcal, Medina del Campo, Spain

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<sup>4)</sup>PILARICA Health Center, Valladolid Este Primary Assistance Gerency, Valladolid, Spain, Valladolid, Spain

Primary care physician values a 72-year-old patient who visits a clinic with functional impotence in the left leg and pain. On physical examination, the existence of locally advanced left breast cancer and a right breast cancer with bilateral pathological axillary adenopathies was observed. The patient is pale and thinner than the last visit he received (about 1 year ago).

She expresses her desire not to inform any other person of her health status and I don't want to know what happens to me.

Faced with these findings, the additional evidence is requested: thoracoabdominopélvic CT scan, bone scintigraphy, breast biopsy.



## Diagnosis:

Bilateral infiltrating ductal carcinoma of the breast, Stage IV (T4,N3,M1), with bone and pleural metastases

**Plan:** Palliative radiotherapy

## Comment:

The clear denial of the patient to assume the severity of her pathology, which she has been repressing for a year, presented us with some ethical problems: On the one hand, the patient's autonomy must be respected, and consequently respect for what she has decided, but on the other, the health of the patient is in danger if it is not urgently intervened. The patient should be fully informed about the clinical aspects of his pathology: what can be expected from the treatment, its side effects, expected prognosis, possibility of complications so that he can later make the decision.

You can also request the support of other professionals (oncologists, traumatologists, psychologists, home care, nursing...) to get closer to the patient and ensure proper management.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 185

### Abstract subtopic / Abstract Unterthema

3.1. Ethical issues / Ethische Aspekte

### Presentation form / Präsentationsform

Workshop

## The threat of the breakdown of the care system and the opportunity of new challenges

Patrick Tabouring

*Université du Luxembourg, Luxembourg, Luxembourg*

## Introduction:

In much countries of Europe, the primary care system has been seriously compromised by political decisions and the working conditions get more and more difficult. GP's tend to migrate to certain privileged countries and the dearth of young practitioners is growing. This makes an emergent opportunity to search for new issues for our profession.

## Method:

Several groups will discuss the following themes:

- the difficult working conditions of present primary care and their reasons
- the dangerous consequences of the actual situation
- the necessity of propositions to overcome the situation
- the opportunity for development of future models

## Results:

The different groups will report and exchange their considerations and proposals. They will be confronted to the author's theoretical developments.

After, we will try to elaborate a common status of the situations and ways of solutions.

## Conclusion:

The actual working conditions of GP's get noticeably worse and the recruitment of young doctors could get more and more difficult.

We have to propose immediate solutions and to search for future options.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 205****Abstract subtopic / Abstract Unterthema**

3.1. Ethical issues / Ethische Aspekte

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Mild head trauma is not always what it seems: report of a clinical case**Nayleth Leal Pérez*Primary Care Center "Barrio del Pilar", Madrid, Spain*

**Introduction:** Mild head trauma represents a notable current health problem due to its diagnostic delay and the significant incidence of associated life-threatening complications. The following case, is an example of it.

**Materials and methods:** A 19-year-old male, with no medical history of interest, came to the emergency department for mild head trauma after being assaulted, whilst drunk. Consequently, loss of consciousness, anterograde amnesia and holocraneal headache followed. The neurological examination was anodyne and excellent general condition was maintained. However, given the signs commented by the patient (ethyl poisoning, amnesia, loss of consciousness and headache), CT was performed. A left frontal 9x4mm epidural hematoma without mass effect was observed. Nevertheless, that day, the neurosurgeon discharged the patient, due to his hemodynamic state.

The following day, the patient returned with dysarthria. An intraparenchymal subcentimetric hematoma and mild subarachnoid hemorrhage underlined it. Finally, the patient remained under observation.

**Results:** Two mild left frontal (epidural and intraparenchymal) hematomas. Mild subarachnoid hemorrhage.

**Conclusion:** This case exemplifies the importance of a detailed intake and close follow-up. Knowing the "warning signs" and asking the right questions, an early diagnosis is possible. However, in this case, the lack of close follow-up led the patient's return to the emergency department with a neurological focus clinic.

If we extrapolate our case to the clinical practice, we will see some of the valuable tools that we have available as consultants. A correct intake, physical examination and daily follow-up, will make us realize that in medicine, nothing is as it seems.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 496****Abstract subtopic / Abstract Unterthema**

3.1. Ethical issues / Ethische Aspekte

**Presentation form / Präsentationsform**

Workshop

**The Abortion pill in primary care – what can we learn from 8 cases**Ge Donker, Peter Leusink*Praktijk de Huisarts, Gouda, Netherlands***Background:**

In the Netherlands, despite outstanding access to contraception mainly provided by the general practitioner (GP), one out of five women ever gets a induced abortion in her life. The induced abortion rate in the Netherlands is one of the lowest in the world with 8.6/1000 women each year; Europe's rate is 29/1000 women. A GP will therefore see women with an unintended pregnancy several times a year. Recently, both



supported by a ruling from the Court of Appeal and by the fact that 63% of Dutch women prefer the GP to prescribe the abortion pill, a small group of GPs started a pilot in order to explore whether GPs prescribing the pill and accompanying early abortion is feasible.

**Aim:**

As prescribing an abortion pill is a new intervention for most GPs, this workshop aims to provide knowledge and a platform for discussion to help GPs considering the provision of the abortion pill.

**Methods:**

After a brief introduction to both facts about abortion in Europe, the abortion pill and our lessons learned in response to 8 cases of prescription by the GP, we first want to make an inventory of the limitations experienced by GPs, after which we will offer practical tools. Objections will be discussed and a professional attitude will be challenged.

**Results:**

After the workshop GP's will have knowledge and skills to (consider to) provide the abortion pill

**Conclusions:**

After acquiring evidence-based knowledge and a professional attitude, it is feasible to provide the abortion pill in primary care.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 912**

**Abstract subtopic / Abstract Unterthema**

3.1. Ethical issues / Ethische Aspekte

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Vital testament and National registry of non-donors**

Luísa Fernandes, Ana Filipa Miranda, Carlos Reis, Diana Rocha, Joana Rita Mendes, Mariana Seabra, Maria Pieri Moreira

*USF Sete Caminhos, Gondomar, Portugal*

**Introduction:** In the daily clinical practice of the Portuguese Family Physicians (FP), more doubts emerge by patients about topics that concern their future health care, namely the Vital Testament and the National Registry of Non-Donors. Thus, all available information on these topics, namely portuguese legislation, is summarized in this review.

**Results:** Vital Testament is a document in which the citizen can register the health care he wants or does not want to receive, and also allows the appointment of a Health Care Attorney. It is valid for 5 years, after which has to be renewed. Any citizen of legal age who is not interdicted or incapacitated for psychic anomaly and able to give his free and informed consent can do so. The citizen fills out a form/document and delivers it to the Local Health Unit. After registration, the document is validated and later integrated into the National Register of Vital Testament. Regarding the National Registry of Non-Donors, the law prescribes the presumed donation of harvest and transplantation of organs and tissues of human origin. If citizens do not wish to do so, the user must register its complete or partial objection, which is not an irreversible process.

**Conclusion:** Since many of these aspects are still unknown to most citizens, it is imperative that the FP is aware of the whole process of both themes. Additionally, it is important to clarify all doubts and guide the user in the correct filling of the forms taking into account their will.

Conflict of interest / Interessenkonflikte  
no / nein



## **Contribution ID: 955**

### **Abstract subtopic / Abstract Unterthema**

3.1. Ethical issues / Ethische Aspekte

### **Presentation form / Präsentationsform**

Workshop

## **Protection from over and under supply - the german choosing wisely**

Til Uebel

*Institute of General Medicine, Universität Würzburg, Würzburg, Bavaria, Germany*

### **Background:**

Updates were first established at the DEGAM Congress in 2019.

Three guideline authors report on the latest developments in their field and present 3-4 relevant publications from the past 24 months, each for 12-15 minutes, so discussion with the audience is possible for another 10 minutes.

As usual with DEGAM guidelines, advice issues and not diagnoses preferably determine the topic, so it is possible, the speaker refers a study about which is the best to do, if patient with chest pain present.

### **Target groups:**

Practical doctors, young doctors who visit the congress to get to know national and international developments of our specialist area.

### **Method:**

Lecture with powerpoint presentation.

### **Purpose:**

Ensure a balance between university and practical questions.

### **Number of participants:**

50-70

Last year in Erlangen there were up to 80 participants depending on the session.

### **Brief introduction of the workshop leader:**

Til Uebel, general practitioner since 2002, Contact person for guidelines and member of the Institute of General Medicine at the University of Würzburg, spokesman for the Diabetes Working Group, DEGAM member since 2002. Author of several guidelines in the last decade.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 1214**

### **Abstract subtopic / Abstract Unterthema**

3.1. Ethical issues / Ethische Aspekte

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## **The zexual medicalization: needed intervention or interference?**

Camille LEVEQUE<sup>1, 2)</sup>

<sup>1)</sup>University of Luxembourg, Esch-sur-Alzette, Luxembourg

<sup>2)</sup>Département de médecine générale, University de Bordeaux, Bordeaux, France



In the nineteenth century, sexuality became "a field that can be penetrated by pathological processes and therefore calls for therapeutic and normalizing interventions". It was then legitimized by the concept of sexual health in 1974. If medicalization seems necessary to protect the health of the population and allow it to be autonomous, sexual health is subject to the phenomenon of normalization, of which health professionals are the main vectors, leading to an ethical reflection: is the medicalization of sexuality necessary or does it constitute an interference?

A narrative review of medical, sociological, anthropological and philosophical literature was carried out in 2018.

80 texts were analysed to find a solution to this questioning.

The intervention appears to be necessary, it allows to empower patients and to promote their empowerment. The carer will be able to take care of individuals by taking into account their otherness and singularity, while caring for and protecting the most vulnerable individuals through therapeutics and the reporting process. But by intervening, medicine and institutions can become interfering: they promote heteronormativity, forcing individuals to comply to become integrated. By conveying a sexual morality, patients' sexual freedom is restricted.

The medicalization of sexuality is therefore both a necessity and an interference. For a fair balance, it seems essential for professionals to question their own influences and representations which can influence their discourse and their care.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1274

### Abstract subtopic / Abstract Unterthema

#### 3.1. Ethical issues / Ethische Aspekte

### Presentation form / Präsentationsform

#### Lecture / Vortrag

### Health care information: fighting for underrated human rights

João Guerra<sup>1, 2)</sup>, Mariana Flórido<sup>3)</sup>, Margarida Vicente Ferreira<sup>4)</sup>, Bárbara Mota<sup>4)</sup>, Filipa Cordeiro<sup>5)</sup>, Mariana Coimbra<sup>6)</sup>, Filipe Malva Vaz<sup>1)</sup>, Liliana Rumor<sup>1)</sup>, Tiago Silva<sup>1)</sup>, Sandra Cunha<sup>1)</sup>, Alexandre Neubauer<sup>2)</sup>

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<sup>3)</sup>Figueira da Foz District Hospital, Figueira da Foz, Portugal

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<sup>5)</sup>Coimbra Hospital and University Centre, Coimbra, Portugal

<sup>6)</sup>USF Santiago, Leiria, Portugal

According to United Nations, Human Rights are inherent to all human beings regardless of race, sex, nationality, ethnicity, language, religion, and any other status. That includes the right to health education. Amnesty International is a global movement of more than 7 million people who personalise injustice, fighting for a world where human rights are enjoyed by all. As a member of the local group International Amnesty, I felt compelled to create a Conference now known as "I Health and human rights conference"

The main purpose of this project is to identify areas where human rights are neglected and implement steps to help create awareness through education of health and global rights.

The initial cycle will target both child and adolescent health care. This has been segmented into two complimentary sessions opened to the general public. The first one took place in December, focusing on

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vaccination and the prevention of child abuse in Portugal. As social media advertisements are one of the most effective methods of outreach, we've taken advantage of this opportunity to connect with the public. The second cycle will take place in February, focusing on the prevention of adolescent suicide, depression and STDs.

There are still many weaknesses regarding health information among young people and inexperienced parents in Portugal. The lack of knowledge is a key factor in the cycle of health care issues we are facing. When the human right of basic knowledge and accessibility of professional help is denied, it becomes a violation of a necessity.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1286**

### **Abstract subtopic / Abstract Unterthema**

3.1. Ethical issues / Ethische Aspekte

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **Arriba – a decision aid for General Practice**

Norbert Donner-Banzhoff<sup>1)</sup>, Johannes Hauswaldt<sup>2)</sup>, Attila Altiner<sup>3)</sup>

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<sup>2)</sup>*Allgemeinmedizin, Universität Göttingen, Göttingen, Germany*

<sup>3)</sup>*Institut für Allgemeinmedizin, Universität Rostock, Rostock, Germany*

**Background:** Shared decision-making (SDM) has been a buzzword for all those working on improving health care systems. While this kind of arriving at decisions about screening, diagnosis and treatment is not disputed, implementation in practice has been incomplete. Decision aids (DAs) are meant to help patients and doctors to improve knowledge, clarify values and agree on a common management strategy.

Arriba has been the most popular DA used in German General Practice. Originally developed for cardiovascular prevention, software modules now cover a range of clinical topics such as depression, oral anticoagulation for atrial fibrillation, screening for prostate cancer and aortic aneurysm and several more. This is a DA to be used during the consultation by patients and GPs together.

**Target group:** Developers of decision aids, guideline authors, educators

**Methods:** Topics to be addressed: prioritization of topics, the evidence base for DAs, educational design, language used, additional materials. The workshop will be held in English.

**Format:** Brief presentations and group discussions. Participants will be given the opportunity to test arriba modules hands on.

**Objectives:** to familiarize participants with problems of the development, the justification and the implementation of DAs for GPs; to discuss solutions and exchange ideas regarding the challenges of DA-production

**Number of participants:** 25

**Presenters:** Are GPs and developers of the arriba DA. They have extensive experience regarding design, education and implementation of DAs in practice.

Conflict of interest / Interessenkonflikte  
yes / ja



## **Contribution ID: 1543**

### **Abstract subtopic / Abstract Unterthema**

3.1. Ethical issues / Ethische Aspekte

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **Limitation of therapeutic effort**

Anyhela Lozada

*Health Center A Milagrosa, Galicia Medical Insurance, Lugo, Spain*

82-year-old woman who has an arterial hypertension and an anticoagulated atrial fibrillation. It is independent for the basic activities of daily life. She doesn't have a previous instructions document in her medical history.

In the emergency room, she presents hypertensive crisis with a glasgow 8-9, motor agitation, aphasia and right hemiparesis, right Babinski, spontaneous eye opening and poorly reactive pupils. A cerebral CT scan shows an intraparenchymal hemorrhage that drains the ventricles III and IV, with significant mass effect and moderate hydrocephalus.

After making contact with the Intensive Care Unit and Neurosurgery, they suggest a surgical treatment as the only therapeutic option; the family understand and accept. After performing craniectomy of the posterior fossa and evacuation of hematoma, the patient remains in the ICU with a glasgow <10. For two months, she doesn't have neurological recovery, and dies.

This case involved several ethical problems: ignorance of what the patient wanted in this situation, limitation of therapeutic effort, good state of health previously, without significant comorbidities and cognitive impairment; and lack of explanation to the family about other therapeutic options. Analyzing the literature, this several pathology is considered among all strokes which has a more devastating effect. Considering the severity of this case, morbidity and mortality was very high. It would be important to reevaluate the patient and see the evolution, looking for intermediate points, talking with the family and investigating the values of the patient to take decisions, without forgetting to work palliative care.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 1863**

### **Abstract subtopic / Abstract Unterthema**

3.1. Ethical issues / Ethische Aspekte

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **How did the consultation of a rural family doctor clinic in Germany change during the Sars-CoV-2 pandemic?**

Ulf Zitterbart

*Gemeinschaftspraxis Kranichfeld, Kranichfeld, Germany*

Germany had been in a lockdown since mid-March 2020 due to the Sars-CoV-2 pandemic.

How does this change the consultations of a general practice clinic and how often was the diagnosis of a cold made?

We analyzed the data from a large, rural family doctor clinic between 2017 and 2020.



In March 2020, the consultations increased significantly compared to previous years. In April and May, however, significantly fewer people visited the outpatient clinic.

While in February the number of diagnosed colds was still on an annual average, they rose sharply in March, only to fall to a significantly below average level in April and May.

This article confirms the decline in visits to doctors in the lockdown.

It also shows that at the beginning of the pandemic, colds were diagnosed more frequently than in previous years.

We should research whether fewer visits to the doctor in the pandemic lead to health consequences for the population.

Conflict of interest / Interessenkonflikte

no / nein

## 3.2. Methodology in research / Forschungsmethodik

### Contribution ID: 22

#### Abstract subtopic / Abstract Unterthema

#### 3.2. Methodology in research / Forschungsmethodik

#### Presentation form / Präsentationsform

Lecture / Vortrag

### Care through cohort studies ? Sociological survey of the PROOF cohort study on vascular and cognitive aging

Angélique Savall<sup>1, 2)</sup>, Rodolphe Charles<sup>1)</sup>, Thomas Bujon<sup>3)</sup>, Jean-Claude Barthelemy<sup>2)</sup>, Vololona Rabearisoa<sup>4)</sup>

<sup>1)</sup>Department of Education and Research in General Practice, Saint-Etienne Jean Monnet University, Pôle Santé Nord, Saint Priest en Jarez, France

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<sup>3)</sup>TRIANGLE UMR 5206, 6 rue Basse-des-rives Bat. D, 42023 Saint-Etienne Cedex 2, Saint Etienne, France

<sup>4)</sup>Centre of sociology of innovation, UMR CNRS 9217 i3, PSL MINES Paris, 60 Boulevard Saint-Michel, Paris, France

#### Background:

The success of medical research (on patients) or health research (on healthy subjects) depends on the involvement of participants. Few studies have examined the participation of subjects in cohort studies. There is a lack of data on the nature of interactions between subjects and researchers. Drawing on a sociological survey on a French cohort around aging, this study proposes to question the nature of interactions between researchers and subjects, and the extent to which these interactions contribute to a form of care.

#### Methods:

Qualitative study combining participant observation within the research laboratory that conducted the cohort and semi-structured interviews with subjects included in the cohort and with members of the research team.

#### Results:

This study highlights the existence of two-way care in cohort studies: from the laboratory to the subjects, and from the cohort to the researchers. The creation of the cohort allowed researchers to develop the laboratory. Health research seems to correspond to a complex association between subjects' concerned with aging, and the expected benefits of exceptional monitoring by researchers. Research is incorporated into subjects' daily lives, allowing a shift in the purpose of research from overmedicalization to medical safety, that subjects experienced as a form of care.

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## Conclusion:

In cohort studies, care is understood as a form of attention to the person through high-quality medical follow-up. Aging is no longer a matter of fact that cannot be acted upon. It is turned into a matter of concern that subjects, in collaboration with the researchers, strive to control.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 43

### Abstract subtopic / Abstract Unterthema

3.2. Methodology in research / Forschungsmethodik

### Presentation form / Präsentationsform

Workshop

## Workshop "Writing for publication - Meet the editors for tips and tricks!"

Jelle Stoffers<sup>1)</sup>, Hans Thuleius<sup>2)</sup>

<sup>1)</sup>Family Medicine, Maastricht University, CAPHRI - Care and Public Health Research Institute, Maastricht, Netherlands

<sup>2)</sup>Family Medicine, Lund University, Malmö, Sweden

**Background:** Peer-reviewed medical journals are essential media for the publication of articles relevant to General Practice/Family Medicine. They are the means to disseminate original research results and discuss available evidence. However, many colleagues find writing and submitting a scientific paper a challenge.

**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.

**Didactic method & topics:** In a highly interactive session, we focus on the preparation, submission and revision of manuscripts to be published in peer-reviewed medical journals. We present the basic presentation of research articles, and we discuss (how to prevent) common errors. At request of the participants, we can address any topic you want, like the peer review process; adequate Abstracts; informative Titles; convincing Cover Letters; choosing the right Journal; Open Access journals?!; Authorship; potential conflicts of interest; responding to Reviewers; or any other topic.

**Objectives:** After the workshop, participants have expanded their knowledge and have received practical advice ('tips & tricks') on how to prepare a manuscript for publication in a peer-reviewed medical journal.

**Estimated number of participants:** 15-30 (max.)

**Workshop leaders:** Jelle Stoffers MD PhD, Associate professor at Maastricht University, is the Editor-in-Chief of the European Journal of General Practice (EJGP), Wonca Europe's scientific journal. Hans Thulesius, MD PhD, Professor at Lund University, is the National Editor for Sweden of the Scandinavian Journal of Primary Health Care. See also:

[www.egprn.org/page/courses](http://www.egprn.org/page/courses).

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 75

### Abstract subtopic / Abstract Unterthema

3.2. Methodology in research / Forschungsmethodik

### Presentation form / Präsentationsform

ePoster



## Development of a behaviour change intervention manual for self-care of heart failure patients

Amanda Whittall, Oliver Rudolf Herber, Paula Steinhoff  
*Institute of General Practice (ifam), Düsseldorf, Germany*

**Background:** Self-care is an effective method for managing heart failure (HF), yet it is often challenging for patients to adhere to self-care recommendations. Previous interventions for enhancing self-care have not been theory-based, and have shown limited success.

**Question:** What should be included in a theory-based behaviour change intervention (BCI) manual to improve HF self-care?

**Methods:** Determinants of non-adherence to HF self-care were extracted by two researchers independently from a qualitative and quantitative meta-review. These were then mapped onto the COM-B behaviour model to identify areas for behaviour change. Using theoretical guidance and input from patients and clinicians, relevant behaviour change techniques (BCTs) were selected to be developed into interventions for overcoming these barriers. Qualitative interviews and the Delphi technique with patients and clinicians will increase the likelihood of implementing the interventions in regular practice.

**Outcomes:** This process resulted in a comprehensive manual of theory-based BCIs for improving self-care of HF patients. Eight descriptors of interventions (e.g. exact intervention content, interventionist and target population, mode of delivery, etc.) are used to describe all BCIs, to better ensure uptake and reproducibility of the interventions.

**Discussion:** The BCIs in the manual will next undergo an exploratory trial to pilot test their effectiveness. This will be followed by a randomised controlled trial to implement the interventions within the German healthcare system.

**Take home message for praxis:** The BCI manual provides a tool for practice in which applicable interventions can be utilised with individual HF patients to improve self-care and quality of life.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 255

#### Abstract subtopic / Abstract Unterthema

3.2. Methodology in research / Forschungsmethodik

#### Presentation form / Präsentationsform

ePoster

## Pre-obesity management in primary health care. Re-designing the protocol towards a tailored intervention on a pandemic context

Raquel Andrade, Ana Cristina Spínola  
*CS Caniço, Funchal, Portugal*

Overweight, including pre-obesity and obesity, is one of the most prevalent public health problems in society. It is a risk factor for the onset of numerous health problems, including cardiovascular, respiratory, osteoarticular problems, cancer, among others. Its treatment is associated with high failure rates. Individualized intervention is essential for all overweight individuals

In Portugal there are about 3.5 million people with pre-obesity and about 1.4 million people with obesity, between 18 and 65 years old. It is a more prevalent problem in individuals with lower education levels and one of the main problems that contributes to the total healthy years of life lost by the Portuguese population.



On the island of Madeira obesity ranked third in the ranking of the active problems of the population enrolled in health centers and overweight ranked seventh.

Studies show that face-to-face follow-up during weight loss has better results both in terms of weight loss and weight maintenance after reaching the ideal weight.

The aim of this project is to evaluate the effect on short and long term weight loss of a selected group of individuals whose BMI is compatible with pre-obesity, who will be intervened in the form of twelve health education sessions. every two months over a period of six months.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 381**

### **Abstract subtopic / Abstract Unterthema**

3.2. Methodology in research / Forschungsmethodik

### **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Health services research using ambulatory electronic medical record data – RADAR project final report of a successful feasibility study**

Johannes Hauswaldt<sup>1)</sup>, Thomas Bahls<sup>2)</sup>, Arne Blumentritt<sup>2)</sup>, Iris Demmer<sup>1)</sup>, Johannes Drepper<sup>3)</sup>, Roland Groh<sup>4)</sup>, Stephanie Heinemann<sup>1)</sup>, Valerie Kempter<sup>3)</sup>, Johannes Pung<sup>5)</sup>, Falk Schlegelmilch<sup>1)</sup>, Phillip Wieder<sup>4)</sup>, Eva Hummers<sup>1)</sup>

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### **Background:**

"Real world" data from German ambulatory health service are difficult to reach in a systematic and sustainable way. The Routine Anonymized Data for Advanced Health Services Research project explores technical and organisational needs and infrastructure when extracting de-identified, longitudinal PHC data for a permanent research data repository.

### **Method:**

Since 2016 a multi-disciplinary scientific team developed a data and privacy protection concept for 40 selected variables from practices' electronic medical records (EMR) in line with european General Data Protection Regulation.

Technical and organisational provisions for lawful research infrastructure were built and executed as a use case 'oral anticoagulation'.

In Lower Saxonian general practices, selected patients' data were extracted under informed consent. Still in practice split into either identifying or medical data, these were encrypted and transferred to a trusted third party (TTP) or to a repository. Patients receiving at least one year treatment received a life quality questionnaire via TTP, its pseudonymised results were linked to EMR data.

### **Outcomes:**

RADAR project's comprehensive privacy protection concept received approval by a recognised national body of experts, data security officers and ethic commission.



Selected EMR data from 7 general practices and 95 consenting patients were successfully extracted, transformed, and transferred either to TTP or repository. 84 patients passing inclusion criteria were re-contacted via TTP. Data from 75 questionnaires were linked to patients' repository data.

### Discussion:

Technical and organisational feasibility of lawful, pseudonymised data acquisition was proven. An anonymous scenario yielding (meaningful) health data is difficult to realise under current law in Germany.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 388

#### Abstract subtopic / Abstract Unterthema

3.2. Methodology in research / Forschungsmethodik

#### Presentation form / Präsentationsform

ePoster

### Linguistic validation of the revised Child Injury Scale (CRIES-13) in Greek population

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### Background:

Children and adolescents have an increased risk of post-traumatic stress following exposure to traumatic events. Controlling and diagnosing the symptoms of post-traumatic stress are crucial for research and practice related to childhood trauma. The Child Revised Impact of Events Scale (CRIES-13) has proven to be a valid and reliable tool to achieve this goal. No such instrument exists in Greece.

### Questions:

Can we translate and adapt the questionnaire CRIES-13 into the Greek-language to obtain a reliable and valid instrument for use in children at risk of post-traumatic stress disorder (PTSD)?

### Methods:

The CRIES-13 questionnaire, consisting of 13 questions was translated from English into Greek by three independent researchers following all steps of the linguistic validation process in accordance to WHO guidelines, including among other steps forward and backward translation, pilot testing and finalization.

### Outcomes:

A culturally and linguistically adapted questionnaire is available in Greek, to be used as a tool to assess the risk of PTSD in children and adolescents. The comments and discussions at the various stages of the linguistic validation were documented and recorded.

### Discussion/Take Home Message for Practice:

The CRIES-13 questionnaire was translated into Greek in a way to ensure a high standard of translation into a new target language. Next aim is the psychometric validation, so that it can be used in different settings in Greek spoken countries. The record of the translation history is especially important if the subsequent psychometric evaluation suggests that improvements to the translation are needed.



Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1070**

**Abstract subtopic / Abstract Unterthema**

3.2. Methodology in research / Forschungsmethodik

**Presentation form / Präsentationsform**

ePoster

**Wie bewerten Hausärzte eine geplante Intervention zur Rationalen Antibiotikatherapie bei unkompliziertem Harnwegsinfekt (REDARES)?**

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**Hintergrund:**

Unkomplizierte Harnwegsinfekte gehören zu den häufigsten bakteriellen Infekten in der hausärztlichen Versorgung. Allerdings werden sie häufig nicht leitliniengerecht behandelt. Durch folgende Interventionsmaßnahmen im Projekt REDARES (*Reduktion von Antibiotikaresistenzen durch leitliniengerechte Behandlung von Patienten mit unkompliziertem Harnwegsinfekt*, GBA-Innovationsfonds) werden Hausärzte dabei unterstützt, aktuelle Empfehlungen umzusetzen: (1) Bereitstellung lokaler Erreger-Resistenzdaten (2) Fortbildung zu Leitlinienempfehlungen (3) individuelles Verordnungsfeedback. Vor Beginn der Interventionsphase wird als erster Schritt der Prozessevaluation die Bewertung der geplanten Interventionsmaßnahmen durch die Zielgruppe (Hausärzte) eingeholt, um ggf. Anpassungen vornehmen zu können.

**Fragestellung:**

Wie bewerten Hausärzte die geplante Intervention hinsichtlich Umsetzbarkeit und Bedeutung für das eigene ärztliche Handeln?

**Methode:**

Von Dez 2019-Jan 2020 wurden zehn leitfadengestützte Interviews mit Hausärzten in Thüringen geführt und transkribiert. Diese werden mittels qualitativer Inhaltsanalyse nach Mayring analysiert. Der Leitfaden enthält Fragen zum individuellen Verständnis eines unkomplizierten HWI, bisherigem Antibiotikaverordnungsverhalten sowie Bewertung der Interventionsmaßnahmen hinsichtlich Relevanz, Praktikabilität und Bedeutung bei zukünftigen Therapieentscheidungen.

**Ergebnisse:**

Die Auswertung der zehn Interviews wird Ende März 2020 abgeschlossen. Erste Ergebnisse geben Hinweis auf ein heterogenes Verständnis des unkomplizierten HWI mit daraus resultierenden Therapieentscheidungen unter den Interviewpartnern. Es zeigt sich, dass der Aufwand maßgeblich die Umsetzbarkeit im Alltag bestimmt. Die vollständige Analyse wird vor diesem Hintergrund darstellen, inwiefern die geplante Intervention handlungsrelevant und gleichzeitig im Alltag umsetzbar ist.

**Diskussion:**

Unerwartete Barrieren und eventuell erforderliche Anpassungen der einzelnen Interventionsmaßnahmen werden vor dem Hintergrund der Zielsetzung des Projekts diskutiert.

**Take Home Message für die Praxis:**

Folgt nach Auswertung.

Conflict of interest / Interessenkonflikte



no / nein

**Contribution ID: 738**

**Abstract subtopic / Abstract Unterthema**

3.2. Methodology in research / Forschungsmethodik

**Presentation form / Präsentationsform**

ePoster

**Vascular events recurrence in a populations cohort after 9 years of follow-up**

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**Objective:** To assess the relationship between the first and subsequent coronary and brain events in a population cohort after 9 years of follow-up and relationship with peripheral arterial disease. **Material and methods:** Prospective population cohorts' study in subjects > 49 years, ascribed to 24 primary care centers. 3,786 individuals recruited by simple randomized sampling between 2006-2008, performing an ankle-arm index (AAI). Periodic follow-up until February 2017, a biannual telephone call to detect the onset of cardiovascular events was performed. Confirmation with a review of the history of primary care (e - cap), hospital and "Information service for primary care research" (SIDIAP) to avoid loss of events. **Vascular events:** myocardial infarction angina pectoris, stroke, transient ischemic attack, symptomatic aneurysm of the abdominal aorta, vascular surgery (coronary, intracranial and extracranial) and vascular / non-vascular mortality. **Results:** Evaluation of 558 patients with events prevailing at the time of recruitment. More men, smokers, hypertensive and dyslipidemia were observed than in the group without prevalent events. 66% of the patients did not show recurrence and if there was more likely to be the same category. Assessment of the recurrence of incident events in patients with peripheral arterial disease (PAD) (340 individuals). 58% had no recurrences. 25% of the recurring events were in the same territory as the primary one. The recurrence of vascular events, regardless of etiology, was higher in the group with PAD (42%) compared to healthy (31%). The risk of recurrence of cerebrovascular events in PAD compared to healthy ones was 1.77 although without statistical significance possibly due to the low number of cases. **Conclusions:** There is no difference in the incidence of recurrence of coronary heart disease between the PAD group and healthy. The presence of PAD increases the risk of recurrence, of cerebrovascular events approximately 20%.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 733**

**Abstract subtopic / Abstract Unterthema**

3.2. Methodology in research / Forschungsmethodik

**Presentation form / Präsentationsform**

ePoster

**Rekrutierung hausärztlicher Praxen für Interventionsstudien: ein Erfahrungsbericht am Beispiel der Studie „Optimale Versorgung am Lebensende“ (OPAL)**

[CONTENT](#)

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DEGAM (WONCA Member)





Sonja Riedel-Schatte<sup>1, 2)</sup>, Katharina van Baal<sup>2)</sup>, Gabriele Müller-Mundt<sup>2)</sup>, Nils Schneider<sup>2)</sup>, Kambiz Afshar<sup>2)</sup>, Schrader Sophie<sup>2)</sup>

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## Hintergrund:

Die Rekrutierung hausärztlicher Praxen für die Durchführung von Interventionsstudien kann u.a. aufgrund des zeitlichen Aufwandes bei laufendem Praxisbetrieb herausfordernd sein.

## Fragestellung:

Welche Strategien unterstützen die Rekrutierung hausärztlicher Praxen für eine Interventionsstudie?

## Methoden:

Für die Interventionsstudie „Optimale Versorgung am Lebensende – OPAL“ (Innovationsfonds GBA, 01VSF17028) wurden 190 Hausärzte aus 124 Praxen zweier niedersächsischer Landkreise als potentielle Teilnehmende identifiziert. Die Rekrutierung erfolgte schrittweise: 1) Postalische Teilnahmeanfrage mit Bitte um Rückantwort, 2) Telefonat bei fehlender Rückantwort, ggf. erneute Materialzusendung per Fax/E-Mail, sowie 3) wiederholtes Nachfragen. Bei Erstellung der Informationsmaterialien wurde auf prägnante Formulierungen und eine übersichtliche Gestaltung geachtet. Zudem wurde die Studie auf regionalen Veranstaltungen vorgestellt.

## Ergebnisse:

54 Hausärzte (weiblich n=16; Altersmedian 54 Jahre, IQA 45-61) aus 35 Praxen wurden rekrutiert (Rekrutierungsquote: 28,2%). Im Median wurden 4 (IQA 2-5) Kontaktaufnahmen pro Praxis gemacht. Nach dem ersten Anschreiben haben 10 Praxen zu-/abgesagt (8,1%). Bei 29 Praxen reichte eine weitere Kontaktaufnahme für eine Zu-/Absage. Bei 49 Praxen waren 2-3, bei 25 Praxen 4-7 und bei 11 Praxen  $\geq 8$  Kontaktaufnahmen (max. 18) notwendig. Wenn zusätzlich ein Kontakt zu den Hausärzten möglich war, stieg im Vergleich zum ausschließlichen Kontakt mit Medizinischen Fachangestellten die Wahrscheinlichkeit einer Zusage. Förderlich waren freundliche Beharrlichkeit, Geduld, Transparenz und kommunikative Kompetenz.

## Diskussion:

Die Rekrutierung hausärztlicher Praxen für Interventionsstudien ist zeitintensiv. Hilfreich sind wiederholte Kontaktaufnahmen sowie eine transparente Benennung der Studienaufgaben inklusive Aufwand.

## Take-Home-Message:

Bereits bei der Studienplanung ist auf ausreichend Zeit für die Rekrutierungsphase von Hausarztpraxen zu achten. Gute Kommunikation, Flexibilität und eine klare Darstellung der Studieninhalte sind wichtig.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 841

### Abstract subtopic / Abstract Unterthema

3.2. Methodology in research / Forschungsmethodik

### Presentation form / Präsentationsform

Lecture / Vortrag

## Reducing antibiotics in women with uncomplicated urinary tract infection: First insights into a meta-analysis of individual patient data

Yvonne Kausner<sup>1)</sup>, Judith Heinz<sup>1)</sup>, Christian Röver<sup>1)</sup>, Eva Hummers<sup>2)</sup>, Thomas P.A. Debray<sup>3)</sup>, Alastair D. Hay<sup>4)</sup>, Stefan Heytens<sup>5)</sup>, Ingvild Vik<sup>6, 7)</sup>, Paul Little<sup>8)</sup>, Michael Moore<sup>8)</sup>, Beth Stuart<sup>9)</sup>, Andreas Kronenberg<sup>10)</sup>, Sven Ferry<sup>11)</sup>, Tor Monsen<sup>11)</sup>, Morton Lindbaek<sup>12)</sup>, Tim Friede<sup>2)</sup>, Ildikó Gágyor<sup>13)</sup>



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## **Background:**

Several randomized controlled trials (RCTs) suggest that antibiotics can be reduced in women with an uncomplicated urinary tract infection (uUTI).

## **Questions:**

The objective of the meta-analysis (MA) of individual patient data (IPD) is to compare different strategies to reduce antibiotics and to identify predictors of non-antibiotic recovery.

## **Methods:**

Relevant databases were searched for RCTs on uUTI in women presenting in primary care where any intervention to reduce antibiotics was compared with immediate antibiotics. Incomplete recovery as primary outcome was defined as more than slight symptoms between days 3-7 or occurrence of pyelonephritis or subsequent antibiotics during a follow-up of at least 14 days.

Treatment strategies are compared based on IPD data with one-stage random effects meta-analysis models. Moderators or predictors are identified by random-effects regression. (PROSPERO registration CRD42019125804)

## **Outcomes:**

Of 5192 screened publications 8 RCTs were included with IPD of more than 3000 patients. Assessed using the Cochrane risk of bias tool, the studies had rather low risks, although in studies before 2010 the risk was unclear in several domains. Three trials showed a high risk regarding blinding or incomplete outcome data, two trials showed a low risk in all domains. First analysis results will be available at the conference.

## **Discussion:**

The data provide a sound basis for a prognostic model to support physicians in advising women for or against immediate antibiotics.

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

IPD-MA represent a method to obtain evidence-based information that clearly exceeds the possibilities of individual studies, specifically regarding the identification of subgroups.

Conflict of interest / Interessenkonflikte  
no / nein



**Contribution ID: 848**

**Abstract subtopic / Abstract Unterthema**

3.2. Methodology in research / Forschungsmethodik

**Presentation form / Präsentationsform**

ePoster

**Recruitment of general practices for a stress management research project: Is self-reported lack of time a reason for non-participation?**

Lukas Degen, Anna-Liesa Filbert, Karen Linden, Stefanie Kasten, Birgitta Weltermann

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**Background:**

Chronic strain is a major burden among German GPs and practice assistants. The BMBF\*-funded project IMPROVEjob was designed to improve job satisfaction and reduce stress in GP personnel. We compared recruitment rates for this personnel-centered trial with recruitment results data from the literature from trials addressing other topics: these report average rates of about 3% (2–4%) for general practices.

**Methods:**

General practitioners (GPs) from a random sample of the regional physicians' association and teaching physicians were invited by letter, telephone and fax for study participation. If rejected, faxes were sent to obtain reasons for non-participation. Practices' answers by fax or phone were analyzed.

**Results:**

546 practices were contacted, 116 teaching and 430 non-teaching practices: 36 confirmations were received, 18 practices from each group. The overall response rate was 8% (teaching: 16,4%, non-teaching: 5,3%). Reasons for non-participation were received from 288 of the 375 non-participating practices (76,8%). The five main reasons for rejection were: no interest (215;57%), no time (85;23%), no need (34;9%); no study participations in general (19;5%); no answer (14;3,7%). Stratified by subpopulations, teaching practices reported 'no time' more frequently than non-teaching practices (42 vs. 18%), but reported 'no study participation' less frequently (1% vs.6%).

**Discussion:**

Compared to the literature, the recruitment rates for this personnel-centered project were about 13% higher in teaching and 2% higher in non-teaching populations. It is likely that the personnel's interest in the topic was a key factor for this success.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 909**

**Abstract subtopic / Abstract Unterthema**

3.2. Methodology in research / Forschungsmethodik

**Presentation form / Präsentationsform**

ePoster

**Is ultrasound monitoring useful in patients with thyroid nodule?**

Aranzazu Sánchez de Toro Gironés<sup>1, 2)</sup>, Carlos Perez Llanes<sup>1, 2)</sup>, Ana C. Menendez Lopez<sup>1)</sup>, Almudena Carrasco Angulo<sup>1, 3)</sup>, Lazaro De Castro Peral<sup>2)</sup>, Salomon Rivera Pearanda<sup>1)</sup>, Sonia Falla Jurado<sup>1)</sup>, Paula Perona Buendia<sup>1)</sup>, Maria del Mar Munoz Ayuso<sup>2)</sup>, Izaskun Sanchez de Toro Girones<sup>1)</sup>

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**Background:** Thyroid cancer is the most common endocrine neoplasia. Its incidence has increased in the last 50 years. The study "Cancer Incidence in Five Continents" reports that the incidence of thyroid cancer standardized by age and sex has increased 1.5 cases / 100,000 population in 1953 to 7.5 / 100.00 in 2002 in women, and a relative increase similar in men. Paradoxically, despite diagnostic and therapeutic efforts, the death rate from thyroid cancer has remained stable for the past 30 years.

**Questions:** To evaluate the therapeutic performance of the ultrasound follow-up performed in patients with thyroid nodules without diagnosis of malignancy. To verify if this intervention supposes an improvement, in terms of survival, in the patients who received it with respect to those that did not receive it. To evaluate what the intervention and nonintervention presuppose for the patient: subsequent medical actions, effects derived from them, emotional state. To study factors associated with different types of thyroid cancer and their evolution.

**Methods:** The present study is a retrospective cohort study. It is performed on 172 patients with thyroid cancer, diagnosed between 2008 and 2012, belonging to health areas II and VIII of the Region de Murcia. Since the primary endpoint of the study is survival, patient follow-up is from the time of diagnosis up to 5 years.

**Discussion/Take Home Message for Practice:** Only 10% of patients with thyroid nodules develop malignant thyroid neoplasia. There are multiple studies that, as a whole, suggest the possibility that we are carrying out an overdiagnosis and, consequently, an over-treatment of this pathology.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1083

### Abstract subtopic / Abstract Unterthema

3.2. Methodology in research / Forschungsmethodik

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Exploring primary care physicians' experiences on doing research about adults' vaccination in their practices: a qualitative study in Greece

Ioanna Tsiligianni<sup>1)</sup>, Anastasia Papaioannou<sup>2)</sup>, Nikolaos Oikonomou<sup>3)</sup>, Sofia Birka<sup>4)</sup>, Konstantinia Karakoula<sup>4)</sup>, Athina Tatsioni<sup>5)</sup>, Ilias Tirodimos<sup>6)</sup>, Eleni Chovarda<sup>7)</sup>, Philippe-Richard J. Domeyer<sup>3)</sup>, Zoi Tsimtsiou<sup>6)</sup>

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**Background:** Research in primary care is required to empower its role in health systems and improve populations' health.

**Questions / Discussion Point:** What are the possible gains of primary care physicians who participated as researchers in a multi-centre, mixed methodology study on adults' vaccination?



**Content:** Twenty three physicians volunteered to participate as researchers in their own practices, situated in ten different prefectures of Greece. After the completion of the study, they were asked to share their experiences from it, by responding voluntarily to four open-ended questions and one dichotomous. The mean age of the researchers was 42.9 years old ( $\pm 3.9$ , range 35-49) and 11 (47.8%) were male. Six themes emerged as gains for them: a. Raised awareness of patients' needs, b. Enhancement of clinical practice and offered services, c. Positive impact on doctor-patient relationship, d. Personal satisfaction, e. Enrichment of CV and f. Improvement of research skills. All 23 researchers were interested in participating in a future study.

**Take Home Message for Practice:** The experience of getting involved in research within the context of clinical practice on a topic with clinical relevance can be surprisingly rewarding. . The assessment of unknown needs of their patients, the resulting enhancement of offered services and the positive impact on doctor-patient relationship can be among the gains of the researchers, providing evidence that work-based research could be a valuable tool in promoting the quality of delivered services in primary care.

On behalf of the Research Committee of Greek Association of General Practitioners, Greece

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1084

### Abstract subtopic / Abstract Unterthema

3.2. Methodology in research / Forschungsmethodik

### Presentation form / Präsentationsform

ePoster

## Qualitative insights into primary healthcare users' determinants of adults' vaccine hesitancy and refusal in Greece

Ioanna Tsiligianni<sup>1)</sup>, Nikolaos Leotsakos<sup>2)</sup>, Ioannis Platakis<sup>3)</sup>, Maria Chorti<sup>4)</sup>, Anastasia Papaioannou<sup>5)</sup>, Georgios Ntrachas<sup>6)</sup>, Panagoula Papadopoulou<sup>7)</sup>, Sofia Birka<sup>8)</sup>, Athina Tatsioni<sup>9)</sup>, Zoi Tsimtsiou<sup>10)</sup>

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**Background:** Addressing low adults' vaccination requires an adequate understanding of the relevant determinants.

**Questions:** What are the reasons that underlie adult vaccine hesitancy and refusal in primary healthcare users?

**Methods:** In this multi-centre, mixed-methods study conducted at 23 Primary Care units for 30 consecutive working days, a pre-tested questionnaire was administered to three randomly selected healthcare users each day. The open-ended questions on participants' possible reasons for not being vaccinated were analyzed using thematic content analysis.



**Outcomes:** Among the 1,571 participants (75.9% response rate), 82.3% (1293) were in favor of adult vaccination, 4.8% (76) neutral and 6.8% (107) against it. A total of 942 (60%) participants believed that they weren't adequately vaccinated or not vaccinated at all as adults. Looking into the reasons why people in favor of vaccines or neutral (vaccine hesitant) were unvaccinated, seven themes emerged: a. knowledge gaps, b. concerns, c. negligence, d. perception of low susceptibility, e. absence of health professionals' recommendation, f. previous negative experiences, g. accessibility barriers. In those against vaccination (vaccine refusers) six themes emerged: a. mistrust in pharmaceutical companies, b. disbelief in vaccine effectiveness, c. previous negative experiences, d. concerns, e. perception of low susceptibility, f. health professionals' discouragement.

**Discussion:** Although some similar reasons were reported in vaccine hesitant and refusers- including the role of health professionals- differences were also found.

**Take Home Message for Practice:** The interaction between primary health professionals and healthcare users is the cornerstone of diminishing misinformation, tailoring communication to specific users' concerns and increasing vaccination coverage.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1088

### Abstract subtopic / Abstract Unterthema

3.2. Methodology in research / Forschungsmethodik

### Presentation form / Präsentationsform

Lecture / Vortrag

## Dealing with status differences in inter-professional communication - Focus group interviews with physicians and nurses about emergency situations

Sven Schwabe<sup>1)</sup>, Juliane Poeck<sup>2)</sup>, Jutta Bleidorn<sup>2)</sup>, Carsten Bretschneider<sup>2)</sup>, Andreas Günther<sup>3)</sup>, Stephanie Stiel<sup>1)</sup>, Nils Schneider<sup>1)</sup>

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**Background:** Inter-professional communication between physicians and nurses is shaped by differences in social status, which has influence on credibility, legitimacy and speaking time in social interaction. Within the research project NOVELLE, (German Innovation fund: 01NVF18007) physicians and nurses participate in focus groups in order to jointly identify emergency situations in nursing homes.

**Question:** How can status differences between physicians and nurses be balanced in focus groups aiming at jointly identifying emergency situations in nursing homes?

**Methods:** A multi-professional research team developed a status-sensitive method for focus groups with 10 physicians (GPs, emergency doctors, palliative care specialists) and nurses in telephone conferences between November 2019 and January 2020. The research team consisted of a psychologist, a sociologist, and three physicians.

**Outcomes:** The status-sensitive focus group approach is divided in four different phases: a) problem description by a nurse, b) characterisation of emergency situations within independent professionals' groups of nurses and physicians, c) identification of emergency situations in-between both professionals' groups, d) joint prioritisation of relevant emergency situations. Method is tested in January and February 2020.



**Discussion:** This status-sensitive method for focus groups is supposed to contribute to a balanced communication and involvement in discussions. In this way, the discussion has a better chance of capturing different perspectives that are necessary for cooperation in inter-professional research projects.

**Take Home Message for Practice:**

- Status differences between physicians and nurses should be considered in focus groups in order to facilitate a balanced communication.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1245**

**Abstract subtopic / Abstract Unterthema**

3.2. Methodology in research / Forschungsmethodik

**Presentation form / Präsentationsform**

ePoster

## Barrieren und Motivatoren zur Teilnahme an einem Forschungspraxennetzwerk – eine Hausärztebefragung in Thüringen

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**Hintergrund:** Eine umfassende und effektive Primärversorgung setzt die wissenschaftliche Erfassung von Zielgruppe und Struktur der ambulanten Versorgung voraus. Vor diesem Hintergrund fördert das BMBF den Aufbau nachhaltiger Netzwerke von Forschungspraxen, welche auf eine aktive Beteiligung möglichst vieler Hausarztpraxen angewiesen sind.

**Fragestellung:** Wie können Hausärzte als aktive Netzwerkpartner gewonnen werden und welche Erwartungen richten sie an ein solches Netzwerk?

**Methoden:** Auf drei Fortbildungsveranstaltungen (10/2019-01/2020) wurden Hausärzte aus Thüringen um Teilnahme an einer anonymen schriftlichen Befragung mittels eines selbst konzipierten und pilotierten Fragebogens (20 Items) gebeten. Neben soziodemographischen Daten wurden mögliche Formen der Beteiligung sowie empfundene Barrieren und Motivatoren (letztere mittels fünfstufiger Likert-Skala) erfragt. Die Auswertung erfolgte deskriptiv.

**Ergebnisse:** Von 136 anwesenden Hausärzten nahmen 98 an der Befragung teil (72%). Diese sind durchschnittlich 53,0 Jahre alt; zu 61% weiblich und zu 68% in Einzelpraxis tätig. Ein Großteil (84%) kann sich die Beteiligung an einem Forschungspraxennetzwerk vorstellen. Als Hürden für die Umsetzung werden fehlende zeitliche Valenzen (85%), schwierige Integrierbarkeit in den Praxisalltag (42%), Datenschutzprobleme (37%) und eine geringe Patientenmotivation (35%) gesehen. Wichtige Motivatoren für eine Beteiligung sind der Austausch mit hausärztlichen Kollegen (80% Zustimmung), der Zugang zu aktuellen Forschungserkenntnissen (73% Zustimmung) und regelmäßige Fortbildungsveranstaltungen (68% Zustimmung).

**Diskussion:** Die Befragung liefert Hinweise darauf, dass Hausärzte einer Beteiligung an einem Forschungspraxennetzwerk grundsätzlich positiv gegenüberstehen. Bei der Konzeption sollten identifizierte Barrieren und Motivatoren berücksichtigt werden.

**Take-home message:**

- hohe Teilnahmebereitschaft für ein tendenziell niederschwelliges Mitwirken
- Zeitmangel als wichtigste Barriere sollte aktiv berücksichtigt werden
- Austausch, Fortbildungsmöglichkeit und Informationszugang stellen wichtige Motivatoren dar



Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1605

### Abstract subtopic / Abstract Unterthema

3.2. Methodology in research / Forschungsmethodik

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Effectiveness of ACP to improve care consistency with care preferences: study protocol of cluster-randomised intervention trial focussing on nh-residents

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<sup>10)</sup>Institute of Medical Biometry and Epidemiology, University Medical Center Hamburg-Eppendorf, Hamburg, Germany

### Background:

Advance Care Planning (ACP) for nursing home residents has recently been covered by German sickness funds. However, clinical effects of ACP have not been studied in Germany yet.

### Research Question:

Does implementing a comprehensive ACP program improve care consistency with care preferences?

### Methods:

Parallel group cluster-randomised controlled trial in four study centres, comprising 44 nursing homes (with 4.400 residents). The complex, multi-faceted ACP intervention aims at sustainable systems change at all levels, and comprises comprehensive training to facilitate and document qualified ACP, organisational development, and education of health professionals concerned with the care of these residents. The intervention will be compared to usual care.

Primary outcome is a reduction of the hospitalisation rate. Secondary outcomes include the rate of residents whose preferences were known and honoured in pre-defined potential life-threatening events, and an assessment of the burden of bereaved family.

The nursing homes will provide anonymous data on all their residents for calculating hospital admission rates. For residents who have given informed consent, we will evaluate care consistency with care preferences, based on charts and short interviews with residents, family and carers. Process evaluation will help to understand barriers and facilitators.



Recruitment of nursing homes is in progress, randomisation and start of intervention are planned for spring 2020, and observation period will be 21 months. Data collection will be partially, statistical analysis fully blinded. IRB approval and study registration are pending.

**Conclusion:**

This trial will demonstrate effects of implementing a complex ACP intervention on residents and their families.  
Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1736**

**Abstract subtopic / Abstract Unterthema**

3.2. Methodology in research / Forschungsmethodik

**Presentation form / Präsentationsform**

ePoster

**Oral sex as a risk factor for HPV-induced oropharyngeal neoplasms in adolescents and adults – an evidence-based review**

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<sup>3)</sup>Navegantes, Vila do Conde, Portugal

**Background:** The incidence of head and neck neoplasms has increased in the last years, particularly in young patients, without smoking or alcoholic habits. There has been an increasing incidence in base of tongue and tonsillar carcinomas due to oral human papillomavirus (HPV) infection. Previous studies associate this with the change in sexual behaviours, namely oral sex practice.

**Questions:** This evidence-based review aims to understand if oral sex practice increases the risk of HPV-induced oropharyngeal neoplasm (ON).

**Methods:** A literature search, including systematic reviews (SR), meta-analyses, clinical trials, observational studies (OS) and practice guidelines, was conducted in January 2020, in major databases. Inclusion criteria were: article published in the last 10 years, population – adolescents and adults; exposure – oral sex practice; outcome – HPV-induced ON. MeSH terms used were “oropharyngeal neoplasms” and “Papillomavirus infections”; “oral sex”, “fellatio” and “cunnilingus” were used as free text. The level of evidence (LE) and strength of recommendation (SoR) were determined using the Oxford scale.

**Results:** Two out of 47 articles met the inclusion criteria (1 SR and 1 OS). The SR showed that patients with multiple oral sexual partners ( $\geq 7$ ) had more risk of developing HPV-induced ON (LE 2a). The OS concluded that individuals with HPV-induced ON had a greater number of sexual partners (LE 2b).

**Conclusion:** There is evidence that oral sex is a risk factor for the development of HPV-induced ON, particularly in individuals with multiple partners (SoR B).

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1789**

**Abstract subtopic / Abstract Unterthema**

3.2. Methodology in research / Forschungsmethodik

**Presentation form / Präsentationsform**

ePoster



## Novel coronavirus 2019, threats and opportunities

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Medicine, Jiujiang University, Jiujiang, China

In December 2019, several local health facilities reported clusters of patients with pneumonia of unknown cause that were epidemiologically linked to a seafood and wet animal wholesale market in Wuhan, Hubei Province in China and an epidemiologic and etiologic investigation was conducted by a rapid response team dispatched from the Chinese Center for Disease Control and Prevention (China CDC). For identified this coronavirus, many methods were used like that, First of all Viral Diagnostic Methods, then Isolation of Virus; also Transmission Electron Microscopy. However, for Detection and Isolation of a Novel Coronavirus, The isolated virus was named 2019-nCoV and was isolated from the clinical specimens performed with human airway epithelial cells and Vero E6 and Huh-7 cell lines. Furthermore one importance of this epidemiologic investigations was to characterize transmission modes, reproduction interval, and clinical spectrum resulting from infection to inform and refine strategies that can prevent, control, and stop the spread of 2019-nCoV.

**Keywords:** Coronavirus, Patients, Pneumonia

**Reference:** A Novel Coronavirus from Patients with Pneumonia in China, 2019 available on [nejm.org](http://nejm.org)  
*The new England journal of medicine*

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 1799

#### Abstract subtopic / Abstract Unterthema

3.2. Methodology in research / Forschungsmethodik

#### Presentation form / Präsentationsform

ePoster

## What are we doing? - Developing a tool to assess work composition in primary care

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### Background:

Primary care (PC) plays an important role in the German health care. First signs of an insufficient PC-supply are seen. A potential solution is the delegation and substitution of primary care physician (PCP) tasks to non-physician medical staff. However, the proportion of PCP work that might be reallocated remains elusive. We therefore aimed to develop a field observation tool for PCP work composition.

### Questions:

How can overall work composition of PCP be assessed?

### Methods:

We performed a literature review on earlier studies assessing workflow, work composition and performed tasks in PC and studies investigating reasons for encounter. From this compilation, we created a coding system including work done during and out of consultation.

### Outcomes:

The literature unanimously considers direct observation as the method of choice, being more exact and less biased than self-reports. Observation studies focused on work composition either during consultation or out



of consultation. Combining these sources and aggregating codes with low prevalence to coarser codes, yielded a coding system of 32 distinct codes. To record reasons for encounter we adapted the ICPC-2 system.

### Discussion:

To our knowledge this is the first tool that allows assessment of PCP work composition including the entire worktime by a single observer. This tool will supply an empirical basis for future partitioning of current PCP work tasks in multi-professional teams.

### Take Home Message for Practice:

Direct observation as the most reliable method to assess work composition of PCP. It should include coding of non-consultation work tasks.

Conflict of interest / Interessenkonflikte

no / nein

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## 3.3. Health technology assessment in primary care / HTA-Berichte in der Primärversorgung

### Contribution ID: 66

#### Abstract subtopic / Abstract Unterthema

3.3. Health technology assessment in primary care / HTA-Berichte in der Primärversorgung

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

#### Dynamic ultrasound bladder examination

Tomasz Kardacz

*Niepubliczny Zakład im.L.Rydygiera 10=117 Olsztyn ul.1 Maja 3, Dywity, Poland*

**Hintergrund und Fragestellung:** If it possible to fast recognise urine infection by ultrasound examination.

**Methoden:** Dynamic ultrasound examination. Rulonization (derived from the Polish word *rulon*, meaning to bend around a tube) in the bladder refers to circulating particles (composed of white or red blood cells, and parts of epithelium), which can only be visualized by dynamic ultrasound examination, and appear when the patient rolls over from side to side or when you move the ultrasound head. Characterized by iridescent bright spots that appear to float within the bladder.

**Ergebnisse:** Detection of rulonization by ultrasound images may prove to be an additional and effective tool for diagnosing and ultimately treating urinary tract infections even when symptoms are weak or not observed.

**Discussion:** If it is really usefool method?

**Take Home Message für die Praxis:** Dynamic ultrasound examination is by bladder wall mesure and blood perfusion an additional and very effective tool for diagnosing urinary tract infections.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 67

#### Abstract subtopic / Abstract Unterthema

3.3. Health technology assessment in primary care / HTA-Berichte in der Primärversorgung

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

#### Ultrasound assesment LRR/liver renal ratio, befor and after NAFLD treatment



Tomasz Kardacz

*Niepubliczny Zakład im.L.Rydygiera 10=117 Olsztyn ul.1 Maja 3, Dywity, Poland*

NAFLD

**Hintergrund:** Presented article relates further studies to NAFLD (non-alcoholic fatty liver disease) which is an increasingly diagnosed by family doctors disease in patients from Europe, US and Asia, as well as describes the attempts to improve the condition of damaged liver by therapy and diet.

**Fragestellung:** If it is possible to follow NAFLD thrapy progress by ultrasound examination

**Methoden:** In the material, the severity of liver steatosis before and during the therapy was assessed using the ultrasound examination with a convex probe and correlated with laboratory results of the liver panel, as well as complaints reported by patients. The study is a case study.

**Ergebnisse:** The obtained results confirm the legitimacy of diet and treatment in cases of fatty liver disease observed in ultrasound. In some cases, the LRR/liver renal ratio/ index improved significantly, which is a direct proof of the reduction of liver steatosis stage, and in almost all of the cases the reported symptoms subsided or significantly decreased.

**Diskussion:** Furthermore, the chosen imaging technique also appears to be an appropriate method for detecting and determining the severity of liver

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 229**

**Abstract subtopic / Abstract Unterthema**

3.3. Health technology asesment in primary care / HTA-Berichte in der Primärversorgung

**Presentation form / Präsentationsform**

ePoster

## **Erectile dysfunction in the patient with Diabetes Mellitus**

Isabel Roig Grau<sup>1)</sup>, Ramon Rodríguez Roig<sup>2)</sup>, Anna Delgado Juncadella<sup>3)</sup>, Carles Pardo Fonfría<sup>3)</sup>, Joan Anton González Valero<sup>3)</sup>, Domingo Rodríguez Sotillo<sup>4)</sup>, Berta Fornés Ollé<sup>3)</sup>, Elena Valen Suñer<sup>3)</sup>, Alba Cuberas Mas<sup>3)</sup>, Irene Rodríguez Martín<sup>3)</sup>

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### **Aim:**

To evaluate the association of erectile dysfunction (ED) by controlling of glycated haemoglobin(HbA<sub>1</sub>C) as wellas the years of evolution of Type 2 Diabetes Mellitus(DM) in diabetic men aged 40-70 years in a Primary Health Care Centre.

### **Material and Mhetods:**

Design: Cross-sectional study.

Self-administered questionnaire: The Sexual Health Inventory for Men (SHIM) scale for the diagnosis and sverity of ED

Glycemic control based on the mesurament of HbA<sub>1</sub>C evaluated in the last 6 months.

Quantitative variables: t-Student, qualitative variable: Chi-Square. Relative risks 95% confidence intervals.

The significance level p<0.05

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## Results:

Sample of 141 men aged between 40-70 years.

Men with > 6 years of evolution in DM 13% (18 patients); 7-8 years 16% (23); 8-10 years 20% (28) and > 10 years of evolution 51% (72).

Men with HbA<sub>1c</sub> <7%, 30 men (21%); HbA<sub>1c</sub> 7-9%, 77 men (55%) and HbA<sub>1c</sub>>9% 48 men (34%)

ED is present in 16%(23 men) with more than 10 years evolution of DM patients, showing a 6-point SHIM equivalent to severe ED (p<0,001)

The 68%(96 men) that present a HbA<sub>1c</sub>> 9% show a severe ED (p < 0.002).

## Conclusions:

The years of evolution of DM2 and the control of HbA<sub>1c</sub> are independently and inversely associated with the degree of ED in diabetic men. The longer the evolution of DM2 is, the worse is the erectile function (EF). The average score of the EF decreases, as HbA<sub>1c</sub> increases.

These data suggest a possible benefit of strict glycemetic control in the prevention of erectile dysfunction.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 446

### Abstract subtopic / Abstract Unterthema

3.3. Health technology assessment in primary care / HTA-Berichte in der Primärversorgung

### Presentation form / Präsentationsform

ePoster

## Screening of chronic obstructive pulmonary disease with COPD-6 Vitalograph in primary care

Laia Montañola<sup>1</sup>, Núria Sánchez Ruano<sup>1</sup>, Cristina Colungo<sup>2</sup>, Amparo Hervás<sup>1</sup>, Carme Alvira<sup>2</sup>, Rosa Maria Paisano<sup>2</sup>, Francisco Garrido Ortiz<sup>3</sup>, Eva Sanchez<sup>2</sup>, Maria Jose Gordillo<sup>2</sup>

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<sup>3</sup>Software Developer, Primary Care Center Comte Borrell. CAPSBE, Barcelona, Spain

**Background:** chronic obstructive pulmonary disease (COPD) is a very common disease, with a prevalence of 12.4% that increases with age. Despite the morbidity and consumption of resources involved, the underdiagnosis can be as high as 81.7%. The COPD-6 Vitalograph portable device (measuring FEV1/FEV6) is an accurate and validated tool for the detection of bronchial obstruction.

**Questions:** it is proposed a study that evaluates the incidence of COPD by using the COPD-6 Vitalograph as a screening tool in a Primary Care center.

**Methods:** prospective cohort study over an 18-month inclusion period. The inclusion criteria will be patients over 35 years with more than 10 packs-year cumulative dose of tobacco. Two cohorts will be selected through a simple random sampling of the population attended in consultation: the intervention group to be carried out in the COPD-6 Vitalograph and the control group which will follow usual clinical practice. Those patients with altered COPD-6 Vitalograph will have a chest x-ray and a diagnostic spirometry.

**Outcomes:** it is expected to increase the new diagnoses of COPD in the Primary Care center; its detection being higher in the intervention group. The early detection of patients with COPD, will allow to start specific bronchodilator treatment improving the patient's quality of life.

**Conclusions:** COPD-6 Vitalograph is a fast and easy to use tool that would facilitate the early detection of COPD in a day-to-day practice in a Primary Care center.

**Keywords:** Chronic obstructive pulmonary disease. COPD-6 Vitalograph. Primary Care.

Conflict of interest / Interessenkonflikte



no / nein

## Contribution ID: 527

### Abstract subtopic / Abstract Unterthema

3.3. Health technology assessment in primary care / HTA-Berichte in der Primärversorgung

### Presentation form / Präsentationsform

ePoster

## Arrhythmia screening by smartwatch – a case report

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**Introduction:** Wearable technology, like smartwatches and wristbands, allow consumers to have access to a personalized health data report, which could help in prevention and management of medical conditions. An estimated 33 million people currently use smart wearable technology worldwide. The family doctor should prepare for the mass use of these devices, with emergence of new appointment issues.

**Case Description:** A 68-year-old male was observed during a diabetes appointment and reported successive alerts from his smartwatch due to bradycardia (detected 35-45 bpm), denying associated symptoms. Cardiac auscultation was rhythmic, with a frequency of 48 bpm (smartwatch showed 76bpm) and blood pressure of 112/57 mmHg. In addition to diabetes, the patient has a history of hypertension, bacterial endocarditis and renal failure. The emergency cardiologist was contacted and recommended referencing to an urgent consultation and the patient should go to the emergency room if any alarm sign and symptoms developed. The patient's Holter monitoring showed a 1st degree atrioventricular block, with periods of 2nd degree Mobitz I and II during both the day and night. Echocardiography revealed a moderate dilation of the left atrium and multiple valvular insufficiency.

**Discussion:** Direct-to-consumer wearables and medical devices start to blend in, creating the possibility of monitoring personal health metrics including real-time cardiovascular health records. Although wearables have the potential to transform patient care, issues such as patient privacy, system reliability and interoperability, and patient data overload and possible concern with even the smallest changes pose a challenge to the endorsement of wearables by healthcare providers.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 600

### Abstract subtopic / Abstract Unterthema

3.3. Health technology assessment in primary care / HTA-Berichte in der Primärversorgung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## A computerised learning healthcare system to improve patient safety: lessons learnt from targeting acute kidney injury

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## Background:

Healthcare data is routinely being collected in large quantities. By harnessing the utility of computerised systems there is a potential to provide comprehensive and continuous feedback of data, allowing healthcare staff to deliver accountable and personalised care to patients. One method is to create systems that automatically learn, adjust and improve from its outputs, creating a continuous feedback loop of improvement and innovation. The aim was to create a learning healthcare system to improve patient safety in acute kidney injury (AKI).

## Questions / Discussion Point:

We engaged 10 members of primary healthcare staff to create and implement the system in general practices. We undertook a mixed methods evaluation including semi structured interviews, usability surveys and software monitoring and learnt several lessons from its inception, functionality, implementation and usage.

## Content:

This system targeted AKI allowing wider patient safety issues to be highlighted such as medication safety, safer transitions of care and vulnerable populations, moving away from a single disease focus. All users were keen to action improvement opportunities learnt by the system, but found it difficult to accomplish regularly through high workload – dealing mostly with reactive care. There was a significantly higher impact when the system was implemented through a champion within the organisation, whom the system enabled to change core processes in improving safety.

## Take Home Message for Practice:

Computerised learning healthcare systems carry potential to improve patient safety, however even with effective functionality, embedding improvements into routine practice requires adequate resourcing and engaging champions within general practices.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 623

### Abstract subtopic / Abstract Unterthema

3.3. Health technology assessment in primary care / HTA-Berichte in der Primärversorgung

### Presentation form / Präsentationsform

ePoster

## Out of sight, out of mind?

Rocio Romera<sup>1, 2)</sup>, Vanes Cascales Saez<sup>1)</sup>, Jaime López Díez<sup>1)</sup>, Julián López Marín<sup>1)</sup>, Luis Martínez Antequera<sup>1)</sup>, María Martínez Ferri<sup>1)</sup>, Diego Francisco Roldán Lafuente<sup>1)</sup>

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<sup>2)</sup>Doctor, JUMILLA, Spain

47 year old male. Ex-smoker. Dyslipidemia in treatment. Severe grade sleep apnea syndrome under treatment with CPAP. His wife comes to our health center consultation, referring to a family history of her husband of sudden death IAM in father 63 years, sudden death IAM in paternal uncle 67 years, sudden death IAM in brother 48 years, starting the family tree. The patient refers to dyspnea of moderate efforts of a month of evolution.

Eupneic. IMC 31.85, PA 125/80. FC: 65, O2 Saturation: 99%. AC: sinus rhythm, without audible murmurs. AP: MVC. MMII: no edema. Complementary tests: Analytical: Cholesterol 254, TAG 278. (CV SCORE 1%) ECG: Sinus rhythm at 60 beats / min. PR of 210 ms. Narrow QRS, with 10° axis. BIRDHH. Shyly bulging and



concave in DIII and aVF. Chest x-ray: study with no evidence of specific alterations. Echocardiography: Bicuspid aortic valve. Severe aortic insufficiency Ascending aortic aneurysm. LVEF preserved. Family heart disease consultations are derived with genetic study and subsequently catheterization is performed with valve replacement surgery and CT angiography.

Diagnostic; Severe lesion of 2 vessels with pharmacoactive stent implant 2. Ascending aortic aneurysm with severe aortic insufficiency due to bicuspid aortic valve disease.

Primary prevention by the Family Physician is essential, asking for family history of cardiovascular events and CVRF and if we suspect a family heart disease, perform a 3-generation family tree, ECG and echocardiography. As Georgia Brugada said: "When someone dies from sudden death, a protocol is lit to test the whole family"

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 855

### Abstract subtopic / Abstract Unterthema

3.3. Health technology assessment in primary care / HTA-Berichte in der Primärversorgung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## The effect of artificial intelligence-supported nutritional intervention on glycemic control in type 2 diabetes mellitus patients

Rabia Eroglu Kilac, Ersin Akpinar

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### Introduction:

Artificial Intelligence (AI) is a concept that affects the lives of patients, doctors and caregivers in the treatment and follow-up of diseases. In this study, it is aimed to show the effects of AI-assisted nutritional intervention on glycemic control in Type 2 Diabetes Mellitus (DM) patients.

### Material and Methods:

This is a multicenter, unblinded, parallel, randomized controlled study comparing the efficacy of AI-supported nutrition therapy with that of conventional human nutrition therapy in patients with Type 2 DM. There will be intervention and control group, each will recruited 30 patients. The total energy needs of the participants will be calculated as acquisition and reasoning from knowledge with the help of AI-powered Virtual Medical Assistant (*EAREK-AIVIMedA*) Management and Decision Support System and this system will be used in which patients will take photo of their food and intelligent algorithms will support advanced analysis and provide individualized medical advice. The primary outcome is the change in glycated hemoglobin levels from baseline to 6 months, this outcome is to be compared between the two groups. Participants will be asked to answer the "ADDQoL-Audit of Diabetes Dependent Quality of Life" and "Satisfaction With Life Scale" questionnaires during face-to-face interviews in 0,3 and 6 months.

**Expected Benefits:** Within the framework of the criteria determined in our study, individual-centered daily calorie intake will be controlled by AI in patients diagnosed with *Type 2 DM*, who don't need insulin. It is expected that the patient's own contribution to the chronic disease management process will be provided and thus the patient will be empowered.

Conflict of interest / Interessenkonflikte  
no / nein



**Contribution ID: 1023**

**Abstract subtopic / Abstract Unterthema**

3.3. Health technology assessment in primary care / HTA-Berichte in der Primärversorgung

**Presentation form / Präsentationsform**

Science Slam

**Do our type 2 diabetic patients use new technologies? (preliminary results)**

Eva Leceaga Gaztambide, Anna Larred Plaza, Carlos Torres Rios, Hajar El Jaouhari Khelifi, Josep Massons Cirera, Josefa Plaza Urendez

*Cap Mataro 7, Mataro, Spain*

**Objective:** Describe the use of new technologies (Mobile, mobile apps and mHealth) in patients with type 2 diabetes mellitus. **Material and Methods:** Design: descriptive, cross-sectional study in patients between 18 and 75 years diagnosed with DM2 treated in an urban health center between July and September 2019. Exclusions: homecare patients, cognitive impairment, mental disorders and language barrier. Sample: 365 are needed to estimate 55% use of new technologies. Recruitment: simple random sampling and opportunistic recruitment in the health center. Data collection method: telephone survey or face to face interview (depending on recruitment). Variables: age, gender, mobile use, apps and mhealth. Statistical analysis: calculation of absolute and relative frequencies and 95% CI. Ethical aspects: Oral informed consent. **Results:** There have been 138 surveys (50.7% men) with a mean age of  $63.6 \pm 7.9$  years (no differences by gender). 93.5% (95% CI: 89.4-97.6) use mobile phones, of which 108 (83.7%; 95% CI: 77.3-90.1) use apps, with significant differences by gender ( 92.4% of men vs. 74.6% of women;  $p=0.008$ ) and age ( $61.9 \pm 7.7$  years vs  $69.5 \pm 5.4$  years among those who do not use apps,  $p=0.0001$ ). Only 26.9% (95% CI: 18.5-35.3) of app users use mHealth but if their doctor prescribed it they would use 79.6% without gender differences. **Conclusions:** Although the use of mobile phones is widespread among patients with diabetes, gender and age determine the use of apps. Patients do not usually use mhealth apps, although there seems to be a high predisposition if advised by a healthcare professional.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 1026**

**Abstract subtopic / Abstract Unterthema**

3.3. Health technology assessment in primary care / HTA-Berichte in der Primärversorgung

**Presentation form / Präsentationsform**

Workshop report from the practice / Werkstattbericht aus der Praxis

**Talking about e-health: YouTube as communication tool**

Eva Leceaga Gaztambide<sup>1)</sup>, Josefa Plaza Urendez<sup>1)</sup>, Raquel Georgina Padin Perez<sup>2)</sup>, Cristina Cazorla Sanchez<sup>3)</sup>

<sup>1)</sup>*cap mataro 7, mataro, Spain*

<sup>2)</sup>*Centro de salud Santa Maria de Gracia, Murcia, Spain*

<sup>3)</sup>*Cap primer de maig, Lleida, Spain*

**Background:**

YouTube has become a favourite educational resource for many people worldwide. There are 15 billion visitors per month, it would be reasonable to assume that many patients use it as a source of medical education. Some studies describe that videos produced do not meet the specific goals of relaying the



appropriate amount of information to the patients. Consequently, patients obtain inaccurate and misleading information.

### Questions, Discussion Point:

- 1- We will like to create a YouTube channel. Is it useful for our patients?
- 2- What our patients need?
- 3- What kind of limitations are in creating a YouTube channel?
- 4- Are these kind of channels replace regular medical consultations?
- 5- Comparing to other YouTube channels

### Content:

Our YouTube channel would have five themes: The first topic would be to report on current issues that may be conflicting, such as vaccines. The second topic proposed would be to do health education: When to go to the hospital emergency, healthy eating, speak about prevalent chronic diseases. The third would be to explain articles published in the press, as is the case of subsidized medication to quit smoking in Spain. The fourth theme would be focused on leisure such as commenting on health issues that appear on TV, TV series, movies etc. And finally, we would create a space where patients could make suggestions, doubts and comments.

### Take Home Message for Practice:

We will have to get different ways to contact our patients and this contact will be able to be bidirectional.  
Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1131

#### Abstract subtopic / Abstract Unterthema

3.3. Health technology assessment in primary care / HTA-Berichte in der Primärversorgung

#### Presentation form / Präsentationsform

ePoster

### Analysis of the introduction of an electronic triage and workflow system in a UK GP practice

Andrew Jennings, Rebecca Marshall

Haxby Group Practice, York, United Kingdom

#### Background:

Haxby Group is a large GP practice with multiple sites across the city of York in the north of the UK. Appointment access and continuity of care were reoccurring issues raised by patients. The historic access system required prioritisation by the reception team which, although safe, was not ideal.

#### Methodology:

In order to address these issue and an electronic triage and workflow system was introduced in two of the Haxby Group sites, covering 13,000 patients in an urban setting with a mixed demographic, with the following aims:

- Improve continuity and provide timely access to healthcare for patients
- Create a system to coordinate distribution of workload
- Improve the safety of the system and clinician wellbeing
- Encourage increased online access

#### Results:

The data thus far has shown increased number of online contacts from 9% to 30% of all patient contacts being online by week 5. This in turn has freed up receptionist time and improved the appropriateness of their work with a shift towards clinician triage as opposed to receptionist led. Moreover patient feedback is positive.



The system also allows tracking of patient demand not only by day but by the hour which has benefits for tracking demand and therefore future workforce planning.

The main drawback thus far has been an increased demand on the clinicians due to unfiltered patient contacts requiring triaging and therefore an increased clinician workload.

This poster will aim to present both quantitative and qualitative data comparing the new and old system.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1179

### Abstract subtopic / Abstract Unterthema

3.3. Health technology assessment in primary care / HTA-Berichte in der Primärversorgung

### Presentation form / Präsentationsform

Workshop

## Threats and opportunities of Social Media and Medicine

Raquel Gomez Bravo<sup>1)</sup>, Martin Sattler<sup>2)</sup>, Charilaos Lygidakis<sup>1)</sup>, Pramendra Prasad Gupta<sup>3)</sup>, Ana Luisa Neves<sup>4)</sup>, Nina Monteiro<sup>5)</sup>, Ana Luis Pereira<sup>6)</sup>, Claire Marie Thomas<sup>7)</sup>, Luís Pinho-Costa<sup>8)</sup>

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<sup>3)</sup>Department of General Practice and Emergency Medicine, B. P. Koirala Institute of Health Sciences., WONCA Working Party on eHealth., Dharan, Nepal

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<sup>6)</sup>USF Aliança, ARS Norte, Oliveira de Azeméis., Portugal

<sup>7)</sup>VdGM, Royal College of General Practitioners, Camberwell Green Surgery, London, United Kingdom

<sup>8)</sup>Portuguese NHS, Portuguese NHS, Porto, Portugal

**Introduction:** Social Media (SoMe) has become very popular, been used exponentially and globally, providing a means for billions of users to connect, interact, share opinions and criticise, becoming one of the main channels of communication for users around the world. In the medical field, SoMe has been employed by professionals and researchers as an efficient way for sharing information, networking, building conversations, staying up-to-date and collaborating with peers and patients. Patients use it mainly for social support, but also for emotional expression and social comparison, as shown in a recent systematic review. Moreover, all the devices that we are using nowadays to be connected with the world have positive and negative aspects that are not frequently analyzed and have an important impact in the psychological and physical health.

**Methods:** Different uses of SoMe will be presented and discussed in small groups using different perspectives: individual, peer, professional and public health approach.

**Conclusion:** By taking into account the dangers and challenges that SoMe poses to the stakeholders in the healthcare sector and by exploring how changes in features may make SoMe less perilous for all the key players (health professionals included), we can improve the communication among us, enhance professional development, and contribute to public health research and service. This workshop will provide the participants information and guidance about actual ways to use SoMe in medicine, and will explore the consequences of using different devices for it, as there is a lack of awareness of the impact of the electronics in health.



Conflict of interest / Interessenkonflikte  
yes / ja

**Contribution ID: 1301**

**Abstract subtopic / Abstract Unterthema**

3.3. Health technology assessment in primary care / HTA-Berichte in der Primärversorgung

**Presentation form / Präsentationsform**

ePoster

**Appearances mislead**

Juan Manuel Ruano García, María Dolores Conde Ros, María Asunción Gil López

*Fernán-Núñez Clinical Management Unit, Andalusian Health Service. Southern Area of Córdoba., Córdoba, Spain*

**Background and Questions:**

Age: 48 year old woman.

Previous Medical History: Overweight. Hypothyroid treated with levothyroxine 25mg.

Reason for consultation: Patient arrives to urgencies with acute thoracic pain evolving for 30 minutes without any vegetative signs.

**Methods and Outcomes:**

Vital signs: BP: 125/65; CF: 88Lpm; SAT 98%

EKG subepicardial lesion DII, DIII y aVF that suggests inferior Acute Myocardial Infarction (AMI).

Treatment: Sublingual NTG, AAS and ticagrelor are administrated. Patient is monitored and translated to PCI centre for primary angioplasty.

Clinical Judgement: STEMI by SCAD (Spontaneous coronary artery dissection)

**Discussion:**

Differential diagnosis: arteriosclerotic AMI, Vasospasm, Anxiety crisis or Work stress.

**Take Home Message for Practice:**

SCAD is an infrequent cause for acute coronary syndrome. It affects more to middle-aged women without cardiovascular risk factors. It has been related to peripartum, stress and previous intensive exercise. Usually it can appear as angina but it can reach sudden death. Moreover, it usually has a good prognostic, and it is treated with conservative measures.

We should suspect a SCAD in a women without CV risk factors and thoracic pain.

**Keywords:** coronary artery dissection. Myocardial infarction. Coronary angiography.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 1318**

**Abstract subtopic / Abstract Unterthema**

3.3. Health technology assessment in primary care / HTA-Berichte in der Primärversorgung

**Presentation form / Präsentationsform**

ePoster

**An unusual fever**

Juan Manuel Ruano García, María Dolores Conde Ros, María Asunción Gil López

*Fernán-Núñez Clinical Management Unit, Andalusian Health Service. Southern Area of Córdoba., Córdoba, Spain*



## Background and Questions:

Previous Medical History: Type II Diabetes Mellitus, Hypertension. Dyslipidemia, Hypertensive heart disease.

**Reason for consultation:** A 59-year-old female patient, who visited her Primary Care doctor for oropharyngeal discomfort for 5 days with 39°C fever on the second and fourth day. She is treated with azithromycin 500mg 1/24 hours 3 consecutive days and paracetamol.

Four days later, she comes again to persist spiking fever, with pain and swelling in both knees. It is treated with anti-inflammatories, general analysis is requested and it is decided to wait to see evolution.

After two days more, she decides to go to the hospital emergency room, for 38°C fever with several pain, swelling and functional limitation in both carpus, as well as a non-pruritic macular rash on the trunk.

## Methods and Outcomes:

Vital signs: BP: 131/67 mmHg. CF: 78 lpm. T°: 37.8°C. Sat: 98%.

Bilateral palpebral edema with associated orbicular redness.

Blood Test: normal blood count and liver enzymes, (leucocytes 13590 (N 81.8%, L 10%). PCR: 236.8;

Serologies: EBV Ig G +, Parvovirus Ig G +.

Clinical Judgement: adults Still's disease

## Discussion:

Differential Diagnosis: vasculitis, connective tissue diseases, hematological neoplasms and granulomatous diseases.

## Take Home Message for Practice:

Adults Still's disease, is an inflammatory rheumatic disease of unknown etiology and pathogenesis. Clinically, it presents fever, rash,odynophagia, arthralgia ... accompanied by an intense systemic inflammatory reaction. It is suspected that it may be triggered by viruses such as EBV, among others.

Key words: Adults Still's disease. Spiking fever. Non-pruritic macular rash.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1765

### Abstract subtopic / Abstract Unterthema

3.3. Health technology assessment in primary care / HTA-Berichte in der Primärversorgung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Tele-screening in dermatology-venereology referral

*Amélia Fernandes, Ana Teresa Lima, Sylvie Batista, Sofia Garcia*

*Family Medicine, Family Health Unit Anadia III, Anadia, Portugal*

**Background:** In Portugal, since June/2018, the referral for the first appointment of dermatology-venereology (DV) is made using tele-screening.

**Questions:** Creating a specific appointment for DV referencing aims to reduce the overall time to identify the problem that might need referencing, leaving more time for other queries.

**Methods:** Once a dermatological problem that motivates referral to hospital consultation has been identified, patients are placed on a call list. In the appointment an informed consent is signed and a careful anamnesis, physical examination and photos are performed. Finally, the patient selects to where he prefers to place the referral to. Without the patient's presence, the photos are uploaded, resized, and attached to the referral.

**Outcomes:** Referral for DV consultations started on 11/2018. Since then, and by the end of 2019, 96 referrals have been performed. Of those, 77 appointments were scheduled, with an average waiting time of



56.2 days, while 17 still await for an appointment. In 2 cases a therapeutic proposal was immediately received.

**Discussion:** There are many problems that may lead a patient to schedule an appointment and it is not always possible to resolve everything within the established time. It is, thus, useful to refer patients at a different time.

**Take-Home Message for Practice:** This referral approach has reinforced communication with Dermatologists, allowing for a more effective screening of the situations, as soon as the request for consultation is received, and it is clear that the most suspicious cases are called for hospital consultation quickly.

Conflict of interest / Interessenkonflikte  
no / nein

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### 3.4. Compassionate health care / Zuwendungsorientierte Versorgung

**Contribution ID: 7**

**Abstract subtopic / Abstract Unterthema**

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

**Presentation form / Präsentationsform**

Lecture / Vortrag

**What really matters is hidden from the eye: From the physician's room to the director chair and back**

Yoav Yehezkeli

*Independent practice, Rosh Haayin, Israel*

Physicians may choose to engage along their career in healthcare management. This transition is bound not only with change in work content but with changes in views, attitudes, and priorities to how is medicine being delivered. Such a journey, with its emotional, cognitive, clinical and organizational consequences and understandings, will be presented firsthand by an internist, practicing family physician who held senior managerial positions whilst maintaining clinical practice, eventually returning to the professional roots. A perspective on what is core in medicine and healthcare nowadays, being on a technological and humanistic crossroad. On the verge of becoming an unsustainable system, an old-new model for healthcare in general, and for primary care medicine in particular, will be discussed.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 132**

**Abstract subtopic / Abstract Unterthema**

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

**Presentation form / Präsentationsform**

ePoster

**Dizziness in an active smoker**

Laura Szlendak, Olga Barba Ávila

*Primary Health Center (CAP) Comte Borrell, Barcelona, Spain*



**Background:** Dizziness is a common and challenging condition seen in primary care clinic. Although dizziness appears usually due to benign causes, one may not exclude such life-threatening causes as stroke or intracranial mass.

**Content:** A 68-year-old woman, active smoker with accumulated dose of 48 pack years of smoking, consulted for an intermittent dizziness and vertigo that had developed one week before the consultation. She presented horizontal nystagmus, suggesting peripheral cause of vertigo. As a result, she was prescribed with betahistidine for symptomatic treatment. After few weeks of treatment, the symptoms persisted. She additionally reported photophobia and frontal morning headache that was aggravated with Valsalva maneuver, few episodes of vomiting without nausea and unsteady gait sensation. During the physical examination vertical nystagmus was added to the already presented horizontal nystagmus. Because of this additional symptom, the central nervous system was suspected as source of the disease, therefore complementary imaging tests were conducted. Chest X Ray showed right upper lobe tumor that was confirmed by computed tomography. Brain magnetic resonance showed right cerebellar hemisphere mass with moderate perilesional edema. The patient was diagnosed with pulmonary adenocarcinoma with brain metastasis.

**Conclusions:** Because of the fact that “dizziness” is a vague term that can include a wide array of medical disorders, it is important to use a stepwise approach to rule out central nervous system pathology and confirm the clinical diagnosis. Past clinical history along with a clinical examination are crucial when it comes to the management and the need of hospital referral.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 188

### Abstract subtopic / Abstract Unterthema

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Allgemeinmedizin 2020 : gibt es Gelegenheiten gemeinsamer Auswege aus der Gefahr ?

Patrick Tabouring

*Université du Luxembourg, Luxembourg, Luxembourg*

### Ziel:

Ziel dieses Workshops ist es, die Ansichten der Allgemeinmediziner zur aktuellen Lage der Allgemeinmedizin aus verschiedenen deutschsprachigen Ländern zu hören, etwaige Gemeinsamkeiten oder auch grundlegende Unterschiede festzustellen.

Der Fokus soll auf die derzeitigen Drohnungen gegenüber der Allgemeinmedizin gerichtet sein, sowie auf die Gelegenheit möglich gemeinsamer Lösungsvorschläge.

### Methode:

Wir hoffen auf Teilnehmer aus verschiedenen Ländern, optimal Deutschland, Luxemburg, Oesterreich und der Schweiz.

In Anbetracht der gesamten Teilnehmerzahl sowie der Anteile der verschiedenen vertretenen Ländern wird die Gruppe entweder in kleinere Arbeitsgruppen unterteilt oder aber es wird plenar interaktiv vorgegangen.

### Folgende Fragen werden bearbeitet:

- Welche sind die Gefahren, der die gegenwaertige Allgemeinmedizin ausgesetzt ist ? Welche sind spezifisch für ein Land, welche findet man allgemein ?
- Ist dieser Kongress eine angebrachte Gelegenheit Lösungsvorschläge zu erarbeiten ?



- Gibt es nationale Vorschläge, die von internationaler Unterstützung oder Kompetenz nutzen könnten ?
- Gibt es Anlass für gemeinsam internationale Initiativen ?

### Resultate:

Die aus dem Austausch erwarteten Ergebnisse werden zusammengefasst und auf ihre Umsetzbarkeit beurteilt.

Sofern sich konkrete Ansätze herausstellen lassen, werden sie sofort aufgegriffen und zu einem möglichst internationalen Plan zusammengefasst, welcher Lösungsvorschläge und effektive Massnahmen beinhaltet.

### Schlussfolgerung:

Es gibt bereits nationale Wege aus der Not der gegenwaertigen Bedingungen der allgemeinärztlichen Intervention. Es bestehen auch internationale Arbeitsgruppen, welche sich mit dem Thema auseinandersetzen.

Dieser DEGAM-Workshop sollte eine weitere Gelegenheit sein, in dieser Richtung gemeinsam noch besser voranzukommen.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 220

#### Abstract subtopic / Abstract Unterthema

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Evidence based screening of common diseases in post-Soviet Ukraine: are we ready to follow the European way?

Pavlo Kolesnyk

*Postgraduate Faculty, department of family and internal medicine, Uzhgorod National University, Uzhgorod, Ukraine*

**Background:** Previous post-Soviet screening system was not based on evidence and included low informative and cost-ineffective annual medical investigations. Ukrainian Health Care Ministry cancelled the former post-Soviet screening protocol in 2018 without creating a new one.

Evidence based screening (EBS) considers detection of asymptomatic diseases on the early stage, ability of the government to provide following treatment and rehabilitation, audit of following outcomes.

Analyzing the existing experience of European countries can give an example while creating the new system of EBS in Ukraine.

**Research question:** What are the similar screening investigations provided by family doctors in European countries and is Ukraine ready to implement them?

**Target Group:** Family doctors, managers

**Didactic Method:** The survey concerning state based screening in 25 European countries was conducted between council members of EURACT. Respondents answered the questionnaire about screening investigations to be performed by family doctors in their countries. The list of screening investigations similar in major European countries was compared with the medical protocols in Ukraine.

#### Objectives:

Main 10 similar screening investigations recommended by the government of 25 European countries were evaluated by the survey. "Free diagnostic minimum of medical investigations" guaranteed by Ukrainian government may be considered as step towards EBS. State also supports programs for chronic diseases management



(i.e.hypertension,diabetes,tuberculosis,HIV,HBV,HCV).

**Conclusion:**

The program of EBS has not been developed in Ukraine yet but steps towards were made. Considering the best examples of state based screening in Europe seem useful while planning the new Ukrainian system of screening with the limited resources.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 291**

**Abstract subtopic / Abstract Unterthema**

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

**Presentation form / Präsentationsform**

ePoster

**Approach to psychomotor agitation in primary health care**

Maria Nascimento<sup>1)</sup>, Andreia Medley Marques<sup>2)</sup>, Catia Gabriel<sup>2)</sup>

<sup>1)</sup>USF D. Francisco de Almeida, Abrantes, Portugal

<sup>2)</sup>USF Locomotiva, Entroncamento, Portugal

**Background:** Psychomotor agitation is characterized by an increased state of mental arousal and motor activity, constituting the most common urgency in psychiatry. Patients with psychomotor agitation may also resort to Primary Health Care and the Family Doctor should be able to deal with episodes of agitation that may precede violent behavior.

**Question:** How to manage a patient with psychomotor agitation in primary health care?

**Methods:** Bibliographic search in emergency psychiatry textbooks, Uptodate and Pubmed databases using MeSH terms "psychomotor agitation" and "primary care", in Portuguese, English and Spanish languages, including articles published in the last 5 years.

**Outcomes:** From about 100 articles, 4 were selected for their relevance. There are four fundamental steps: First step is meticulous screening, obtaining vital signs and anamnesis; Second step is to reassure the patient by assessing the orientation, speech coherence, and simultaneously to determine a diagnostic category; Third step is to constantly consider the physical restraint of the patient, for their safety, as well as healthcare professionals and other patients; Finally, the fourth step is the decision regarding referral to the General Emergency or Psychiatric Service, in suspicion of organic or psychiatric alteration.

**Discussion:** Family Doctors should act in accordance with an algorithm for patients with psychomotor agitation, promoting proper patient care while ensuring the safety of both and eventual third parties.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 359**

**Abstract subtopic / Abstract Unterthema**

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

**Presentation form / Präsentationsform**

Lecture / Vortrag

**How culture and health system shape practice – a qualitative study in GPs with experience working in Germany and another country**

Robert Bayer<sup>1)</sup>, Bianca Jansky<sup>2)</sup>, Niklas Barth<sup>1)</sup>, Klaus Linde<sup>1)</sup>



<sup>1)</sup>*Institute of General Practice and Health Service Research, Technical University of Munich (TUM School of Medicine), Munich, Germany*

<sup>2)</sup>*Institute of Ethics, History and Theory of Medicine, Ludwig-Maximilians-University Munich, Munich, Germany*

**Background:** Health systems and cultural attitudes differ strongly between European countries. It has rarely been investigated how such differences influence daily work in primary care.

**Objective:** We aimed to investigate how general practitioners (GPs) with experience working in two countries perceive cultural and health system differences and their influence on clinical practice.

**Methods:** We performed in-depth interviews with 14 GPs who have provided primary care both in Germany (with a relatively market-oriented health system with almost unlimited access to specialist care in private practices) and in a country with a significantly different health system (three each in the UK, the Netherlands, Norway, and the German-speaking part of Italy, and one each in Spain and Sweden). Interviews are analysed using thematic analysis.

**Preliminary results:** GPs reported huge differences between countries in their daily practices. The transition from one country to another was often described as a 'shocking' experience. Differences regarding training, continuing medical education, scientific spirit, practice organisation and equipment, gatekeeping, and reimbursement had a deep impact on many aspects of practical work. Time per consultation, continuity of care, the doctor patient relationship, and attitudes and expectations of patients suggest quite country-specific practice patterns. However, results suggest that there are also major differences between urban and rural practices.

**Preliminary conclusions:** The organisation of health care and regional culture have an important impact on actual work in general practice. With its limited number of GPs per country our study will give only a first glimpse at country specific features.

**Conflict of interest / Interessenkonflikte**  
no / nein

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## Contribution ID: 475

### Abstract subtopic / Abstract Unterthema

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

### Presentation form / Präsentationsform

Workshop

### Bad news - how to communicate? - role-play workshop

Vera Esteves, Teresa Guerreiro Martins

*USF Descobertas, ACES Lisboa Ocidental e Oeiras, Lisboa, Portugal*

#### Background:

Communicating bad news is often a challenge to practitioners, leading sometimes to the delay in exploring patient needs about diagnosis, prognosis and available resources.

#### Target Group:

General and Family Practitioners or Nurses

#### Didactic Method:

The workshop is structured to present difficulties in communicating bad news, especially in concern to three difficult situations, each of them involving an emphatic and patient-centred discussion of options: how can we inform an diagnosis that may negatively impact the patient; how can we transmit information about prognosis; how to bring the option of transition to palliative care when needed



It is expected that the session is interactive, exploring each of the three difficult situations isolatedly through the following steps:

- 1- Brief presentation of known studied technics to communicate the situation
- 2- Presentation of a video of an example with a role-play situation
- 3- Performing a role-play in the room between the lecturer (which would be in the place of the patient) and a volunteer from the audience, that could practice the technics discussed before

### **Objectives:**

Increase confidence in transmitting bad news by using studied communication patient-centred technics.

### **Estimated number of participants:**

15-20

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

I'm an third year resident of family care medicine. I've completed a post-graduation in palliative care and I'm performing my thesis in this area. During my post-graduation I've practiced multiple cases of communication by role-play, which I considered to modify substantially my medical-patient relationship.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 942**

### **Abstract subtopic / Abstract Unterthema**

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

### **Presentation form / Präsentationsform**

ePoster

### **Der Arzt als Wegweiser: Zum Einsatz guter Gesundheitsinformationen in der Praxis**

Dagmar Lühmann<sup>1)</sup>, Anne Engler<sup>2)</sup>, Markus Seelig<sup>2)</sup>

<sup>1)</sup>Institut und Poliklinik für Allgemeinmedizin, Universitätsklinikum Hamburg-Eppendorf, Hamburg, Germany

<sup>2)</sup>Stiftung Gesundheitswissen, Berlin, Germany

### **Hintergrund:**

Unverzerrte und verständliche Informationen sind erforderlich um gesundheitsrelevante Entscheidungen zu treffen – so das Patientenrechtegesetz. Die Trendstudie „HINTS Germany“ der Stiftung Gesundheitswissen zum Informationsverhalten bei Gesundheitsthemen zeigt, dass - trotz Nutzung moderner Medien - Ärzt\*innen weiterhin die Informationsquelle sind, der Patient\*innen am stärksten vertrauen. Ärzt\*innen können das Informationsverhalten unterstützen, indem sie ihre Patient\*innen auf evidenzbasierte Informationen hinweisen und dabei helfen, in der digitalen Informationsflut gute von weniger guten Informationen zu unterscheiden. Ärzt\*innen und medizinischem Fachpersonal kommt eine entscheidende Rolle als Wegweiser bei der Suche nach guten Gesundheitsinformationen zu.

### **Zielgruppe:**

Praktizierende Allgemeinmediziner\*innen, medizinisches Fachpersonal, Medizinstudierende, Patientenvertreter\*innen

### **Didaktisches Format:**

Die Veranstaltung beginnt mit drei Impulsreferaten. Darin wird das Informationsverhalten von Patient\*innen und deren Vertrauen in Gesundheitsinformationen thematisiert. Weiterhin wird eine Auswahl von Informationsmaterialien der Stiftung Gesundheitswissen am Beispielthema „Kniearthrose“, inklusive Entstehungsprozess vorgestellt.

Anschließend erörtern zwei Diskussionsgruppen:

- Welche Informationen benötigen Patient\*innen/ welche werden oft nachgefragt?



- Wie wird im Praxisalltag informiert und welche Themen werden häufig angesprochen?

Eine Abschlussdiskussion zum Thema „Wie können Gesundheitsinformationen für den Einsatz in der Praxis optimiert werden?“ beschließt die Veranstaltung.

### Zielsetzungen:

Ziel des Workshops ist es, die Integration von qualitätsgesicherten Gesundheitsinformationen in den hausärztlichen Praxisalltag zu erörtern. Dabei sollen Chancen, Hürden und Weiterentwicklungsmöglichkeiten diskutiert und relevante Informationsthemen und -formate identifiziert werden.

### Geschätzte Teilnehmerzahl:

15-30

### Kurzvorstellung Workshopleiter:

Dr. med. Dagmar Lühmann, Forschungskoordinatorin, Institut und Poliklinik für Allgemeinmedizin, Universitätsklinikum Hamburg-Eppendorf; Arbeitsgebiet: Umsetzung evidenzbasierter Medizin.

Anne Engler ist Referentin Evidenzbasierte Medizin bei der Stiftung Gesundheitswissen.

Markus Seelig ist Leiter Gesundheitsinformation/ Projektbüro bei der Stiftung Gesundheitswissen.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 558

#### Abstract subtopic / Abstract Unterthema

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

#### Presentation form / Präsentationsform

ePoster

### The need for locum services in family medicine in French-speaking Switzerland

Christine Arnold

*Department of Family Medicine – PMU, Center for Primary Care and Public Health (Unisanté), University of Lausanne, Lausanne, Switzerland*

**Author:** Christine Arnold, Muriel Maeder.

**Thesis Director:** Müller Chabloz Yolanda MER

ABSTRACT

**Background:** The need for locum services in family medicine is increasing due an increasing proportion of female physicians (maternity leave) and aspiration in both sexes for a better career and family balance.

**Aim:** We aimed to evaluate on one hand the need for locum services among primary care physicians and on the other hand the willingness of young physicians to work as locum doctors.

**Method:** We conducted a sequential mixed study design, with a first qualitative part followed by a cross-sectional survey. The qualitative part consisted in semi-structured interviews with 12 physicians to identify research themes for the survey. The online survey was then disseminated via the cantonal family medicine associations of the French-speaking part of Switzerland as well as residents in training for family medicine.

**Results:** While data collection is still ongoing, preliminary results are based on 310 answers (out of 1300 invited; response rate 24%), with 155 women (50.0 %), and 136 having their own practice (43.8%). The majority of physicians (176/310=56.7%) agreed that there was a need for locum activity, although only 42/136 practicing physicians (33.3%) reported having ever been replaced. However, 41/129 residents (31.8%) would consider a locum activity in the future.

**Conclusion:** Preliminary results clearly identify a need for locum services. We hope to confirm these results in our final data that will be presented at the conference, and to precise the characteristics of locum activity in Switzerland and the barriers to this activity.

## [CONTENT](#)

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DEGAM (WONCA Member)





Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 563**

**Abstract subtopic / Abstract Unterthema**

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Prescribing practice variability for UTIs among general practitioners: physicians' habits or patient diversity?**

Zeljko Vojvodić<sup>1)</sup>, Suzana Mimica Matanović<sup>2)</sup>

<sup>1)</sup>Family Practice Bijelo Brdo, Bijelo Brdo, Croatia

<sup>2)</sup>Department of Internal Medicine, University J. J. Strossmayer Osijek, Osijek, Croatia

**Goals:**

To describe the variability of antimicrobial prescribing patterns and the proportion of prescriptions for urinary tract infections among a sample of general practitioners in Croatia.

**Methods:**

The monitoring of antimicrobial utilization was based on prescribers' electronic health records from June 2018 until October 2019. Variabilities in number of prescriptions and physicians' characteristics (age, gender, number of enlisted patients, number of years after completed residency) were analyzed using a multiple regression model.

**Preliminary results:**

The sample of family doctors (42) represented about 1.87 % of all GPs in the country and cared for about 64000 inhabitants (1.5% of the country's population). Out of a total of 50361 antimicrobials for systemic use, 13002 (25.82%) were antibiotics for urinary infections. The number of prescriptions of antibiotics for systemic use among individual doctors ranged from 301 to 2710 (1199 on average), while the prescriptions of urinary antibiotics ranged from 65 to 736 (309 on average). Over-prescribers had 8-10 times more prescriptions compared with low prescribers. The proportion of urinary antibiotics in the total number ranged from 7.24% to 58.23% (25.82% on average).

Prescribers' characteristics were evaluated through a multiple regression model.

**Conclusion:**

Due to its near tenfold range, variations in prescribing patterns between practices should only be evaluated at the individual level. Future interventions should aim simultaneously to homogenization of prescribing together with compliance with guidelines.

**Key words:**

Antibiotics, community urinary tract infections, prescribing variability

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 583**

**Abstract subtopic / Abstract Unterthema**

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

**Presentation form / Präsentationsform**

Workshop



## With great power comes great responsibility: family doctors as advocates

Marina Jotic Ivanovic<sup>1)</sup>, Claire Marie Thomas<sup>2)</sup>, Nick Mamo<sup>3)</sup>, Vasilios Stoukas<sup>4)</sup>, Ozden Gokdemir<sup>5)</sup>, Nurayim Turanova<sup>6)</sup>

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<sup>2)</sup>Immediate Past President VdGM, GP Lead for Partnership Working, Improving Health Limited, South Southwark GP Federation, London, United Kingdom

<sup>3)</sup>NHS Education for Scotland, VdGM, Glasgow, United Kingdom

<sup>4)</sup>General Hospital of Nikaia & Piraeus "St. Pantaleon", VdGM, Athens, Greece

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

<sup>6)</sup>Kyrgyz State Medical Academy, Family Medicine Postgraduate Department, VdGM, Bishkek, Kyrgyzstan

**Background:** Family Medicine is the cornerstone of Primary Health Care. As family physicians we have a unique opportunity to deal with health issues beyond the biomedical model, including in our "differential diagnosis" causes other than the pathophysiology mechanisms, including economic, social, educational, environmental and political factors. Following on from the Astana declaration, we have both the right and the responsibility to advocate for our patients and communities. This task is full of unanswered challenges and questions.

**Target group:** Primary health care professionals

**Didactic Method:** The workshop will combine both theoretical knowledge sharing and practical experiential learning methods. The workshop will open with a short presentation examining the definition and scope of advocacy, examples from experienced medical advocates and useful tips/guidance for the advocates-to-be. The participants will then be divided into two groups, where they will discuss and present arguments in favour of and against GPs as advocates. Finally the participants will share the opportunities they have to advocate in their home countries and the challenges they face.

**Objectives:** This workshop will give family doctors insight into the scope, opportunities and methodologies of medical advocacy. Additionally we will bring together like minded individuals to create a network for encouragement and support.

**Estimated number of participants:** 30-40

**Brief presentation of workshop leaders:**

The presenters are all young GPs and active members of VdGM from across Europe. All are passionate about patient advocacy as an essential part of our work and the role of PHC in achieving better health for our communities.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 641**

**Abstract subtopic / Abstract Unterthema**

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

**Presentation form / Präsentationsform**

ePoster

**Taking care of those who take care**

Ricardo Silva<sup>1)</sup>, Cristina Bastos<sup>1)</sup>, Marta Costa<sup>1)</sup>, Ana Rita Maria<sup>2)</sup>, Tiago Gonçalves<sup>1)</sup>, Sofia Remtula<sup>1)</sup>, Sara Andrade<sup>1)</sup>

<sup>1)</sup>USF Conde de Oeiras, Lisboa, Portugal

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



## Introduction:

The League of Friends of the Conde de Oeiras Family Health Unit (LFCOFHU) is a non-profit association formed in 2015 by COFHU health professionals and patients, aiming at social and humanitarian support, complementing the social responses of the municipality of Oeiras, Portugal.

This work intends to emphasize one of the LFCOFHU strands: volunteer support from FCOFHU's collaborators, in partnership with psychology and physical therapy teams, towards dependent patients at the COFHU.

## Relevance:

Helping those who need it most and gaining a better understanding of the community in which the GP/Family Doctor works, strengthens not only the practitioner but also patients who voluntarily seek to feel useful in supporting others.

## Description:

Since the beginning, one of our missions has been to recruit patients who voluntarily wish to support other patients in need. Realizing the reality of these patients and their caregivers, the LFCOFHU has articulated interventions and workshops with the support of a psychologist and a physiotherapist, in order to improve the care provided by LFCOFHU collaborators and the caregivers themselves.

## Discussion:

LFCOFHU's mission to improve the physical, psychological and social well-being of dependent patients has been achieved through the vocational contribution of each element and articulation with other health professionals.

## Conclusion:

Considering the current demographic reality of Portugal, and not forgetting the shortage of available resources, LFCOFHU plays an essential role in combining volunteer professionals and patients to support dependent patients and their caregivers by encouraging the motto: taking care of those who take care!

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 650

### Abstract subtopic / Abstract Unterthema

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

### Presentation form / Präsentationsform

ePoster

## Breastfeeding as a teamwork: a partnership between a breastfeeding committee and the IMPEC initiative

Ricardo Silva<sup>1)</sup>, Cristina Bastos<sup>1)</sup>, Sandra Silva<sup>1)</sup>, Marta Costa<sup>1)</sup>, Ana Rita Maria<sup>2)</sup>, Tiago Gonçalves<sup>1)</sup>, Sofia Remtula<sup>1)</sup>, Carlos Russo<sup>1)</sup>, Sara Andrade<sup>1)</sup>

<sup>1)</sup>USF Conde de Oeiras, Lisboa, Portugal

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

## Background:

Since 2015, the integrating members of the Breastfeeding Committee of family health unit Conde de Oeiras have been working to promote, protect and support breastfeeding in accordance with national and international guidelines. In order to maintain quality of care, based on the goals that were established for all the centers that promote breastfeeding, this committee also cooperates in the development and implementation of different actions.

As a recognition for all the work that was developed regarding breastfeeding, our family health unit received in 2016 the Baby-friendly accreditation, given by the World Health Organization and UNICEF.



## Relevance:

Recently, through the efforts of the Portuguese Directorate-General of Health, a different work group was created: the IMPEC (Iniciativa Mobilizadora da Paternidade Envolvida e Cuidadora) – Mobilizing Initiative for a Caring and Engaged Paternity. This project was created based on the principle that both parents should share responsibilities and have an equal participation in the education and development of the child. The aim is to promote the father's involvement in the daily tasks, which includes a role of support in breastfeeding.

## Description:

A partnership between our Breastfeeding Committee and this initiative was established in 2019. In order to achieve our goals in promoting the father's role, we created a poster regarding the importance of the father in breastfeeding and developed sessions of education on health related to this topic.

## Discussion:

These initiatives intend to further educate families, specially fathers, and through them we hope to contribute to a healthier and happier child and family.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 735

### Abstract subtopic / Abstract Unterthema

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

### Presentation form / Präsentationsform

ePoster

## Differential diagnosis of joint pain

Marijana Tomic Smiljanic, Branika Sosic

*Civil Aviation Directorate of the Republic of Serb, Belgrade, Serbia*

**Introduction:** Soft tissue sarcomas account for just under 1% of all malignancies. Symptomatology can be different.

**Aim:** To point out the significance of joint pain as the possible first symptom of serious diseases.

**Method:** Data obtained from the medical documentation and health card.

**Case Report:** A 40-year-old patient reports for pain and swelling in the right elbow. A physical examination was performed, a slight swelling in the elbow area was noticed and the patient was referred to a physiatrist, where physical treatment was administered. An occasional pain had been occurring for the past few years in elbows and shoulders due to the nature of the patient's work. After the physical treatment, the difficulties receded. This time, after the physical therapy, the difficulties worsened, the swelling was more pronounced, and the pain was still present. An X-ray of the right elbow was done, a soft tissue shadow was found, and the findings of bones were normal. She was sent to an orthopedist for further diagnostics, where an ultrasound and MRI was performed, as well as a biopsy. Liposarcoma was proved. Radical surgical removal of the change was done, along with radiation therapy. The patient is currently undergoing regular check-ups.

**Conclusion:** There should always be caution when referring patients to physical therapy because simple pain in arms, legs and back could conceal much more serious illnesses. Physical treatment can delay referral to secondary level and exacerbate the disease.

**Key Words:** joint pain, liposarcoma

Conflict of interest / Interessenkonflikte  
no / nein



**Contribution ID: 737**

**Abstract subtopic / Abstract Unterthema**

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Osteopathy in Germany: attitudes, beliefs and handling among general practitioners - results from a cross sectional survey**

Jeremias Kluge<sup>1)</sup>, Gordian Schmid, Dr. med.<sup>1)</sup>, Tobias Deutsch, Dr. rer. med.<sup>1)</sup>, Susanne Unverzagt, PD Dr. rer. nat., M. Sc.<sup>1, 2)</sup>, Anne-Kathrin Geier, Dr. med., M. Sc.<sup>1)</sup>, Markus Bleckwenn, Prof. Dr. med.<sup>1)</sup>, Thomas Frese, Prof. Dr. med.<sup>2)</sup>

<sup>1)</sup>*Selbstständige Abteilung für Allgemeinmedizin, Medizinische Fakultät, Universität Leipzig, Leipzig, Germany*

<sup>2)</sup>*Institut für Allgemeinmedizin, Medizinische Fakultät, Martin-Luther-Universität Halle-Wittenberg, Halle, Germany*

**Background:** Osteopathy is a type of complementary medicine based on specific manual techniques. In Germany, the professional profile is not officially regulated and evidence for the effectiveness of osteopathy is insufficient for most diseases. Nevertheless, many health insurances in Germany offer reimbursement for therapy costs, if osteopathy is recommended or provided by a physician.

The aim of this cross-sectional survey among German general practitioners was to explore attitudes towards osteopathy and describe their daily interactions with it. Additionally, we searched for influencing factors on the frequency of osteopathy being recommended to patients.

**Methods:** A sample of 1000 general practitioners from all federal states was surveyed by mail using a self-designed questionnaire.

**Results and Discussion:** Response rate was 34%. 47% of the participants were female and median age was 56 years. 95% of the surveyed had already referred patients to an osteopath and 88% had recommended osteopathy to their patients. However, 57% acknowledged little or no knowledge about osteopathy. Most frequent reasons for a recommendation were disorders of the spinal column followed by other complaints of the musculoskeletal system and headaches. The participants estimated highest benefit for chronically ill and middle-aged adults. Female gender, age under 50 years, settlement in a major city, additional training for chirotherapy or acupuncture, own treatment experiences and positive patient feedback were positively correlated with recommendations for osteopathy. Conclusion: Osteopathy is frequently recommended in general practices in Germany. The reported reasons for referral may help to identify further needs for specific training and evaluation of effectiveness.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 742**

**Abstract subtopic / Abstract Unterthema**

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Determination of the relationship between expiratory carbon monoxide level and daytime sleepiness**

Banu Cicek UVACIN, Vildan MEVSIM

*Family Medicine, Dokuz Eylul University Faculty of Medicine, Izmir, Turkey*



## Introduction:

Excessive daytime sleepiness (EDS) is defined as difficulty in staying awake during the day in the sleep awake cycle and involuntary sleepiness. Although EDS is an increasing problem in the world and is frequently encountered by physicians, the mechanisms responsible for EDS are still largely unknown. In the cohort studies, it was observed that the rate of EDS increased in smokers and decreased in those who quit smoking. The aim of this study was to investigate whether there is a relationship between EDS and expiratory carbon monoxide (CO) level in individuals aged 18-45 years.

## Method:

This cross-sectional study was conducted in 280 people. The data were collected by sociodemographic data form, and Epworth Sleepiness Scale (ESS) questionnaire. The expiratory carbon monoxide level will be measured with the "Micro Smokerlyzer" CO monitor.

## Result:

The age of the participants was 18-45 years and the mean age of the participants was  $27.09 \pm 6.53$ . 55% of the participants were women. The mean expiratory carbon monoxide in smokers was  $20.22 \pm 7.82$  and  $3.83 \pm 1.206$  higher than the mean expiratory carbon monoxide in non-smokers. 10.7% of the participants had excessive daytime sleepiness. Mean expiratory carbon monoxide values between EDS and non EDS groups were significantly different.

## Conclusion:

Increased expiratory carbon monoxide levels increase excessive daytime sleepiness in individuals.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 822

### Abstract subtopic / Abstract Unterthema

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

### Presentation form / Präsentationsform

ePoster

## Epileptic seizure-the first manifestation of lung cancer

Branka Sošić, Marijana Tomic-Smiljanic

*Primary health center Rakovica, Belgrade, Serbia*

**Introduction:** Epileptic seizure is one of the symptoms that the brain responds with when it is irritated or damaged by various noxious substances. Brain metastases occur in 25-40% of patients with lung cancer.

**Goal:** Indicate the possible etiology of epileptic seizure.

**Method:** Medical records, discharge lists, consultation reports, laboratory analyses and discussions with the patient were used.

**Case report:** The patient had a grand mal type of epileptic seizure. CT scan of the endocranium verified an expansive, round-shaped formation with perifocal edema on the front left side. Lung x-ray shows infiltrative right suprahilar change that most likely corresponds to metastatic change. The patient was surgically treated. OP: Craniotomia osteoplastica reg. fronto-parietalis lat. sin. Extirpatio Tu in toto. A tumor-affected tissue sample was sent for histopathological analysis. Performed bronchoscopy – larynx, trachea and both bronchial trees of normal endoscopic appearance. Pathohistological analysis of brain tissue imbued with tumor tissue - Adenocarcinoma, well-differentiated, adenopapillary type G1, n1. The patient was postoperatively radiated. Chest CT performed - posterobasal right subpleural clearly limited formation of 15 mm (corresponds



to sec. deposit). Surgery performed-Resectio atypica segm. posterobasalis lobi inf.pulm. dex. Pathohistological analysis-Adeno ca bronchogenes acinarni tip G2, n1. After two months, new meta changes in the cerebellum and lungs occurred. Medical review board believes this is stage IV of the disease and decides to continue with symptomatic treatment.

**Conclusion:** Epileptic seizure may be the first manifestation of lung cancer. The anamnestic patient had been healthy by then, denying any other difficulties and illnesses.

**Keywords:** Epileptic seizure, lung cancer

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 871**

**Abstract subtopic / Abstract Unterthema**

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

**Presentation form / Präsentationsform**

ePoster

**Talking about suicide in a remote setting - an important aspect of the family doctor practice.**

Ana Isabel Cordeiro Machado, Ana Carolina Bronze, André Rocha, Beatriz Paiva Amaral, Carolina Resendes, Cátia Andrade, João Duarte, Sara B. Ponte, Sara Reis, Tatiana Nunes  
*USISM (Unidade de Saúde da Ilha de São Miguel), Ponta Delgada, Portugal*

**Background:** Suicide and mental health issues are major public health problems worldwide and in São Miguel island as well.

**Questions:** Are Family Doctors prepared to engage in a discussion about suicide?

**Methods:** A group of future family doctors from a local primary care unit (USISM) in São Miguel island carried out an awareness activity about suicide prevention and mental health promotion entitled "366 Initiative". The goals were to raise awareness and encourage dialogue between population and health care professionals. The initiative consisted on approaching the local community and health professionals to ask: "What would you say to someone that is thinking about committing suicide?". After a brief discussion, the participants wrote their thoughts on a chalkboard and, after providing informed consent, a photograph was taken. Symbolically, a yellow flower was offered to participants.

**Outcomes:** 366 photographs with a sentence were collected. In 2020, we are publishing a photograph per day in the official USISM social network.

**Discussion:** Prior to the activity, we foreseen the possible resistance from the public to talk about suicide. Although the stigma attached to this topic, the majority of participants were receptive to discuss about suicide and mental health problems. Despite our initial discomfort addressing the subject, we were later able to do it more freely. That showed even health care professionals feel uncomfortable talking about suicide.

**Take Home Message for Practice:** Family Doctors should be prepared to address suicide and mental health issues in their clinical practice in order to prevent it.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1068**

**Abstract subtopic / Abstract Unterthema**

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

**Presentation form / Präsentationsform**

Lecture / Vortrag



## Factors predicting quality of life and work ability among Finnish public sector employees

Elina Bergman<sup>1</sup>, Eliisa Löyttyniemi<sup>2</sup>, Saana Myllyntausta<sup>3</sup>, Päivi Rautava<sup>3, 4</sup>, Päivi Korhonen<sup>1, 5</sup>

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<sup>2</sup>*Department of Biostatistics, University of Turku, Turku, Finland*

<sup>3</sup>*Department of Public Health, University of Turku and Turku University Hospital, Turku, Finland*

<sup>4</sup>*Clinical Research Centre, Turku University Hospital, Turku, Finland*

<sup>5</sup>*Central Satakunta Health Federation of Municipalities, Harjavalta, Finland*

**Background:** Quality of life (QoL) and work ability are elementary parts in defining the well-being of a working-age person.

**Questions:** The aim of this study was to demonstrate the predictors of QoL and self-reported work ability among public sector employees, while taking into account several confounding factors.

**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 by physical examination, self-administered questionnaire and from medical history. QoL was assessed with the EUROHIS-QOL 8-item index and work ability with the Work Ability Score (WAS).

**Outcomes:** The EUROHIS-QOL mean score among all participants was 4.07 (95% CI 4.03–4.11). QoL was positively associated with good sleep quality, cohabiting, university-level education, and lower BMI, and negatively associated with occupational stress, depression and/or anxiety and disease burden. Work ability was reported good or excellent by 80% of the participants and the WAS mean score among all participants was 8.31 (95% CI 8.21–8.41). Work ability was positively associated with good sleep quality, younger age, lower BMI and university-level education, and negatively associated with occupational stress and disease burden.

**Discussion:** Occupational stress and self-reported sleep quality were shown to be powerful predictors of both QoL and work ability among Finnish public sector employees.

**Take Home Message for Practice:** The findings of this study highlight the need for screening and handling of work stress and sleep problems in occupational and primary health care.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 1129

#### Abstract subtopic / Abstract Unterthema

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

#### Presentation form / Präsentationsform

Workshop

#### Social prescribing in UK primary care

Angharad Woolley, Sophie Rowlands, Natascha Burgert

*RCGP Junior International Committee, Nottingham, United Kingdom*

#### Learning outcomes for attendees include:

1. Understand the impact of social circumstances on health outcomes
2. Understand the current provision for social prescribing in primary care
3. Confidently identify patients for whom a social prescribing approach may be beneficial, and also those for whom an alternative approach may be more suitable



4. Appreciate factors that facilitate effective collaboration between the GP and the social prescribing link worker.

In order to achieve this in the course of the workshop we will:

1. Review the social determinants of health as presented by Professor Marmot at the 2019 conference, recommendations in the long term plan and the current evidence to support social prescribing.
2. Provide an overview of the history of social prescribing and current provision in primary care since its widespread introduction in 2020 (NHS long term plan)
3. We will use small group work to explore how current GPs attending the session are using social prescribing europe wide, both through link workers and other scheme. We will encourage peer to peer learning and review case studies eg. NHS couch to 5K scheme, and identify any areas for improvement

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1145

### Abstract subtopic / Abstract Unterthema

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Der (über)informierte Patient - Chancen und Herausforderungen

Dagmar Lühmann<sup>1)</sup>, Martina Albrecht<sup>2)</sup>, Jochen Randig<sup>2)</sup>

<sup>1)</sup>Institut und Poliklinik für Allgemeinmedizin, Universitätsklinikum Hamburg-Eppendorf, Hamburg, Germany

<sup>2)</sup>Stiftung Gesundheitswissen, Berlin, Germany

### Hintergrund:

Im digitalen Zeitalter informiert „Dr. Google“ nahezu allumfassend zu jeglichen Gesundheitsthemen und wird somit immer öfter zur Erst- und Zweitkonsultation herangezogen.

Das Problem: Nicht alle diese Informationen bereiten sinnvoll auf den Arztbesuch vor, sondern können verunsichern, irritieren oder eine vermeintliche Diagnose vorwegnehmen. Zielführende Arzt-Patienten-Gespräche können auf Basis von unzuverlässigen Vorinformationen wertvolle Zeit kosten und zu Konflikten führen.

Doch welche Informationen sind verlässlich und wie können Ärzt\*innen auf valide und evidenzbasierte Informationen verweisen? Im Workshop sollen diese Fragen anhand von aktuellen Beispielen diskutiert werden.

### Zielgruppe:

Praktizierende Allgemeinmediziner\*innen, Patientenvertreter\*innen sowie Fachpersonal in Arztpraxen

### Didaktische Methode:

Die Veranstaltung wird durch zwei Impulsreferate eingeleitet. Diese erläutern, woran Ärzt\*innen und Patient\*innen verlässliche Gesundheitsinformationen erkennen und stellen Materialien der Stiftung Gesundheitswissen zur Vorbereitung eines Arztgespräches vor.

Im anschließenden, moderierten Gespräch sollen die zentralen Fragen diskutiert werden: Welche Erwartungen haben Ärzt\*innen an das Vorwissen ihrer Patient\*innen? Welche Art von Materialien und multimedialen Formaten zur Vor- und Nachbereitung des Arztgespräches wünschen sie sich?

### Ziele:

Das Ziel des Workshops ist, einen Einblick in die Erwartungen der Ärzt\*innen an das Vorwissen ihrer Patient\*innen sowie Erkenntnisse über Medienformate zur Vor- und Nachbereitung von Gesprächen zu erhalten. Darüber hinaus wird eine Auswahl an Formaten vor- und bereitgestellt.



## Geschätzte Anzahl Teilnehmer\*innen:

20-30

## Kurzvorstellung der Workshopleiter:

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Dr. Martina Albrecht, Methodikerin für evidenzbasierte Medizin, Stiftung Gesundheitswissen.

Jochen Randig, Producer multimediale Gesundheitsinformation, Stiftung Gesundheitswissen.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1155

### Abstract subtopic / Abstract Unterthema

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## The personal experience of UK-based doctors suffering from nausea and vomiting in pregnancy (NVP)/hyperemesis gravidarum (HG) both as patients and at work

Sophie Rowlands<sup>1, 2</sup>, Ria Clarke<sup>3</sup>

<sup>1</sup>RCGP Junior International Committee, Redhill, United Kingdom

<sup>2</sup>NHS, Surrey, United Kingdom

<sup>3</sup>Obstetrics and Gynaecology, Frimley Park Hospital, Surrey, United Kingdom

### Background:

Nausea and vomiting in pregnancy (NVP) ranges in severity from mild 'morning-sickness' to hyperemesis gravidarum (HG). Pregnancy sickness can be life threatening for mother and fetus.

### Questions:

- What is the personal experience of doctors with NVP/HG, as patients and at work?
- How can GPs improve the experience of women with NVP/HG?

### Methods:

A ten-question anonymous online questionnaire was disseminated via an online UK-based group for physician mothers. One-hundred responses from doctors who had personally experienced NVP/HG were collected.

### Outcomes:

100 doctors responded (35% GPs) with a mean of 1.91 NVP/HG pregnancies per doctor, and mean self-rated severity was 7.32/10. 64% had required sick leave, and 74% required medication.

35% found medication difficult to obtain. Reasons included: GP reluctance to prescribe (15.4%); prescription issues e.g. insufficient amount (15.4%); GP lacking knowledge of NVP/HG (11.6%); and GP underestimating severity (3.8%).

Work-related challenges included: job worsening symptoms (35.1%); difficulty taking time off (28.9%); managing symptoms at work (27.8%); being unable to perform (22.7%); lack of empathy from colleagues (16.5%); and disclosing pregnancy (9.3%)

### Discussion:

NVP/HG can have a significant impact on a woman's life and ability to work. Increased knowledge about NVP/HG amongst GPs and readiness to prescribe anti-emetics would be helpful, along with adaptations at work, and increased empathy from colleagues.

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## Take-home:

Increased knowledge amongst GPs and readiness to prescribe for NVP/HG is likely to improve outcomes for women. One respondent commented: "Please help more physicians understand...I'm scared to get pregnant again."

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1176

### Abstract subtopic / Abstract Unterthema

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

### Presentation form / Präsentationsform

ePoster

## Implementing a well-being strategy to a large practice across two cities in the North of England

Katie Barnett, Michael Holmes

*Haxby Group Practice, Haxby, United Kingdom*

This poster demonstrates Haxby Group Practice's wellbeing strategy. This is a strategy we are implementing across our teams in York and Hull to improve the well-being of our staff, both clinical and non-clinical. We share the evidence for the benefits of improving wellbeing at work, the dangers of presenteeism as well as absenteeism and areas to target. We also use this to explain techniques we are using, including use of the NHS well-being dashboard, ways we have approached the musculoskeletal, mental and lifestyle elements of wellbeing for our staff, how we are creating a culture change, and early results we have from our evaluation of the impact on the well-being of staff at work. Recent reports show that burnout across staff groups is high in primary care, particularly amongst the patient facing administration team and given the issues facing the team with retention and recruitment of staff, and the importance of experience in these areas, as well as clinically, we feel it is important to ensure the work environment is giving staff the best chance of success and resilience.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1177

### Abstract subtopic / Abstract Unterthema

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

### Presentation form / Präsentationsform

ePoster

## Providing a support plan for new to practice doctors to promote resilience and improve recruitment and retention

Katie Barnett, Michael Holmes

*Haxby Group Practice, Haxby, United Kingdom*

Recruitment and retention of first 5 GP's has become more and more challenging over the past few years, with up to 40% of GP's qualified in the last 5 years no longer working substantively in the NHS. It is vital in order for our profession to survive and thrive that we meet the needs of this group of GP's. One of the main reasons these GP's quote for leaving is isolation and lack of support. As a result of this we report the support



plan offered by a GP practice caring for 60000 patients across York and Hull as a way to provide the support needed. It includes having a mentor, gradual introduction of extra duties such as duty doctor, and regular meetings to ensure the doctor is feeling well supported in this new environment. We believe a support plan when starting work in a new practice or as a newly qualified GP should be a minimum requirement, in keeping with the BMA contract, and provide tips for GP's for negotiating this type of plan into their job plan.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1210**

**Abstract subtopic / Abstract Unterthema**

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

**Presentation form / Präsentationsform**

ePoster

**Genetics next to us**

Maria Malarska, Paulina Pachniak, Karolina Gąsiorowska, Aleksandra Mazerant  
*Clinical genetic, Medical University of Lodz, Łódź, Poland*

**Aim:**

Analyse of Polish people approach to genetically determined cancer and genetic diseases. In addition, the doctors' knowledge on the same subject was checked

**Material and method:**

The research was carried out in the form of a questionnaire published on the Internet, as well as paper given to patients of Genetic department. Over three thousand people were examined, whose average age was 32. At the same time, we asked doctors on the same topic. Unfortunately, we only received slightly more than four hundred responses. The average age of doctors was 42 years.

**Results:**

Many of respondents (40,3%) declared a genetic disease among their close relatives (family, friends). They mainly mentioned the Down Syndrome. Interestingly, 62,5% of them admitted to encounter stigma in everyday life. 11,2% of respondents was consulted by clinical geneticist.

92.9% of the respondents met with the term genetically determined cancer. 95.1% think that breast cancer is included in that group of cancers, 61.6% consider ovarian cancer, and interestingly 53.4% also find a genetic basis for cervical cancer.

Results for the same question in the medical group showed that 99.1% of physicians consider breast cancer, 90.2% ovarian cancer and 32.7% cervical cancer as partially hereditary cancers.

**Conclusions:**

Clinical genetics is still very incomprehensible for many people. We should focus on developing opportunities to broaden the knowledge of both medical personnel and citizens.

The ignorance of the basic of very common in our population cancers, especially among medical staff is very worrying.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1246**

**Abstract subtopic / Abstract Unterthema**

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

**Presentation form / Präsentationsform**



Lecture / Vortrag

## Home remedies as an option to strengthen self-efficacy in elderly, multimorbid patients – first results of the HopeS3 study

Friederike Schalthorn<sup>1)</sup>, Jan Valentini<sup>1)</sup>, Regina Stolz<sup>1)</sup>, Eckhard Frick<sup>2)</sup>, Cornelia Strassner<sup>3)</sup>, Stefanie Joos<sup>1)</sup>

<sup>1)</sup>*Institute of General Practice and Interprofessional Care, University Hospital Tübingen, Tübingen, Germany*  
<sup>2)</sup>*Department of Psychosomatic Medicine and Psychotherapy, Technical University of Munich, München, Germany*

<sup>3)</sup>*Department of General Practice and Health Service Research, University Hospital Heidelberg, Heidelberg, Germany*

### Background:

Self-efficacy seems to be an essential prerequisite for promoting patient activation. Furthermore, according to literature self-efficacy is an important determinant among elderly patients for their well-being, so to improve their quality of life. The HopeS3 study is a cluster-randomized controlled trial evaluating the effectiveness of different interventions intended to strengthen the self-efficacy of elderly patients (> 70 years with at least three chronic conditions) participating in a disease management program in a GP practice.

### Question:

The aim of this analysis is to evaluate the relationship between self-efficacy, patient activation and the use of home remedies in elderly, multimorbid patients.

### Methods:

As part of the intervention in the HopeS3 study recommendations on home remedies were given by an interprofessional team in GP practices. In order to support the use of home remedies instruction leaflets, adapted to the target group of elderly patients, were developed. Before start of the intervention, baseline data on self-efficacy (SESG6, GSES), patient activation (PAM-13) and the use of home remedies (utilization within the last 6 months) were collected.

**Outcomes:** Correlation and regression analyses of the baseline measures (SESG6, GSES, PAM-13, utilization of home remedies) will be presented at the congress.

### Discussion:

Our results will help to understand the relationship between self-efficacy and patient activation in the elderly and help to elucidate whether home remedies can play a role in this context.

### Take home message:

Strengthening the self-efficacy of patients is an interprofessional task, the recommendation of home remedies can help

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1383

#### Abstract subtopic / Abstract Unterthema

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

#### Presentation form / Präsentationsform

ePoster

### The adoptive family life cycle

Patrícia Barrancos<sup>1)</sup>, Ana Luzia Melo<sup>2)</sup>, Ana Margarida Mota<sup>3)</sup>

<sup>1)</sup>*USF Cuidar Saude - ACES Almada-Seixal, ARSLVT, Seixal, Portugal*

<sup>2)</sup>*Psychiatry, Hospital do Espírito Santo, Évora, Portugal*

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<sup>3)</sup>*Psychiatry, Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal*

### Background:

The Family Life Cycle is an essential tool for the family doctor's understanding of the family. However, it can't be literally applied to new types of family. When interviewing an adoptive family, understanding their tasks can be challenging, even more so since the bibliography of these families' life cycle is no widespread.

This paper aims to build a compilation for the professionals to understand which tasks must be accomplished and which transitions characterizes the adoptive family life cycle.

### Methods:

Bibliographic revision using terms "family life cycle" and "adoptive family" on Google Scholar's database and nonsystematic revision of systemic approach literature.

### Results and Conclusion:

The literature is consensual on differentiating between the parents' and children's tasks. Most sources refer four stages - Pre-adoption, Preschool, Middle childhood and Adolescence. Some authors include stages after the children leave home, such as Young Adulthood and Family in Later Life.

The adoptive family life cycle starts with the decision to adopt a child and is marked by the mourning of the biological family, by the ambivalence and the redefinition of identity. Parents and children have unique tasks related to the adoptive process and how systems accomplish their respective tasks determines the family adjustment.

This family life cycle is useful to describe the process in which the tasks related to adoption appear and interact with the traditional family life cycle's tasks. Given the close proximity with families, the family doctor finds himself in a privileged position to follow up these new systems.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 1412

#### Abstract subtopic / Abstract Unterthema

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

#### Presentation form / Präsentationsform

Lecture / Vortrag

### Acceptance of a toolbox on dementia by German general practitioners and practice assistants: Results from a cluster-randomized study

Anna-Liesa Filbert, Sabine Jäger, Birgitta Weltermann

*Institute of General Practice and Family Medicine, Medical Faculty of the University of Bonn, Bonn, Germany*

**Background:** Dementia is an age-related syndrome that was estimated to affect 46.8 million people worldwide (2015). In aging populations, the prevalence of patients with dementia is expected to rise. General practitioners (GPs) are often the first to be contacted for signs of dementia. This cluster-randomized trial (CRT) investigates the effects of a toolbox for GP practices with four tools to facilitate dementia care: patient brochures and poster for the waiting room in three languages, information card for professionals and diagnostic tools in different languages. GPs and practice personal of the intervention group were asked for their acceptance and use of the toolbox.

**Methods:** After three months, GPs and medical assistants of the intervention group were surveyed using a standardized self-administered questionnaire offered by mail. Details on the acceptance and use of the toolbox were requested.



**Results:** A total of 52 GPs and practice assistants (PrA) (14 GPs and 36 PrA) from 15 practices filled the questionnaire. Of the participants, 28.8% reported the use of two or more tools, while 19.2% had used none. In descending order, the brochures (71.2%), the information card (57.7%) and the poster (40.4%) were used. If used, professionals considered the poster (71.2%) and the brochures (80.8%) as helpful for patients. 75% of the practice personal valued the information card as helpful.

**Conclusion:** Overall, the dementia toolbox was accepted by both professional groups. Detailed results of the CRT will be presented at the congress.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1477**

**Abstract subtopic / Abstract Unterthema**

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

**Presentation form / Präsentationsform**

ePoster

**Von Hausarzteerzählungen zum allgemeinmedizinischen Narrativ**

Ottomar Bahrs<sup>1, 2)</sup>, Gernot Rüter<sup>3)</sup>

<sup>1)</sup>Institute of General Medicine, Heinrich-Heine-Universität Düsseldorf, Göttingen, Germany

<sup>2)</sup>Dachverband Salutogenese e.V., Göttingen, Germany

<sup>3)</sup>Hausarztpraxis, Benningen, Germany

Allgemeinmedizin kann als Urtyp ärztlichen Handelns verstanden werden, als „allgemeine Medizin“, die Strukturmerkmale einer ganzheitlichen, biopsychosozialen und personenzentrierten Medizin besonders akzentuiert aufweist. Paradoxerweise bedeutet dies zugleich, dass Hausarztmedizin stärker als jede andere ärztliche Teildisziplin kontextbezogen variiert und bei aller Orientierung an evidenzbasiertem Wissen ihre je individuelle Gestaltung erst im Praxisalltag gewinnt. Sie kann in ihrer Kunstfertigkeit daher nur begrenzt gelehrt werden und formt sich in Auseinandersetzung mit gelebten Modellen ärztlichen Handelns und ihren PatientInnen aus. Allgemeinmedizin stellt sich damit in einer Vielzahl paralleler Erzählungen von Hausärzten dar, die – so unsere These – ein gemeinsames implizites Wissen und Selbstverständnis transportieren, während ein explizites und allgemeinverbindliches allgemeinmedizinisches Narrativ fehlt.

Bei diesem Workshop geben 6 Hausärztinnen und Hausärzte Einblicke in ihre Tätigkeiten mit ihren jeweiligen Arbeitsschwerpunkten, seien diese nun in biographischen Entwicklungen, regionalen Versorgungsstrukturen, spezifischen Patientenbedürfnissen oder gewachsenen Kompetenzen des Praxisteam begründet. Sie machen nachvollziehbar, was sie hat zu Hausärzten werden lassen, wie sie ihre Tätigkeit selbst verstehen, was sie vorrangig ändern würden und wie sie sich ihre Rolle in 2030 vorstellen. Die Vorstellenden wurden so ausgewählt, dass eine möglichst große Vielfalt im Hinblick auf Alter und Erfahrung, Regionalität, Praxisschwerpunkten und Praxisgröße zum Tragen kommt und Männer und Frauen gleichermaßen berücksichtigt sind.

In der Diskussion soll versucht werden, jene Merkmale hausärztlichen Handelns herauszuarbeiten, die den Kern eines identitätsstiftenden hausärztlichen Narrativs bilden können.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1567**

**Abstract subtopic / Abstract Unterthema**

3.4. Compassionate health care / Zuwendungsorientierte Versorgung



## Presentation form / Präsentationsform

ePoster

### Shared decision making concerning adult vaccination in primary health care - a systematic review

Flora Kühne, Linda Sanftenberg, Jochen Gensichen  
*LMU Institut für Allgemeinmedizin, München, Germany*

**Background:** General practitioners bear the main responsibility to protect their patients through regular vaccinations for adults. A promising approach targeting insufficient vaccination rates is shared decision making (SDM). SDM is based on principles of patient-centred care and emphasises a bi-directional interaction between patient and provider, the exchange of information, the deliberation and implementation of a decision in consensus.

**Question:** Assessing the extent of SDM interventions to increase vaccination rates in adult outpatient care.

**Method:** Literature search will be conducted in MEDLINE and EMBASE (both via Ovid), The Cochrane Library, PsycINFO and ERIC. We will also search for grey literature using individual clinical trial and controlled trial registers (clinicaltrials.gov and CENTRAL), the WHO search portal and PROSPERO. We will evaluate to which extent SDM was realized.

**Outcomes:** Our preliminary search strategy applied in PubMed resulted in n=2.312 hits. After title-abstract-screening of the first n=300 results in alphabetical order, we excluded n=280 results. A preliminary full-text analysis resulted in n=3 matches. Consequently, we expect about n=10-15 studies for data extraction.

**Discussion:** According to our explorative literature research, we expect that SDM in adult vaccinations is implemented only partially in primary care. Some studies used different kinds of text messages to inform the patients. The possibility to ask questions personally was mostly unclear or only rarely (e.g. in the form of group visits).

**Take home message:** In order to promote SDM in vaccination education, nurses and resident pharmacists could be an important support.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1623

#### Abstract subtopic / Abstract Unterthema

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

#### Presentation form / Präsentationsform

Workshop

### Is all low back pain the same? A practical approach to a prevalent problem in the GP's office

Jorge Hernâni-Eusébio, Carlos Rocha de Castro, Ricardo Silva  
*USF do Minho, Braga, Portugal*

Low back pain is one of the most frequent reasons why a patient schedules an appointment with the General Practitioner. It represents a serious cause for morbidity and major losses in quality of life.

The etiology of low back pain may be very different regarding each patient (and even at different times in the same patient). Therefore, a specific evaluation is required to completely and correctly evaluate the patient's problem.

An adequate pain relief strategy must be provided to the patient. This can only be achieved if one methodically accesses the patient's clinical history and performs a complete physical examination in order to



prioritize the suspected differential diagnosis and choose the correct complementary tests to order. These skills are the main subjects to be honed during this workshop.

During this complex and sometimes long process, pain control must be one of our biggest priorities. During this workshop, we shall explore the main treatments available to prescribe in low back pain (such as pharmacological, non-pharmacological and technical treatments of pain relief). The choice of a treatment must also be oriented by a list of different etiologies behind a patient's symptoms and signs, always keeping in mind and respecting the beliefs and expectations behind a patient's choice for treating this specific problem.

The main goal of this workshop is, therefore, to empower the fellow colleagues with skills that can allow them to control low back pain in their patients, approaching them in the totality of their symptoms, beliefs and expectations.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 1854**

### **Abstract subtopic / Abstract Unterthema**

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

### **Presentation form / Präsentationsform**

ePoster

## **Increasing the perceived value of medical care in our communities An Family Medicine Intern's reflection on how to do differently**

Ana Cristina Franco Spínola

*Centro de Saúde do Bom Jesus, Centro de Saúde do Bom Jesus, Funchal, Portugal*

Reflecting on our individual and collective knowledge is important in daily clinical practice. Not less important is how this valuable asset is perceived by those receiving care, extended families and communities included. In times when the work of skilled professionals is demanded by outside drivers, impelling for extraordinary efforts it cannot go unnoticed the "on-going backstage work". The effort that teams endure to excel on providing care needs to be transparent, in order to be perceived as of valuable. Marketing rules are clear as for that but maybe, in healthcare we tend to do different. Often we can hear (within ourselves) the high levels of demand and little return, leading to accumulated frustration and exhaustion (maybe even burnout). When can we find the balance between the Ethics that rule our profession and making our work visible, from early academic backgrounds to accumulated multi-field experience, and show our daily challenges, we can also gain space for more tolerance from our patients and communities but also more humanized peer critics.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 1874**

### **Abstract subtopic / Abstract Unterthema**

3.4. Compassionate health care / Zuwendungsorientierte Versorgung

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## **The effects of COVID-19 related risk within communities of relative deprivation**

Mark Gabbay<sup>1, 2)</sup>, Adele Ring<sup>1)</sup>, Katherine Abba<sup>1)</sup>, Rachel de Cuevas Anderson<sup>1)</sup>, Shaima Hassan<sup>1)</sup>, Kerry Hanna<sup>1)</sup>, Pam Clarke<sup>1)</sup>, Taghreed ElHajj<sup>1)</sup>, Clarissa Giebel<sup>1, 2)</sup>, Mark Goodall<sup>1)</sup>



<sup>1)</sup>Department of Primary Care and Mental Health, University of Liverpool, Liverpool, United Kingdom  
<sup>2)</sup>NIHR ARC NWC, Liverpool, United Kingdom

**Background:** The Covid pandemic impacts more severely on those living in more deprived communities. We are undertaking in-depth qualitative research in a relatively deprived northern England city at household and community levels plus that of local employers. The focus is on risk perception, actions and consequences and future plans and priorities.

**Questions:** What are risk perceptions at household, community and employer levels in communities of relative deprivation, what actions are taken as a result, what are key barriers and facilitators to following recommended risk reduction actions and behaviours?

**Methods:** We plan to undertake 30 - 50 in-depth household interviews at baseline and 4 weeks with the additional option of photo-elicitation. We will purposively sample 30-50 community activists and organisations at two time points, as well as 30-50 local employers: both commercial and social care at a single time point.

**Outcomes:** Interview transcripts will be analysed thematically by the team of academics (multidisciplinary social scientists and clinicians) and public advisors. Analysis will be informed by theories of risk, behaviours change motivation and social constructionism.

**Discussion:** This study will provide insights into pandemic risk perceptions, actions and consequences. Findings will be of relevance to primary care to help reduce disease transmission among vulnerable and deprived populations.

**Take Home Message for Practice:** Vulnerable communities will need additional help and resources to reduce the risk of infection transmission in pandemics and they may have fewer resources to contain local outbreaks. This will include practical support and relevant health advice for protection and risk reduction.

Conflict of interest / Interessenkonflikte  
no / nein

## 3.5. Big data

**Contribution ID: 378**

**Abstract subtopic / Abstract Unterthema**

3.5. Big data

**Presentation form / Präsentationsform**

Lecture / Vortrag

### **Coordination of care before and after the abolition of a copayment system – longitudinal analysis of routine data from Bavaria, Germany**

Michaela Olm<sup>1)</sup>, Ewan Donnachie<sup>2)</sup>, Martin Tauscher<sup>2)</sup>, Roman Gerlach<sup>2)</sup>, Klaus Linde<sup>3)</sup>, Werner Maier<sup>4)</sup>, Lars Schwettmann<sup>4)</sup>, Antonius Schneider<sup>3)</sup>

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<sup>2)</sup>Kassenärztliche Vereinigung Bayerns (Bavarian Association of Statutory Health Insurance Physicians), München (Munich), Germany

<sup>3)</sup>Institut für Allgemeinmedizin und Versorgungsforschung (Institute of General Practice and Health Services Research), Klinikum rechts der Isar (University Hospital Klinikum rechts der Isar), München (Munich), Germany

<sup>4)</sup>Institut für Gesundheitsökonomie und Management im Gesundheitswesen (Institute of Health Economics and Health Care Management), Helmholtz Zentrum München, Deutsches Forschungszentrum für Gesundheit und Umwelt (Helmholtz Zentrum München, German Research Center for Environmental Health), Garching, Germany

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In the German healthcare system, patients have free access to general practitioners (GPs) and specialists in primary care. Insured persons can consult a specialist without a referral from a GP. To strengthen the coordinating role of GPs, a copayment of €10 was introduced in 2004 (quarterly charged for ambulatory visits without referral). Due to a perceived lack of efficacy and a high administrative burden it was abolished in 2012.

To evaluate the effectiveness of the copayment to support the coordination of care, and whether the effects of coordination were modified by its abolition.

A retrospective routine data analysis of claims data, held by the Bavarian Association of Statutory Health Insurance Physicians, was performed. A cohort of 500,000 randomly selected patients was analysed, comparing the years 2011 and 2012 (with copayment) and the period from 2013 to 2016 (without copayment). Descriptive time series analyses and weighted longitudinal regression models were used to estimate coordination status and specialist costs over time.

A substantial decrease in coordination was observed after abolition (Q1 (1st quarter)/2012: 43.0% coordinated; Q1/2014: 19.9% coordinated). Uncoordinated patients had €21.78 higher specialist costs per person and quarter than coordinated patients with similar characteristics. After abolition, the difference between coordinated and uncoordinated patients even increased by €2.39, while characteristics and behaviour of coordinated and uncoordinated patients changed fundamentally.

After abolition, only a small subset of patients remained coordinated. The findings suggest that the copayment was a moderately effective tool for supporting coordination of primary care by GPs.

Conflict of interest / Interessenkonflikte

yes / ja

## Contribution ID: 484

### Abstract subtopic / Abstract Unterthema

3.5. Big data

### Presentation form / Präsentationsform

ePoster

## Access to clinical trials in patients with Hepatitis C in Western and Eastern Europe

Anna Ostafiichuk

*Ambulatory № 2, The Communal Non-commercial Enterprise "Center of Primary Health Care № 1" Kyiv, Ukraine, Kyiv, Ukraine*

**Background:** Globally, it is estimated 71 million people have chronic Hepatitis C virus infection (WHO). One of the most affected is the European Region. Antiviral medicines can cure more than 95% of persons with hepatitis C infection, but access to diagnosis and treatment is low.

**Methods:** Based on data from <https://clinicaltrials.gov/> we searched clinical trials that has been performed in 2009-2019 in 30 European countries (10 Western and 20 Eastern). Clinical trials were studied by phases, status, type of therapy, Hepatitis C genotype, age of patients.

**Outcomes:** The vast majority of Hepatitis C trials has been performed in Western Europe (702/867) and 39,89% of them are phase I-II; the median of trials per country was 67,5 ranged from 11 (Denmark) to 137 (France). In Eastern Europe the median of trials per country 2,5 ranged from 0 (Latvia, Lithuania, Montenegro) to 42 (Poland, Russian Federation), phase I-II - 29,09%. 70% of Western European countries is recruiting patients for clinical trials and only 10% of Eastern European countries. The most frequent clinical trials have studied Direct acting antivirals (DAAs) 40,88%, Triple therapy (DAAs+INF+RBV) 44,87 %,

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combination INF+Ribavirin (RBV) 3,70% in Western Europe and respectively in Eastern DAAs - 32,73%, Triple therapy - 41,21%, combination INF+RBV - 12,73%.

**Discussion:** Access to clinical trials for Hepatitis C patients in Western and Eastern Europe is quite different. Participation in clinical trials could help patients from countries with low access to innovative medicines, either doctors could get necessary experience in clinical trials.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 508**

**Abstract subtopic / Abstract Unterthema**

3.5. Big data

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Real Time Measurement of General Practice Workload in Ireland**

Brendan Crosbie, Michael O'Callaghan

*Dept of General Practice, University of Limerick, University of Limerick, Ireland*

**Background:**

Demand for GP services is increasing and the resultant escalation in workload is of increasing concern. Accordingly, the accurate measurement and description of GP workload is essential to inform future healthcare planning.

**Questions:**

Can we use technology to accurately measure GP workload and proportional time expenditure on typical activities?

**Methods:**

Our study involves self-recording of activity by a national sample of Irish GPs. Participants used a time management software program ("TimeDoctor") to record tasks in real-time over a six-week period in early 2019.

**Outcomes:** A total of 8,930hrs of activity was recorded by 123 GPs. The average duration of a day in clinic (excluding break-time) was 9.9hrs. Sixty-four percent of doctor activity was spent on clinical consultations.

**Discussion:**

GPs in Ireland are working long days but are spending more than a third of their time on tasks which do not involve a patient in the room. This is an important finding as demand for face-to-face visits increases. Our results demonstrate the significant volume and variety of work undertaken by GPs in Ireland, with some interesting differences noted between urban and rural practices and amongst GPs of different ages.

**Take Home Message for Practice:**

This first of its kind study provides granular detail on GP workload in Ireland.

It also demonstrates an efficient method of capturing healthcare professional workload activity. Accurate recording and description of what it is that we are currently doing in our clinics is essential for future GP service provision and planning.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 515**

**Abstract subtopic / Abstract Unterthema**

3.5. Big data



## Presentation form / Präsentationsform

ePoster

### Gender differences related to the antidepressant pharmacological treatment in depressive episodes in primary care: Ecological model

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**Questions:** The objective of this study is to analyze this treatment of depression by gender. The hypothesis of this study is that there are significant differences in the pharmacological treatment by gender.

**Methods:** Ecological, retrospective, cross-sectional study. The sample of this study consists of all individuals with an active diagnosis of depression during the year of the study and who have been prescribed antidepressants, and having open Electronic Medical Records in primary health centers. Chi-square statistic was used.

**Outcomes:** A total of 16,601 people over 15 years of age had an active diagnosis of depression and were taking drug treatment. Of these, (Table 1), 76.7% were women, and 23.3% were men, with a mean age of 64.25 (DT 16.50) years of age. Significant differences were found in the age variable, the average age of onset of the depressive episode being almost four years older in women (65.02, DT: 16.38) than in men (61.73, DT: 16 , 64) (pvalor <0.001). Women on the other hand are prescribed a combined treatment to a lesser extent than men, since 90.80% of women have a combined treatment, compared to 95.38% of men (pvalor <0.001). Significant differences have also been found both in the prescribed drugs and in the global categories. The drugs most frequently prescribed to women compared to men are fluoxetine, paroxetine and duloxetine, while men are prescribed more frequently fluvoxamine, sertraline, amitriptyline, clomipramine, mirtazapine and vortioxetine.

**Take Home Message for Practice:** Are all these differences explained by gender?

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 605

#### Abstract subtopic / Abstract Unterthema

3.5. Big data

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

#### Big data and my data

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#### Background:

Internet data are being increasingly integrated into health informatics research and are becoming a useful tool for exploring human behavior. The most popular tool for examining online behavior is Google Trends (GT), an open tool that provides information on trends and the variations of online interest in selected keywords and topics over time. GT is a free, easily accessible search tool which can be used to analyze worldwide "big data" on the relative popularity of search terms over a specific period of time.



## Methods:

In our study, the frequency of admission to a family physician with cough (in turkish=öksürük) complaints between 7 October 2019 and 2 January 2020 , the search trend of cough(in turkish=öksürük) in GT and correlation between them was examined.

## Results:

There was a positive correlation between physician and GT data,  $r = .435$ ,  $p = .001$ .

## Conclusion:

GT data are being all the more integrated in infodemiology research, and Web-based data have been shown to empirically correlate with official health data in many topics. It is thus evident that this field will become increasingly popular in the future in health assessment, as the gathering of real time data is crucial in monitoring and analyzing seasonal diseases as well as epidemics and outbreaks.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 745

### Abstract subtopic / Abstract Unterthema

3.5. Big data

### Presentation form / Präsentationsform

Lecture / Vortrag

## Impact of sharing electronic health records with patients on health outcomes: systematic review and meta-analysis

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**Background:** Providing patients with access to electronic health records (EHRs) has emerged as a promising solution to improve health care. However, there is a considerable gap between the predicted and demonstrated benefits of these interventions. As the efforts to develop and implement EHR-based data sharing platforms mature and scale up worldwide, there is a need to evaluate the impact of these interventions.

**Question:** What is the impact of sharing EHR with patients on health outcomes?

**Methods:** Six databases (Pubmed, Cochrane, CINAHL, EMBASE, Psychinfo, HMIC) were scanned using a predefined search strategy. Studies were screened by independent investigators, and quality was assessed by the Cochrane Risk of Bias Tool. Randomised trials were pooled in a meta-analysis.

**Outcomes:** The search retrieved 6,594 citations; 30 studies met the inclusion criteria, 13 focused on health outcomes. Nine out of 13 studies demonstrated a positive impact. A significant reduction was found on HbA1c levels (95CI 0.104-0.458,  $p=0.002$ ) and systolic blood pressure values (95CI 0.017-0.263,  $p=0.025$ ). There was no considerable heterogeneity ( $I^2 = 13.7$ ;  $I^2 = 0.0$ ) and no evidence of publication bias.

**Discussion:** EHR-based data sharing interventions have demonstrated benefits on effectiveness of care. Evidence-based policies shall capitalise on these findings, in order to inform evidence-based policies and to enhance a broader acceptability and uptake of EHR.

**Take home messages:** Evidence shows that sharing EHR with patients improve health outcomes. However, further work needs to be explore potential harms, including the exclusion of patients (digital divide), and improving inequities in the delivery of care.



## Core Values of Family Medicine: Threats and Opportunities

Conflict of interest / Interessenkonflikte  
no / nein

### **Contribution ID: 1262**

#### **Abstract subtopic / Abstract Unterthema**

3.5. Big data

#### **Presentation form / Präsentationsform**

ePoster

### **Brazilian National Census Bureau: a journey into primary health care and public policy evaluation**

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<sup>5)</sup>Primary Health Care Secretary, Brazilian Ministry of Health, Brasília, Brazil

**Background:** Since 2019, Brazilian Health Ministry has been developing a huge partnership with IBGE - the Brazilian National Census Bureau. In the main national household surveys, a set of questions which evaluate PHC was included. The first one was the National Health Survey (PNS-2019) with Primary Care Assessment Tool (PCAT) adult short version, validated in Brazil by Professor Starfield and a group of Brazilian researchers in 2006.

**Questions:** How to assess a country's primary care services on a national scale?

**Methods:** National Household Health Surveys use probabilistic sampling to interview people in their houses and calculate overall PCAT scores with statistical representativeness (external validity) for Brazil, five Brazilian Regions, besides almost all the 27 Brazilian states.

**Outcomes:** In PNS-2019, more than 100,000 households were face-to-face interviewed, and after data collection, about 10,000 matched the adult PCAT inclusion criteria.

**Discussion:** To our knowledge, pioneering of IBGE in a continental country like Brazil set this approach as the largest one in the whole world. Brazilian example and its geographical complexity can incentivate other countries to set a baseline for public policy evaluation in PHC, considering an international validated tool, by the time world's health system try to reach sustainable development goals (SDG), especially ODS #3.

**Take Home Message for Practice:** It is possible to join forces through a solid goal, focused on government strategies to a strong PHC which coordinate health care, and that PCAT remains current to be used in PHC global assessment.

Conflict of interest / Interessenkonflikte  
no / nein

### **Contribution ID: 1629**

#### **Abstract subtopic / Abstract Unterthema**

3.5. Big data

#### **Presentation form / Präsentationsform**

ePoster

### **Prescribing analgesia in a primary care unit: a snapshot from practice**

Jorge Hernâni-Eusébio<sup>1)</sup>, Ricardo Silva<sup>1)</sup>, Raúl Pereira<sup>2)</sup>



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<sup>2)</sup>USF Lethes, Ponte de Lima, Portugal

Chronic pain is one of the most prevalent health problems in the world. According to the International Association for the Study of Pain, chronic pain is qualified as a disease on its own.

In Portugal, chronic pain is the second most prevalent chronic disease. However, only 1% of these patients attends a Chronic Pain Unit for evaluation and treatment, being the vast majority of them evaluated by their General Practitioner.

Pharmacological treatment is a cornerstone of chronic pain treatment. Therefore, it is important to verify the pattern of analgesia prescription in Primary Care and how it may be compared with the European reality.

We made a descriptive study about the frequency and distribution of boxes of pain medication prescribed at a Primary Care Unit (PCU) from 2015 until 2018. The studied population involved all the patients at that PCU. Pain medication were divided in Nonsteroidal anti-inflammatory drugs (NSAIDs), Acetaminophen, Weak opioids, Strong Opioids and MOR-NRI opioids. We used IMB<sup>®</sup>SPSS<sup>®</sup> to analyze the collected data.

The studied population comprehended 11 thousand patients. We registered a 22.5% growth in analgesics prescription. NSAIDs prescription decreased in relative frequency, as observed in Europe. All opioid prescription has increased (particularly of strong and MOR-NRI opioids) in recent years but is still inferior to the European pattern.

This change in pattern of prescription is interesting, emphasizing the importance of more studies in this area to study the reasons behind this change, why it changed and why is it different from the European pattern.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 1738**

### **Abstract subtopic / Abstract Unterthema**

#### 3.5. Big data

### **Contribution presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## **Incidence of mellitus type 2 diabetes in a population cohort at 10 years of follow-up.**

### **Relationship with the presence of peripheral arteriopathy**

Xavier Cos<sup>1, 2)</sup>, Jordi Ingla<sup>1)</sup>, Josep Franch<sup>1, 2)</sup>, Begoña Lopez<sup>1)</sup>, Pere Toran<sup>1, 2)</sup>, Maria Teresa Alzamora<sup>1, 2)</sup>

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Diabetes mellitus (DM) is long known as risk factors for peripheral artery disease (PAD).

**Hypothesis:** Patients with PAD may have a higher risk of developing DM. Peripheral arteriopathy could represent an early marker of DM onset and its presence would force us to screen for diabetic disease.

**Objective:** to assess DM incidence in a population based cohort after a 10-year follow-up and compare this incidence considering the presence or absence of peripheral arterial disease.

**Methodology:** study of an established cohort (ARTPER cohort) formed by patients with and without PAD from 28 health centers. Patients diagnosed with DM at baseline will be excluded. Assessment at 10 years (2020) by electronic clinical record data, the incidence of diabetes mellitus and the main factors associated with peripheral artery disease that occur more frequently to the appearance of DM will be analyzed.

**Variables:** age, sex, smoking, BMI, HT, cholesterol, LDL, HDL, triglycerides, physical activity, AIT, stroke, angor, AMI, intermittent claudication.

## CONTENT

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**Statistical analysis:** PAD on DM incidence will be explored using Cox regression models. The baseline factors related to PAD will be compared with the appearance or absence of DM with bilateral tests with a 5% significance. The Stata v15 package will be used to analyze the results.

**Relevance:** PAD patients have a high cardiovascular risk, to which the future risk that the appearance of DM should involve should be added. It would be worthwhile to establish whether in these individuals, certain specific interventions such as directed physical exercise plans and dietary measures, provide benefits in glucose metabolism.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1821**

**Abstract subtopic / Abstract Unterthema**

3.5. Big data

**Presentation form / Präsentationsform**

Workshop

**Using ICPC-3 and the interface to display the epidemiology in your own practice.**

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<sup>2)</sup>Department of Primary and Community Care, Radboud University Medical Center, Nijmegen, Netherlands

**Background:**

In daily practice of Primary Care, Community Care and Public Health many standards are used. In Primary Care the ICPC or ICD is the starting point for registration and documentation: the "data". Most of the data is for use within the Primary Care setting itself, some data is used for referral, also some data comes back after consultation of a medical specialist or dismissal from a hospital. To support a smooth bridging of patient-centered health care data the ICPC-3 will contain linkages to several classifications and clinical terminologies, such as ICD10, ICD11, ICF and to SNOMED. This will not only support decision making and collection of standardized information, but also forms the basis for research in Primary Health Care. The ICPC-3 also contains index terms and 'synonyms' to support easier search functions.

**Aims of the workshop:** To gain insight into the new ICPC-3 and to discover the many possibilities for recording data in a structured manner.

**Methods:** By using an excel file with diagnoses, complaints/symptoms, interventions, functioning classes and the ICPC-3 browser the participant will have to find the right place and right code in the new classification.

**Results and conclusions:** To understand and learn about the new version of ICPC.

Conflict of interest / Interessenkonflikte  
no / nein

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## 3.6. Quality and safety / Qualität und Sicherheit

**Contribution ID: 11**

**Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

**Presentation form / Präsentationsform**

ePoster



## Medication review in community-dwelling older patients using the GheOP<sup>3</sup>S-tool: collaboration between pharmacists and general practitioners

Katrien Foubert

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**Background:** The Ghent Older People's Prescriptions community Pharmacy Screening (GheOP<sup>3</sup>S)-tool was recently developed as an explicit screening tool to detect drug-related problems (DRPs) and to help in performing medication reviews.

**Objectives:** (1) To describe the detected DRPs and the subsequent pharmacists' recommendations with their acceptance and implementation rate; (2) to assess the potential impact of the intervention.

**Method:** Prospective observational study in community-dwelling older patients ( $\geq 70$  years,  $\geq 5$  medications). Community pharmacists performed medication reviews using the GheOP<sup>3</sup>S-tool, resulting in the documentation of DRPs with corresponding pharmacists' recommendations. General practitioners' (GPs) acceptance was recorded during face-to-face pharmacist-GP meetings. Implementation was assessed after 3-month follow-up. The potential impact on the number of medications, the number of 'GheOP<sup>3</sup>S-related DRPs', the anticholinergic and sedative burden quantified by the Drug Burden Index (DBI), and medication costs was assessed by a pre-post comparison of the patients' medication lists.

**Results:** Twenty-one pharmacists detected 470 DRPs with a median (IQR) of 6 (4-8) per patient in 75 patients. Most prevalent recommendations were stopping (23%) and substituting (19%) medication. Overall acceptance was 67%. At follow-up, 56% of accepted recommendations were implemented. Only the number of GheOP<sup>3</sup>S-criteria ( $p < 0.001$ ) and the DBI scores ( $p = 0.033$ ) significantly differed from baseline.

**Conclusions:** The acceptance of pharmacists' recommendations was relatively high in this study, although implementation could be improved. Multidisciplinary medication reviews using the GheOP<sup>3</sup>S-tool can have a potential impact on the number of DRPs and the anticholinergic and sedative burden of patients.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 40

#### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

#### Presentation form / Präsentationsform

Workshop

### "Difficult Patients" or "Difficult Doctors". Who are we?

Matteo Mannucci<sup>1</sup>, Enrique Ferrer Mygind<sup>1</sup>, Juan Ortega Perez<sup>2</sup>, Rocío García-Gutiérrez Gómez<sup>3</sup>, Laura Lopez Velasco<sup>4</sup>

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<sup>4</sup>Centro de Salud Son Pisá, IBSALUT, Palma, Spain

Managing our consultations with difficult patients has always been challenging.

But are we sure that all is about the "difficult patient"? Can we be considered as difficult doctors?

This workshop will help all participants through literature material, sharing experiences and roleplay to understand our position as difficult doctor.



Starting with icebreaker, then we begin the workshop with a look of the most important problems with difficult patients. We will also explain the most common kinds of them and how to handle common situations. Then we skip and focus the attention of ourselves, doctors, and how can we be good/bad influence for patients.

After that we would like to do a role play in with the audience can experience the issues learned during the exposition, playing as doctors and as patients.

We hope people attending this workshop return to their homes with the sensation they can apply the “ticks” learned during the session in their daily consultation and avoid unpleasant situations with patients, so communication between them could lead to the aim of our work, listen, treat, heal and help.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 93

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

Lecture / Vortrag

## Process evaluation in a complex intervention - contributions regarding rational use of antibiotics in primary care

Regina Poß-Doering<sup>1</sup>, Lukas Kühn<sup>1</sup>, Martina Kamradt<sup>1</sup>, Katharina Glassen<sup>1</sup>, Edith Andres<sup>2</sup>, Petra Kaufmann-Kolle<sup>2</sup>, Michel Wensing<sup>1</sup>, Joachim Szecsenyi<sup>1, 2</sup>

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**Background:** Antibiotics use in German primary care is moderate and declining, but still too high. The ARena study (Sustainable Reduction of antibiotic-induced antimicrobial resistance in German ambulatory care) aims to promote rational, indication-appropriate antibiotics use for acute non-complicated infections. Alongside a randomized trial, this process evaluation aimed for a detailed understanding of the perceived problem to inform future interventions and translation into routine care. ARena is funded by the Federal Joint Committee (G-BA), Innovation Fund, (funding code 01NVF16008).

**Questions:** Which aspects of the Arena program contribute towards rational antibiotics use in primary care?

**Methods:** ARena is a 3-armed, cluster-randomized trial conducted in 14 primary care networks with 303 physicians. Semi-structured guide-based interviews were conducted with physicians, medical assistants and other stakeholders to gain insight into implementation fidelity, working mechanisms and relevant contextual factors. Data analysis was based on the Tailored Implementation for Chronic Disease Framework. A 3-time repeated survey investigated perceptions, impact of study participation and contextual factors.

**Outcomes:** Physician awareness about own practice, introspection and new approaches in provider-patient communication were supported, habitual prescribing decisions re-considered. The implementation of rational prescribing was more likely after ascertaining that peers do so. Interaction of intervention components and peer exchange promoted a more reflected antibiotics prescribing management.

**Discussion:** Recommendations for enhancing rational antibiotics use will be discussed.

**Take Home Message for Practice:** Process evaluations provide valuable insights into factors and processes for successful implementation of recommended practices into routine care.

Conflict of interest / Interessenkonflikte

no / nein



## **Contribution ID: 166**

### **Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

### **Presentation form / Präsentationsform**

Workshop

## **Tools to practice Evidence-Based Medicine - EUROPREV workshop**

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<sup>3)</sup>Department of Community Medicine, Health Information and Decision, EUROPREV, Faculty of Medicine of the University of Porto, Guifões, Portugal

### **Justification and interest of the workshop:**

Evidence-Based Medicine has become essential in the clinical practice of Family Medicine and is fundamental to apply the concept of quaternary prevention. However, there are still some obstacles to implement Evidence-Based Medicine at the point of care. To overcome these obstacles, it is fundamental to know and to have the right Evidence-Based Medicine tools at the point of care.

### **Learning goals:**

1. To learn about the concepts: Evidence-Based Medicine, overdiagnosis, overtreatment and quaternary prevention.
2. To know the pros and cons of different Evidence-Based Medicine tools.
3. To be able to select the right tool to implement Evidence-Based Medicine at the point of care.

### **Methods:**

A mix of lecture, clinical vignettes, small group discussion and plenum discussion will be used. Lecture content will include conceptualisations of Evidence-Based Medicine, overdiagnosis, overtreatment and quaternary prevention. Participants will be invited to discuss clinical vignettes. The use of different Evidence-Based Medicine tools will be demonstrated. Advantages and disadvantages of each tool will be discussed. Plenum discussion will be used to share the diverse experiences of the participants using Evidence-Based Medicine tools.

### **Expected impact on the participants:**

By discussing some clinical vignettes, and seeing how different Evidence-Based Medicine tools would work out in these vignettes, by sharing knowledge and experiences, participants are expected to increase their professional resources to implement Evidence-Based Medicine at the point of care.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 169**

### **Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

### **Presentation form / Präsentationsform**

ePoster

## **Acute Demand in Primary Health Care Center**



Isabel Roig Grau<sup>1)</sup>, Ramon Rodríguez Roig<sup>2)</sup>, Anna Delgado Juncadella<sup>3)</sup>, Aurora Cruz Vázquez<sup>3)</sup>, Joan Anton González Valero<sup>3)</sup>, Ester González Pérez<sup>3)</sup>, Domingo Rodríguez Sotillo<sup>3, 4)</sup>, Núria Busquet Solé<sup>3)</sup>, Alba Cuberas Mas<sup>3)</sup>, Berta Fornés Ollé<sup>3)</sup>

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<sup>4)</sup>Medical, Catalan Institute of Health, Barcelona, Spain

**Aim:** To assess the resolution of emergencies in the Primary Health Care Center through the acute demand based on clinic history, physical examination, complementary tests and clinical judgment.

**Material and Methods:** Analytical, cross-sectional study.

Sociodemographic variables and 4 variables depending on whether patient care is resolved by a nurse, a doctor, both or it is bureaucracy.

Sample measurement: Accepting an alpha risk of 0.95 for an accuracy of  $\pm 0.004$  units in a bilateral contrast by nurse resolution of 50%, it is required a random sample of 454 patients. Analysis: Quantitative variables are described with the mean and standard deviation and they are compared with "t" Student. Qualitative variables are described with percentages and compared with  $\chi^2$  Pearson.

**Results:** 500 patients. Mean age: 48.2 years (SD  $\pm 18,906$ ), 59% women. Most frequent reasons for consultation: upper respiratory symptoms (23.2%), diarrhea / vomiting (12.6%), odynophagia (10.2%). The 14% of total visits have been resolved by nursing, 47.2% by doctors, and 38.4% have been resolved by both, nurses and doctors. The 10.3% of total visits are considered bureaucracy. 59% of patients are only given health advices, and 71% of patients receive nursing techniques. Analgesics and anti-inflammatories are the most indicated drugs in 12.3%.

**Conclusions:** The management of acute demand in emergencies show a good resolution of visits attended, providing a high number of health advices, nursing techniques and health education. Improving skills and knowledge can be very positive and efficient, and it can also promote coordination and teamwork among professionals.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 170

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

ePoster

## Information and Communication Technologies (ICT) in Primary Care

Isabel Roig Grau<sup>1)</sup>, Ramon Rodríguez Roig<sup>2)</sup>, Anna Delgado Juncadella<sup>3)</sup>, Joan Anton Gozález Valero<sup>3)</sup>, Domingo Rodríguez Sotillo<sup>4)</sup>, Carles Pardo Fonfría<sup>3)</sup>, Elena Valen Suñer<sup>3)</sup>, M<sup>a</sup> Angels Aznar Pi<sup>3)</sup>, Irene Rodríguez Martín<sup>3)</sup>, Angela María Valencia Londoño<sup>3)</sup>

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<sup>4)</sup>Medical, Catalan Institute of Health, Barcelona, Spain



**Aim:** to describe how much patients from Primary Health Care search health information on the Internet and which is the impact on the management of their health.

**Material and Methods:** Descriptive cross-sectional study through a self-administered survey 530 patients surveyed > 18 years of age who come to the Primary Health Care Center during a week for any reason. People with cognitive impairment or psychic disability are excluded. Variables: sociodemographic factors and relationship between social networks and patients. It has been described univariate and bivariate data.

**Results:** The 25% of respondents are under 40 years old and 58% are men. The 40% of patients >18 years old do not search health information on the internet, and 23% they do it often. 29% of patients search information related to health just for curiosity, 28% to expand their knowledge and 25% related only with their symptoms. The 24% of patients are given health messages through Internet and 37% use internet to obtain health information. 78% of patients prefer being visited personally by their doctor. The most used social networks are WhatsApp(25%) and Facebook (26%).

**Conclusions:** Over 50% patients visited in Primary Health Care Center use internet to search health information for curiosity and to expand their medical knowledge, particularly related to symptoms and side effects of treatment. The use of internet varies by age, being more frequent among younger and mid-age patients and those who have middle or higher studies. Patients who deny using internet are over 60 years.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 196

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

Lecture / Vortrag

### Establishing incident reporting in primary care – a hard nut to crack?

Beate Müller<sup>1</sup>, Marina Pommée<sup>1</sup>, Tatjana Blazejewski<sup>1</sup>, Dania Schütze<sup>1</sup>, Martin Beyer<sup>1</sup>, Dagmar Lüttel<sup>2</sup>, Hardy Müller<sup>3</sup>, Katharina Rubin<sup>3</sup>, Christian Thomeczek<sup>4</sup>, Romy Schadewitz<sup>4</sup>, Andreas Kintrup<sup>5</sup>, Reiner Heuzeroth<sup>6</sup>, Ferdinand M. Gerlach<sup>1</sup>

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<sup>6</sup>Asklepios Kliniken GmbH, Hamburg, Germany

### Background:

Primary care practices in Germany are obliged to have systems in place for reporting and learning from incidents. However, many practices have not implemented such systems yet. The project CIRSforte aims to develop Critical Incident Reporting and Learning Systems (CIRS) in primary care practices.

### Questions:

Which supporting measures are accepted by participating practices?

How does incident reporting structures and safety culture change over time?

### Methods:

Over 17 months, 184 practices were provided with various measures, e.g.

- Workshop and e-learning module to understand the principles of error management



- Incident forms and templates to make reporting easy
- E-learning modules to learn about structuring team meetings and developing preventative measures
- Web-based seminars to exchange problems and solutions with other practices
- Telephone hotline for queries
- Monthly newsletters with current project information and tips about error management
- Project homepage with further information and materials, see [cirsforte.de](http://cirsforte.de)

Evaluation methods comprised questionnaires, assessment of incident reports and qualitative interviews.

### **Outcomes:**

Practices participated in digital measures like e-learning and web-based seminars more than expected. The projects ends in March 2020. Further results will be available at the congress.

### **Discussion:**

Our results can help primary care physicians to establish error management in their practice. It is also important for other researchers to know which measures were successful in participating practices – and which were not.

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

Especially for practices in rural areas, web-based trainings in error management are feasible and attractive.

Conflict of interest / Interessenkonflikte

yes / ja

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### **Contribution ID: 204**

#### **Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

#### **Presentation form / Präsentationsform**

ePoster

### **Characteristics of the anticoagulation of patients with atrial fibrillation at the Primary Care Center Les Fontetes**

Pedro Alejandro Gonzales Flores, Silvia Sanchez Casco, Cristina Cabistañ Arbiol

*Primary Health/Emergency department, Catalan Health Institute/Mollet´s Hospital, Cerdanyola del Vallès/Mollet del Vallès, Spain*

#### **Objective:**

To determine the clinical and epidemiological characteristics of patients with atrial fibrillation treated at the Primary Care Center "Les Fontetes" in Cerdanyola del Vallès. Barcelona. Spain

#### **Methodology:**

Descriptive and retrospective study. The electronic medical records of patients treated at the CAP Les Fontetes (Barcelona, Spain) during the year 2019 with a diagnosis of atrial fibrillation were reviewed. Clinical and epidemiological variables were studied. Were exclude patients under 18 years old.

#### **Results:**

93 patients were obtained, of which 53 were women (56.99%). The average age was 77.59 +/- 8.65 years old.

The average years of diagnosis of atrial fibrillation was 5.65 years.

The main comorbidities were: Arterial Hypertension 76 (81.72%), Diabetes Mellitus 36 (38.70%) and Heart Failure 19 (20.43%).

The initial CHADsvAsc was 3.13 (range 1 to 6)

The current CHADsvAsc is 3.91 (range 1 to 7)

Women have a statistically higher CHADsvAsc > 3 than men (p <0.05)



When the CHADsVAsc is <3 there is no statistically significant difference between men and women ( $p = 0.29$ ).

63 patients are anticoagulated with vit K antagonists (62 with acenocoumarol and 1 with warfarin). 30 patients were with direct-acting anticoagulants.

The degree of control with anti-Vit K was 56.56%

30 of patients with direct-acting anticoagulants.

### Conclusions:

1. Women have a statistically significant CHADsVAsc > 3 compared to men.

2. The main comorbidity was the HTA (81.72%).

3. 67.74% are anticoagulated with anti-Vit K.

4. The degree of control with anti-Vit K was 56.56%

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 231

#### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

#### Presentation form / Präsentationsform

ePoster

### Managing exposure to varicella in a primary care clinic in Singapore : lessons learnt in incident management

Chung Wai, Mark Ng

Family Medicine, Singapore Health Services, Singapore, Singapore

**Background:** Varicella is highly contagious, and infected healthcare staff can spread it to patients under their care. Significant exposure includes face-to-face conversation, or sharing the same room air for just 15 minutes. A staff assisting a colleague in the procedure room at a primary care clinic was diagnosed with varicella. We describe our management of the incident, and lessons learnt from it.

**Methods:** A taskforce managed the incident by generating a list of contacts including colleagues and patients. Clinic staff stayed afterhours, using pre-scripted dialogue to contact exposed patients, and offer post-exposure prophylaxis (PEP). Additional staff were rostered to administer PEP to returned patients.

**Questions:** What lessons does this incident offer?

**Outcomes:** The Infected staff had contact with 14 patients and 12 colleagues, but wasn't on duty the day before. All colleagues were immune. Contact-tracing was performed for exposed patients. 1 was uncontactable. 5 were immune to varicella, 7 were not, and were agreeable to return for PEP. The last patient was only able to return 5 days postexposure.

**Discussion:** The incident only came to light when the supervisor mentioned it in passing, suggesting a need to improve staff awareness of implications of infections, and duty of care to patients. Inability to contact 1 patient also suggests the need to update patient contact details.

**Take home message for practice:** Contact-tracing after a staff develops an infection raises challenges, which can be mitigated by providing a system that notifies infections early. Ultimately the best prevention is by strengthening staff vaccination.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 232



**Abstract subtopic / Abstract Unterthema**  
3.6. Quality and safety / Qualität und Sicherheit  
**Presentation form / Präsentationsform**  
ePoster

## **Managing patients with highly infectious diseases in a cluster of government-restructured primary care clinics in Singapore**

Chung Wai, Mark Ng, Ziying Goh

*Family Medicine, Singapore Health Services, Singapore, Singapore*

**Background:** The crowded primary care clinic is the first point of contact for ambulatory patients of all ages, from neonates to the elderly. They present with various conditions, including highly infectious endemic diseases like chickenpox and measles, and emerging infectious diseases such as Middle Eastern Respiratory Syndrome, Ebola Virus Disease, and Avian Influenza. To minimize mingling with the rest of the crowd (and spreading infection), infectious patients must be rapidly identified and isolated.

**Methods:** An infection prevention team, comprising of family physicians and non-clinician members, collaborated with internal departments, and clinic management teams. Strategies include the use of decision support tools, self-help kiosks, staff and patient education, changes to policy and clinical management pathways, staff roster management, and infrastructure improvements, which include the building of isolation rooms. Using actual patient encounters and clinic safety walk-arounds, measures implemented are observed for efficiency and effectiveness, and are finetuned.

**Questions:** What is the best strategy to prevent infections from spreading in crowded primary care clinics?

**Outcomes:** Measures are effective, albeit incompletely, as infectious patients do slip through screening points.

**Discussion:** Factors contributing to “slip through’s” include patients not declaring symptoms, and fatigued staff not asking for symptoms. Additional issues such as “bottle-necking”, and patient dissatisfaction arise.

**Take home message for practice:** Syndromic screening at clinic entrances, isolation, fast-tracking, and rostering designated staff to handle infections are important strategies. Additional mitigating strategies include staff vaccination, and contact-tracing. A balanced, risk-guided approach, ensures best use of resources, and mitigates additional issues that arise.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 258**

**Abstract subtopic / Abstract Unterthema**  
3.6. Quality and safety / Qualität und Sicherheit  
**Presentation form / Präsentationsform**  
ePoster

## **The dark side of corticosteroids**

Daniel Cortés Rodríguez<sup>1</sup>, Nuria López Batet<sup>1</sup>, Sandra Paredes García<sup>1</sup>, Néstor Arbelo Cabrera<sup>2</sup>, Mireia Martínez Martí<sup>1</sup>, Marcos Sánchez Sánchez<sup>1</sup>, Eloísa Esteban Canto<sup>1</sup>, Marta Massó Muratel<sup>1</sup>, Cristina Sánchez Luna<sup>1</sup>

<sup>1</sup>CAPSBE, Barcelona, Spain

<sup>2</sup>Hospital Clínic, Barcelona, Spain

**Background and presented problem:**



46-year-old patient with a personal history of well controlled haemochromatosis and no drug allergies or toxic habits. Due to cervical disc herniation he begins treatment with tramadol, clonazepam and dexamethasone, prescribed by his neurosurgeon. 10 days later he starts to feel hypotimia, anhedonia, anxiety, thought blockages, attentional worsening and insomnia, and so he contacts his family doctor, who withdraws the treatment and prescribes diazepam. However, symptomatology does not improve and the patient goes to the psychiatric emergency room of Hospital Clínic, where passive ideation of death is also observed but no alterations of the thought or sensory perception.

### Management and outcome:

During his stay a blood test without significant abnormalities is performed, and so the case is finally oriented as an affective condition secondary to taking corticosteroid medication. After the administration of 20mg of olanzapine the patient improves, with the disappearance of anxiety and good night rest. Thus, a discharge at home is decided with the recommendation of taking olanzapine 10mg / 24h for a few days.

### Discussion and take-home messages:

Corticosteroids induce a range of psychiatric symptoms which are usually mild and reversible, including emotional lability, hypomania / mania, depression, psychosis, confusion / disorientation, and disturbances in sleep. Given the importance of corticosteroid medication in primary care, we recommend its prescription by following these tips: use of the lowest dose for the shortest period of time needed, management of preexisting comorbid conditions that may increase risk, and monitoring of patients under treatment.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 259

#### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

#### Presentation form / Präsentationsform

Workshop

### Physician wellness: enhancing resiliency and reducing stress to prevent risk of medical errors, poor quality of care, and physician burnout

Elissa Palmer<sup>1)</sup>, Maria Milano<sup>2)</sup>, Marco Araldi<sup>3)</sup>

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<sup>2)</sup>General Practice, ASL TO3, Pianezzo TO, Italy

<sup>3)</sup>General Practice, ASL Città di Torino, Torino TO, Italy

**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 – reveals physicians 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. In the US, 46% show at least one symptom and the highest rates by specialty include family medicine. Physicians who experience burnout are more than twice as likely to leave an organization - at a high cost and loss of access to care. Demographics of young age, female gender, negative marital status, long hours and poor job satisfaction increase risk for burnout.

**Target group:** physicians and healthcare providers

**Didactic method:** Interactive discussion provides a framework of current literature. Participant exercises identify issues. Resource review will contribute to prevention plans.



Objectives: (1) Discuss physician stressors (2) Identify participants' risk for burnout (3) Assess participants' resiliency capacity (4) Strategize burnout prevention (5) Create a personal action plan

**Participant number:** 100

**Conclusions:** Stress and burnout is a global phenomenon that can result in poor judgment, disengagement, and lack of safe patient care. Prevention is more beneficial than treatment. Organizational efforts are most effective in reducing physician stress.

**Workshop leader:** Dr. Palmer has been a program director, chair, senior associate dean, and has implemented techniques in the workshop to identify symptoms of burnout and work on resiliency assessment. Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 315

#### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

#### Presentation form / Präsentationsform

DEGAM only / Nur DEGAM: DEGAM Symposium

#### Neues aus der DEGAM-Leitlinienarbeit 2020

Thomas Kötter<sup>1)</sup>, Cathleen Muche-Borowski<sup>2)</sup>, Martin Beyer<sup>3)</sup>, Anne Barzel<sup>4)</sup>, Ralf Jendyk<sup>5)</sup>, Karen Krüger<sup>6)</sup>, Frederik Mader<sup>7)</sup>, Jan Oltrogge<sup>2)</sup>, Horst Prautzsch<sup>8)</sup>

<sup>1)</sup>Institut für Allgemeinmedizin, Universitätsklinikum Schleswig-Holstein, Campus Lübeck, Lübeck, Germany

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<sup>3)</sup>Institut für Allgemeinmedizin, Johann-Wolfgang-Goethe-Universität, Frankfurt am Main, Germany

<sup>4)</sup>Institut für Allgemeinmedizin, Universität Ulm, Ulm, Germany

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<sup>6)</sup>Institut für Allgemeinmedizin/ Institute of General Practice, Charité – Universitätsmedizin Berlin, Berlin, Germany

<sup>7)</sup>Gemeinschaftspraxis Nittendorf, Nittendorf, Germany

<sup>8)</sup>Institut für Allgemeinmedizin und interprofessionelle Versorgung, Universität Tübingen, Tübingen, Germany

#### Titel der Einzelbeiträge:

- Hitzebezogene Gesundheitsstörungen (Abstract-ID 263)
- DEGAM-Leitlinie Nr. 11 „Akuter und chronischer Husten“: Antibiose bei Atemwegsinfekten - Gar nicht, später, mit Infozept oder nach Test? (Abstract-ID 379)
- S3-Leitlinie Schlaganfall: Umgang mit Dissens bei spezifischen Empfehlungen (Abstract-ID 636)
- DEGAM-Leitlinie Nr. 14 „Halsschmerzen“ – Alte Scores, neue Verwendung (Abstract-ID 640)
- Akute und chronische Gicht to Die neue DEGAM-S2e-Leitlinie Häufige Gichtanfälle und Chronische Gicht (Abstract-ID 1159)

#### Ziel:

In der SLK aktive Hausärztinnen und Hausärzten erarbeiten in Kooperation mit Instituten für Allgemeinmedizin Leitlinien für die DEGAM nach einem methodisch strukturierten Verfahren. Die Präsentation und Diskussion aktueller DEGAM-Leitlinien-Themen soll den fachlichen Austausch und die Leitlinienanwendung in der Praxis fördern.

#### Diskussion:

Das Symposium bietet die Gelegenheit, Einblicke in die Leitlinienarbeit zu erhalten und mit den Autor\*innen persönlich Aspekte der vorgestellten Leitlinien inhaltlich und methodisch zu diskutieren.

#### Take Home Message für die Praxis:



Teilnehmer\*innen werden über den aktuellen Stand versorgungsrelevanter Themen informiert. Ebenso erhalten sie Einblick in besondere Herausforderungen bei der Ausarbeitung hausärztlicher Positionen und Empfehlungen.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 340

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

ePoster

### Improving contraceptive prescription in women with diagnosed migraine

Jéssica Peres<sup>1</sup>, Natalina Rodrigues<sup>1</sup>, Rita Ferreira<sup>1</sup>, Tânia Caseiro<sup>1</sup>, Miguel Pereira<sup>1</sup>, Beatriz Lopes<sup>1</sup>, Raquel Plácido<sup>2</sup>, José Almeida<sup>3</sup>

<sup>1</sup>USF Mondego, ACeS Baixo Mondego, Coimbra, Portugal

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<sup>3</sup>UCSP Montemor-o-Velho, ACeS Baixo Mondego, Montemor-o-Velho, Portugal

**Background:** Combined hormonal contraception (CHC) in women with migraine increases the risk of stroke. According to World Health Organization 2015 criteria, women diagnosed with migraine have eligibility criteria 3 (risks outweigh benefits) or 4 (unacceptable health risk) for all CHC methods. Progestogen-only methods are suitable, with eligibility criteria 1/2.

**Aim:** To improve the quality of contraceptive prescription in women with diagnosed migraine by reducing the use of CHC, in a primary Portuguese healthcare centre.

**Methods:** Design: Quality improvement study. Dimension: scientific-technical quality. Setting: An urban healthcare centre. It was performed an internal evaluation. Sample: women with diagnosed migraine (ICPC-2 code N89), receiving their management at the centre, aged between 18 and 55 years old, not pregnant nor hysterectomized nor postmenopausal. Data source: electronic clinical records. Study schedule: first evaluation November 2018, educational intervention February 2019, second evaluation August 2019, new intervention October 2019, third evaluation April 2020. Quality criteria: appropriate contraception if women do not use CHC.

**Outcomes:** Of the 103 women included in the first evaluation, only 61.2% were using appropriate contraception; CHC was the most used method (38.8%). 104 women were included in a second evaluation. The percentage of women with adequate contraception has risen to 76.9%. Progestogen-only methods became the most used ones (42.3%) and 23.1% were using CHC.

**Discussion:** First evaluation showed the importance of an intervention. Corrective measures improved healthcare delivery. However, some women with migraine were still at increased risk of stroke, which motivates the continuation of quality improvement cycle. Third evaluation will be performed in April 2020.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 379

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

DEGAM only / Nur DEGAM: DEGAM Symposium



## **DEGAM-Leitlinie Nr. 11 „Akuter und chronischer Husten“: Antibiose bei Atemwegsinfekten - Gar nicht, später, mit Infozept oder nach Test?**

Karen Krüger, Sabine Gehrke-Beck, Felix Holzinger, Christoph Heintze

*Institut für Allgemeinmedizin/ Institute of General Practice, Charité – Universitätsmedizin Berlin, Berlin, Germany*

### **Hintergrund:**

Aufgrund der hohen Verschreibungsraten von Antibiotika bei akuten Atemwegsinfekten mit Husten beschäftigen sich zwei Leitfragen im Rahmen der Leitlinien-Aktualisierung mit dem evidenzbasierten Nutzen und wirksamen Strategien zum indikationsgerechten Einsatz dieser und anderer Substanzgruppen.

### **Fragestellung:**

Welche Strategien sind geeignet, nicht indizierte Antibiotikaverschreibungen bei erwachsenen Patienten zu reduzieren? Gibt es wirksame medikamentöse therapeutischen Optionen für erwachsene Patienten mit akutem Husten im Rahmen einer Infektion der oberen Atemwege oder einer akuten Bronchitis?

### **Methoden:**

In die systematische Suche wurden internationale Leitlinien sowie systematische Übersichtsarbeiten (aggregierte Evidenz) einbezogen. Die extrahierte Literatur wurde hinsichtlich ihrer Qualität mit etablierten Bewertungsinstrumenten der evidenzbasierten Medizin (EBM) wie AGREE 2 und AMSTAR 2 gesichtet, selektiert und anschließend in einem konsentierten Gruppenprozess der Autoren inhaltlich bewertet.

### **Ergebnisse:**

Die aktuelle Evidenzgrundlage weist einen schmalen Indikationsbereich und geringe klinisch relevante Vorteile für die Verschreibung von Antibiotika und anderer Substanzgruppen bei akuten Atemwegsinfekten auf. Es existieren zahlreiche Publikationen zu klinischen Entscheidungshilfen und Verschreibungsstrategien, wie Point-of-Care-Tests, computerbasierte Programme, Delayed Prescribing und Patienteninformationen. Einige Studien zeigen einen signifikanten Effekt auf die Reduktion von Antibiotikaverordnungsraten. Die Kombination aus verschiedenen Strategien scheint den Effekt zu verstärken.

### **Diskussion:**

An den dargestellten Ergebnissen soll beispielhaft das Potential und mögliche Barrieren für die Implementierung von innovativen Verschreibungsstrategien in den hausärztlichen Behandlungsalltag diskutiert werden.

### **Take Home Message für die Praxis:**

Die S3 Leitlinie „Akuter und chronischer Husten“ hat eine hohe Relevanz für den primärärztlichen Alltag. Zur Verminderung von Überversorgung durch unnötige Antibiotikagaben bei Atemwegsinfektionen sind ihre Empfehlungen fester Bestandteil der Living Guideline „Schutz vor Über- und Unterversorgung – gemeinsam entscheiden“ der DEGAM.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 408**

#### **Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

#### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **Sharing electronic health records with patients: The insights of European young family doctors**

Ana Luisa Neves<sup>1)</sup>, Harris Lygidkai<sup>2)</sup>



<sup>1)</sup>Institute Global Health Innovation, Imperial College London, London, United Kingdom

<sup>2)</sup>Institute for Health and Behaviour, Research Unit INSIDE, University of Luxembourg, City of Luxembourg, Luxembourg

**Background:** Sharing electronic health records (EHR) with patients has the potential to improve patient engagement, health literacy, and patient safety. Understanding the perspectives of the first generation of tech-savvy young family doctors (YFD) is critical to better understand the receptivity to adopt these new digital solutions in order to better serve patients.

**Questions:** Which are YFD' perceptions on which information should be shared with patients? Which are YFD' hopes and fears about the impact of sharing EHR with patients?

**Methods:** Thirteen participants were included in two focus groups, at the VDGAM Forum 2019. Each focus group followed a pre-tested questioning route and was audio-recorded. The framework analysis method was used to identify emerging themes.

**Outcomes:** YFD's believe that sharing test results and practical information should be shared with patients; sharing clinical notes could have a beneficial effect but wording would need to be tailored and supporting information provided. YFD' hope that sharing EHR with patients will increase engagement, provide more transparent access to health information, and improve safety and patient-centredness. Fears include patient anxiety when accessing information and concerns about data storage and security.

**Discussion:** YFD acknowledge the potential of sharing EHR with patients on improving quality and safety of care, and particularly on patient-centredness. However, efforts must be made to ensure that health information is understandable for the patient, and that data security is guaranteed.

**Take home messages:** Patients' education and literacy, and strong cybersecurity policies are critical to fully embrace the potential of patient-shared electronic records.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 480**

**Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

**Presentation form / Präsentationsform**

ePoster

## **Interdepartmental collaboration between primary and tertiary partners on management of sharps injuries in a cluster of primary care clinics**

Ziying Goh, Chung Wai Ng

SingHealth Polyclinics, Singapore, Singapore

**Background:** Sharps injuries among healthcare workers can transmit bloodborne infections (BBI). A review of sharps injuries in a cluster of primary care clinics revealed that injuries were not properly managed. Staff did not understand the concept of risk assessment for post-exposure prophylaxis (PEP). Often, blood samples were not taken from source patients to test for BBI. There was also no protocol in place to urgently courier source patients' blood to the tertiary laboratory. Source patient blood, if taken, were sent via routine transport, resulting in delayed, or no decision making on PEP.

**Questions:** What steps are required for proper management of sharps injuries in primary care?

**Methods:** An infection prevention team led by family physicians collaborated with tertiary care partners to create a workflow, which included after-hour laboratory activation, and use of urgent courier to transport source patient blood samples. Family physicians were rostered to hold "panic phones" to receive urgent



source patient blood results. A pictorial decision support tool was created. The workflow was tested on several occasions by actual sharps injury incidents. Feedback from users facilitated finetuning and improvements.

**Outcomes:** Robust guidelines were implemented across all primary care clinics within the cluster.

**Discussion:** Challenges to managing sharps injuries in primary care include dependence on a tertiary laboratory, and fixed clinic opening hours. A systems approach is crucial in developing the workflow.

**Take Home Message for Practice:** Collaboration between primary and tertiary care allowed the development of a workflow to ensure timely post-exposure management of sharps injuries.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 502**

### **Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

### **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Burnout in general practice and how to avoid it - a European study**

Mary McCarthy

*Belvidere Medical Practice, Shrewsbury, UEMO, Shrewsbury, United Kingdom*

UEMO is the union of European general practitioners and regularly surveys its delegates on matters relating to general practice. A questionnaire was distributed asking about current workload, what would be a safe workload, barriers to achieving this and suggested solutions.

in the majority of countries patient list sizes were 1250 - 2500 where a safe limit was considered to be 1000-1250 patients per doctor. 60% of respondents saw between 25-50 patients in a day, had appointment times of 10-15 minutes and working days of 8-12 hours. Premises were considered adequate for current use but not equipped for a future where the population demographics were changing and work was moving from hospitals into primary care. solutions proposed included expansion of premises, ancillary help, a limit to patient list size, longer consultations and a limit to the number of face-to-face consultations in a day. Flexible working and training would be beneficial as would an 8 hour working day. Managers were not aware of the pressures in general practice and the discipline was not financially supported. Burnout was not recognised despite the many studies showing that up to a third of the medical workforce is experiencing this. General Practice is the robust base of any cost-effective health care system and must be valued and protected. General practitioners should be recognised as specialists in family medicine in order to attract doctors to the profession and improve the rate of recruitment and retention.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 543**

### **Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## **Regulating drug prescription in Bavaria: why are physicians fail to meet their efficiency targets?**



Julia Gollnick<sup>1)</sup>, Nikoletta Lippert<sup>2)</sup>, Julia Muth<sup>1)</sup>, Johann Fischaleck<sup>3)</sup>, Thomas Kühlein<sup>2)</sup>, Norbert Donner-Banzhoff<sup>1)</sup>

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<sup>3)</sup>*Kassenärztliche Vereinigung Bayerns, München, Germany*

## Background:

Prescriptions in the outpatient sector are regularly evaluated with regard to efficiency targets. Previous evaluation methods have been criticized for their limited accuracy and undesirable side-effects. As a response, the physicians association in Bavaria (KVB) has developed a system of predefined, specific prescribing targets and regular individual feedback. The vast majority of doctors adjust their prescribing accordingly, some have consistently failed to meet their targets.

## Question:

What are the characteristics, experiences, and beliefs of physicians who have repeatedly missed their efficiency targets?

## Methods:

One sub-study included qualitative interviews of 26 physicians. Within another sub-study, we analyzed administrative data to characterize the above mentioned group. We were interested in their field (primary care vs. different specializations), demographic characteristics, targets met and targets failed.

## Results:

Physicians from different specializations were interviewed. Problems occur while prescribing drugs like denosumab, DOAKs, and certain biologicals, but even other drugs are concerned. Instead of these drugs, the prescribing targets require a higher prescription share of bisphosphonates, phenprocoumon and some anti-TNF-alpha-biosimilars. Reasons for missing their targets are e.g. conflicts with patients and other specializations, hurdles to switch long-term medications or to adopt patients/prescriptions of other physicians with differing prescribing-behavior.

First ideas to improve the evaluation method in Bavaria were suggested.

## Discussion:

All health care systems struggle with rising drug expenditures. Methods to improve the efficiency and quality of prescribing are therefore highly relevant. To grant acceptance to those tools by the doctor, a deep understanding of prescribers' perceptions and challenges of these tools is important.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 566

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

Lecture / Vortrag

## Stream Analysis: a simple way of increasing health care centre efficiency

Ines Sayanda

*Unidade Cuidados de Saúde Personalizados de Beja - Unidade Local de Saúde do Baixo Alentejo, Beja, Portugal*



Portuguese Healthcare centres serve thousands of patients, and require constant teamwork between different professional categories. The efficacy of the units depends on individual performance and how well do they articulate between each other.

The patient circuit within the healthcare center of Beja was analyzed, to understand the attendance efficiency of this healthcare unit.

Stream Analysis, an instrument from J. Porras, allows the performance of a double loop analysis of identified constraints in a given process, identifying the causes and enhancing the necessary changes so that the studied process is optimized in its various dimensions, was applied to the patient circuit.

Analysis of the graph demonstrates the existence of two relevant symptoms, ineffective communication and managerial disengagement in teamwork, which is the main symptom because it has the largest number of inputs. Four problems related to formal aspects were found, the main one being the ineffective organization of administrative assistance, as it has the highest number of outputs. It was also encountered a problem attributed to each of the dimensions, technology and physical space.

This model aims the development of actions in the organizational environment where employees work, in order to identify which internal factors of this environment influence their perception of effectiveness, expectations and the value they attribute to a given result; in order to modify them and promote behavior change to make the organization more efficient.

After detailed analysis of the chart where outlined corrective strategies for each of the problems encountered, increasing health centers effectiveness simply.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 617**

### **Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

### **Presentation form / Präsentationsform**

ePoster

## **Failure Mode Effect Critical Analysis (FMECA), a simple tool for prospective evaluation of failure enabling an intervention increasing patient safety**

Ines Sayanda

*Unidade Cuidados de Saúde Personalizados de Beja - Unidade Local de Saúde do Baixo Alentejo, Beja, Portugal*

Patient safety is our first priority, nonetheless failure still occur...

Evaluation of potential failure in the patient safety within diabetic consultation in a healthcare unit of Portugal, using FMECA methodology.

Failure Mode Effect Critical Analysis is a systematized and structured study tool that aims to prospectively evaluate the failures that may occur in a given process / circuit / event.

To establish the importance and priority of the failures/ actions binomial, was used a scale from 1 to 9. From the product of the 3 variables (occurrence, detection and gravity) categorized in this scale comes the Risk Priority Number (RPN). The higher the RPN, greater the potential identified failure and the more priority is the implementation of defined actions.

The FMECA analysis of diabetic consultation identified 8 potential failures of which 3 were critical. These potential failures are a priority. Although one of the proposed actions is difficult to achieve immediately because it implies the articulation with services external to the organization, its successful implementation



could extend to other contexts, increasing security. On the other hand, simple actions were proposed, one of them depends only on consensus among physicians.

The impact of these actions has immediate and long-term effects on the potential for greater safety of patient consultation with clinical benefit in disease control.

This methodology identifies potential sources of failures and likely effects that may result from those failures; establishment of the degree of severity of the effects, the probability of failure occurrence and fault detection capability.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 626**

**Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

**Presentation form / Präsentationsform**

ePoster

**How aware are we? An audit to review compliance with prescribing guidelines of statin therapy post-myocardial infarction**

Pinky Patel

*GKT School of Medical Education, King's College London, London, United Kingdom*

**Background** - High dose statins are prescribed as secondary prevention in post-myocardial infarction patients and treatment efficacy should be monitored at three months with the aim of a 40% reduction in non-HDL cholesterol. The GPs were unaware of the therapy monitoring guidelines, introduced in 2008 and updated in 2016 (NICE CG181 1.3.20-28, 2016).

**Aims** - To assess if high dose statins are initiated and monitored in compliance with guidelines, for patients registered at Broad Lane GP Surgery, Hampton, Middlesex from 1966 - 2019.

**Methods** - Data was collected through practice software, Vision, by conducting coded patient searches for an MI (acute, silent, subsequent, ECG and/or old). There were no exclusion criteria or set timeframe.

**Results** - From 2008-2019, 92% (45/49) of patients were initiated on statins post-MI, in comparison to 1966-2008 whereby 55% were initiated. The monitoring of blood cholesterol demonstrated 50% (20/40) of patients were missed. From 2008, monitoring delays lasted 1-14 months, with the 2019 average at 2.5 months.

**Take Home Message for Practice** - For the GP, compliance with guidelines ensures patient safety and quality of care. On presentation to the practice, the following is recommended. 1. Monthly practice meetings to discuss compliance with all guideline updates and they can be implemented into practice. 2. To raise awareness of batch prescribing, the first batch prescriptions are to be restricted to 3 months to ensure the conduction of lipid profiling. 3. A pilot patient leaflet is being introduced to raise awareness of post-MI care, improving patient autonomy, to be trialed at the surgery.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 640**

**Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

**Presentation form / Präsentationsform**

DEGAM only / Nur DEGAM: DEGAM Symposium



## DEGAM-Leitlinie Nr. 14 „Halsschmerzen“ – Alte Scores, neue Verwendung

Jan Hendrik Oltrogge<sup>1)</sup>, Gesine Weckmann<sup>2)</sup>, Guido Schmiemann<sup>3)</sup>, Jean-Francois Chenot<sup>4)</sup>, Hannelore Wächtler<sup>5)</sup>, Karen Krüger<sup>6)</sup>

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<sup>3)</sup>Institut für Public Health und Pflegeforschung, Universität Bremen, Bremen, Germany

<sup>4)</sup>Institut für Community Medicine, Universität Greifswald, Greifswald, Germany

<sup>5)</sup>Institut für Allgemeinmedizin, Christian-Albrechts-Universität zu Kiel, Kiel, Germany

<sup>6)</sup>Institut für Allgemeinmedizin, Charité – Universitätsmedizin Berlin, Berlin, Germany

### Hintergrund:

Die DEGAM-S3-Leitlinie Nr. 14 „Halsschmerzen“, zuerst erschienen 2009, wird aktualisiert und durchlief im Juni 2019 eine Konsensuskonferenz und im Nachgang ein Delphi-Verfahren mit Vertretern der Deutschen Gesellschaft für Hals-Nasen-Ohren-Heilkunde, Kopf- und Hals-Chirurgie, der Deutschen Gesellschaft für Pädiatrische Infektiologie und der Deutschen Gesellschaft für Kinder- und Jugendmedizin.

### Fragestellung:

Es wurden vor der Aktualisierung zentrale klinische Leitfragen erarbeitet. Weiterhin wurde eine systematische Literaturrecherche durchgeführt. Die neuen Empfehlungen wurden in der Leitliniengruppe in einer Konsensuskonferenz und einem Delphi-Verfahren abgestimmt.

### Methoden:

Systematische Literatursuche und Nutzung der Bewertungsinstrument AGREE-2 und AMSTAR, sowie strukturierte Konsensfindung (Konsensuskonferenz und Delphi-Verfahren im Nachgang)

### Ergebnisse:

Ein zentrales Ergebnis der strukturierten Konsensusfindung ist die Neubewertung des McIsaac- und Centor-Score, sowie die Berücksichtigung des neu-entwickelten FeverPAIN-Scores für Halsschmerz-Patienten ohne RED FLAGS. Für Score-Werte <3 wird empfohlen, keine antibiotische Therapie einzuleiten. Für einen Score-Wert von 3 wird ein mittleres Risiko definiert, für das eine sofortige antibiotische Therapie nicht gerechtfertigt erscheint und allenfalls ein *delayed prescribing* möglich ist. Erst bei Score-Werten >3 wäre eine sofortige antibiotische Therapie eine Option.

### Diskussion:

Es liegt weiterhin keine ausreichende Evidenz dafür vor, dass durch Antibiotika das geringe Komplikationsrisiko einer bakteriellen Tonsillopharyngitis vermindert werden kann. Somit können Antibiotikagaben bei Halsschmerz-Patienten ohne RED FLAGS in Deutschland in der Regel als eine rein symptomatische Behandlung betrachtet werden.

### Take Home Message für die Praxis:

Das Update der DEGAM-S3-Leitlinie „Halsschmerzen“ stützt einen Verzicht auf Antibiotika zur Behandlung einer bakteriellen Tonsillopharyngitis bei Halsschmerz-Patienten (Alter  $\geq 3$  Jahre) ohne RED FLAGS. Zur individuellen Entscheidung für oder gegen Antibiotika werden klinische Scores empfohlen.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 685

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform



1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## **A quality improvement approach to increasing influenza vaccination uptake in primary care**

Shaine Mehta<sup>1, 2)</sup>, Jacqueline Lenders<sup>2)</sup>, Hasan Mehmet<sup>2)</sup>, Rammya Mathew<sup>2)</sup>, Tamar Koch<sup>2)</sup>

<sup>1)</sup>King's College London, London, United Kingdom

<sup>2)</sup>Quality Improvement Support Team, Islington GP Federation, London, United Kingdom

### **Background:**

Seasonal influenza poses a public health risk and influenza vaccination uptake in our locality (Islington, London) is below the WHO target of 75%. 2018/2019 uptake was as follows: over 65s, 64.2%; under 65s at risk, 42.9%.

Islington has a Quality Improvement Support Team, led by general practitioners, which drives quality improvement in primary care. Increasing influenza uptake was identified as a priority area for our locality.

### **Questions, Discussion Point:**

Does a quality improvement approach using evidence-based strategies improve vaccination uptake of at risk groups in primary care?

### **Content:**

We worked with a network of 7 practices for 6 months, with the aim to increase influenza vaccination uptake by 10% by March 2020.

Due to the short influenza season, we used a multipronged approach with 7 key components based on best practice for improving vaccination uptake. This included developing a dashboard for weekly circulation, a central recall system and tailored SMS templates. We used an iterative approach, completing rapid plan-do-study-act cycles for improvement.

Immunisation uptake to date: over 65s, 63%, and under 65s at risk, 37% compared with 60% and 35% last year (final results available March-2020). Practice feedback suggests centralised calling and weekly dashboards have been most impactful, however measuring the impact of bespoke SMS has been difficult.

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

A quality improvement approach can be used to improve influenza vaccination uptake. Key learning has been the importance of practice engagement and building relationships. Regular sharing of comparative data between practices may help drive motivation.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 697**

#### **Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

#### **Presentation form / Präsentationsform**

ePoster

### **Quality is a never ending story – QM-Lehre in der Allgemeinmedizin**

Julia Drexler, Gabriele Fobbe, Sandra Hamacher, Hermann Caspar Römer, Martina Heßbrügge

Institut für Allgemeinmedizin, Universität Duisburg-Essen/Universitätsklinikum Essen, Essen, Germany

### **Einleitung:**

Qualitätsmanagement Lehre bezeichnet Maßnahmen, die die Prozesse, Leistungen und Evaluationen im universitären Ausbildungskontext abbilden. Ein QM-System ist ein Tool zur Verbesserung der Qualität der



Lehre. Mit dem Ziel des externen Audits des Universitätsklinikums Essen und der Umsetzung der Qualitätsziele 2020 erfolgt die Weiterentwicklung des QM-Lehre.

## Methoden:

- QM-Software roXtra: Professionelles Dokumentenmanagement zur Gewährleistung der Aktualität aller Dokumente
- EVALuna: Evaluation der Lehrveranstaltungen für Studierende
- Online-Befragung der Lehrenden: Ziel: Anregungen zur Verbesserung der Lehre erfassen und Feedback erhalten
- Qualitätszirkel Lehre: Offene Arbeitsgruppe von Lehrenden zur Weiterentwicklung der Lehre
- Internes und externes Audit nach DIN EN ISO 9001

## Ergebnisse:

- QM-Software roXtra: Erstellung eines digitalen QM-Handbuchs ermöglicht multiprofessionelle Partizipation, fördert teamorientierte Arbeit. Prozesse und Abläufe lassen sich durch Dokumentenlenkung institutionell transparent abbilden
- Prozess der Lehre: Umsetzung der Maßnahmen im Chancen- und Risikenplan, Erreichung des Prozessziels im WiSe 2019/20
- EVALuna: Qualitative Erfassung und Dokumentation gewährleisten Aktualität und Optimierung der Lehrveranstaltungen im Semesterzyklus und im Semestervergleich. Urteile fließen in Qualitätssicherung
- Online-Befragung der Lehrenden: Qualitative und quantitative Ergebnisse aus Sicht der Lehrenden dienen der Verbesserung der studentischen Ausbildung
- Qualitätszirkel Lehre: Resultate fließen in Weiterentwicklung von Lehrinhalten und Lehrmaterialien zur Verbesserung des studentischen Unterrichts
- Internes/externes Audit: Datenreport und Audit gewährleisten Vergleichbarkeit und Fehlermanagement, sichern Verbesserungsprozess, Zertifizierung erfolgte 2020: Teilnahme am externen Audit des Universitätsklinikums Essen als Repräsentant des Qualitätsmanagements Lehre

## Schlussfolgerungen:

Die Etablierung eines QM in der Lehre ist ein fortlaufender Prozess. Die Einhaltung von Qualitätsstandards entspricht dem Leitbild der Universität Duisburg-Essen zur kontinuierlichen Verbesserung der Lehre.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 712

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

Lecture / Vortrag

## Wie bewerten die beteiligten ÄrztInnen und Praxisteams den Nutzen der Interventionen im ARena-Projekt?

Edith Andres<sup>1</sup>, Petra Kaufmann-Kolle<sup>1</sup>, Martina Kamradt<sup>2</sup>, Anja Klingenberg<sup>1</sup>, Regina Poß-Doering<sup>2</sup>, Veit Wambach<sup>3</sup>, Michel Wensing<sup>2</sup>, Joachim Szecsenyi<sup>1, 2</sup>

<sup>1</sup>aQua-Institut für angewandte Qualitätsförderung und Forschung im Gesundheitswesen GmbH, Göttingen, Germany

<sup>2</sup>Abteilung Allgemeinmedizin und Versorgungsforschung, Universitätsklinikum, Heidelberg, Germany

<sup>3</sup>Gesundheitsnetz Qualität und Effizienz eG (QuE), Nürnberg, Germany



## Hintergrund:

Ziel des Innovationsfondsprojektes ARena (Antibiotika-Resistenzentwicklung nachhaltig abwenden, Förderkennzeichen 01NVF16008) ist der rationale Antibiotika-Einsatz bei unkomplizierten Infektionen in der ambulanten Versorgung. Dazu werden unterschiedliche Maßnahmen eingesetzt, die jeweils andere Zielgruppen und Ebenen im Versorgungsprozess ansprechen.

## Fragestellung:

Wie werden die eingesetzten Interventionen von den ÄrztInnen und Praxisteams bewertet? Spiegeln sich die subjektiven Wahrnehmungen in den Antibiotika-Verordnungen wider?

## Methoden:

ARena ist eine Cluster-randomisierte Studie, die von Ende 2017 bis Mitte 2019 in 14 Praxisnetzen mit 188 Praxen durchgeführt wurde. In drei Interventionsarmen wurden u.a. folgende Interventionen eingesetzt: E-Learning zur Patienten-Kommunikation, Qualitätszirkelsitzungen (QZ) mit indikatorbasiertem, praxisindividuellem Feedback auf Grundlage von Verwaltungsdaten und evidenzbasierten Informationen für ÄrztInnen und Medizinische Fachangestellte (MFA), sektorenübergreifende QZ (z.B. mit Krankenhäusern, Apotheken, Pflege), IT-Tool für die Praxisvertragssoftware, Flyer in verschiedenen Sprachen, Tablet-PC für Patienten, Öffentlichkeitskampagnen, Social-Media-Aktivitäten sowie einem Pay-for-Performance-Ansatz als Teil der Vergütung.

Die Evaluation erfolgt über GKV-Routinedatenanalysen. Zur Prozessevaluation wurden u.a. schriftliche Befragungen durchgeführt.

## Ergebnisse:

Es wird über die Ergebnisse der zweiten von insgesamt drei Befragungen berichtet, in der die Interventionen von ÄrztInnen und MFA hinsichtlich des Nutzens für die Erreichung des Projektziels und der Umsetzung im Praxisalltag, z.B. unter Hochlastbedingungen bewertet wurden. 200/302 ÄrztInnen (Rücklaufquote: 66,2%) und 73/87 MFA (Rücklaufquote: 83,9%) haben sich an der Befragung beteiligt. Die Einschätzungen aus der ärztlichen und der Perspektive der MFA werden verglichen und erste Querbezüge zu den verordneten Antibiotika hergestellt auf Grundlage der dann vorliegenden Routinedaten.

## Diskussion:

Welche Maßnahmen eignen sich, um einen rationalen Einsatz von Antibiotika zu unterstützen?

## Take Home Message:

Anregungen für die eigene Praxis zum leitliniengerechten Antibiotika-Einsatz.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 719

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

ePoster

## Adequacy of prescription of thiazide or thiazide-like diuretics in hypertensive patient

*Marta Fraga, Joana Vale, Mariana Duarte, Joana Silva, Isabel Fragoso, Marta Cardoso, Ana Rita Laranjeiro  
USF Araceti, ACeS Baixo Mondego, Coimbra, Portugal*

**Background:** The prescription of antihypertensive drugs, namely diuretics such as thiazide has been the gold standard in the treatment of essential hypertension. The purpose of this study was to verify the adequacy of thiazide or thiazide-like diuretics prescription in patients with arterial hypertension. A study of evaluation of quality in primary care.



**Questions:** is my patient well medicated?

**Methods:** Retrospective study of patients of a health family unit from centre of Portugal

**Outcomes:** 278 hypertensive patients (male = 43.9% and female = 56.1%), mean age 68 years under antihypertensive therapy with thiazide or thiazide-like diuretics were analysed. The results were 77.5 % patients showed controlled blood pressure (<140/90 mmHg), 63.3% were under treatment with ACE inhibitors/ ARBs + hydrochlorothiazide, 23.4% with indapamide and 13% with chlortalidone. 46.4% of the patients have an estimated glomerular filtration rate (eGFR) > 90 mL/min and only 4% presented eGFR <30 mL/min. 67.6% of the cases meet the established quality compliance criteria.

**Discussion:** Control of the hypertensive patient requires close clinical and analytical vigilance. Prescription of drugs in at-risk groups is a constant concern of family doctors and is a particularly important means of assessing the quality of services and an opportunity to improve health care of our patients.

**Take Home Message for Practice:** hypertensive patients should have a systematic assessment of renal function, serum potassium, body weight and eGFR in order to provide the best guidance and therapeutic suitability. Loop diuretic should replace thiazides/thiazide-like diuretics if the eGFR is <30 mL/min.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 748

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

Workshop

### EBM and complexity – what can we learn from each other?

Joachim Sturmberg<sup>1)</sup>, Bruno Kissling<sup>2)</sup>, Thomas Kühlein<sup>3)</sup>

<sup>1)</sup>School of Medicine and Public Health, University of Newcastle, Holgate, Australia

<sup>2)</sup>General Practitioner, Private Practice, Bern, Switzerland

<sup>3)</sup>Allgemeinmedizinisches Institut, Universitätsklinikum Erlangen, Erlangen, Germany

**Background:** Common conditions show a high degree of variability in their natural history as well as their response to interventions. Furthermore, patients differ in their comorbidities, age and preferences. To simplify their management and decrease the variability of treatments clinicians are encouraged to adhere to EBM-based guidelines. However, as relevance can mostly only be decided at the individual level, there is an increasing awareness that these guidelines are not “readily applicable” to many of the patients sitting in front of us. While a patient’s problem on face value may be simple, there are many reasons why a clinician feels uneasy to simply apply the advice.

We often intuitively sense the complexities of the condition and its effects on this patient’s ability to cope or its impact on other co-occurring conditions. That is when EBM meets complexity and challenges us to resolve the fact that complex problems have no easy solutions.

Understand the problem is a start, but in itself it doesn’t provide a solution. How can we reconcile the “best available evidence” about the condition with “the inherent complexities” of the patient to provide the “best adapted management” of the patient with the condition?

**Target Group:** everyone

**Didactic Method:** Guided small group case-based discussion



**Objectives:** Participants will explore the tension between guideline stipulated “universal advice” and the patient’s “unique differences”.

**Estimated number of participants:** 50

**Brief presentation of the workshop leaders:** Presenters are experienced clinicians and researchers. Specific expertise - EBM (Thomas Kühlein), Complexity Sciences (Joachim Sturmberg), Teaching (Bruno Kissling)

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 751**

**Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

**Presentation form / Präsentationsform**

Workshop

**Engaging with Members – experiences from RCGP innovations**

Michael Holmes, Amanda Howe

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

For National Membership Organisations it is critical that we have effective ways to engage with our members to hear about good practice, understand their needs and play a meaningful part in their professional lives. The RCGP has recently developed two specific concepts: Discover GP and Membership Communities as a wider engagement strategy.

Designed to inspire and encourage medical students and recently qualified doctors to choose GP as their specialty, Discover GP is a series of events showcasing what it means to work as a GP.

Through online meeting, such as Trainees, Newly Qualified, Late Career GPs, Membership Communities aim to link people at similar career stages or with common interests. A Communities Summit brings together members from diverse communities to share learning about successes and objectives.

This workshop will provide an overview of these activities and enable delegates to share approaches to member engagement in their countries. Conclusions can be used to maximise impact of membership engagement as National Colleges, Associations and Academies of Family Medicine.

**Target Group:**

Healthcare Professionals working in or training to work in Family Medicine.

**Methodology:**

Presentations; qualitative and quantitative analysis of impact, small group discussions to develop an engagement strategies framework appropriate to general practice with diverse geographical and professional settings.

**Objectives:**

To share experiences of a membership engagement programme.

**Estimated number of participants:**

30 or more.

**Workshop leader:**

Prof Mike Holmes – Vice Chair RCGP, GP in Yorkshire, UK.

Prof Amanda Howe – President RCGP, Professor at University of East Anglia and GP in Norfolk, UK

Conflict of interest / Interessenkonflikte  
no / nein



## **Contribution ID: 817**

### **Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

### **Presentation form / Präsentationsform**

Workshop

### **Can GP's avoid burnout**

Patrick Ouvrard, Mary Mccarthy

*UEMO, Saint Mathurin sur Loire, France*

### **Context/overview abstract:**

A study published Monday, January 7 by two psychiatrists from the Public Assistance-Hospitals of Marseille (France) testifies to the state of exhaustion of the French medical profession. According to this literature review, nearly one in two French doctors suffers from burn-out, a syndrome which manifests itself through lassitude, loss of the feeling of accomplishment and / or dehumanization of care.

Anxiety, irritability, memory and attention problems, withdrawal, sleep disturbances and reduced motivation are all signs of the implantation of this physical, emotional and mental exhaustion. The situations likely to plunge a GP into burn-out have multiple faces. It can be overwork, unrealistic goals, conflict, lack of support, or confronting other people's suffering or death

### **Objective:**

1. Imagine together what would help.
2. Exchange and find solution for Managing a stressful Workload

### **Methods:**

A brief presentation of the topic will be shown to the participants and then the participants will be divided into groups. Each group will be observed and facilitated when necessary by the experts (Dr. McCarthy, Dr. Ouvrard). Each group will discuss the following two major questions:

- What could help GP to avoid Burnout?
- How to manage stressful Workload?

Restitution in large group will follow, and expert (Dr Mc Carthy), present UEMO European Survey on Burnout

### **Format:**

Workshop

### **Key Words:**

Burnout, workload, stress

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 836**

### **Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

### **Presentation form / Präsentationsform**

WONCA only / Nur WONCA: WONCA Symposium

### **Practical strategies for addressing workforce challenges in multiple European countries**

Michael Holmes, Vesna Pekarovic, Tiago Villanueva, Wendy Borneman

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



## Background:

The challenges facing Family Medicine are significant right across Europe. As our populations are living longer and their medical needs become more complex the workload for family doctors is increasing. This is compounded by challenges in ensuring we have the right workforce; difficulties in both recruitment and retention of Family Physicians are widely reported. This symposium will outline the challenges in several European Countries and discuss some of the strategies being put in place to address the workforce situation.

## Target Group:

Healthcare Professionals working in or training to work in Family Medicine.

## Methodology:

Presentations will be given by clinicians working in three or four different European countries (UK, Slovenia, Portugal and the Netherlands). The challenges specific to those countries will be highlighted followed by example of strategies being employed to:

- Increase awareness of Family Medicine as a career choice
- Aid recruitment of newly qualified Doctors
- Improve retention throughout the career of Doctors
- Introduce a multiprofessional workforce
- Introduce other mechanisms to address workload pressures

Following the presentations a group discussion will be facilitated to share experiences and learning from all attendees.

## Objectives:

To share an understanding of the challenges we face in Family Medicine. To share learning and strategies being employed.

## Participants: 30

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 859

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

ePoster

## Antimicrobial resistance and prescribing for acute respiratory tract infections; where are we now?

Raymond O'Connor<sup>1)</sup>, Andrew O'Regan<sup>1)</sup>, Jane O'Doherty<sup>1)</sup>, Leonard Leader<sup>1)</sup>, Colum Dunne<sup>2)</sup>, Ailish Hannigan<sup>2)</sup>

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

<sup>2)</sup>Graduate Entry Medical School, University of Limerick, Limerick, Ireland

## Background:

Antimicrobial resistance (AMR) is an increasingly serious threat to global public health and is associated with increased consumption of antibiotics. Most antibiotic prescribing takes place in primary care, and the commonest indication in adults is acute respiratory tract infection (ARTI). Patient expectation is a key factor in the family practitioners' (FPs') decision to prescribe antibiotics.

## Questions:

To measure the level of anticipation patients attending with ARTI symptoms have for receiving antibiotics. To assess FPs' views on the topic.



## Methods:

Qualitative semi-structured interviews with a purposeful sample of the views of 13 FPs on antibiotic prescribing for ARTI. Interviews were conducted using an interview guide, digitally recorded, transcribed verbatim and analysed using inductive thematic analysis. Quantitative study on the expectation of 435 patients with ARTI symptoms attending an urban out of hours (OOH) facility.

## Outcomes:

FPs believed that high levels of expectation for antibiotics exist in patients presenting with ARTI. However only 34% of the patients presenting to an urban OOH facility expected to be prescribed an antibiotic. The remainder either did not expect it or were unsure. They expected further examination, reassurance, information and symptom treatment.

## Discussion:

This study has found one of the lowest levels of patient expectation for antibiotics recorded in recent years. The views of FPs are discordant with those of their patients. The concept of AMR and its association with overprescribing of antibiotics is getting through to the public.

## Take Home Message for Practice:

Doctors should listen to their patients and prescribe appropriately for ARTI.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 863

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

Workshop

## To err is human

Hagit Dascal Weichendler<sup>1)</sup>, Shelly Rothschild Meir<sup>1)</sup>, Sody Naimer<sup>2)</sup>

<sup>1)</sup>*Dept of Family Medicine, Haifa, Clalit Health Services, and Technion Israel Institute of Technology, Haifa, Israel*

<sup>2)</sup>*Department of Family Medicine, Sial Family Medicine and Primary Care Research Center, Faculty of Health Sciences, Ben Gurion University of the Negev, Beer Sheva, Israel*

**Background:** Medical errors are common. It is estimated that errors play a role in approximately a third of death cases. Usually we think they happen to others, and most of us haven't had much formal or other training on the topic.

**Aim:** The workshop will offer an opportunity and space to explore our clinical decision making process and possible pitfalls leading to medical errors in the diagnostic process, as well as tactics to minimize their occurrence and dealing with consequences.

**Methods:** Following a background presentation on medical decision making we will engage in small group work. Participants will share and analyze clinical cases, discuss common cognitive and other biases, and ways to overcome them. Sharing of coping strategies after an error has occurred will also be encouraged. Finally we will share conclusions with the whole group.

**Results and Conclusions:** Despite the stress and workload in daily practice GP'S need to be aware of factors that may adversely affect their clinical decisions. For the safety and wellbeing of their patients, as well as for themselves, they must take control and reflect regularly on their decisions. Workshop participants will gain increased awareness and knowledge of the cognitive errors/ biases affecting the diagnostic process, as well as tactics to minimizing their influence and to cope with errors when they occur.



Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 872**

**Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Infectious diseases and vaccines, the audit as a tool for vaccination strategy in primary care**

Maria Zamparella, Nicola Calabrese, Filippo Anelli

General Praticce ASL BA, ASL BA, Bari, Italy

**Background:** Pneumococcal vaccination reduces the incidence of invasive pneumococcal disease (74%) and pneumonias (28%). The Herpes Zoster vaccine reduces cases of Herpes zoster and postherpetic neuralgia, pain and severity of the disease.

AIM To improve the GP knowledge in the vaccination and infectious field, through a training and Audit course, structuring workgroups using computerized data collection.

**Materials and methods:** Since June 2018 to September 2019, six groups of GPs (48) were structured with 2 Tutors. The steps: 1. Dissemination of teaching material one month before the training event; 2. Update in infectious diseases related to anti-pneumococcal and anti-Herpes Zoster vaccination; 3. Elaboration of a Handbook of recommendations on management paths in the field of infectious diseases, vaccination and prevention in Primary Care; 4. Self-and Clinical-Audit, as vaccination strategy tools; 5. Evaluation of computerized data.

**Results:** 62.643pts; 29% were eligible to pneumococcal and/or anti-Herpes zoster vaccination; 24% are >65 years, 8.77% suffer from diabetes, 2.57% from COPD, 8.67% from heart disease, 7.40% have comorbidities. There was an increase in the Anti-pneumococcal vaccination coverage, whereas no significant evidences are available for Herpes Zoster, because only 170pts (0.935%) have been vaccinated up to now.

**Conclusions:** The training course and the GP work groups have allowed the analysis of data making it possible to present the current scientific evidence on pneumococcal vaccination, suggesting the need of sequential in certain categories of patients. The knowledge of Herpes Zoster vaccinations allowed to start the vaccination campaign in Primary Care highlighting the possibility of PPsV23 co-administration.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 877**

**Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

**Presentation form / Präsentationsform**

ePoster

**Protocol for study of the diagnosis and management of COPD in family practice in Ireland**

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<sup>1</sup>General Practice, University of Limerick Graduate Entry Medical School, Limerick, Ireland

<sup>2</sup>Specialist Training Program in General Practice, University of Limerick, Limerick, Ireland



## Background:

Chronic Obstructive Pulmonary Disease (COPD) is currently the fourth leading cause of death in the world, and is a major cause of chronic morbidity. The Global Initiative for Chronic Obstructive Lung Disease (GOLD) has developed detailed diagnosis and management guidelines.

Despite this and the availability of effective, well-tolerated treatments, COPD remains substantially under-diagnosed and under-treated within primary care. Chronic disease management in unresourced general practice is often sub-optimal.

## Question:

Using GOLD guidelines 2019 as an audit standard, we will ask: 1. Has the diagnosis been made and coded appropriately? 2. Has the patient's stage of COPD been formally calculated? 3. Are they on appropriate therapy? 4. Have they been offered smoking cessation advice and appropriate vaccination?

## Methods:

Seven registrars in family practice will search their practice's patient management system for files with appropriate codes, disease labels, terms that may be unique to the particular practice, and treatments that indicate a diagnosis of COPD. A random selection of 50 patients will be made per practice. Each file will then be individually examined using a specifically designed data extraction tool.

## Outcomes:

This will be the percentage of patients whose management is consistent with GOLD guidelines using the criteria outlined.

## Discussion:

The use of audit in the management of chronic disease is essential to improve standards.

Complex guidelines are often not followed in clinical practice, including simple measures such as appropriate vaccination.

## Take Home Message for Practice:

Management of chronic disease in family practice is enhanced by audit.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 896

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

ePoster

## A quality improvement cycle on acute musculoskeletal pain management

Sara Carmona e Teixeira<sup>1)</sup>, Raquel Sanches<sup>1)</sup>, Tiago Castelar Gonçalves<sup>2)</sup>, Sofia Remtula<sup>2)</sup>, Sara Andrade<sup>2)</sup>

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<sup>2)</sup>USF Conde de Oeiras, Oeiras, Portugal

**Problem:** Intramuscular (IM) diclofenac and thicolchicoside prescription for acute musculoskeletal pain (AMP) relief is a common practice, although scientific evidence doesn't support it. A quality improvement cycle was developed in two portuguese family health units (FHU) to understand the underlying causes of this prescription pattern and to improve it.

**Methods:** Between January 2016 and December 2017. All prescriptions administered in patients aged  $\geq 18$  years with AMP and made by family doctors/ residents who consented to participate in this study were included. The motivations for this prescription pattern were determined through an open-ended questionnaire survey, and the strategies to be implemented were defined through focus groups. The efficacy of these



measures was accessed by a pre- and post-intervention statistical analysis comparing the mean number of prescriptions per doctor and the proportion of doctors without any prescription.

**Results:** During the pre-intervention period, there were 129 prescriptions eligible for analysis, the mean number of prescriptions per doctor was of 4,78 or 5,44 if only specialist were considered, and the proportion of doctors without any prescription was of 30%. In the post-intervention period, there were only 13 eligible prescriptions; regarding the mean number of prescriptions per doctor, this was of 0,42 if all or 0,63 if only specialists were considered, and the proportion of doctors without any prescription was of 71%.

**Conclusions:** There was a significant reduction in the mean number of prescriptions per doctor and an increase in the proportion of doctors without any prescription of IM diclofenac and/or thicolchicoside.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 900

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

Workshop

### Habit change as a way of improving health

Nicholas Mamo<sup>1, 2)</sup>, Marika Dedinova<sup>1, 3)</sup>, Aleksandra Wojda<sup>1)</sup>

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

<sup>3)</sup>Mladí Praktici, Společnost Všeobecného lékařství ČLS JEP, Prague, Czech Republic

**Background:** Lifestyle medicine is the next frontier. This is now a major part of our management plans, and where we are likely to have the biggest impacts on outcomes. However outcomes remain very poor. This is because we are asking people to change major habits. Whether it is to stop smoking, change diet, exercise... simply advising change is insufficient in creating change.

According to a study by Duke University, more than 40% of actions people perform daily are not active decisions, but habits. Our daily habits form us. Recognising habits, and how to change these is likely to be the best way to improve health. Starting by recognising the nature of habits and how they are formed, we can support our patients towards making changes.

**Target Group:** GPs interested in Lifestyle Medicine

**Didactic Method:** Divided into two parts; firstly the session would use sharing of habit theory, including the habit loop and its weak points, better understanding how to modify them. Secondly, using this theory and Open Space Technology facilitation techniques, we will together create a short step by step intervention programme for how doctors could address the lifestyle issues of their patients.

### Objectives:

- Understanding habits and how to modify them
- Developing practical ways for GPs to support patients in improving their lifestyle

**Estimated number of participants:** 30

**Brief presentation of the workshop leader:** Marika and Nick are GP residents with experience in and a passion for utilising soft skills in a healthcare context using a variety of facilitation techniques.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 950



**Abstract subtopic / Abstract Unterthema**  
3.6. Quality and safety / Qualität und Sicherheit  
**Presentation form / Präsentationsform**  
Workshop

## **Die neue NVL Diabetes: neue Empfehlungen zu oralen Antidiabetika und Insulin**

Til Uebel

*Institute of General Medicine, Universität Würzburg, Würzburg, Bavaria, Germany*

### **Background:**

Updates were first established at the DEGAM Congress in 2019.

Three guideline authors report on the latest developments in their field and present 3-4 relevant publications from the past 24 months, each for 12-15 minutes, so discussion with the audience is possible for another 10 minutes.

As usual with DEGAM guidelines, advice issues and not diagnoses preferably determine the topic, so it is possible, the speaker refers a study about which is the best to do, if patient with chest pain present.

### **Target groups:**

Practical doctors, young doctors who visit the congress to get to know national and international developments of our specialist area.

### **Method:**

Lecture with powerpoint presentation.

### **Purpose:**

Ensure a balance between university and practical questions.

### **Number of participants:**

50-70

Last year in Erlangen there were up to 80 participants depending on the session.

### **Brief introduction of the workshop leader:**

Til Uebel, general practitioner since 2002, Contact person for guidelines and member of the Institute of General Medicine at the University of Würzburg, spokesman for the Diabetes Working Group, DEGAM member since 2002. Author of several guidelines in the last decade.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 957**

**Abstract subtopic / Abstract Unterthema**  
3.6. Quality and safety / Qualität und Sicherheit  
**Presentation form / Präsentationsform**  
ePoster

### **Family Medicine's bureaucracies in Portugal**

Valter Moreira<sup>1)</sup>, Ricardo Araújo<sup>1)</sup>, Daniela Maça<sup>2)</sup>, Ricardo Silva<sup>3)</sup>, Vera Esteves<sup>1)</sup>

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<sup>2)</sup>USF Ajuda, ARS Lisboa e Vale do Tejo, Lisbon, Portugal

<sup>3)</sup>USF Conde de Oeiras, ARS Lisboa e Vale do Tejo, Lisbon, Portugal

### **Background:**



Family medicine is a specialty characterized by the longitudinality of care and the holistic approach of each patient. In addition to the clinical aspect, the family doctor (FD) is responsible for performing various bureaucratic acts that can be more or less complicated.

#### Questions:

What kind of bureaucracies can the family doctor do?

#### Methods:

Review of current laws and guidelines related to bureaucratic acts in family medicine in Portugal.

#### Outcomes:

The certificates of physical aptitude for sports practice, for weapon, hunting, maritime and driving licenses are documents that are requested to the FD and that can be filled by him/her.

Statements of dropout and return to school after illnesses are also often required.

Another very common document is the temporary disability certificate for work, which has specificities according to the patient's situation, in order to approach each one as best as possible and to safeguard possible bureaucratic or judicial problems for him/herself, the doctor must take these into account.

#### Discussion:

Some of the characteristics of family medicine, such as the comprehensive knowledge of each patient, their problems, singularities, and their family, are an advantage in this arduous task.

However, in an increasingly demanding world, this type of bureaucracy can be a problem, either from being time consuming or from possibly generating conflicts between doctor and patient.

#### Take Home messages:

- Nowadays the family doctor deals with various bureaucracies
  - It is important to know the legal scope of these documents to be able to act in the best
- Conflict of interest / Interessenkonflikte  
no / nein

#### Contribution ID: 1041

#### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

#### Presentation form / Präsentationsform

ePoster

#### Effect of oral magnesium supplementation on nocturnal leg cramps

Mafalda Aveiro<sup>1)</sup>, Melanie Azeredo<sup>1)</sup>, Roberto Marques<sup>2)</sup>

<sup>1)</sup>USF OSSONOBA, Faro, Portugal

<sup>2)</sup>CHUA, Faro, Portugal

Nocturnal leg cramps (NLC) are associated with musculoskeletal symptoms such as sudden twitching and painful and disabling contractions. One of the main indications for magnesium supplementation is to prevent and treat NLC. This paper aims to determine the role of magnesium supplementation in NLC treatment.

Meta-analysis review (MA), systematic reviews (SR), randomized controlled trials (RCT) and Clinical Guidance Standards published between 1/01/2009-6/04/2019, in English and Portuguese, using the keywords "nocturnal leg cramps" and "magnesium". The databases used were the Cochrane Library, Pubmed, BMJ Clinical Evidence, NICE, National Clearinghouse Guideline, Canadian Medical Association Practice Guidelines, Bandolier and DARE. Exclusion criteria: studies in children and pregnant women. American Family Physician's Recommendation Taxonomy was used.

26 articles were used from the initial research and 17 were excluded due to repetition after reading the title and summary. Following review, 4 studies met the inclusion criteria, 1 systematic review (SR), 2 RCT and 1



algorithm. An RCT has shown that oral magnesium supplementation may not be superior than placebo in order to decrease the number of weekly episodes. SR and the additional RCT showed no beneficial effect in the general population. The algorithm concluded that existing studies are insufficient to recommend its use. Although oral magnesium supplementation is widely used and recommended by clinicians there seems to be no evidence for this recommendation. For the future, more well-designed comparative studies would be pertinent, excluding pregnant women, secondary causes and conditions that may mimic them (eg. restless leg syndrome, vascular lameness, peripheral neuropathy).

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 1085**

#### **Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

#### **Presentation form / Präsentationsform**

ePoster

#### **COPD - Diagnostic quality improvement cycle**

Rafaela Cabral, Paula Rodrigues, Inês Santos, Ana Rita Cunha, José Varanda Marques, João Figueiral Ferreira, Rita Sá Esteves, Anabela Madeira  
*USF Viseu-Cidade, Viseu, Portugal*

**Background:** Chronic obstructive pulmonary disease (COPD) is a common, preventable and treatable public health problem. It is required a confirmation of obstruction after bronchodilation in a spirometry.

**Objective:** To improve the diagnosis of COPD by requiring and registering a spirometry.

**Methods:** Retrospective internal evaluation of the technical-scientific adequacy of the physicians, with a selective sample, institutionally based, consisting of patients coded as COPD, in a first phase, in 2018, and, after an educational intervention, in a second one at the end of 2019. The existence of spirometry was verified, with or without description of the result, and the filling of the FEV1 value in the individual user form (IUF).

**Outcomes:** 1st evaluation: 206 patients with COPD, 57% male, mean age 72,5 years; 70% had a spirometry performed, 58% of them indicating obstruction and 28% with the FEV1 registration. 2nd evaluation: 205 patients, 60,5% male, mean age 73 years, 80% had spirometry, 62% showing obstruction, and 53% with the FEV1 registration.

**Discussion:** There was an improvement in FEV1 filling in the IUF (28 to 53%), and a slight increase in the number of spirometry performed to confirm the diagnosis (70% to 80%), although not all reports showed obstruction.

**Conclusion:** This study allowed to review with the medical class the diagnosis of COPD and also the registration of FEV1 in the IUF, in order to carry out the best possible follow-up of these patients.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 1107**

#### **Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

#### **Presentation form / Präsentationsform**

ePoster



## Treatment of acute tonsillitis in paediatric age - a cycle of quality improvement

Cristiana Miguel, Rita Clarisse Marques

*USF Condestável, Batalha, Portugal*

**Background:** Acute tonsillitis (AT) is accountable for 5% of health care visits in Portugal in paediatric age, most of them being viral, benign and self-limited. Bacterial cases should be recognised and promptly treated with adequate antibiotherapy to avoid complications and the rise of antibiotics resistance.

**Aim:** to improve AT prescription adequacy in our Family-Health-Unit (FHU), according to Portuguese guidelines.

### Methods:

2-evaluation cycle of quality improvement: one with data from the year 2017 and the other one with data from march to august 2019. Correctional measures applied in February 2019 – creation and discussion of an actuation protocol about AT.

**Population:** patients <18-years-old coded with Acute Tonsillitis or Streptococcal oropharynx infection

**Exclusion:** medicated outside the FHU; without antibiotherapy.

Retrospective, observational, descriptive, transversal study.

**Data:** MIM@UF®, SClínico®, PEM® *softwares*

**Analysis:** Excel®.

**Results:** On the first evaluation 161 cases were included. When combining the right antibiotic, prescribed in the right dose and duration, none of them were adequately medicated.

On the second evaluation 64 cases were included, 23,4% adequately medicated.

**Discussion:** There was an improvement of 23,4% in the adequacy of antibiotherapy prescription, but there is still a great percentage of cases not adequately treated. Poorly detailed clinical records were our major limitation.

We propose to discuss this data in our FHU to initiate a new cycle of quality improvement.

**Take Home Message:** Bacterial AT cases should be recognised and adequately treated. Improvement of prescription adequacy should be a constant in our practice.

**Conflict of interest / Interessenkonflikte**

no / nein

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### Contribution ID: 1139

#### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

#### Presentation form / Präsentationsform

Workshop

## First Management of Harmful Patient Safety Incidents in family practices:

Maria Pilar Astier Peña, Jose Miguel Bueno Ortiz, Maria Rosario Fernandez Garcia, Josep Vilaseca

*Chair WP Quality & Safety, Sociedad Española de Medicina de Familia Y Comunitaria, Barcelona, Spain*

### Background:

Unintended medical errors happen at any time, no matter how well we try to do the procedures. They can lead to a negative patient outcome, patient safety incident (PSI). The patient and relatives are the first victims and need support and a plan for early management. Nevertheless, the PSI can damage the well-being of health professionals (HP) and surgeries as well. Health professionals who are affected become "second victims," and the surgery or health center, "third victim". The development of plans for dealing with PSI in health centers can reduce the impact of PSI on patients, professionals and health organizations.



## Aim of the Workshop:

to introduce tools that can assist HP to give an appropriate response to patients and relatives when a PSI happens and to learn key activities on how to perform second victim support and third victim recovery, based on a research project on Second Victims: <http://www.segundasvictimas.es/>.

**Methods:** First part, a review of existing recommendations regarding response plans. A second part, to work in small groups through clinical cases to implement a different checklist that could guide an appropriate response after a PSI to patients, support to second victims and recovery the primary care team's social trust. Finally, groups will share conclusions.

**Outcome:** Each participant will develop a short plan for her/his surgery to give an adequate response to the patient and family after a PSI and to facilitate second and third victim support.

**Time:** 75

**Conductors:** Wonca World Working Party on Quality and Safety.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1203

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

Lecture / Vortrag

## Is there an association between adherence to medications and adherence to preventive medicine?

Michal Shani

*Family medicine Central District, Clalit Health Service, Tel Aviv, Israel*

The association between medication adherence and adherence to preventive medicine has not been investigated.

### Methods:

Included all patients aged 50-75 with diabetes or hypertension who were insured by Clalit and treated with at least one chronic medication in 2017. For each patient we examined the adherence to one of 22 oral medications for treatment of diabetes or hypertension. Good adherence was defined as claiming at least nine monthly prescriptions during 2017. We calculated for each patient the average adherence rate for her/his medications. We tested the association between average medications adherence rate and whether patients had annual influenza injections, mammogram and colon cancer screen according to the recommendations.

### Results:

262,649 patients were included. Average age was 63.7, 50.6% were men. 81.5% of the patients had hypertension and 59.4% had diabetes. Patients used  $2.2 \pm 1.1$  medications on average. 59.6% of the eligible patients had received an influenza vaccine during 2017, 67.8% had undergone colon cancer screening, and 75.1% of the women had a mammography according to the recommendations.

Patients who received an influenza vaccine had higher adherence rates to medication compared to patients who did not have the injection OR=1.27 (CI 1.25-1.30), patients who performed mammography had OR=1.15 (CI 1.11-1.18) for medication adherence rate compared to those who hadn't, and patients who had been screened for colon cancer had OR=1.18 (CI 1.16-1.21) for medication adherence compared to those who hadn'tt.



**Conclusions:** Our findings suggest that medication adherence is associated with adherence to preventive medicine in diabetic and hypertensive patients.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1208

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

ePoster

### The reduction of benzodiazepine prescription

Olga Barba Ávila, Marina Rovira Illamola, Laura Szlendak  
*CAPSBE - CAP Comte Borrell, Barcelona, Spain*

#### Introduction:

In the last years the prescription of Benzodiazepines by General Practitioners has increased.

That is why a Pharmacy Commission recommended different actions to reduce the Benzodiazepines prescription in an urban area.

Pharmacy Commission is a multidisciplinary team formed by the local reference hospital pharmacist, general practitioners, nurses and administration staff working in Health Centre. Periodical reunions are held off to update and analyse the information about drugs and treatments and discuss how to improve the use of medicines.

It is well known that the chronic intake of benzodiazepines create physical dependence. Studies show that their use is associated with the increase of hip fractures, cognitive impairment and the risk of dementia.

#### Methods:

To work on the reduction of Benzodiazepines prescription different actions were taken:

- Clinical sessions for medical staff presented by the Pharmacy Commission.
- Preparation of information dedicated to patients about side effects of Benzodiazepines use and sleep hygiene measures:
  - Paper leaflet, which allows individualise a descending dosage schedule
  - A video starring health personnel from the medical centre which is projected on the TV of patient`s waiting room.

#### Conclusions:

A 20% decrease of benzodiazepines prescription has been observed through the time. This has been possible thanks to the actions of the Pharmacy Commission as well as the direct information given by the health professionals to the patients.

These actions can be applied in other medical centres.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1213

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag



## Defensive medicine: what's perceptions of french general practitioner?

Camille LEVEQUE<sup>1, 2)</sup>, VINCENT Yves-Marie<sup>2)</sup>, GROCCQ Thomas<sup>2)</sup>, MORICHON Charles<sup>2)</sup>

<sup>1)</sup>University of Luxembourg, Esch-sur-Alzette, Luxembourg

<sup>2)</sup>Département de médecine générale, University de Bordeaux, Bordeaux, France

**Introduction:** Defensive medicine (DM) can be defined as deviation from standard medical practice due to various sources of pressure. The objective of the study was to explore the experience and the feelings of DM by French general practitioners (GP).

**Material and method:** It was an exploratory qualitative study by focus group (FG). Interviews were retranscribed and analysed by a grounded theory with double coding by two researchers.

**Results:** Four FG were realized between February and June 2019. 21 GP were recruited for this study. They defined DM as a modification of their medical practice due to various sources of pressure with negative but also positive consequences on their practice. Sources of pressures were manifold: mostly patients, fear of lawsuit, own pressure, colleagues and consultation process. They can have consequences on physical examination, documentation of medical records, prescription et their experience.

**Conclusion:** Sources of pressure identified by French GP were different as other countries but consequences were identical. Defensive medicine seems to be an evolution of GP practice which implicate ethical issues. Sensitization of GP to DM et patient's information are axis to avoid negative impact.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1249

#### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

#### Presentation form / Präsentationsform

ePoster

## When miosis and ptosis let to Claude-Bernard syndrome diagnosis

Carmen Moreno Blas<sup>1)</sup>, Marta Lluch Álvarez<sup>1)</sup>, Montserrat Porta Borges<sup>2)</sup>, Julia Casas i Escudero<sup>1)</sup>, Violeta Ferrer Gracia<sup>1)</sup>, Rosa Bragós Nogué<sup>3)</sup>, Francesc Xavier Sibera Areste<sup>2)</sup>, Michael Maximilian Lowak<sup>2)</sup>, Julia Moreno Blas<sup>2)</sup>

<sup>1)</sup>Emergency care, Hospital Vall d'Hebron, Barcelona, Spain

<sup>2)</sup>Primary Care, CAP Larrard, Barcelona, Spain

<sup>3)</sup>Primary Care, CAP Chafarinas, Barcelona, Spain

### Reason for referral:

A 17-year-old female patient who visits emergency room for left palpebral ptosis and left miosis.

### Previous medical history:

No drug allergies or toxic habits.

-Delay in psychomotor development with a significant involution since June 2019. Bradialia, communication difficulties.

- Left spontaneous tension pneumothorax on 11/14/2019 with urgent placement of pleural drainage. The pleural drainage showed persistent air leak, so it was decided to proceed with surgery with apical bullectomy and mechanical pleural abrasion of the left hemithorax, assisted by videothoracoscopy.

### Physical examination and complementary tests:

Normal vital signs. Cardiovascular and respiratory system without remarkable findings.



Neurological system: Glasgow 15, oriented in the three spheres. Absence of apparent acute neurological focus. Speech and understanding preserved. Anisocoric pupils, with a remarkable miosis of the left pupil. Normoreactive pupils, with left photophobia. Left ptosis. Cranial nerves and strength in all four limbs preserved. No sign of weakness. Sensitivity preserved.

Osteotendinous reflexes present and symmetrical. Absence of dysdiadochokinesis and dysmetria, Romberg maneuver negative. Normal walking.

During her stay in the emergency room, she undergoes a chest X ray given the recent history of pneumothorax, which shows a correct expansion of the left lung.

### **Orientation and conclusion:**

It is oriented as left Claude-Bernard-Horner syndrome secondary to the surgical intervention of the pneumothorax. Horner syndrome is a neurological disorder characterized by a symptom triad of miosis, partial ptosis and facial anhidrosis (absence of sweating). This condition results from lesions that interrupt the sympathetic nervous supply to the head, eye, and neck.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 1264**

#### **Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

#### **Presentation form / Präsentationsform**

State of the art session

### **Gut feelings in general practice: why you should join our international research group COGITA**

Marie Barais<sup>1</sup>, Johannes Hauswaldt<sup>2</sup>, Bernadino Oliva Fanlo<sup>3</sup>, Paul Van Royen<sup>4</sup>, Erik Stolper<sup>4, 5</sup>

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<sup>3</sup>Majorca Primary Care Department, Trencadors Primary Health Centre, Lluçmajor, Spain

<sup>4</sup>Department of Primary and Interdisciplinary Care, Faculty of Medicine and Health Sciences, Antwerpen, Belgium

<sup>5</sup>Department of General Practice, Faculty of Health, Medicine and Life Sciences, Caphri School for Public Health and Primary Care, University of Maastricht, Maastricht, Netherlands

### **Background:**

The European Expert Group COGITA was founded in 2008 to conduct cross-border research in the area of non-analytical diagnostic reasoning. Academic GPs, PhD students, psychologists, linguists and students meet annually to share their experiences, exchange results and initiate new studies on the topic. E-mail surveys among EGPRN members, focus group research and structured interviews of GPs revealed that sense of alarm is a common phenomenon in general practice in Europe. Educational and research experts from the Netherlands and Belgium consented on seven statements of two types of gut feelings, sense of alarm and sense of reassurance. Development and validation of a Gut Feelings Questionnaire translated in 7 languages were conducted. COGITA have supported several international diagnostic studies on accuracy of the sense of alarm using the GFQ.

### **Target Group:**

GPs, trainee supervisors, trainees

### **Didactic Method:**

- Small working groups using case vignettes



- Sharing results of small group discussion
- Power point presentation

### Objectives:

- Present the COGITA group
- Description of gut feelings: definition and role in the diagnostic process
- Showing useful tools:
  - Gut Feelings Questionnaire
  - Glossary of terms relating to the gut feelings research topic  
<http://www.gutfeelings.eu/glossary-introduction/>
- Relate accuracy of sense of alarm to thoracic pain and dyspnoea
- Showing possibilities for collaborative research projects

### Take Home Message for Practice:

Sense of alarm is a useful tool for GPs, when facing unspecific signs and symptoms related to dyspnoea and chest pain. Interested researchers are invited to join the COGITA group for collaborative research. ([www.gutfeelings.eu](http://www.gutfeelings.eu))

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1280

#### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### The American Opioid Crisis – Let's Not Go There!

Colin Bradley

*Department of General Practice, University College Cork, Cork, Ireland*

#### Background:

The US and Canada have been afflicted by an epidemic of opioid use disorder and opioid related mortality. The origins of this has been traced to an increase in prescribing of strong opioids from the early 1990s. Data from Europe indicate increased prescribing of strong opioids is now rising here. The author visited Oklahoma on a Fulbright Scholarship in 2017/2018 to study the problem there. From this experience some key information and strategies to help general practitioners avoid the emergence of a similar problem here have been identified.

#### Methods:

Data from international sources on opioid prescribing and opioid related death in Europe will be collated. Strategies currently being used in the US and Canada to try and contain the opioid epidemic and evidence of their effectiveness will also be reviewed.

#### Results:

Data available to date suggest a 58% increase in opioid use within the OECD over the past decade with rates in the US and Canada falling and rates in Europe rising. Opioid related death rates and hospitalisations are rising in Europe. However, higher rates of opioid use do not correlate rates of opioid related deaths.

#### Conclusion:

Strategies to contain opioid prescribing and to prevent opioid deaths have been identified. Some of these have been developed by the author in the US. The application of these in the European setting will be discussed.



Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1288**

**Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Examining prevalence and risk factors of needle-stick injuries among Kazakhstani primary care nurses**

Kurolay Aimoldina, Gaukhar Rakhymgalieva

*Astana Medical University, Nur-Sultan, Kazakhstan*

**Background:**

WHO estimates that 40-65% of HBV infections and HCV in health care workers were associated with percutaneous occupational exposure. These injuries can occur at any time, i.e., in the process of disposing of used needles and sharply piercing objects in the sharps disposal containers. However, little is known about the prevalence and factors of injuries caused by needle and other sharp and piercing objects among health care workers in Kazakhstan.

**Objectives:**

The purpose of the study is to identify the prevalence and risk factors for needlestick injuries among Kazakhstani primary care nurses for the planning of intervention in reducing needle stick injuries.

**Methods:**

The study used a quality improvement design. There were 198 nurses who participated in the study. A questionnaire was used to obtain data. A descriptive and bivariate analysis was utilized as well.

**Results:**

It was revealed that 40% of respondents experienced a case of injury at least once, 29% of respondents shared their observations that they witnessed needle stick injuries to other health workers in the workplace. A quarter of all respondents (24%) reported a case of withholding information about their own incident. More than half of the respondents answered that they would feel safer if they had portable sharps bin system (56%), 89% of nurses said about the need for training.

**Conclusion:**

The study suggests a high incidence of needle stick injuries among the nurses suggesting immediate interventions.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1343**

**Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Physicians' healthy lifestyle behaviors and affecting factors in Edirne, Turkey**

Önder Sezer, Yusuf Canbolat, Hamdi Nezih Dağdeviren

*Department of Family Medicine, Trakya University School of Medicine, Edirne, Turkey*



**Introduction/Aim:** Physicians have to be role-models for their patients. But it is often observed that, they are not successful on this subject. The aim of this study was to investigate primary care and university hospital physicians' healthy lifestyle behaviors and affecting factors in Edirne, Turkey.

**Method:** The population of the study was 703 physicians. 53% (n=373) of the physicians completed the questionnaire which was consisted of 80 questions including 28 questions related to sociodemographic characteristics and 52 questions of Healthy Lifestyle Behaviors Scale-II.

**Results:** In the study, 49.3% (n=184) of the physicians were female and 50.7% (n=189) were male. The mean score of Healthy Lifestyle Behaviors Scale-II was  $119.97 \pm 20.02$  (min 56, max 193). When the six subscales were examined, it was seen that the highest score was in the spiritual development and the lowest score was in the physical activity. Healthy lifestyle behavior scores of women, physicians who are married, who have children, who are working without night shifts, who are non-smokers, who have spare time for themselves and who have hobbies, were significantly higher. There was no significant difference between primary care and university physicians; but significantly lowest in surgical sciences in the university.

**Conclusion:** Physicians' scores were low than expected. If role-models live in the unhealthy way, it is not appropriate for them to suggest healthy lifestyle changes to their patients. If we want to improve public health, physicians must primarily organize their own lifestyle. This point of view should be acquired during medical education.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1360

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

ePoster

## Drugs in the eyes of a Pole

Maria Malarska<sup>1)</sup>, Paulina Pachniak<sup>1)</sup>, Michał Matyjaszczyk<sup>2)</sup>

<sup>1)</sup>Clinical genetic, Medical University of Lodz, Łódź, Poland

<sup>2)</sup>Medical University of Lodz, Łódź, Poland

### Aim of the work:

The aim was to check what kind of medicines Poles use, and also which one of them consider necessary to have in their home.

### Material and method:

The research was carried out in the form of a questionnaire published on the Internet, as well as paper given to patients of Genetic department. Over two thousand people were examined, whose average age was 37.

### Results:

84.1% of the respondents admit that they have ibuprofen in their home first aid kit, 77.3% have pills to suck on sore throat and 74.3% have paracetamol. Interestingly, as much as 33% of people declare that they have different types of antibiotics at home. It is puzzling that only 1% of respondents have vitamin D at home.

During the selection of drugs for home first aid kit 77.3% were guided by the price, and 81.3% by their own opinion. Only 55% take into account the doctor's recommendation when choosing medicines.

32.5% answered that one cannot have an allergy to paracetamol and 30% to ibuprofen. In the case of an alarming rash or other symptoms, only 33% of people would go to the doctor.



## Conclusions:

Knowledge of the drugs needed is still at a low level in the Polish society, which during the elections is guided mainly by its own choices and not by doctors and pharmacists.  
Further education in the use of medicines is important.  
Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1380

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Technology: assistant or obstacle for the Family Doctor?

José Vicente Cayuela Espi<sup>1)</sup>, Ana Celia Melgar García<sup>1)</sup>, María Pilar Martínez Díaz<sup>1)</sup>, Jennifer Ramos González<sup>1)</sup>, David Sánchez Gutiérrez<sup>2)</sup>, Samuel Sánchez Gutiérrez<sup>2)</sup>

<sup>1)</sup>Health Care Center La Unión, La Unión, Spain

<sup>2)</sup>Pathological Anatomy, Hospital Santa Lucía, Cartagena, Spain

## Background:

Telemedicine (TM) is an increasing practice, due to the technological development in imaging and communication, reducing the delay of the specialist assessment. Even though it is a great step forward it is necessary to evaluate if these systems are truly efficient.

## Questions, Discussion Point:

Does TM reduce the delay of the specialist assessment? Is it really efficient?

## Content:

Teledermatology is a tool that allows the Family Doctor to send photos of a skin condition with a description to the Dermatology service shortening the time for an initial evaluation. Therefore, in case we suspect a malign condition this tool allows an earlier assessment and consequently increase the survival rate due to the early detection. However, could it be possible that a conventional referral of a patient, without a picture, took the same amount of time or even less? Which are the causes of this issue?

This is one example of TM in my region, participants will be inquired about the practice in their region to share opinions and collaborate to develop new ideas or research topics.

## Take Home Message for Practice:

TM should decrease the time for an initial evaluation of a patient to discriminate whether the referral should be seen earlier or not by the specialist. We should evaluate the efficiency of this practice to make sure that this concept is accomplished, and if it is not we should research how to improve.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1502

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

ePoster

## Arzneimittelnews - Evidenzbasierte und kompakte Arzneimittelinformationen für Ärzte



Sarah Holtz<sup>1</sup>, Dr. Heinz Endres<sup>1</sup>, Dr. Kerstin Schroeter<sup>1</sup>, Kristin Feils<sup>1</sup>, Jelena Kalb<sup>1</sup>, Tim Steimle<sup>2</sup>, Dr. Goentje-Gesine Schoch<sup>2</sup>, Meike Herb<sup>2</sup>, Dr. Sandra Neitemeier<sup>2</sup>, Dr. Petra Kaufmann-Kolle<sup>1</sup>

<sup>1</sup>aQua-Institut für angewandte Qualitätsförderung und Forschung im Gesundheitswesen GmbH, Göttingen, Germany

<sup>2</sup>Techniker Krankenkasse (TK), Hamburg, Germany

**Hintergrund:** Jährlich werden bis zu 40 neue Wirkstoffe zur Pharmakotherapie zugelassen; davon knapp die Hälfte mit einem neuen Wirkmechanismus.

Fragestellung: Wie können sich Ärzte im Praxisalltag über den Nutzen neuer Arzneimittel informieren?

**Methoden:** Durch eine strukturierte evidenzbasierte Recherche wird ein pharmakologisches Thema erarbeitet und in übersichtlicher Form zusammengefasst.

**Ergebnisse:** Eine Möglichkeit für Ärzte, sich einmal im Quartal über neue Arzneimittel zu informieren, bieten die vom aQua-Institut im Auftrag der Techniker Krankenkasse (TK) erstellten sogenannten Arzneimittelnews – evidenzbasierte und pharmunabhängige Informationen zu neuen bzw. relevanten Arzneimitteln. Zu jeweils einem Schwerpunktthema, wie z.B. DOAKs, PCSK9-Inhibitoren, HIV-Präexpositionsprophylaxe oder CGRP-Antikörper, geben die Arzneimittelnews einen kompakten Überblick zur Studienlage, frühen Nutzenbewertungen, aktuellen Risikomeldungen und Leitlinienempfehlungen. Ergänzt werden diese Informationen durch Interviews mit ärztlichen Experten, die praxisorientierte Fragen zum Schwerpunktthema beantworten. Bei jeder zweiten Ausgabe kann das Experteninterview zudem als Video im Webportal der Arzneimittelnews abgerufen werden ([www.arzneimittelnews.de](http://www.arzneimittelnews.de)). Unabhängig vom aktuellen Schwerpunktthema erhalten die Leser zusätzlich einen Überblick über aktuelle Beschlüsse des Gemeinsamen Bundesausschusses (G-BA) zur frühen Nutzenbewertung neuer Arzneimittel. Zusammenfassungen von ausgewählten G-BA-Beschlüssen für Ärzte und Patienten werden ebenfalls im Webportal online zur Verfügung gestellt. Ergänzend zu diesen evidenzbasierten Informationen erhalten teilnehmende Ärzte (im Rahmen ihres Abonnements) eine individuelle Auswertung ihrer Arzneimittelverordnungen zum jeweils aktuellen Schwerpunktthema.

**Diskussion:** Im Rahmen einer Abonnentenbefragung bewerteten Hausärzte die Arzneimittelnews überwiegend als verständlich und praxisrelevant. 6 von 7 Hausärzten würden die Arzneimittelnews weiterempfehlen.

**Take Home Message:** Die Arzneimittelnews, ein kostenloses Angebot zur kompakten und zeitnahen Information über neu auf dem Markt eingeführte Medikamente, sollte sich kein niedergelassener Arzt entgehen lassen.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1528

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

ePoster

## Improving health literacy: A case example from Switzerland

Eva Blozik<sup>1, 2</sup>

<sup>1</sup>Health Sciences, Helsana Health Insurances, Zürich, Switzerland

<sup>2</sup>Department of Primary Care, University of Zürich, Zürich, Switzerland

### Background:



Previous studies showed that health literacy in Switzerland should be improved. Therefore, different stakeholders took action and implemented measures to increase health literacy in the Swiss population.

### Methods:

Helsana Health Insurances is one of the largest health insurances in Switzerland very active in the field of health services research and engaged in avoiding over- under- and misuse of health services on the basis of scientific evidence. In this context, the insurance launched a project to increase health literacy by providing freely accessible information on its homepage. The information is based on scientific evidence collected and summarized by the Harding Center of Risk Literacy, Berlin, Germany.

### Outcomes:

Evidence summaries are provided in the format of fact boxes and short videos. Fact boxes show the best available evidence related to benefit and harms in an easily understandable way. In addition, evidence is presented in short animated films. Topics include cancer screening, vaccinations, cardiovascular and musculoskeletal problems, or use of antibiotics.

### Discussion:

The aim of the initiative is to support affected and interested persons to form their opinion on the use of controversial health services.

The poster will give an impression on the visualisation of evidence and the spectrum of topics as a results of the collaboration with the sounding board and the Harding Center.

Take Home Message for Practice

The present project is an example of how medical and statistical facts can be disseminated in a population with no medical or statistical background.

Conflict of interest / Interessenkonflikte  
yes / ja

## Contribution ID: 1539

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

ePoster

## New prescriptions for benzodiazepines and Z-drugs in anxiety and insomnia in a primary care unit in Portugal

Lara Cabral, Joana Sousa, Sara Pinho

*Briosa Family Health Unit, Coimbra, Portugal*

**Background:** Benzodiazepines (BZD)/Z-drugs are indicated for symptomatic treatment of anxiety and insomnia, when the disorder is severe, disabling or subjecting the individual to extreme distress. Guidelines state that should not be used more than one BZD/Z-drug at a time and treatment should be as short as possible, not exceeding eight to twelve weeks in anxiety or four weeks in insomnia, including tapering off process.

**Question:** Does new BZD/Z-drug prescriptions for adults diagnosed with anxiety or insomnia obey the good practices criteria?

**Methods:** Cross-sectional study conducted from 01.01.2017 to 12.31.2017. Data: MedicineOne®. Participants: Adults diagnosed with anxiety/insomnia in 2017, with initial prescription of BZD/Z-drug. Exclusion criterion: psychiatric consultations. Variables: age, sex, disorder pathological character, number of BZD/Z-drug prescribed, treatment duration and reassessment consultation. Data analysis: Excel®.



**Outcomes:** 118 patients were evaluated, with average age 51 years and with 70% being female. 38% of prescriptions occurred in pathological situations and in the remainder 62% clinical records were inconclusive. In 7% of patients more than one BZD/Z-drug was used. Stipulated time was met in 71% and in 10% a reassessment appointment was scheduled.

**Discussion:** Most prescriptions were initiated with no recorded information regarding disorder pathological character and revaluations were only scheduled in a minority of cases. Still, most prescriptions meet the stipulations regarding the duration of treatment and the use of no more than one BZD/Z-drug.

Take Home Message for Practice: Implementation of prescription qualification strategies for BZD/Z-drugs is required.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 1552**

**Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

**Presentation form / Präsentationsform**

Workshop

**Addressing overdiagnosis versus underdiagnosis: how to avoid misdiagnosis**

Ozden Gokdemir<sup>1)</sup>, Sara Rigon<sup>2)</sup>, Lara Diego<sup>3)</sup>, Marta Ruivo<sup>4)</sup>, Nick Mamo<sup>5)</sup>, Fabrizio Cossutta<sup>6)</sup>, Nina Monteiro<sup>7)</sup>, Cristopher Reichel<sup>8)</sup>, Yusi Mariani<sup>9)</sup>, Elena Klusuva<sup>10)</sup>, Alexandra Tsiporu<sup>11)</sup>, Marta Filipa Rodrigues<sup>4)</sup>

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

<sup>2)</sup>General Practitioner Primary Health Care in Prison San Vittore Penitentiary/, VdGM Equally Different SIG, Milan, Italy

<sup>3)</sup>UCSP Montijo of Aces Arco Ribeirinho, Ars Lisboa Vale do Tejo, VdGM, Lisbon, Portugal

<sup>4)</sup>Sá Ruivo Organization- USF da Baixa, VdGM Equally Different SIG, Lisbon, Portugal

<sup>5)</sup>NHS Education for Scotland, VdGm, Glasgow, United Kingdom

<sup>6)</sup>Unidade de Saúde Familiar Almirante, ACES Lisboa Central, ARSLVT, VdGM, Lisbon, Portugal

<sup>7)</sup>APMGF, VdGM Equally Different SIG, Lisbon, Portugal

<sup>8)</sup>Austrian Association of Family Medicine, VdGM Equally Different SIG, Vienna, Austria

<sup>9)</sup>London Doctors Clinic, VdGM Equally Different SIG, London, United Kingdom

<sup>10)</sup>SAMU061, VdGM/semFYC, Ibiza, Spain

<sup>11)</sup>First Public Structure of Egaleo, VdGM, Egaleo, Greece

**Background:** Overdiagnosis can be harmful for patients as well as for health systems, especially in high-income countries. The cultural belief that "more is better" is one of the possible drivers of overdiagnosis. At the same time, underdiagnosis can also be detrimental to patients' health, especially among specific vulnerable populations.

**Aim:** The objective of this workshop is to improve our understanding of concepts of overdiagnosis and underdiagnosis, and how they can both relate to inequity in the provision of care. We also aim to explore their concepts in the light of equity and justice, specifically how they intersect not only socio-economic determinants but also cultural factors and other vulnerabilities.

**Methods:** After a short presentation about the concepts and how it and possible form of discrimination in medicine (age, racial, gender), attendees will be divided into groups to discuss challenges and possible solutions to the presented issues, starting from their own professional experience within their communities. Feedbacks from each group will produce practical take-home strategies and suggestions.

Attendees will:



- familiarize with the concept of overdiagnosis and other related terms (overuse, overtreatment, medicalization, misdiagnosis, misuse)
- familiarize with the concepts of underdiagnosis, unconscious bias, and the inverse care law
- discuss possible drivers and solutions

**Results and conclusion:** By the end of the workshop participants will be aware of overdiagnosis as well as unconscious biases and their impact on everyday practice in primary care. Such a new perspective should help physicians to tackle inequalities and improve the quality of care in their own medical environment.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1572**

**Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

**Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

**Type 1 Diabetes Mellitus in Toddlers: a Challenging Diagnosis for a GP**

Yelena Khegay<sup>1, 2)</sup>, Alexander Shinkarenko<sup>2)</sup>, Amina Smailova<sup>2)</sup>

<sup>1)</sup>Kazakhstan Association of Family Physicians, Almaty, Kazakhstan

<sup>2)</sup>International Medical Center Almaty, Family Medicine Clinic, Almaty, Kazakhstan

**Didactic method:** oral presentation and discussion

**Presented problem:** We present a case of unvaccinated 14 month old female patient who was brought to the primary care clinic with chief complaint of cough and tachypnea which occurred 2 days prior the visit. On the previous day the child was examined by emergency care doctor with further follow-up recommended, as generally she appeared well.

In the office the child appeared irritated and sick, with respiratory rate high as 52 per 1 minute and labored breathing, cough, subfebrile fever of 37.3 degrees, heart rate of 164 bpm and SO<sub>2</sub> 98%. On physical exam her lung sounds were clear, no obvious signs of dehydration found. During the visit the child's condition rapidly worsened.

**Management:** oxygen support and urgent hospitalization by ambulance with referral diagnosis of pneumonia to the pediatric infectious disease hospital.

**Outcome:** the child was admitted to the intensive care unit at different hospital with DKA 2 hours later than she could have been.

**Discussion:** Younger age (<than 2 yo), subtle initial symptoms and possible intercurrent illnesses can pose a challenge to primary care physicians and result in delayed diagnosis and higher frequency of DKA manifestation. Increasing GP education and public awareness on early recognition of T1DM symptoms is crucial to prevent this pediatric emergency.

**What we can learn from this / open questions:**

This case illustrates how prompt and accurate diagnosis could, possibly, lead to better patient outcome. What, in your opinion, could be done differently in such case?

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1591**

**Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit



## Presentation form / Präsentationsform

ePoster

### **The strategic value of an annual medical review in health and productivity management.**

Colin Kilmartin

*Medical Corps, Defence Forces Ireland, Dublin, Ireland*

#### **Background:**

Defence Forces Ireland is the standing armed force for the Republic of Ireland. With almost nine thousand serving members it is an organisation with a considerable workforce number. Health and productivity management strategies are vital to optimise the human capital element of an organisation in order to obtain the highest levels of productivity possible. Understanding the staff health profile is an integral element of such a strategy and is essential when formulating programs that will enhance the wellbeing of the workforce and consequently optimise productivity.

#### **Purpose:**

Health is an important element of active military service members productivity and by default military operational readiness. As part of the health and productivity management strategy of Defence Forces Ireland an annual occupational health assessment is conducted. Health screening for young fit adults may be perceived by some as being of limited benefit. This thesis is set to assess the veracity of this view.

#### **Methodology:**

A literature review conducted to elaborate on the management strategy known as Health and Productivity Management. This is considered using original research to assess the value of the medical assessment element of this strategy as employed by the Irish Military.

#### **Findings:**

The research demonstrates that additional information is gathered at all age groups. As such the annual medical assessment holds value in identifying potential health issues. These can be used in establishing programs to minimise risk and in primary prevention to reduce lifestyle and chronic disease progression.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 1643**

#### **Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

#### **Presentation form / Präsentationsform**

ePoster

### **Pregnant women with 1st trimester ultrasound record**

Joana Ferreira, Cláudia Melo, José Carvalho, Sílvia Martins

*Primary Health Care Unit of Tarouca, Primary Health Care Unit of Tarouca, ACES Douro Sul - ARS Norte, Tarouca, Portugal*

In low-risk pregnancies, surveillance presupposes the performance of ultrasound screening tests, at key moments of fetal development, in the 1st, 2nd and 3rd trimester: between 11 and 13 weeks + 6 days, between 20 and 22 weeks and between 30 and 32 weeks of gestation. The calculation of gestational age is performed in the ultrasound of the 1st trimester, between 11 and 13 weeks + 6 days, through the cranio-caudal length. Based on the importance of the ultrasound study and the parameters of evaluation, Portuguese



Directorate-General of Health issued a clinical guideline on "Ultrasound exams in low-risk pregnancies", that has been updated on 05/21/2013.

This work intends to evaluate and guarantee the registration of 1st trimester ultrasounds, during maternal health consultations for pregnant women monitored at the Tarouca Health Center. This is an observational and retrospective study. The records of each family doctor in the unit were evaluated, using the result of the indicator "Proportion of pregnant women with ultrasound in the 1st trimester" at two different times, before and after the intervention (January and September 2019).

In the first evaluation the result of the global indicator corresponded to 40.0, having increased to 53,488 after the intervention. Although the value of the indicator has increased, the final result was not what was intended, as the evaluation score for the indicator in question remained at 0 (accepted range between 70 - 100).

This work shows the importance of periodic interventions for systematic evaluation of the clinical record and institution of corrective measures.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1652

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

### Presentation form / Präsentationsform

ePoster

## "Sleep apnea, more frequent than it seems"

Juana Jiménez Martínez<sup>1, 2)</sup>, Ana Cristina Menéndez López<sup>3)</sup>, Lázaro De Castro Peral<sup>4)</sup>, Maria Dolores Jiménez Mulero<sup>4)</sup>, Aránzazu Sánchez del Toro Gironés<sup>3)</sup>, Almudena Carrasco Angulo<sup>5)</sup>

<sup>1)</sup>Murcia Heath Service, Torre-Pacheco, Spain

<sup>2)</sup>Primary care. Torre Pacheco East Health Service, Murcian Health Service, Torre-Pacheco, Spain

<sup>3)</sup>Primary care. San Javier Health Service, Murcian Health Service, San Javier, Spain

<sup>4)</sup>Los Arcos del Mar Menor Hospital, Murcian Health Service, Pozo Aledo, San Javier, Spain

<sup>5)</sup>Primary care. San Pedro del Pinatar Health Center, Murcian Health Service, San Pedro del Pinatar, Spain

Night symptoms: observed apneas, snoring, nocturia, enuresis, insomnia, overnight polydipsia, nightmares.

Daytime symptoms: excessive sleepiness, unrest sleep, tiredness or chronic fatigue, morning headache, irritability, apathy, difficulty concentrating,...

Diagnosis:

Polygraphy: Apnea-hypopnea index >5/h

Polysomnography.

Differential diagnosis:

Restless legs syndrome

Narcolepsy.

Sleep paralysis

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1688

### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit



## Presentation form / Präsentationsform Workshop

### Quinquenary Prevention - Heathy Doctors promote Heathy Patients

Filipe Cardoso, Vânia Morais

USF D. Jordão, Lisboa, Portugal

#### Background:

The change of the curative paradigm into a more preventing one really changed our speciality. In this way, Family Doctors could adapt their needs and adapt guidelines to their specific context as they know their patients and their main difficulties.

Some data suggest a new type of prevention, an informal "quinquenary prevention" that would prevent damage in patient by taking action concerning the doctor, preventing his burnout and thus the probability of error. Knowledgeable, well- known professionals who freely express their ideas and needs are likely to be professionals who will make more assertive, thoughtful decisions and with fewer mistakes in caring for others. The concept of quinquenary prevention puts professionals' quality of life in the perspective of the care provided to the patient. Data on the prevalence of burnout syndrome among Family Doctors have been considered alarming.

#### Target Group:

Family Doctors

#### Didactic Method:

Role Play, Discussion in small groups, Mindfulness

#### Objectives:

This workshop aims to discuss the essential basic condition for the emergence of burnout and to find strategies to prevent it and to improve family doctors' quality of life.

#### Estimated number of participants:

15

#### Brief presentation of the workshop leader:

4th year Family Medicine Resident with special interest in mental health

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 1793

#### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

#### Presentation form / Präsentationsform

Workshop

### Overtreatment in palliative care- can we do better?

Andrée Rochfort<sup>1, 2)</sup>, Erika Zelko<sup>1, 2)</sup>

<sup>1)</sup>Director of Quality Improvement, Irish College of General Practitioners, Dublin, Ireland

<sup>2)</sup>Patient Safety Working Group, EQUIP wonca europe network, Copenhagen, Denmark

**Background:** In many countries, evidence exists for the overuse of aggressive interventions for dying patients and simultaneous underuse of appropriate palliative care in primary health care (PHC). Experts estimate that ~10–30% of all healthcare practices or procedures have little or no benefit to the patient. Some



of these interventions may actually cause physical, psychological and financial harm to patients. For example, an unnecessary CT-scan exposes the body to harmful radiation and overuse of antibiotics contributes to antibiotic resistance at population level. In our workshop, the term "overuse" "overtreatment" "overtesting," and "overintervention" will refer to any actions that are unnecessary in any way and for any reason. We will explore inappropriate care in the context of palliative care.

**Aim:** This workshop is aimed to provide up to date overview of palliative care in PHC and define overtreatment in this group of patients.

**Methods:** The workshop consists of two parts:

1. **Short theoretical background:** What is palliative care in PHC? How can we identify overtreatment? How to use tools for de-prescribing and reducing harmful interventions in palliative care?
2. **Small group interaction** with practical examples from everyday practice and participants may contribute by sharing experiences, opinions and solutions.

**Results/Conclusions:** At the end of the workshop, participants should be able to better recognise potential types of overtreatment in palliative care and be able to identify some tools and methods for reducing overtreatment in palliative care. This should help to reduce harms and to increase comfort for patients and their carers.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1798

#### Abstract subtopic / Abstract Unterthema

3.6. Quality and safety / Qualität und Sicherheit

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

#### Dietary habits of elementary school students in rural area of Crete

Theodoros Vasilopoulos, Dimitrios Vasilakis, Dionysios Varthalis, Iosif Kapasakis, Konstantina Gavriilidou, Vasiliki Bempi

Health Center of Agia Varvara, Herakleion Creta, Greece

**Background:** A healthy lifestyle, proper nutrition is key factor in preventing many diseases including obesity.

**Discussion Point:** Assessment of dietary habits of elementary school students in a rural school.

**Content:** Data were collected by questionnaire from 224 students by any gender aged 7-11 years. Without taking into consideration the gender or class of the students, breakfast (glass of milk) receive the 42%, tenth 81%, lunch 99%, afternoon lunch 14% and dinner 95%. Considering the origin of the meals, the majority bought their tenth from the canteen consisting mainly of sausage and cheese sandwich, croissant and standard type snacks. The percentage of children that consume homemade food was 88% containing 4 times per week red meat, 2 times pasta and 1 time legumes. Minimum consumption of white meat and vegetables was noted. A small percent (12%) claims to be fed by fast food. The 63% of them claims to consume one-two times per week, 27% four times and 10% consumes over five times.

**Take Home Message for Practice:** It would be ideal the consumption of breakfast to be increased especially at ages that the need of nutrient food is undisputable. Furthermore the fact that the main source of tenth is the school canteen, emerges the need to have more nutrient food at school. Moreover it has to be emphasized the need to replace red meat to white and the importance of vegetables in the daily diet. Family and primary health care professionals have a key role in order children to develop healthy eating habits and reduce the factors that lead to obesity.

Conflict of interest / Interessenkonflikte

## CONTENT

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no / nein

## **Contribution ID: 1876**

### **Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

### **Presentation form / Präsentationsform**

ePoster

## **Continuity of Care at hospital in patients with diagnosis of Pneumonia by SARS-CoV-2**

Leticia Sierra-Martínez<sup>1)</sup>, Rosario Martínez-Fuerte<sup>2)</sup>, Natalia Sanz-González<sup>3)</sup>, Gonzalo Calderón-Calvo<sup>2)</sup>

<sup>1)</sup>Valladolid Este Primary Assistance Gerency, Sacyl, Valladolid, Spain

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<sup>3)</sup>Parquesol Senior Center, JCYL Social Services Gerency, Valladolid, Spain

Fever for 7 days (39°C) with headache and dyspnea at small efforts. On the day of admission, she was transferred to the Resuscitation Unit for respiratory distress secondary to COVID 19, where an orotracheal intubation was carried out. She received treatment with lopinavir ritonavir, hydroxychloroquine, azithromycin, and corticosteroid boluses. During her stay in the critical care unit, she was treated with tigecycline, intravenous colistin, anidulafungin and meropenem due to persistent fever and microbiological results.

At 15 days, he presented a left cerebellar stroke observed in a CT scan of the brain, requested after ventilatory weaning due to low level of consciousness. During neurological follow-up, an echocardiogram was requested during the study of said event, informed of a patent foramen ovale, therefore oral anticoagulation was started. Spontaneous right apical pneumothorax, with drainage tube placement and resolution without incident.

After one month, COVID goes up to the plant with marked polyneuropathy and permanent low-grade fever, therefore treatment with IV colistin is extended and antipseudomone medication is added with aztreonam and levofloxacin.

Favorable evolution with analytical, radiological, microbiological and clinical improvement, allowing withdrawal of enteral nutrition and subsequent closure of the tracheostoma.

Commentary:

This patient with COVID-19 infection complicated by stroke, after hospital discharge, her doctor and family nurse should control the organic disorders and affections described in the discharge report, in addition to the control of the rest of the comorbidities that the patient already suffered. before COVID-19 infection.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 1880**

### **Abstract subtopic / Abstract Unterthema**

3.6. Quality and safety / Qualität und Sicherheit

### **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Norway "fastlege" GP system in change.**

Irina Halbostad<sup>1)</sup>, Steinar Krokstad<sup>2)</sup>

<sup>1)</sup>Namdalseid Legekontor, Namsos, Norway

<sup>2)</sup>HUNT, Levanger, Norway



The organizational structure of the Norwegian health care system is built on the principle of equal access to services, independent of social status, location and income. The population is fully covered by public health insurance; it is universal and automatic for all residents. Since 2001 medical reform «Regular GP with list» was implemented with a intention to improve continuity of primary care, especially for elderly people as well as the chronically ill. However, the long-standing impression of success since 2001 reform has been replaced with an impression of crisis in later years. The reasons of this crisis can be attributed to both under-recruitment of General Practitioners as well as an, increased propensity of established GPs to abandon practices. This results in a increased workload on existing practices exacerbated by constantly changing roles without adequate compensation. The ongoing GPs recruitment and retention crisis has been prominent not only in rural districts, but in several central cities as well. This resulted in that 55,042 patients do not have established primary care physician. In addition to the standard patient's consultation the Regular GP is required to perform other public health tasks as well as participate in out-of-hours emergency care. Stated intention to quit practice is increasing nearly 6 out of 10 GPs consider to changing specialty due to this perceived increase in workload. Over the last three years there has been an increased focus on the problems existing with the current GP structure. Many colleagues are concerned that the Regular GP scheme will exist within the next 5 years.

Conflict of interest / Interessenkonflikte  
no / nein

## 3.7. Precision medicine / Präzisionsmedizin

### Contribution ID: 83

#### Abstract subtopic / Abstract Unterthema

3.7. Precision medicine / Präzisionsmedizin

#### Presentation form / Präsentationsform

ePoster

### An algorithm to determine the genetic risk of diseases having a significant genetic component at the primary healthcare level

Zalika Klemenc-Ketis<sup>1, 2, 3</sup>, Borut Peterlin<sup>4</sup>, Polona Selič<sup>3</sup>

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<sup>3</sup>Family Medicine, University of Ljubljana, Ljubljana, Slovenia

<sup>4</sup>Clinical Institute of Medical Genetics, University Medical Centre Ljubljana, Ljubljana, Slovenia

#### Background:

In family medicine (FM), family history (FH) has been a crucial part of patient management for centuries. Currently, there are 18 family history tools reported in the literature: six generic, two on cardiovascular disease and ten on cancer. The six generic tools were tested in primary care and partly validated against a reference standard (genetic counsellor). Of the five specific tools studied in primary care, none was validated.

#### Questions:

Is it possible to develop a tool for calculating the risk for diseases based solely on family history?

#### Methods:

Modified Scheuner method was used, which calculates the level of risk of developing diseases based on FH using data on the generation of the relatives affected by the disease, the onset of the disease in relatives, and the number of relatives affected. The authors acknowledge that the project Development of an algorithm



for determining of genetic risk at the primary healthcare level: a new tool for primary prevention, ID L7-9414 was financially supported by the Slovenian Research Agency.

### Outcomes:

The tool calculates average, medium or high risk for these diseases, based solely on a three-generational FH.

### Discussion:

A contribution to the effective identification of people at increased risk of the selected monogenic and polygenic diseases is expected, lessening a significant public health burden.

### Take home message for practice:

An algorithm for determining the genetic risk of cardiovascular diseases, hypertension, diabetes, cancer, neurological, mental and sensory diseases, and other diseases present in the family with a possible genetic aetiology will be developed.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 212

### Abstract subtopic / Abstract Unterthema

3.7. Precision medicine / Präzisionsmedizin

### Presentation form / Präsentationsform

Lecture / Vortrag

## Modified infiltration technique for cutaneous nerve entrapment syndrome

Sody Naimer

*Clalit Health Services, Yad Binyamin, Israel*

Lateral thoracic or abdominal cutaneous nerve entrapment syndrome (C.N.E.S.) refers to the pain originating from thoracic or abdominal wall. It is a common ailment which is often misdiagnosed as arising from a source inside the abdominal cavity mistakenly leading to inappropriate diagnostic investigations, unsatisfactory treatment, and considerable costs. The thoracoabdominal nerves terminate as the cutaneous nerves at a point from which accessory branches are given off in the rectus channel ending in the skin. Peripheral nerve entrapment occurs at anatomic sites where the nerve changes direction to enter a fibrous or osseofibrous tunnel because mechanically induced irritation is most likely to occur at these locations. Controlled investigations demonstrate that satisfactory alleviation is achieved by immediate intervention via infiltration of the region of maximal point of tenderness with anesthetic and anti-inflammatory agents. Unfortunately, we observe that clinicians inexperienced performing this procedure are deterred from this technique owing to fears of inaccurate medication deposition or penetrating the abdominal cavity and perforating viscera. In this paper we describe a method to provide a safe and accurately targeted injection precisely at the necessary location without risking iatrogenic harm. This is easily achieved by raising a mound of the superficial soft tissue at the point of maximal tenderness and inserting the needle oriented parallel to the surface of the anterior body surface. Adoption of this method provides a simple, safe and effective solution for C.N.E.S. and will allow recruiting more physicians to join the circle of those actively treating this condition.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 228

### Abstract subtopic / Abstract Unterthema

3.7. Precision medicine / Präzisionsmedizin



## Presentation form / Präsentationsform ePoster

### Research about salt consumption in patients and healthcare staff

Isabel Roig Grau<sup>1)</sup>, Ramon Rodríguez Roig<sup>2)</sup>, Anna Delgado Juncadella<sup>3)</sup>, Joan Anton González Valero<sup>3)</sup>, Carles Pardo fonfría<sup>3)</sup>, Domingo Rodríguez Sotillo<sup>4)</sup>, Alba Cuberas Mas<sup>3)</sup>, Núria Busquet Solé<sup>3)</sup>, Angela Maria Valencia Londoño<sup>3)</sup>, Irene Rodríguez Martín<sup>3)</sup>

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<sup>2)</sup>Medical, Catalan Institute of Health, Sallent, Spain

<sup>3)</sup>Medical, Catalan Institute of Health, Manresa, Spain

<sup>4)</sup>Medical, Catalan Institute of Health, Barcelona, Spain

#### Aim:

To identify the attitudes, behaviour and knowledge of salt intake that patients and healthcare staff consume based on the salt content according to the category of each food, and evaluate the differences between the two groups.

#### Material and Methods:

Observational, descriptive and cross-sectional research. Self-administered surveys. The participants are patients over the age of 18 who attended a care center and all healthcare staff for one month. Variables analyzed: the behavior, attitude and knowledge of salt intake. Univariate and bivariate data were described, 95% Confidence Intervals and significance level  $p < 0.05$ .

#### Results:

Sample: 339 patients, 45 healthcare staff.

29% patients and 67% of healthcare workers know that the limit of salt consumption is 5g/day. Bivariate analysis show  $p$  value=0.705 for behaviour,  $p$  value=0.189 for the attitudes and  $p$  value<0.001 for knowledge.

#### Study limitations:

The content of salt considered has been obtained from the dietary evaluation, according to the category of each food, using the 24 hours excretion of sodium in urine biomarker.

#### Conclusions:

There are no statistically significant differences in salt-consuming behaviors and attitudes between the two groups, but the level of consciousness is variable. It is observed that most patients do not know the salt content of processed foods (hidden salt) and also they do not know the recommended limit of salt intake by WHO, which is 5g/day.

The results support the importance of the role of healthcare staff in raising awareness among the general public about salt intake and promoting healthy eating to prevent cardiovascular disease.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 932

#### Abstract subtopic / Abstract Unterthema

3.7. Precision medicine / Präzisionsmedizin

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Applicability of a RADT in a Portuguese primary care facility

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Leonardo Vinagre, Catarina Damásio, Diana Marques, Rita Azevedo, Inês Mendes, Raquel Parreira, Paulo Coelho, Vasco Maria

*USF do Parque - ACES Lisboa Norte, Lisboa, Portugal*

**Background:** Many different European guidelines suggest that treatment of acute tonsillitis should not be based only on epidemiology and clinical features. They should rely on bacterial confirmation, like rapid antigen detection tests (RADT) or pharyngeal culture.

**Question:** Is a RADT applicable in a Portuguese primary care facility? Does it impact antibiotic prescription?

**Methodology:** This study took place between October 2019 and March 2020 in a Portuguese primary care facility. After sample size calculation, 120 RADT were purchased, both with a median sensitivity and specificity of 93,3% in previous in vivo studies. It included all patients that had pharyngitis or tonsillitis that could be bacterial or where the doctor wasn't certain. An evaluation form was filled by the doctor and nurse with their clinical evaluation, specimen collection process and treatment decision. A follow-up phone call was made by the investigation team 1 to 2 weeks after the appointment. The RADT were sponsored by the local Faculty of Medicine and the project was accepted by an ethics committee.

**Outcomes:** The results of this ongoing study will be presented at the Conference. An updated abstract with the final analysis might be sent closer to the event.

**Discussion:** It's important to find ways to reduce unnecessary antibiotic prescription. It's known that clinical judgment alone isn't enough to diagnose the aetiology of acute pharyngitis or tonsillitis. In primary care setting, it's important to have point of care tests that facilitate treatment decision without much delay.

**Take home message:** Research always matters.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 530

### Abstract subtopic / Abstract Unterthema

3.7. Precision medicine / Präzisionsmedizin

### Presentation form / Präsentationsform

ePoster

### Physical activity promotion in primary care

Veronika van der Wardt<sup>1)</sup>, Claudio di Lorito<sup>2)</sup>, Annika Viniol<sup>1)</sup>

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<sup>2)</sup>Division of Rehabilitation, Ageing and Wellbeing, University of Nottingham, Nottingham, United Kingdom

Primary care providers regularly include promoting physical activity in discussions with patients. There are several communication approaches to promote physical activity but it is unclear if these are effective. Therefore, the aim of this systematic literature review was to investigate the effectiveness of communication-based physical activity promotion in primary care.

Embase, Medline, PsycInfo and the Joanna Briggs Institute EBP database were searched to identify randomized controlled trials in primary care settings investigating behaviour change communication approaches to increase physical activity engagement. Only articles investigating interventions delivered by primary care providers and including a clear description of the consultation were included. Outcome of interest was patient physical activity levels. The initial search identified 1439 abstracts, which were reduced to 68 full texts after screening of titles and abstracts for eligibility.

Seventeen eligible articles were identified. The results showed that intervention descriptions lacked detail and it mostly remained unclear to what extent the primary care providers delivered the intervention as



intended. Findings were mixed but overall physical activity promotion did not consistently improve physical activity levels of patients. Results showed no superior communication approach to discuss engagement in physical activity. Effective counselling interventions included the development of a physical activity plan, which was tailored to the patients' needs and preferences.

Patients' individual circumstances need to be considered when promoting physical activity in primary care. Furthermore, personalised feedback and connecting primary care-based interventions with community-based physical activity and exercise opportunities might successfully support the intervention.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 854

### Abstract subtopic / Abstract Unterthema

3.7. Precision medicine / Präzisionsmedizin

### Presentation form / Präsentationsform

ePoster

## Opportunistic screening for atrial fibrillation in over 65 year olds and testing for associations with frailty and cardiac health factors

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<sup>1)</sup>General Practice, Health Service Executive, Dublin, Ireland

<sup>2)</sup>HSE TCD GP scheme, Rathmines, Dublin, Ireland

### Background and Questions:

Atrial fibrillation (AF) is the most common cardiac arrhythmia affecting some 4% of adults aged 60-70 and 10% over 80. It increases risk of stroke, cardiac failure and fatigue. An association between AF and frailty has been suggested though evidence is sparse. Opportunistic AF screening for 65 year olds and over is recommended by the European Society of Cardiology but implementation remains low. We tested the feasibility of AF screening in urban and rural practices and analysed associations with frailty and cardiac health factors.

### Methods:

Every patient aged 65 and over attending two doctors in two general practices over two months was invited to have their pulse checked. Age, gender, BMI, BP and Rockwood frailty score were recorded. Pulse was recorded as 'regular' or 'irregular'. An ECG was undertaken for new irregular pulses.

### Outcomes:

107 patients consented to pulse checking (average age 75, 61% female). 14% had been previously diagnosed with AF. 6% had AF on checking. 2% were newly diagnosed. Weighted average Rockwood frailty scores were 2.9 for all and 2.6 for those with AF. Average BMI was 27.9 for all and 30.2 with AF. Average systolic BP was 134 for all and 138 with AF. Screening was straightforward, with a low burden on consultation time.

### Discussion and Take-home message for practice:

Opportunistic screening of AF in a general practice setting is feasible and may lead to improved cardiovascular health and stroke prevention. There was no clear association between AF and frailty or cardiac health indicators.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 810



## Abstract subtopic / Abstract Unterthema

3.7. Precision medicine / Präzisionsmedizin

### Presentation form / Präsentationsform

ePoster

#### Ischemic heart disease in women

Roser Ros Barnadas, Maria Isabel González Saavedra, Albert Boada Valmaseda, Maria Reis Isern Alibés, Amelia Cristina Espinosa Santana, Maria Asunción Altaba Barcelo, Marta Soler Costa, Glòria Porta Mayoral, Adrian Fernández Sanchez, Mireia Maycas Claramunt

*CAP Guinardó, Institut Català de la Salut, Barcelona, Spain*

**Background:** The first cause of mortality in Spain in men (12%) and women (10%) is ischemic cardiomyopathy. The ischemic cardiomyopathy is more common in men, but in women has more atypical symptoms and worse prognosis. Heart disease kills more women than any other cause.

Question: Do we think enough in ischemic heart disease in women with atypical symptoms?

**Methods:** CLINICAL CASE: A 64 years-old woman without past medical problems came to our primary health care center because she had mandibular pain, neck pain radiating down the arm, when she practiced sport. With rest, the pain disappeared.

**Medical history:** BMI:24, non-smoker. Family history: Her mother had a pacemaker, her cousin had Brugada syndrome and a implantable automatic defibrillator.

Resting-EKG: normal. Treadmill test clinically positive, electrically unclear.

Differential diagnosis: Tendinitis, aorta coarctation, Takayasu.

**Outcomes:** Coronary tomography shows 100% stenosis in right coronary artery. Coronary catheterisation found a significant stenosis of one blood vessel. Coronary angioplasty and stent placement were practiced at hospital.

**Discussion:** We present a case of a really common pathology and perhaps not particularly noteworthy by itself, save for two aspects in particular: the patient is a woman and lacks of predisposing conditions and first diagnostic test were normal or unclear for the diagnosis most directly suggested for her clinical atypical presentation – namely ischemic heart disease.

**Take Home Message For Practise:** We must be aware of atypical coronary symptoms (shortness of breath, unusual pain in the back, abdomen, arm, interescapular, mandibular) in women. Ischemic heart disease in women is undiagnosed.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 850

## Abstract subtopic / Abstract Unterthema

3.7. Precision medicine / Präzisionsmedizin

### Presentation form / Präsentationsform

ePoster

#### Diabetes and pancreatic cancer

Roser Ros Barnadas, Albert Boada Valmaseda, Maria Isabel González Saavedra, Maria Reis Isern Alibés, Amelia Cristina Espinosa Santana, Aránzazu González Osuna, Ana Leticia Vega Vidal, Carmen Saenz Serrano, Maria Flors Segura Servent, Laura Ruiz Martínez

*CAP Guinardó, Institut Català de la Salut, Barcelona, Spain*



**Background:** Pancreatic cancer has a dismal prognosis because cancer-specific symptoms occur only at an advanced stage and it has a low incidence. There's an eightfold time risk for developing pancreatic cancer in elderly recently diagnosed with Diabetes Mellitus.

**Question:** Do we think in pancreatic cancer when we see a severe diabetes hyperglycemic decompensation or diabetes onset in middle old and old patients?

**Method:** clinical case: 91 years old male patient consults for pollakiuria, polydipsia, loss of weight, xerostomia.

Pathological history: gastroesophageal reflux, hypertriglyceridemia, type2 diabetes.

**Treatment:** omeprazole 40 mg/d, gemfibrozil 600 mg/d, metformin 850 1c/12h.

**Examination:** dry mouth, loss of 3 kg weight. BMI:24.

Blood test (BT): erythrocytes  $3,29 \times 10^{12}/L$ ; Hemoglobin:10,7 g/d; mean corpuscular volume (MCV):100 fl; glucose:194; glycated hemoglobin 10,4; normal transaminases.

We added glargine-Insulin 14 U.

BT:(3m later): erythrocytes  $3,03 \times 10^{12}/L$ ; hemoglobin:10,4g/d; glucose:174; glycated-hemoglobin:8,4; aspartate transaminase:108 UI/L; Alanine transaminase:100 UI/L GammaGlutamyl transpeptidase:101 UI/L.

**Outcomes:** Abdominal Tomography: Head of pancreas cancer with hepatic metastasis.

Oncology and us decide - together with the patient and the family - palliative treatment.

**Discussion:** The relationship between Diabetes Mellitus and Pancreatic Neoplasm has been a reason of discussion for several years. In about 50% of patients first studied for Pancreatic Neoplasm, Diabetes Mellitus has been found.

**Take home message for practice:** Recognition of new-onset or a severe decompensation diabetes as an early manifestation of pancreatic cancer could lead to the diagnosis of early-stage pancreatic cancer.

Conflict of interest / Interessenkonflikte

yes / ja

## Contribution ID: 1024

### Abstract subtopic / Abstract Unterthema

3.7. Precision medicine / Präzisionsmedizin

### Presentation form / Präsentationsform

Workshop

### Infectious Trivial: Would you like to learn about prescribing antibiotics?

Eva Leceaga Gaztambide<sup>1</sup>, Josefa Plaza Urendez<sup>1</sup>, Raquel Georgina Padin Perez<sup>2</sup>, Alejandra Lopez Leon<sup>3</sup>, Naiara Betancor Alonso<sup>4</sup>, Jorge Ernesto Hidalgo Chavez<sup>5</sup>, M Aranzazu Dorrego Lopez<sup>6</sup>

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<sup>5</sup>Mutua Terrassa, Barcelona, Spain

<sup>6</sup>Hospital Povisa, Vigo, Spain

### Background:

Antibiotic resistance is rising to dangerously high levels in all parts of the world. It increases the costs of treatment because of longer hospital stays, more expensive antibiotic drug use and treatment, as well as indirect costs to families and society. To prevent and control the spread of antibiotic resistance, health professionals must prescribe and dispense antibiotics when they are needed, according to current guidelines.

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## Target Group:

Health professionals and students who want to be updated on the prescription of antibiotics in a fun way and meet people in the congress.

## Didactic Method:

After a presentation of the last guidelines the participants will be divided in 6 teams of 5 participants each one. The question cards are organized into 3 themes, each of them corresponds with one colour: respiratory lung infections, cutaneous infections and urinary infections. The game end when 1 team gets all 3 colours.

## Objectives:

Update in the prescription of antibiotics in the main diseases and promote socialization in the conference.

## Estimated number of participants:

30 participants for each play

## Brief presentation of the workshop leader:

Eva Leceaga specialist in Family and Community Medicine, Barcelona, Spain.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1168

### Abstract subtopic / Abstract Unterthema

3.7. Precision medicine / Präzisionsmedizin

### Presentation form / Präsentationsform

ePoster

## Endocarditis in primary care

*Maria del Carmen Faz Garcia, Adriana Gaspar Solanas, Carlos María Navarro Guitart  
CAP MASQUEFA, Masquefa, Spain*

Case scope: Primary care and emergencies.

Reasons for consultation: General malaise.

- Personal history: no known drug allergies.

- Anamnesis: patient 21 years old consulted for dysthermic sensation, diarrhea without pathological products and general malaise. Symptomatic treatment was recommended and after three days he returned to consult for the onset of high fever, asthenia and intense arthromyalgia, due to the clinical and exploration findings, he was referred to the hospital emergency department.

- Examination: AT: 120/70, FC 85LPM, Sato2: 98% basal, T°39.3, cardiac auscultation: rhythmic, panfocal systolic murmur III/VI, pulmonary auscultation: mvc without pathological sounds, abdomen: soft, depressible, not painful on palpation, no masses or megalias, no peritoneal irritation, rha+, blumberg and murphy -.

- Complementary tests: Blood tests: leukocytes 14750, neutrophils 8641, creatinine 75 umol/L, glomerular filtrate >90ml/min. Blood cultures: *Strptococcus gordonii*. Chest X-ray: no condensation image. Echocardiography: mixed mitral valve, with thickening and prolapse of both veils, presence of vegetations in the two 5-6 mm veils, possible de-structuring and tearing of the posterior mitral valve veil.

Clinical judgment: Subacute infectious endocarditis on the mitral valve.

Treatment: penicillin G + gentamicin For 4 weeks.

Evolution: the patient remained hemodynamically stable, afebrile, without signs or symptoms of heart failure

Conclusions: Infectious endocarditis, whose clinic is variable, depending on the location, the nature of the valve and the microorganism, is an endovascular microbial infection affecting intracardiac structures. While

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up to 90% of patients present fever associated with systemic symptoms and 85% with a new heart murmur, peripheral signs are less and less frequent.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1207**

**Abstract subtopic / Abstract Unterthema**

3.7. Precision medicine / Präzisionsmedizin

**Presentation form / Präsentationsform**

ePoster

**People approach to genetic research and testing**

Maria Malarska, Paulina Pachniak, Karolina Gąsiorowska, Aleksandra Mazerant  
*Clinical genetic, Medical University of Lodz, Łódź, Poland*

**Aim:**

Analyse of Polish people approach to genetic research and testing, as well as basic knowledge in the field of genetics. In addition, the doctors' knowledge on the same subject was checked

**Material and method:**

The research was carried out in the form of a questionnaire published on the Internet, as well as paper given to patients of Genetic department. Over three thousand people were examined, whose average age was 32. At the same time, we asked doctors on the same topic. Unfortunately, we only received slightly more than four hundred responses. The average age of doctors was 42 years.

**Results:**

47.4% of the respondents incorrectly indicate who the clinical geneticist is, of which only 9,3% admit that they do not know who the person performing the profession is. Only 11,9% of the respondents used the services of this doctor, but slightly more (13.4%) did genetic tests available commercially (without medical suggestions). Most often it was a study on genetic diseases (7.4%), other responses like food, civilization diseases and lifestyle were less frequent (~ 3% each).

Among close relatives (family, friends), 40.3% have genetic diseases. The respondents mentioned the Down Syndrome most often, however, many diseases have multifactorial background. Interestingly, as many as 62.5% of them encounter stigma in everyday life.

**Conclusions:**

We should focus on developing opportunities to broaden the knowledge of both medical personnel and citizens.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1305**

**Abstract subtopic / Abstract Unterthema**

3.7. Precision medicine / Präzisionsmedizin

**Presentation form / Präsentationsform**

ePoster

**Complicated atrial fibrillation**

Maria del Carmen Faz Garcia, Adriana Gaspar Solanas, María Echevarría Díez  
*CAP MASQUEFA, Masquefa, Spain*



**Reason for consultation:** palpitations

**Clinic history:**

- Personal history: paroxysmal atrial fibrillation, electrical cardioversion, pulmonary vein ablation
- Regular treatment: bisoprolol 2.5mg 1 pill every 24 hours
- History: A 45-year-old patient who, after a second ablation, eats again with a feeling of palpitations, no dyspnea, no chest pain, no sweating, no syncopes, no other symptoms.
- Exploration: blood pressure: 185/86, Heart Rate 125 bpm, cardiac auscultation: arrhythmic without murmurs, pulmonary auscultation: preserved vesicular murmur, without pathological noises, lower limbs: no edema, no signs of tvp, pulses present
- Supplementary tests:
  - o Blood analytics: blood count and biochemistry without alterations, negative troponins.
  - o Electrocardiogram: atrial fibrillation 125 bpm, isoelectric.
  - o Echocardiogram: normal.
  - o Holter: low density monomorphic ventricular extrasystoles.
  - o Cardiac resonance: non-dilated left ventricle, with correct systolic function, with thinning and fat transformation of the lower segments, pattern of left ventricular arrhythmogenic cardiomyopathy

**Clinical trial:** Arrhythmogenic dysplasia of the left ventricle.

**Treatment:** sotapor 80mg 1 tablet every 12 hours.

**Evolution:** after electrophysiological study, biventricular involvement is confirmed, fulfilling criteria for the implantation of an implantable automatic defibrillator.

**Conclusions:** the disease is due to the replacement of the myocardium in the right ventricle with scar and adipose tissue. In almost all cases the outcome is sudden death. Thanks to magnetic resonance imaging, the diagnosis was reached, so this test should be included in the study of atrial fibrillation routinely.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 1335**

**Abstract subtopic / Abstract Unterthema**

3.7. Precision medicine / Präzisionsmedizin

**Presentation form / Präsentationsform**

ePoster

**Polymyalgia rheumatica – a diagnosis to consider**

*Joana Rita Mendes, Ana Filipa Miranda, Carlos Reis, Luísa Fernandes, Mariana Seabra, Maria Pieri Moreira  
USF Sete Caminhos, Gondomar, Portugal*

**Introduction:** Polymyalgia rheumatica (PMR) is an uncommon pathology in Primary Health Care (PHC), however with simple and effective treatment. The diagnosis is clinical and little supported by complementary diagnostic tests. Thus, its diagnosis by the family doctor/general practitioner is extremely important. This work aims to perform a literature review on PMR, its diagnosis, differential diagnoses, treatment and criteria for referral to Rheumatology.

**Methodology:** Bibliographic search in the PubMed database using the MeSH terms “polymyalgia rheumatica”, in UpToDate and free search in scientific books.

**Results and discussion:** The diagnosis of PMR is essentially clinical (fatigue, pain and stiffness of the scapular and pelvic girdle) and can be based in classification criteria from the American College of Rheumatology and the European League Against Rheumatism. Analytically, it is characterized by high



inflammatory response markers. Approximately 40% of patients with giant cell arteritis (GCA) develop PMR and 10 to 15% of patients with PMR present with GCA. It can be treated in PHC with rapid and effective response to low-dose corticosteroid therapy (CCT). A gradual reduction of CCT every two to four weeks should take place when a clinical improvement is verified. If complaints are maintained, an alternative diagnosis (rheumatoid arthritis, multifocal local musculoskeletal disease, bone disease, fibromyalgia, among others) should be considered. Secondary Health Care referral could be indicated if a patient presents with atypical symptoms or does not respond to treatment. In conclusion, it is important that the family doctor understands this pathology as differential diagnosis in certain cases of osteoarticular pain.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1337**

**Abstract subtopic / Abstract Unterthema**

3.7. Precision medicine / Präzisionsmedizin

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Do our patients trust us?**

Dorica Sandutu

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*Dorica Sandutu\*, Sandra Alexiu\*, Cristina Barbu\*, Ioana Budiu\*, Anca Deleanu\*, Gindrovel Dumitra\*, Maria Lup\*, Dana Popescu\*, Daniela Stefanescu\*, Madalina Vesa\**

\*Immunization Working Group of National Society of Romanian Family Medicine

**Background and aim:** vaccination has proved to be the best way to prevent terrible diseases. As long as many infectious diseases are now no longer or rarely seen people start to ask why to vaccinate, and antivaccine voices became stronger. The result is under-vaccination that lead to outbreaks as happened with measles in Europe.

In Romania Family physicians are the main vaccinators. The relationship between a patient and his Family physician is presumed to be based on trust. Do this trust exists? How important is for vaccine acceptance level?

**Methods:** During January and February 2019 National Society of Romanian Family Doctors conducted a national survey on a representative sample of 2115 individuals aged 18 and over 18 years old, 95% confidence interval, maximum allowed error  $\pm 2,1\%$ . They were questioned on what they think about vaccine importance, sources on information and the specialty of health care providers they trust most when talking about vaccines.

**Rezult and discussion:** The presentation will show the percentage (very encouraging one) of individuals who trust their physicians, talk about vaccines with them, and consider vaccines as an important method to prevent infection diseases.

**Conclusion:** health care providers whom patient trust should talk about the importance of vaccine in protection against infectious diseases and staying healthy by vaccination

Key words: family physicians, trust, vaccines.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1349**



## Abstract subtopic / Abstract Unterthema

3.7. Precision medicine / Präzisionsmedizin

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## The state of knowledge about antenatal diagnostics in Poland

Małgorzata Podstawka, Maria Malarska

*Clinical genetic, Medical University of Lodz, Łódź, Poland*

The aim of this research was to assess the state of knowledge about prenatal diagnostics among Polish people, to get to know patient's attitude and to use the results of the research to improve medical services.

Study was conducted via online survey, over 500 respondents of different age, sex, residence and educational background responded to a series of questions. The results were compared and analyzed using statistical tests.

The results revealed that among 500 respondents of mostly women (93%) of mean age 30 years there are still many false beliefs about the antenatal examination as well as many remarks concerning health service in general. Among other, 53% does not know what amniocentesis is, 38% does not know what cell free fetal DNA test is and 9% thinks that USG is harmful for a fetus.

This mediocre state of knowledge probably has its origins in low awareness about what prenatal diagnostic is, poor cooperation between doctor and a patient, many false information floating in the Internet and still popular conservative, suspicious attitude towards new examination of fetuses in Poland, which all impact the effectiveness of the examinations.

As antenatal diagnostics including specific genetic testing becomes more common and available, one may wonder if patients use presented possibilities and do they understand the procedures and results. This issue is more complicated when religious views, false information and distrust towards doctors are involved, as is often a case among Polish patients.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 1365

## Abstract subtopic / Abstract Unterthema

3.7. Precision medicine / Präzisionsmedizin

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Effect of zinc and vitamin A supplementation on nutritional status in children 5-10 with tuberculosis

Fathul Jannah Hakim

*Public Health, Faculty of Medicine, Universitas YARSI, Jakarta Pusat, Indonesia*

**Background:** Indonesia is the 3rd in the world. Zinc deficiency caused immune system disorders and disturb the synthesis of retinol binding protein, it inhibited the healing process of TB. Supplementation of zinc and vitamin A may improve the immune response in TB patients, therefore nutritional status. This research can be a useful for Indonesia to reduce its current level of TB.

**Objective:** To prove the zinc and vitamin A supplementation in improving the Zinc and Retinol on school children with tuberculosis.



**Design:** This study was conducted in quasi experiment, pre-post with control. 84 children who were selected and diagnosed with pulmonary TB in the Puskesmas in Central Jakarta. Subjects were randomly divided into two groups. Group I received ATT and supplement ( 20 mg zinc element and vitamin A acetate 1500 IU), group II only received ATT. These medicines and supplements were taken daily during treatment of TB. The recovery response can be measured by observing the improvement in nutritional status. The analysis used to the mean differences is the T-Test and chi-square.

**Results:** 84 subjects taken in the intervention group (n = 38) and the control group (n = 46). Two months after supplementation, there was significant improvement in retinol (p = 0.012), and BMI/A (p = 0.023). But after 6 mo, there was no significant.

**Conclusion:** Supplementation of Zinc and Vitamin A apparently only improved retinol and BMI/A only on 2 months after supplementation in School children with Tuberculosis.

**Keywords:** Zinc, vitamin A, children, tuberculosis.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1504

### Abstract subtopic / Abstract Unterthema

3.7. Precision medicine / Präzisionsmedizin

### Presentation form / Präsentationsform

ePoster

## How Polish parents deal with basic health problems in their children.

Paulina Pachniak, Maria Malarska

*Clinical Genetics, Medical University of Lodz, Lodz, Poland*

### Aim of the work:

The aim of the study was to check which types of drugs parents administer to their children for their basic medical ailments and how they dose the most popular ones.

### Material and method:

The research was carried out in the form of a questionnaire published on the Internet, as well as paper given to patients of Genetic department. 856 parents were examined, whose average age was 37.

### Results:

50% of respondents have one child, 41.6% have two or more. Most of the respondents (42.5%) are parents of a child aged 2-5 years. The most popular medication in case of fever is ibuprofen (48.6%) and paracetamol (35%). In case of pain treatment, paracetamol (37.5%) and ibuprofen (26.5%) were the most popular drugs. 30.6% of parents declared that they would not use drugs to treat pain in their child. In the case of rhinitis, the most popular answer was home methods (33.9%). Most parents declared that they calculate the dose of the drug from the weight of the child or on the basis of the instructions given in the leaflet of the drug.

### Conclusions:

The knowledge about medicines among Polish parents is on a good level. The problems we notice are a large amount of arbitrariness in the use of medicines and frequent use of home remedies that may prove ineffective. Parents should also be more aware of their children's pain treatment.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1512

### Abstract subtopic / Abstract Unterthema



3.7. Precision medicine / Präzisionsmedizin  
**Presentation form / Präsentationsform**  
ePoster

**Knowledge of Polish parents about the use of antibiotic, antiviral drugs and drugs that improve immunity in their children.**

Paulina Pachniak, Malarska Maria  
*Clinical Genetics, Medical University of Lodz, Lodz, Poland*

**Aim of the work:**

The aim of the study was to check how and in what cases parents use antivirals and antibiotics in their children.

**Material and method:**

The research was carried out in the form of a questionnaire published on the Internet, as well as paper given to patients of Genetic department. 856 parents were examined, whose average age was 37.

**Results:**

50% of respondents have one child, 41.6% have two or more. Most of the respondents (42.5%) are parents of a child aged 2-5 years. It is very satisfactory that as many as 98.1% of respondents know that most upper respiratory tract infections are not treated with antibiotics. 73.6% of the respondents administer the antibiotic according to their doctor's recommendations 19,5% do not give antibiotics to their child and 77.1% of the respondents give probiotics during the whole period of antibiotic therapy. As many as 40.5% of parents gave their child an antiviral drug sold without a prescription. Most often it was inosine pranobex. 63.3% of parents use medicines which improve immunity in their child. The most common drugs were cod- liver oil, vitamin C, vitamin D. 43.5% of parents were very satisfied with the effect of the drug.

**Conclusions:**

The knowledge of Polish parents about antibiotic therapy is on good level. It is worrying that so many parents use antiviral drugs without consulting their GP's. The use of various supplements that improve immunity should also be consulted with a doctor.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1516**

**Abstract subtopic / Abstract Unterthema**

3.7. Precision medicine / Präzisionsmedizin  
**Presentation form / Präsentationsform**  
ePoster

**A Polish citizen with a cold...**

Paulina Pachniak, Maria Malarska  
*Clinical Genetics, Medical University of Lodz, Lodz, Poland*

**Aim of the work:**

The aim was to check which drugs are used first in the case of a cold and whether they know what the possible side effects are

**Material and method:**

The research was carried out in the form of a questionnaire published on the Internet, as well as paper given to patients of Genetic department. Over two thousand people were examined, whose average age was 37.



## Results:

During a cold, the vast majority of respondents (77.4%) try to treat themselves before they go to the doctor. The first drug is either ibuprofen (33.4%) or paracetamol (32.3%). If there is no reaction to these drugs, more than 30% of the respondents increase the dose of the drug, and 22% add another drug with similar effect. Only 17% of the respondents go to the doctor in such a case.

Nearly 50% of people are in favour of introducing a preparation combining paracetamol with ibuprofen on the market, while declaring their willingness to use such a preparation.

91.1% believe that paracetamol can be overdosed (most of the respondents do not know the maximum dose). At the same time, slightly less -88% believe that ibuprofen can also be overdosed. As much as 33.3% have no idea what symptoms of overdose may appear.

## Conclusions:

The cold is often underestimated by patients who do not know what drugs to use during an infection. During prophylactic talks it is also worthwhile to talk to the patient about potential methods of treatment.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1547

### Abstract subtopic / Abstract Unterthema

3.7. Precision medicine / Präzisionsmedizin

### Presentation form / Präsentationsform

ePoster

## Analysis of the prescription of benzodiazepines in a rural health center

Maria del Carmen Faz Garcia, Luis Antonio Calleja Cartón, Pilar Mayorga Chamorro, Adriana Gaspar Solanas  
*CAP MASQUEFA, Masquefa, Spain*

**Objective:** Examine the prescription parameters of benzodiazepines in a Health Center.

**Methodology:** Descriptive, observational and cross-sectional study which describes the prescription of benzodiazepines in a Rural Health Center between June and December 2019. The cause of the prescription, each of the active ingredients, and the duration of the prescription were examined.

## Results:

o A total of 1102 benzodiazepine prescriptions were made.

o By reason of prescription:

§ Unspecified anxiety disorder: 35.39%.

§ Anxiety-depressive disorder: 27.67%.

§ Sleep disorders: 12.79%.

§ Osteomuscular problems 7.8%

§ Undefined reason: 16.35%.

o There is a significant difference ( $p < 0.05$ ) between the reason for the prescription and the active substance used:

§ Anxious-depressive disorders: Bromazepam (89%), Alprazolam (79.5%) and Dipotassium Chlorazepate (51.4%).

§ Sleep disorders: Zolpidem (49.7%), Lorazepam (62.3%) and Lormetazepam (48.6%).

§ Musculoskeletal pathology: Cyclobenzaprine (68%) Metocarbamol (74,6%), and Diazepam (96%).

o 73.3% of prescriptions are maintained for more than one year. There are significant differences ( $p < 0.05$ ) between the time of the prescription and the prescribed active substance. In the case of prescription for musculoskeletal reasons, the median prescription time was 1.8 weeks.



## Conclusions:

- o Benzodiazepines remain prescribed for more than a year, contrary to the general recommendations and technical data sheet. For patient safety we must review these prescriptions and withdraw them if necessary.
- o The main reason for prescribing benzodiazepines is unspecified anxiety disorder.
- o There are relationships between the prescribed active substance and the reason for prescription in addition to the time we maintain it.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1589

### Abstract subtopic / Abstract Unterthema

3.7. Precision medicine / Präzisionsmedizin

### Presentation form / Präsentationsform

Lecture / Vortrag

## Thyroid Pathology in Pregnancy

Mariana Belo, Inês Santos Cruz, Adriana Martins, Ana Luísa Pinto, João Ribeiro

*USF Viriato, Viseu, Portugal*

**Introduction/Objectives:** Thyroid pathology in pregnancy is a very common situation, that can have implications to the Mother and/or Fetus. It can be present prior to gestation, or occur in the pre-conceptional period, during pregnancy or in post-partum. The objective of this paper is to determine when and how to evaluate thyroid function in peri-pregnancy period and, in case of pathology, when and how to initiate treatment.

**Methodology:** Bibliographic research in Evidence Based Medicine databases, in humans, in Portuguese and English languages, during the past 6 years, using the MeSH terms: "Thyroid disfunction" AND "Pregnancy". Articles were selected or excluded according to the title, abstract and/or content.

**Results:** 11 articles were obtained and 6 were selected: 3 metanalysis, 1 set of guidelines and 2 standards of clinical guidance. In pre-pregnancy hypothyroidism it's recommended to maintain treatment. In hypothyroidism detected during pregnancy, if it's clinical it has indication to initiate treatment, if it's subclinical it depends upon the TSH and thyroid autoimmune values. In pre-pregnancy hyperthyroidism, the interruption/modification of therapy can be indicated. In hyperthyroidism detected during pregnancy, if it's clinical treatment can be indicated, according to symptoms, while if it's subclinical there is no need for treatment.

**Discussion:** The actual scientific evidence does not allow to recommend thyroid function evaluation universally in pregnant woman. Because of the continuity of care that it provides, Family Doctors are important screeners of women that require evaluation, according to the presence of risk factors, and managers of each particular case.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1690

### Abstract subtopic / Abstract Unterthema

3.7. Precision medicine / Präzisionsmedizin

### Presentation form / Präsentationsform

ePoster



## Characterization of the interruptions that are produced in the consultations of the family practitioners.

Juan Jose Montero Alia<sup>1, 2, 3)</sup>, Antonio Casanovas Uclés<sup>4)</sup>, Elena Zurilla Leonarte<sup>5)</sup>, Teresa Gros Garcia<sup>6)</sup>, Maria Mercedes Jiménez González<sup>7)</sup>, Maria Bartolomé i Ragué<sup>8)</sup>, Gemma Seda Gombau<sup>3)</sup>, Angélica Alba Carrillo<sup>7)</sup>, Nuria Mengual Miralles<sup>6)</sup>, Adoración Saiz Murciano<sup>8)</sup>

- <sup>1)</sup>Equipo de Atención Primaria MATARO-3 (Rocafonda), Institut Català de la Salut, Mataró/Barcelona, Spain  
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<sup>7)</sup>Equipo de Atención Primaria Mataró1 (La Riera), Institut Català de la Salut, Mataró / Barcelona, Spain  
<sup>8)</sup>Equipo de Atención Primaria Mataró 2 (Centre), Consorci Sanitari del Maresme, Mataró / Barcelona, Spain

**Objective:** to describe the interruptions that occur during family doctor visits

**Materials and methods:** 28 doctors from 12 primary care teams in the Maresme region recorded during 3 days of medical consultation in June 2018 the interruptions that occurred in their consultations and characterized them in different aspects with a registration sheet made ad hoc.

**Results:** 502 interruptions extracted from 83 working days and a total of 1931 visits were analyzed. There were 6.07 (SD 3.4) interruptions per working day.

53% of the interruptions were by telephone and the rest by personal visits. 52% of the interruptions are made by nurses, 35% by administrative staff and 11% by doctors.

36% of the interruptions are assessed by the medical professional as not relevant, according to the subjective assessment that the interruption was necessary at that time. This number is higher for telephone interruptions (41.2%) than for face-to-face interruptions (28.7%) and higher if they come from administrative staff (51.9%) compared to whether the person who needs to interrupt is a nurse (28.4%) or a doctor (22.4%). 18% of physicians assessed the usual number of interruptions they had to consult as a quality problem.

**Conclusions:** 1/3 of the interruptions are not considered relevant by the doctor and about 20% of doctors consider the intensity of this fact as a quality problem, therefore there would be a possibility of improvement with probably organizational and also personal actions of the center to reduce this disruptive as much as possible.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1785

#### Abstract subtopic / Abstract Unterthema

3.7. Precision medicine / Präzisionsmedizin

#### Presentation form / Präsentationsform

ePoster

#### Periodic health exam: what is recommended?

Marta Nazha, Tânia Gomes dos Santos, Rita Nascimento, Gianfranco Ricchiuti  
Family Health Unit São Filipe, Setúbal, Portugal



**Background and questions:** The periodic health exam (PHE) is the base of medical practice, although there is no consensus about its clinical value. Portuguese studies show that the patients think that complementary annual exams are considered the major preventive measure. The objective of this work is to review the need and applicability of the main routine diagnostic tests and discuss their risk-benefit relation.

**Methods:** a classical review literature in Pubmed, with MESH terms "Primary Health Care" AND "Diagnostic Tests, Routine". We selected 17 out of 161 papers published in the last 10 years and we complete with other relevant papers and portuguese guidelines.

**Outcomes and discussion:** The PHE consists in the risk factors' identification and premature signs' disease in healthy people. This exam includes the clinical history, counseling, immunization and ordering of tests, according with age and gender.

Many countries tried to standardize medical practice with the creation of clinical recommendations, dividing the doctor between evidence-based medicine and shared decision making.

Several studies show that the request of complementary tests is subjective and rising in the last years, being associated with overdiagnosis, iatrogeny and expensive health costs, which are higher for laboratory tests. Our review showed that this tests may reduce medical uncertainty and anxiety and promote doctor-patient relationship, despite the adverse effects of overdiagnosis.

**Discussion:** As family doctors we face the dilemma between health resources, evidence-based medicine and the patient's autonomy. Is our responsibility to promoting health education with a multiple strategy, working in team and promoting health literacy.

Conflict of interest / Interessenkonflikte

no / nein

## 4. Practice training / Aus-/Fort- und Weiterbildung

### 4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Contribution ID: 29

#### Abstract subtopic / Abstract Unterthema

#### 4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

#### The clash between teaching topics and everyday practice- what about the quality of our teaching and working?

Monique Aubart-Schuller<sup>1)</sup>, Nadine Kancelenbogen<sup>2)</sup>, Patrick Tabouring<sup>3)</sup>, Francis Raphael<sup>3)</sup>, Mathiam Mbengue<sup>4)</sup>

<sup>1)</sup>Luxemburgish Sientific Society of General Practice, Luxembourg, Luxembourg

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<sup>4)</sup>Réseau de Santé de Moselle Est, Resamest, Nancy, France

In teaching young GPs, we observe that sometimes, despite a well prepared and explicit teaching, young colleagues, after finishing their training, they act in a different way. Their behaviour as young doctors may not correspond to the teaching contents they had been taught during their training. It may be even opposite to these teaching contents. As teachers we may be disappointed about this behaviour because we expect that our teaching is useful and effective.

## CONTENT

[www.familydoctoreurope2020.org](http://www.familydoctoreurope2020.org)



Organized by  
DEGAM (WONCA Member)





Starting from our hypothesis that there can be a clash between the teaching and our everyday practice, this workshop wants to address to teachers and students, GP trainees and young doctors to discuss together their experiences and opinions of the topic.

Can our hypothesis be confirmed? If yes, what are the reasons for this clash, can we find explanations? What are the determinants that lead to this behaviour? The participants will work in small groups (preferably composed of teachers and trainees) to elucidate the different reasons of this clash and perhaps find solutions.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 38**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Female doctors stay near university, male doctors are more closed to birthplace – impact of university on general practice location.**

Merle Schäfer<sup>1)</sup>, Ewan Donnachie<sup>2)</sup>, Roman Gerlach<sup>2)</sup>, Martin Tauscher<sup>2)</sup>, Antonius Schneider<sup>1)</sup>

<sup>1)</sup>Institut für Allgemeinmedizin, Munich, Germany

<sup>2)</sup>Kassenärztliche Vereinigung Bayerns (KVB), Kassenärztliche Vereinigung Bayerns (Association of Statutory Health Insurance Physicians of Bavaria), München, Germany

**Background:** The impact of the place of medical studies and birthplace with respect to the place of work as a GP is unclear up to now. We analysed these relationships for the physicians of Bavaria.

**Methods:** Numbers of students from 1996 to 2013 related to Erlangen, Munich, Regensburg and Würzburg were delivered by the Bavarian State Office for Statistics. Information about birthplace, place of medical studies, place of work, age at graduation, age at beginning of work in ambulatory care as specialist or GP were delivered by the Association of Statutory Health Insurance Physicians of Bavaria (KVB). Analysis was performed descriptively.

**Results:** 25.628 finished their studies from 1996 to 2013. 6097 (23.8%) worked in ambulatory care; 2007 (7.8%) worked as GPs; 1514 (5.9%) in their own private practice. The proportion of physicians who are working closed to their study place or birthplace is high. Female students seem to work more closed to their study place, whereas male students show tendencies for going back to the region of their birthplace. There were no differences between universities with respect to the 'output' of GPs.

**Conclusions:** The high attractiveness of university towns underlines the importance to convince medical students from the advantages of rural areas for living and learning. Hospitals and GPs from rural areas should be involved in the curriculum development, in co-operation with chairs for general practice to strengthen relationship with GPs for medical education in rural areas.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 72**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

Workshop



## Travel Medicine - The Role of Primary Care

João Sá Monteiro<sup>1)</sup>, Marta Fabião<sup>2)</sup>

<sup>1)</sup>USF S. Julião, Lisboa, Portugal

<sup>2)</sup>USF Magnólia, Lisboa, Portugal

### Background:

Travel medicine is an interdisciplinary medical field that has developed rapidly in response to the needs of the traveling population. Practitioners must consider diverse aspects of travel related health, including fitness to travel and the health risks, as well as the implications of exposure to a variety of diseases. Therefore, the general practitioner can play an important role.

### Target Group:

Junior doctors, Trainee

### Didactic Method:

The workshop will be divided into five sections: introduction, theoretical lecture, theoretical-practical session, completion and closure. First the trainees will get acquainted, and trainers will share the workshop's agenda and expected targets. This will be followed by the principles of Travel Medicine, covering the most important concepts (eg: epidemiology, vaccine preventable diseases, waterborne and foodborne diseases). Then in a theoretical-practical discussion, various travel scenarios will be discussed in smaller groups, and each group's spokesperson will share their case and the advice given, integrating possible feedback. Finally, a Q&A (question/answer) session will take place, followed by additional comments and overall appreciation.

### Objectives:

Recognising Travel Medicine's most important concepts

Analyzing travel case scenarios

Providing pre-travel care advice (scenario-based, in small groups)

Sharing experiences and difficulties on advising travelers before traveling

### Estimated number of participants:

20

### Brief presentation of the workshop leader:

Resident, currently on the 3rd year of GP residency, with postgraduation in Travel Health, the Certificate in Travel Health by the International Society of Travel Medicine (ISTM Certificate of Knowledge) and 3 years of experience in pre-travel consultation.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 78

#### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

Lecture / Vortrag

## Thyroid ultrasonography in the current practice of the family doctor. Early diagnosis of thyroid malignancy in the family doctor's office.

Mihai Iacob

Research Department, The European Ultrasound Working Group-EUVEKUS / EADUS / AEDUS / ADVITAM-MEDICIS SRL., Timisoara, Romania



**Aims:** This project has three stages. The first step was the development of a computerized-diagnostic-algorithm used to stratify the risk in thyroid pathology, Ultrasound-based. It set the optimum time to achieve a thyroid biopsy (FNAB). We have used the latest international classifications, as well as a scoring made by us, correlated with the histopathological-results. The second stage included a Targeted-Thyroid-Screening in a population with high-risk, statistically significant. Finally, we are launching an interdisciplinary-multicentric-US-Screening.

**Method:** We report a thyroid screening performed on 4386-apparently healthy-adults with oncological-risk-factors+, aged over 20years, followed for five years. We used the TIRADS-classification by Russ-modified and Strain-Elastography, with both the elastographic-scores by Rago and semiquantitative-Strain-Ratio (SR), for standardization and to establish if fine-needle-aspiration-biopsy (FNAB) should be performed. We designed an Ultrasound-Scoring-System (USS) for predicting malignancy and a diagnostic-algorithm-software. All patients were stored and counted into electronic-database. Finally, we compared ultrasound scores designed by us, with the histological results as Gold-Standard-method.

**Results:** 861patients with thyroid diffuse-disease and 696 with focal-lesions were found. Prevalence of thyroid pathology was:38.99%(95%CI:37.54%to40.45%) with screening-sensitivity:96.49%-specificity:96.52% and a high accuracy of 96.51%,PPV:94.66%,NPV:97.73%, statistically significant, $p<0.01$ . The ROC-analysis of our US-methods confirmed a higher level of diagnostic accuracy of Strain-Elastography, $p<0.001$ ,AUC=0,995,95%CI:0,97to1.Our cut-off-value of SRwas:2.5

**Conclusions:** Performing Doppler-US-Screening together with Strain-Elastography, had the best accuracy in analysis of the vascular network and absence of elasticity, for differentiating "benign-versus-malignant" of the thyroid-tumors and for diagnosis of the diffuse-thyroid-diseases.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 79

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Workshop

## European teaching agenda on quality and safety: assessment tools and methods

Zalika Klemenc-Ketis<sup>1, 2, 3)</sup>, Zlata Ožvačić Adžić<sup>4, 5)</sup>

<sup>1)</sup>Community Health Centre Ljubljana, Ljubljana, Slovenia

<sup>2)</sup>Family medicine, University of Maribor, Maribor, Slovenia

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<sup>4)</sup>Family medicine, University of Zagreb, Zagreb, Croatia

<sup>5)</sup>Zagreb-Centar Health Centre, Zagreb, Croatia

### Background:

EQuIP, together with EURACT, developed an educational agenda for quality and safety in general practice/family medicine based on the Competency Framework for Quality Improvement in Family Medicine. This is an educational framework for teaching the core competencies of quality and safety at the speciality training level.

### Target group:

Young physicians, family physicians, teachers of family medicine.

### Didactic method:



The workshop will consist of three parts. First, a short plenary presentation will take place to present the Teaching Agenda on Quality and Safety and workshop aims. Then, the participants will work in small groups. They will be asked to reflect on the Teaching Agenda on Quality and Safety, with a special emphasis on the chapter on assessment tools and methods and to report/describe the teaching examples in their own country.

### Objectives:

We expect that after the workshop, the participants will describe the Teaching Agenda on Quality and Safety, and tools and methods that can be used for assessment of quality and safety education. The workshop will inform the participants about the Teaching Agenda on Quality and Safety and position it within the teaching quality in their own country.

### Estimated number of participants:

30

### Brief presentation of the workshop leader:

Associated professor Zalika Klemenc Ketiš is a family physician from Slovenia and a teacher of family medicine. She is a president of EQuIP and a member of WONCA Europe executive board.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 105

#### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

Workshop

### Innovative training for technology-based frailty and falls management: the Erasmus Plus "Fall-in-Age" project

Ferdinando Petrazzuoli<sup>1, 2, 3)</sup>, Thomas Frese<sup>1, 4)</sup>, Miguel Angel Muñoz Pérez<sup>1, 5, 6)</sup>, Shlomo Vinker<sup>1, 7)</sup>

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<sup>4)</sup>Institute of General Practice and Family Medicine, Medical Faculty, Martin-Luther-University, Halle/Saale, Germany

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<sup>6)</sup>School of Medicine, Universitat Autònoma de Barcelona, Barcelona, Spain

<sup>7)</sup>Department of Family Medicine, Sackler School of Medicine, Tel Aviv University, Tel Aviv, Israel

**Background:** The applications of biomechanical technologies to improve assessment and management of frailty and risk of falling in the elderly are still limited to research despite their potential benefits. Unfortunately, these methodologies are mostly unknown for the majority of physicians, nurses and other healthcare professionals. The "Fall-in-Age Project" aims at the development and implementation of an online open access course which focuses on the application of biomechanical technologies for the assessment and treatment of frailty and reduction of the number of falls in the elderly. This project consists of a strategic partnership for higher education between four partners: Universidade de Lisboa, Lisbon, Portugal; Instituto de Biomecánica de Valencia, Spain; Istituto Nazionale di Riposo e Cura per Anziani INRCA of Ancona, Italy and The European General Practice Research Network.



**Target Group:** trainees, general practitioners, nurses and other healthcare professionals interested in the topic of prevention of falls in the elderly.

**Didactic Method:** The 20-minute presentation of the course by the EGPRN workshop leaders will be followed by a discussion panel which will be guided and summarised by the EGPRN moderators

**Objectives:** Our WS will help participants to optimize assessment processes of frailty and risk of fall in elderly people. The WS may inspire participants to face the challenges of the prevention of fall in elderly people highlighting the opportunities offered by new technologies introduced in the web-based course.

**Estimated number of participants:** 60 participants

**Brief presentation of the workshop leader:** WS leaders are senior members of EGPRN.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 106

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## A Curriculum Redesign approach: Competency-based, blended learning in Family Medicine

Fabian Dupont, Johannes Jäger

*Family Medicine, Zentrum Allgemeinmedizin Homburg/ Saarland University, Homburg, Germany*

### **This is a status update presentation on the Junior Research Award 2019**

### **(BratislavaVDGM/Wonca2019): Pilot study approach: Saarland University / Homburg**

**Background:** A family physician is present at many crossroads in medicine and in education. Not only do we educate patients about their specific burden, we also train and educate other medical specialties to work hand-in-hand as a team on a daily basis. Medical students and residents oftentimes feel at a loss when confronted with **Family Medicine** cases where they need to make diagnostic or therapeutic decisions. In seminars and e-learning sessions (blended learning), students are confronted with **symptom-based** - clusters that link to general and specific competencies. Specific focus is placed on practical and procedural approaches. By using a **blended-learning approach**, basic cognitive information conveyance can be replaced by the presentation and application of Family Medicine specific **competencies**.

**Objective:** How the implementation of e-learning changes the gain of knowledge over time and whether a competency-based curriculum will create a broader understanding of Family Medicine in students.

**Methods:** This project applies a constructivist- pragmatic study research paradigm. It applies a combined mixed methods approach.

**Expected Results/Outlook:** This study will change the way family medicine is portrayed at medical schools all over the country. It will change the recruitment grounds for prospective, future family physicians and it will help to change the approach to students and their learning from practicing family physicians. It will implement competency-based blended learning in Family Medicine.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 147

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform



DEGAM only / Nur DEGAM: DEGAM Symposium

## Studierendenplenum

Laura Lunden

*DESAM, Kiel, Germany*

### Einzelbeiträge:

Im Buchstabendschungel: Was sind eigentlich NWA, DESAM, DEGAM und Co.?

Ein Weg mit der Allgemeinmedizin

Ein Blick auf den Kongress... aus studentischen Augen

Zeit zu quatschen!

### Ziele:

Alle studentischen Teilnehmer und jungen Allgemeinmediziner des Kongresses sollen hier zusammentreffen können. Es geht darum, neue Leute kennen zu lernen und sich zu vernetzen. Außerdem helfen wir, bei DESAM, DEGAM, NWA und Co. den Überblick zu behalten und sich auf dem Kongress zurecht zu finden.

Auch Nicht-(mehr-)Studierende sind herzlich eingeladen.

### Diskussion:

Wie kann man diesen Kongress noch besser machen?

### Take Home Message für die Praxis:

Viel Spaß auf dem kommenden Kongress auch für die vielen studentischen Teilnehmer!

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 161

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## An experimental ultrasound screening to patients with acute abdominal-pelvic pain at the primary healthcare level – the point of care ultrasonography(POCUS) survey among European family doctors.

Mihai Iacob

*Research Department, The European Ultrasound Working Group-EUVEKUS / EADUS / AEDUS / ADVITAM-MEDICIS SRL., Timisoara, Romania*

The PoC-US performed by the clinician is an important tool to guide and improve the case-management for the early-diagnosis and treatment. It represents an extension to the clinical-examination of the physician, to achieve an accurate-positive/differential-diagnosis.

### Method:

The study aim was to establish some POCUS-applications for family-doctors. Indications of PoC-US were diffuse and focal-lesions of the abdominal-organs. All these,had presented a typical-ultrasound-pattern, and simple-diagnostic-criteria can be used.We did a brainstorming and conducted an online-survey, about what can apply in primary care. We designed a questionnaire with the PoC-US-applications which was distributed to family-physicians from the European-Research-Networks(WONCA). Then we made a PoC-US-Screening on3400patients with acute-abdominal-pelvic-pain, who were examined first-time by the family-physician, confirmed after, by specialist. Each patient followed an ultrasound-protocol and was archived in a database.

## CONTENT

[www.familydoctoreurope2020.org](http://www.familydoctoreurope2020.org)



Organized by  
DEGAM (WONCA Member)





We made a descriptive-statistics, were analyzed the PoC-US-Screening-data, and finally the inter-rater-agreement using Cohen's-kappa-coefficient.

### Results:

We had 450-doctors respondent to this PoCUS-survey. We made a comparative-analysis of their answers and found out which PoC-US-applications are of great-interest to European family-doctors. We met many differences among different European-countries, but opinion over 86% of the respondents was in favor of using-PoC-US. The results were: accuracy 94,54%, sensitivity: 96,43%, specificity: 91,16%,  $p < 0,001$ . Agreement of the clinical-ultrasonography-results performed by a trained-GPs versus an emergency-specialist in diagnosis of abdominal-emergencies was 91% ( $k = 0.86$ ; 95%CI=0.79–0.91).

### Conclusions:

Ultrasonography should be a diagnosis tool besides the stethoscope in the GPs office. Early and accurate-diagnosis, can help to save many patients, in primary care, based on notions of good-clinical-practice (GCP).  
Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 173

#### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

Workshop

## Can we improve our cardiovascular and cognitive health - a practical perspective on peripheral artery disease

Bernadeta Bridgwood, David Jameson

*Cardiovascular sciences, Junior International Committee/University of Leicester, Staffordshire, United Kingdom*

### Background:

Peripheral arterial disease (PAD) has a prevalence of 3-10%, increasing with age and co-morbidities, particularly diabetes. PAD confers a risk of limb ischaemia with complications such as amputation and cognitive impairment. In the UK, an average of 13,000 amputations occur every year – one major amputation every 2 hours.

### Target group:

The workshop is aimed at any healthcare professional wanting to increase their knowledge of PAD, including its recognition, investigation and management. The workshop will be a safe and friendly environment to learn practical skills for use in routine practice.

### Didactic Method:

In this interactive educational workshop, participants will get the opportunity to improve their knowledge and recognition of PAD and the ischaemic limb. We will explain when to consider PAD, demonstrate and practice vascular examinations, perform ABPI's and discuss how to interpret the results. We will explain clinical management of PAD and when to consider surgical input. You will hear from the patients' perspectives and how patients want to be involved in their management.

### Objectives:

To improve knowledge and recognition of PAD by health professionals with the aim to improve overall cardiovascular and cognitive health.

### Estimated number of participants:

30-50



## Workshop lead:

Dr Bernadeta Bridgwood is a family doctor (UK) and an Academic Clinical Lecturer in Education. Her current research project focused on improving the knowledge and recognition of PAD. She works with members of the vascular research team, based at Glenfield hospital, Leicester-UK.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 201

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

ePoster

## Neck masses in pediatric age

Cátia Gabriel<sup>1)</sup>, Andreia Medley Marques<sup>1)</sup>, Maria João Nascimento<sup>2)</sup>

<sup>1)</sup>USF Locomotiva, Entroncamento, Portugal

<sup>2)</sup>USF D. Francisco de Almeida, Abrantes, Portugal

Neck mass in children is a cause of concern that often motivates the parents to resort urgently to primary care. However, it is estimated that 90% of neck masses are benign, and through a systematic approach, the family doctor can early diagnose and refer the most severe cases, as well reassure the parents if there is no cause for alarm.

How to provide a systematic approach to neck masses in children?

Bibliographic search in textbooks, Pubmed and UptoDate databases using MeSH terms "neck masses" and "children" in Portuguese and English languages, it was included literature published in the last 20 years.

The search results revealed four major pathologies that present with neck mass in children: cervical lymphadenopathy, branchial cyst, thyroglossal duct cyst and epidemic parotitis less often.

When approaching a neck mass, in addition to detailed characterization of the mass, it is important to consider factors such as age, lesion laterality, type of evolution, associated symptoms and previous medical history.

Family doctors should be aware of the pathologies that constitute the differential diagnosis of neck mass and pay attention to alarm signs such as hard consistency mass, fixed to the surrounding tissues, rounded, insidious onset, absence of inflammatory signs and other symptoms like dysphagia, stridor and respiratory distress syndrome.

Although most neck masses are benign, it is necessary to systematize its approach, as well as to know the differential diagnoses and alarm signs that motivate urgent referral and treatment.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 202

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

ePoster

## Pediatric heart murmur in primary care

Cátia Gabriel<sup>1)</sup>, Andreia Medley Marques<sup>1)</sup>, Maria João Nascimento<sup>1, 2)</sup>



- <sup>1)</sup>USF Locomotiva, Entroncamento, Portugal  
<sup>2)</sup>USF D. Francisco de Almeida, Abrantes, Portugal

**Background:** About 90% of children will have a heart murmur during their childhood, but only 1% corresponds to congenital heart disease. Presumably, more than half of the children are diagnosed in primary care consultation, therefore it's essential for family doctors to differentiate between an innocent and a pathological murmur.

**Question:** How to provide a systematic approach to heart murmur in primary care?

**Methods:** Bibliographic search in textbooks and Pubmed and UptoDate databases, using MeSH terms "heart murmur" and "child" in Portuguese and English languages. It was included literature published in the last 10 years.

**Outcomes:** Although innocent heart murmur is the most common diagnosis, a detailed anamnesis is essential regarding symptoms, relevant family medical history and previous medical history including development, obstetric and perinatal events. Global physical examination should always be performed, with emphasis on detailed characterization of the murmur (timing, grading, shape, pitch, location and radiation). It is extremely important to identify the main alert signs of a murmur that imply a further complementary study and referral to Pediatric Cardiology.

**Conclusion:** The diagnosis of innocent heart murmur is made by the presence of four criteria: absence of symptoms, lack of family and personal history related to increased risk of heart disease, murmur of innocent features and absence of other changes to the physical examination. The family doctor plays a crucial role in the diagnosis, promoting the reassurance of family members, or alert to the importance of further surveillance and referral in a timely manner if any suspicion of pathology.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 213

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Standardized patients in training techniques for trans people's care in undergraduate medical education - experience report

Murilo Moura Sarno, Maria Helena Sampaio Favarato

Saude Coletiva/Habilidades médicas, FMABC/USCS/USJT, São Paulo, Brazil

Despite an increasing in transgender persons' demanding better health access, there are few educational approaches to prepare undergraduate for the cognitive and attitudinal aspects.

What would be the undergraduates' attitudes towards transgender people in simulation scenario? And which skills could be obtained?

Two standardized patients were created for an primary care setting, with orthopedic complaints (to avoid stigma related to mental health disorders), and with stress related to family or workplace prejudice that worsened their pain.

All students were from third year and had 40 minutes to complete anamnesis, physical examination and offer appropriate orientation. They were evaluated with Mini Ciex score. All actors were transgender themselves and gave attitudinal feedback.



After consultations, all students had to discuss in small groups about their challenges, define learning questions and study about for one week, so to bring new information in the next meeting.

We trained about 200 students. They all managed to give a basic consultation, detecting their orthopedic problems and many were able to approach the prejudice situation. None knew how to deal with hormone therapy, but many knew how to at last offer social work support. Few students showed discomfort with their trans patients, which were noticed by the actors in their feedback.

This served to promote discussion about transgender care, for students and teachers alike, highlighting standardized patients' value as educational tool.

Transgender care need to be more discussed in medical course, and standardized patients may be an useful approach to work cognitive and attitudinal aspects.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 215

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Short term global health project: A pilot scheme in Sierra Leone 2019

Timothy Oliver<sup>1</sup>, Natalya Kennedy<sup>1</sup>, Amira Zahari<sup>1</sup>, Pritpal Chahal<sup>1</sup>, Raoul Emeric<sup>2</sup>

<sup>1</sup>Health Education East Midlands, Nottingham, United Kingdom

<sup>2</sup>University of Makeni, Sierra Leone, Sierra Leone

Understanding the system of health care is crucial to affecting that system. The Global Health Fellowship to Sierra Leone 2019 saw three UK doctors in training working with Sierra Leonean staff at the University of Makeni with three main aims:

1. To determine the health needs and priorities of Sierra Leoneans in two different population groups
2. To elicit solutions to barriers faced from local users
3. To give UK trainees an experience of healthcare provision in a different setting and an understanding of systematic delivery of health care

Twenty-six patients were randomly selected with an equal mix of urban and rural, sex equality, varying educational levels and role in the family. It attempted to capture the voice of Sierra Leoneans with a variety of themes ranging from mental health to initiation ceremonies and access to health care to understanding of disease and health.

These responses were compared to the Ministry of Health 2017 report which set out ambitious targets for the country to achieve. Much progress has been made in some key areas but, as respondents said, there is still some way to go until the report has been fully realised.

This was a useful project which engaged the local communities in their health. It encouraged the British doctors to think critically about their own health service to see the gaps in delivery from a service user perspective. Projects such as this are also good for staff retention and engagement and so should be encouraged.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 227

### Abstract subtopic / Abstract Unterthema



## 4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Science Slam

### Indicators of burnout risk: a qualitative research on expectations and fears of young postgraduate doctors

Maria Milano<sup>1)</sup>, Marco Araldi<sup>2)</sup>

<sup>1)</sup>ASL TO3, Wonca member 5884, Pianezza (Torino), Italy

<sup>2)</sup>ASL Città di Torino, Torino, Italy

**Background:** The Italian Family Medicine is rapidly evolving towards multi-professional networked teams integration, with advanced diagnostics, in a context of unstoppable demographic and epidemiological transition and in a critical socio-economic context: expectations and fears of postgraduate colleagues.

**Questions:** "Imagine opening your study in NHS next month. What do I dream of? Which GPs would I like to be? And what I fear and I really would not like"

**Content:** We addressed this question to 106 subjects (F 67 - M 39, average age 28 years), answers in 10 minutes, anonymous. The free texts have been analyzed with the Content Analyzes (Conventional) in triangulation between the two authors. Eight areas emerged: Professional Space, Personal Space, Organization, Communication and Relationship, Patient Education, Collaboration with other Specialist Doctors, among Peers and with the NHS. Among the expectations, it stands out to play the profession with passion "Giving the best of oneself without giving up the private life". The fears that recur most are being overwhelmed by bureaucracy and work, by the rules imposed from above, without being able to organize it. Some have doubts about their professional skills. Many evoke the specter of Burnout, without perhaps having full awareness of it.

**Take Home Message for Practice:** We think that among the didactic objectives of the postgraduate courses, it is essential to help keep in touch with the shaded areas, doubts and insecurities: awareness is the first aid for the primary prevention of Burnout and the organization of one's own personal strategies of resilience.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 244

### Abstract subtopic / Abstract Unterthema

## 4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

ePoster

### Uncontrolled air energy alters the heart, blood vessels function

Sofica Bistriceanu

Academic Medical Unit - CMI. Dr. Bistriceanu, S., European Primary Care Cardiovascular Society; Academy on Communication in Healthcare., Botosani, Romania

**Background:** air energy interacts with the human body energy, influencing the individual function.

**Aim:** reveal the importance of the air energy variation for the mind, heart function of the elderly.

**Material & Method:** qualitative study performed by the author into community, in 2019, relating to the air energy significance for older people's health.



**Findings:** in autumn, patient aged 94, was exposed two nights to increased air energy; each time after that, in the morning he had mild cognitive impairment, decreased blood pressure, tachycardia.

**Patient's health history:** atrial arrhythmia, 2017.

**Patient's family health history:** parents: hypertension.

**Action taken:** the family noticed the modified clinical data of the patient and communicate them to his family physician; the next morning the doctor visited the patient at home. She remarked increased air energy into the patient room, in addition to changed clinical data of the patient. The physician adjusted his drug treatment and informed his family about the significance of air energy for the proper functioning of blood vessels of the older person. The doctor recommended them to avoid excessive air energy surrounding the patient.

**Results:** suitable air energy around the patient, drugs improved the clinical outcomes.

**Conclusion:** health behavior, adequate air energy for best functioning of blood vessels of the elderly has to be considered into clinical practice.

**Implication:** increased air energy worsens the human body function. Older people are more vulnerable to air energy variation; it is a key consideration for the improvement of life expectancy, quality, and safety. Educational programs are necessary.

**Conflict of interest / Interessenkonflikte**

no / nein

## Contribution ID: 250

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag

## How to reach scientific horizon in family medicine: 10 steps in training medical students

Pavlo Kolesnyk, Andriy Kolesnyk

*Postgraduate Faculty, department of family and internal medicine, Uzhgorod National University, Uzhgorod, Ukraine*

**Background:** Some European countries, like Ukraine, have not training research methodology in family medicine (FM) in their medical curriculum.

The international "ABC TRAINING COURSE FOR EARLY CAREER FAMILY DOCTORS" ("ABC") was developed in cooperation of the EGPRN experts from the UK and Ukraine and was successfully conducted in 2017-2019 in Ukraine. EGPRN supported this project and suggested it for young family doctors from Hungary and Check Republic.

Ukrainian medical students lack the opportunities in learning both FM and research methodology during undergraduate education. A training course for medical students based on materials of "ABC" might change the situation.

**Target group:** Medical students.

**Didactic Method:** A senior medical student experienced in research methodology in FM has developed an interactive practical course "10 STEPS FOR JUNIORS IN FM RESEARCH METHODOLOGY" based on materials of "ABC", and has successfully conducted it for medical students of Uzhhorod National University.

The number of participants who applied for the course amounted 14. The course was divided into 10 2-hour training sessions, held weekly during October 2019 - January 2020.

The changes in trainees' confidence in research methodology were evaluated by means of specially developed questionnaires.



**Objectives:** The purpose of the project is to teach trainees practical approach to scientific research methodology; to provide them with an expert's support in conducting their own research in general practice at the FM clinic.

**Take Home Message for Practice:** The present course might become an effective tool helping medical students from the countries lacking research methodology education to get the required experience.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 257

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag

### Core competencies of family medicine training: comparison of programs evaluated through USA accreditation council on graduate medical education milestone project

Elissa Palmer

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**Background:** WONCA developed global standards for postgraduate family medicine education. The core curriculum of 3-year Family Medicine training programs in the USA are outlined in the national Accreditation Council for Graduate Medical Education (ACGME) Program Requirements for Family Medicine. In 2008, the ACGME defined six competency domains for Family Medicine and specialty training: medical knowledge, patient care, professionalism, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice/system improvement. Family Medicine training programs developed instructional and assessment methods for integrating the competencies in their curricula.

**Issue:** It is difficult to measure trainee performance and competency. In 2015, Family Medicine milestones were implemented to provide a more explicit definition of expected trainee knowledge, skills, attributes, and performance. Milestones are specific behaviors, attributes or outcomes in the six general competency domains to be demonstrated by trainees during the 3-year Family Medicine Residency (training) program following completion of medical school.

**Methods:** Data on each trainee in the USA was collected through anonymous evaluation forms based on the six competencies and milestones and sent twice yearly to the national ACGME. The ACGME compiled the data for the individual training programs and for the national aggregate.

**Outcomes:** In 2018, the first aggregate data from the ACGME became shown as a box plot indicating the spread of the data for each year of training in the 3-year program.

**Discussion:** Comparison of the individual program in each milestone to national data, can identify areas in which curriculum improvement should be considered.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 316

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag



## Impact of medical student led Quality Improvement (QI) projects in primary care

Sabia Dayala<sup>1</sup>, Ann Wylie<sup>2</sup>, Gulshan Sethi<sup>2</sup>

<sup>1</sup>Division of Medical Education, The University of Manchester, Manchester, United Kingdom

<sup>2</sup>Faculty of Life Sciences and Medicine, King's College London, London, United Kingdom

### Background:

The General Medical Council's (GMC) 2018 "Outcomes for Graduates" is the latest document on core competencies and requires newly qualified UK medical graduates to have skills in Quality Improvement (QI) in healthcare settings. Resultantly, some UK universities require students to complete QI projects in different healthcare sectors. However, there is little reported in the literature on the variety, impact and sustainable potential of such QI projects in primary care.

### Question:

What impacts can student led QI projects have in a primary care setting?

### Methods:

We will present qualitative case studies of student led QI projects at The GKT School of Medical Education at King's College London and The University of Manchester, focusing on their impact and link to sustainability outcomes. These institutes utilise different QI project models.

### Outcomes:

Student led QI projects in a primary care setting can have impacts that link into sustainability outcomes, irrespective of the variability in both duration and structure of QI projects at different institutes.

### Discussion:

Student acquisition of QI skills is an essential regulatory outcome for UK medical graduates. Additionally QI projects enable the primary care host to benefit in terms of project impact that links into aspects of sustainability such as financial, environmental and social gains.

### Take home message for practice:

Our findings provide evidence that student led QI projects in primary care settings have benefits for the student and the provider that translate to measurable impacts and link in with sustainable goals.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 317

#### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

Lecture / Vortrag

## Analyzing emotional intelligence (EI) of trainees does doctors more empathetic?

Humbert De Fremerville, Camille Schwartz

Family Medicine Department, University of Lyon, Lyon, France

### Background:

Future recruitment prospects will take into account new parameters like emotional intelligence. It allows future doctors to adapt their behavior according to the situations encountered to improve their relationship with patients.

### Questions:

Analyzing emotional intelligence (EI) of trainees: does doctors more empathetic?



## Methods:

A systematic review was conducted from March to October 2018 on PubMed and Web of Science. It identified 639 articles via the MeSH terms "emotional intelligence"; "Students, medical" and "school admission criteria." After selection according to the PRISMA criteria on the title and then the summary, 45 articles were read in full, and 12 selected for the final analysis. The non-inclusion criteria were student motivation, improvement or decline in emotional intelligence, burnout.

## Outcomes:

The most reliable way to measure EI is the hetero-evaluation carried out by an experienced observer during a recruitment interview. Self-assessment questionnaires are not safe for assessing this data. The Mini Multiple Interviews seem promising but must be perfected because US studies find discrimination on gender and ethnicity when driving.

## Discussion:

Emotional intelligence is an exciting quality in the recruitment of future doctors. It is still not sufficiently relevant to allow use in the first years of pre-graduate students via interviews due to the risk of discrimination of candidates and possible falsification by students. The Emotional Quotient can be improved by training; it seems in the current state of knowledge more relevant to reinforce communication lessons during studies.

**Take Home Message for Practice:** Emotional intelligence is measured by hetero-evaluation and mini multiple interviews.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 325

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### First choice Family Medicine (Allgemeinmedizin - die erste Wahl) - One slide five minutes

Ulrike Spary-Kainz<sup>1)</sup>, Susanne Thun<sup>1)</sup>, Reingard Glehr<sup>1)</sup>, Andrea Siebenhofer<sup>1, 2)</sup>

<sup>1)</sup>Institute of General Practice and Evidence-Based Health Services Research, Medical University of Graz, Graz, Austria

<sup>2)</sup>Institute of General Practice, Goethe University Frankfurt am Main, Frankfurt am Main, Germany

## Background:

In Austria, many family practices remain vacant following the owner's retirement. This leads to family medicine bottlenecks, especially in rural areas. Measures should therefore be taken to increase the attractiveness of our profession and to motivate students to choose to specialize in family medicine.

## Question / Discussion Point:

How can we motivate medical students to specialize in family medicine?

## Content:

This cross-organizational project, which is financed by the Styrian health fund (Gesundheitsfonds Steiermark), aims to make family medicine more attractive. It aims to inspire students to take an interest in this medical specialty from the beginning of their studies, make it possible for them to focus on family medicine during their studies, and support them on their journey towards a career in family medicine. In addition to the compulsory modules that are part of the regular curriculum, there are opportunities for



students to enrich their knowledge of family medicine from the beginning of their studies through to postgraduate training. The opportunities range from free electives, visiting patients in their homes, discussing patient cases with colleagues and experienced family doctors, and taking part in mentoring programs during their studies and following graduation.

### Take Home Message for Practice:

One way to mitigate the impending shortage of family doctors is to offer a longitudinal program during medical studies aimed at increasing students' commitment to family medicine.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 371

#### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

ePoster

### Steigende Zahl von Absolventen/innen der Facharztprüfung für Allgemeinmedizin in Hessen. Wer sie sind, was sie wollen (und was nicht)

Martin Fink<sup>1)</sup>, Anne Messemaker<sup>1)</sup>, Monika Sennekamp<sup>2)</sup>, Ferdinand M. Gerlach<sup>2)</sup>

<sup>1)</sup>Kompetenzzentrum Weiterbildung Hessen, Frankfurt am Main, Germany

<sup>2)</sup>Institut für Allgemeinmedizin, Goethe-Universität, Frankfurt am Main, Germany

Die Zahl der Facharztprüfungen im Fach Allgemeinmedizin in Hessen ist in den Jahren 2015 bis 2019 deutlich angestiegen (von 90 auf 131). Alle erfolgreichen Prüfungsabsolventen/innen wurden mittels eines am Kompetenzzentrum Weiterbildung Hessen entwickelten Fragebogens befragt.

Das Ziel der Studie ist es, empirisch belastbare Aussagen sowohl zu biographischen Aspekten, als auch zu den Zukunftsvorstellungen der erfolgreichen Prüfungsabsolventen/innen der Facharzt-weiterbildung Allgemeinmedizin der vergangenen 5 Kalenderjahre treffen zu können und zu überprüfen, inwiefern sich Veränderungen über die Zeit hinweg feststellen lassen. Die Rücklaufquote beträgt annähernd 60% (n=325). Im Einzelnen werden die Daten zur gewünschten Wochenarbeitszeit, der angestrebten Tätigkeitsform in 2 und in 10 Jahren und ob eine Niederlassung geplant ist (und falls ja in welcher Form) ausgewertet, graphisch dargestellt und auf Zusammenhänge mit biografischen Aspekten hin analysiert.

Die Ergebnisse der Studie machen deutlich, dass die „jungen“ Fachärzte/innen für Allgemeinmedizin die „alten“ Hausärzte nur in den seltensten Fällen 1: 1 ersetzen wollen. Die aus ersten Auswertungen erkennbaren Trends sind: Die Allgemeinmedizin wird (noch) weiblicher, die Teilzeitaffinität steigt weiter an und Einzelniederlassungen werden immer seltener angestrebt. Die genauen Ergebnisse der einzelnen Aspekte werden momentan ausgewertet und auf dem Kongress vorgestellt.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 372

#### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag



## Neues Projekt am Kompetenzzentrum Weiterbildung Hessen: Praxisübergabe-/übernahme-Coaching (Pü<sup>2</sup>C). Vorstellung, Studiendesign und erste Ergebnisse der qualitativen Studie zur Bedarfsermittlung.

Martin Fink<sup>1)</sup>, Monika Sennekamp<sup>2)</sup>, Ferdinand M. Gerlach<sup>2)</sup>

<sup>1)</sup>Kompetenzzentrum Weiterbildung Hessen, Frankfurt am Main, Germany

<sup>2)</sup>Institut für Allgemeinmedizin, Goethe-Universität, Frankfurt am Main, Germany

Bereits 2014 hat der Sachverständigenrat Gesundheit in seinem Gutachten darauf hingewiesen, dass nur durchschnittlich jeder zweite Hausarzt, der altersbedingt seine Praxistätigkeit beendet, einen Nachfolger findet.

Der steigenden Zahl der Facharztanerkennungen Allgemeinmedizin in Hessen (von 89 im Jahr 2015 auf 130 im Jahr 2019) stehen die zunehmende Komplexität der Medizin, der mit der alternden Gesellschaft ansteigende Bedarf an hausärztlicher Versorgung, die Entleerung ländlicher Räume, sowie die veränderten Präferenzen in der Gruppe der „jungen“ Fachärzte/innen für Allgemeinmedizin gegenüber: Die Teilzeitaffinität steigt weiter an und Einzelniederlassungen werden zunehmend seltener angestrebt.

Daher erscheint es folgerichtig, dass allen involvierten Akteuren daran gelegen sein muss, dass keine einzige angestrebte Praxisübergabe/-übernahme scheitert. Diesem Ziel verpflichtet, entwickelt das Kompetenzzentrum Weiterbildung Hessen ein deutschlandweit einzigartiges Praxisübergabe/-übernahme-Coaching. Ziel des zu entwickelnden Coachings ist es, die Übergabephase und die mit ihr einhergehenden, oft tiefgreifenden, Veränderungsprozesse in den Hausarztpraxen auf struktureller und emotionaler Ebene individuell und aufgabenzentriert zu unterstützen.

Die Bedarfserhebung seitens der potentiell Übergebenden erfolgt auf Grundlage einer qualitativen Studie in Form von Interviews mit ausgewählten Ärzten/innen – hier ist die Pilotierung bereits erfolgt. Die Bedarfserhebung seitens potenzieller Übernehmer/innen erfolgt mit Beginn des Jahres 2020 im Rahmen einer standardisierten Befragung unter allen erfolgreichen Prüfungsabsolventen/innen der Facharztweiterbildung Allgemeinmedizin in Hessen sowie unter Einbezug der am Seminar- beziehungsweise Mentoringprogramm des KW Hessen teilnehmenden Ärzte/innen. Die individuellen Coachings werden voraussichtlich im dritten Quartal 2020 anlaufen.

Das neue Projekt soll in Form eines Posters auf dem Kongress vorgestellt und erste Ergebnisse der qualitativen Studie zur Bedarfsermittlung präsentiert werden.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 391

#### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

Lecture / Vortrag

## Mehrwert eines universitären Weiterbildungsverbandes – qualitative Evaluation aus Sicht von Ärzten/innen in Weiterbildung und Weiterbildungsbefugten am Universitätsklinikum Tübingen

Christian Förster, Roland Koch, Stefanie Joos

Institut für Allgemeinmedizin und Interprofessionelle Versorgung, Universität Tübingen, Tübingen, Germany

### Hintergrund:

Um Attraktivität und Qualität der Weiterbildung zu steigern, wurden Weiterbildungsverbände (WBV) etabliert, die eine strukturierte und kontinuierliche Rotation in verschiedene klinische Abteilungen ermöglichen. Seit



2015 besteht am Universitätsklinikum Tübingen (UKT) ein WBV mit Rotationsmöglichkeit in die Innere Medizin, Notaufnahme, Sportmedizin, Psychosomatik, HNO sowie das Institut für Allgemeinmedizin und Interprofessionelle Versorgung, welches den Verbund auch koordiniert.

### **Fragestellung:**

Welche Chancen und Herausforderungen bestehen in einem universitären WBV?

### **Methoden:**

Leitfadengestützte Interviews mit 7 Ärzten/innen in Weiterbildung (ÄiW), die seit mind. sechs Monaten im WBV sind, und 5 Weiterbildungsbefugten (WBB) der am WBV beteiligten Kliniken. Qualitative Analyse nach Mayring.

### **Ergebnisse:**

Nach vorläufiger Datenanalyse fühlen sich die ÄiW während der Rotationen gut in die jeweiligen Teams integriert und empfinden eine Art Botschafter-Rolle für die Allgemeinmedizin. Qualitätskriterien für WBV wie Feedbackgespräche oder Weiterbildungscurricula sind noch nicht in allen Rotationen umgesetzt.

ÄiW wünschen sich mehr Flexibilität bei der Auswahl der Rotationen. WBB wünschen sich für ihre Abteilungen ÄiW mit Vorkenntnissen bzw. in fortgeschrittener Weiterbildung.

Die Einbindung in Lehre und Forschung ist für viele ÄiW wichtige Motivation zur Tätigkeit an einem universitären WBV. Die Vernetzung sowie vereinfachte Organisation sehen viele als generellen Mehrwert für die Weiterbildung in einem Verbund.

### **Diskussion:**

Universitäre WBV führen zu einer frühen Motivation für Lehre und Forschung mit positiven Implikationen für eine spätere Tätigkeit z.B. als Lehr- oder Forschungspraxis. Insofern lohnt sich der beträchtliche koordinative Aufwand eines WBV auch für die koordinierende allgemeinmedizinische Einrichtung.

### **Take Home Message:**

Die Studie liefert erstmals einen Einblick in Perspektiven und Haltungen der Beteiligten eines universitären WBV.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 395**

#### **Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### **Presentation form / Präsentationsform**

ePoster

### **Attention: a primary health care cardiorespiratory arrest!**

Nuria Albertí Masalleras, Elmira Gasparyan, Dolors López, Javier O.Farrill, Josep Sánchez, César García  
*ABS Tordera, Tordera, Spain*

### **Background:**

The Family physician has to make important decisions in case of cardiorespiratory arrest, in limited time and sometimes adverse environments. This decision can have fatal consequences.

That's why we believe in the usefulness of acting guide or check list, that might help us, in the first place, to check our actions, and then create a self security with our actions. At the same time, it will also allow us as a quality tool, to improve our usual task continuously.

### **Methods:**

From the Tordera Primary Health Center, a group of Family physicians and a nurse have proposed two checks lists adapted to a semi-rural environment, practicals, accessibles, understandable and with a great potential



not only for primary care physicians, nurses, social workers, students and young physicians but also pediatricians.

The checks lists operations must be easy, so as not to go to the next point if previous step has not been executed and confirmed correctly. The format should not be complex, better plasticized and it has to be easy to write on the surface with a permanent marker.

### **Discussion and conclusions:**

Some groups of Family care physicians and pediatricians of Tordera that have practiced cardiopulmonar arrests with these check list have felt less stressed and made fewer mistakes.

In conclusion, we should use check lists in cardiorespiratory arrests as usual.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 405**

#### **Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **Towards more practical teaching in family medicine - case-based, but how?**

Susanne Thun<sup>1)</sup>, Elisabeth Kling<sup>1)</sup>, Ulrike Spary- Kainz<sup>1)</sup>, Andrea Siebenhofer<sup>2, 1)</sup>

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<sup>2)</sup>*Institut für Allgemeinmedizin, Goethe University Frankfurt am Main, Frankfurt am Main, Germany*

### **Background:**

In studies of human medicine, the focus is often on teaching and testing factual knowledge. Our institute has been endeavoring to promote clinical thinking among students on the basis of practice-based teaching. Since 2018, it has also conducted oral case examinations, whereby case vignettes were taken from real experiences of students in teaching practices during family medicine internships.

Since its launch, case-based teaching and testing has been attracting substantial interest. However, the effectiveness of the practice has not yet been examined, and no uniform quality criteria exist to help in the preparation of case vignettes.

### **Question:**

What are advantages of practice-based teaching from a didactic point of view? In German-speaking countries, where is practice-based teaching already being carried out? What quality criteria should be considered in the preparation of case vignettes in order to maximize learning success?

### **Content:**

Literature research conducted as part of a final-year degree project revealed that case-based teaching is already well-established. However, real cases, taken from family practices, are rarely discussed.

No uniform quality criteria exist to help in the preparation of case vignettes. Taking the CARE Guideline and didactic principles into account, the aim of this project was therefore to develop a blank version of a case vignette. The application was then demonstrated by taking a specific case as an example.

### **Take home message:**

This 'case vignette recipe' is now available to help teachers of family medicine create case vignettes for use in teaching and examining students, and to help them create new learning opportunities.

Conflict of interest / Interessenkonflikte

no / nein



**Contribution ID: 429**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Assessment of decentralized education in regional clinical bases**

Shirin Talapbek kyzy<sup>1, 2)</sup>, Nuraiym Turanova<sup>1, 2)</sup>, Nursuluu Amatova<sup>1, 2)</sup>, Nurlan Brimkulov<sup>1, 2)</sup>

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<sup>2)</sup>Public Association "Family Medicine Without Borders", Bishkek, Kyrgyzstan

**Background:** Shortages of primary care physicians have historically affected rural areas more severely than urban areas. In this regard, the decentralization of postgraduate education in regional clinical bases was proposed. This study reflects the assessment of pioneers who agreed to undergo residency in family medicine in the region.

**Aim:** To evaluate the effectiveness of decentralized postgraduate education in regional clinical bases.

**Materials and methods:** A special anonymous questionnaire was developed on the Google Forms platform, which included 16 basic questions of open and closed type. In total, 57 family medicine residents from 73 filled out the questionnaire.

**Outcomes:** Out of 57 FM residents, 80% filled the first year, 72% of the second year. Of these, 31 people underwent residency in the regions, which amounted to 53%. 85% were satisfied with the training in the region, 90% said that they receive more practice and better clinical skills; more independence and responsibility; about half are hired and receive a salary; most went to their homeland and live with their family. Along with this, a number of problems were identified that residents experienced: the inability to consult with mentors at the right time; poor access to new information (including clinical guidelines and protocols); high workload; insufficient communication with the training center.

**Conclusion:** Decentralization of education is an important approach to increasing the effectiveness of residency in general, it is accompanied by improved clinical skills and knowledge, increasing the responsibility and independence of residents, while providing serious support to local health authorities.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 518**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Primary care training in Spanish universities: exploring junior doctors' perspective with qualitative research**

Jasmine Elsie McGhie, Marta Florensa Puig, Gisela Oñate Ferriz, Anna Dalmau Roig, Daniel González Tobias, Pau Silva Ruiz, Haidée Comas Arsuaga, Jorge Abarca Vegas, Eva Maria Gracia Baño, Francesc Robles Porrás  
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**Background:** Spanish universities are often lacking in specific training in primary care (PC) despite most placements for junior doctors correspond to aforementioned field.

**Objective:** To explore junior doctors' perceptions of PC training during university. This analysis is part of a wider research on different motives for considering PC specialisation.

**Method:** A qualitative research was conducted with three focus groups composed by theoretical sampling: junior doctors that choose family medicine as their first option (FM1), not as their first option (FM2) and other medical specialties (noFM). Each group was composed by 10-15 participants (n=36) and took place for approximately 2 hours. Discussions were transcribed and thematically analysed under a phenomenological perspective. Results were triangulated by two members of the research team plus an independent researcher.

**Results:** For all groups training in PC during university was considered insufficient and inappropriately addressed. They highlighted the relevance of PC training appearing late in the degree, after years of practical and theoretical instruction focused on an intensive, specific understanding of pathologies, with a hospital centered approach.

The noFM and FM2 groups identified PC training with topics such as communication abilities and bioethics, sometimes referring to them as secondary. The FM1 group referred to their practices in PC as eye-opening and suggested the need for a new model with a more holistic understanding of health.

**Conclusions:** Medical training is perceived as hospital centered with a delayed contact with PC. A revision of study plans in medicine faculties is called for if we want PC to be more attractive for future doctors.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 519

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

ePoster

## Young general practitioner's expectations towards an introduction of a specialist title for general practice in Austria

Richard Brodnig, Julia Pongracz, Raphael Bertsch, Sebastian Huter

*JAMÖ - Junge Allgemeinmedizin Österreich, Graz, Austria*

### Background:

The implementation of the specialist title for general practice has been discussed in Austria and is expected to occur within the next five years. However, even within the medical profession, there is not an uniform idea of what this would mean for the current training structure. Therefore, the participation of the trainees as the most affected group is essential in this process.

### Questions:

What are the expectations of young and future GPs towards the introduction of a specialty training in general practice in Austria?

### Methods:

A self-developed online questionnaire consisting of 19 questions about education and training was sent via email and social media to medical students, doctors in training and recently licensed general practitioners throughout Austria.

### Outcomes:



A total of 293 completed surveys was recorded, with 20.5% students, 56.3% trainees and 23.3% licensed GPs. Most agree, that a specialty exam should be challenging (92.5%) and that the improvement of training quality is an important aspect in the implementation of specialty training (99.6%). A majority of 80,8% think, that time spent in a teaching practice should be increased.

### Discussion:

The results underline some clear wishes of those affected by the implementation of a GP specialty training, which put training quality and time in the GP setting in the center of attention.

### Take Home Message for Practice:

Training quality and an increase of months spent in teaching practices are the most important aspects for young and future GPs regarding the implementation of a specialist title for general practice.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 520

#### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

ePoster

### Convinced or questioning? Medical students' primary care career intentions evolve in different ways over the duration of medical school

Eva Pfarrwaller<sup>1)</sup>, Milena Abbiati<sup>2)</sup>, Dagmar M. Haller<sup>1)</sup>, Anne Baroffio<sup>2)</sup>

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<sup>2)</sup>Unit of Development and Research in Medical Education, Faculty of Medicine, University of Geneva, Geneva, Switzerland

**Background:** Recruiting more graduates into primary care (PC) is one of the factors to counter PC workforce shortages. We know that students' career preferences often change between matriculation and graduation, but little is known about how they evolve in between.

**Question:** How do undergraduate medical students' PC career intentions evolve during medical school?

**Methods:** Cohort of 128 students in Geneva, Switzerland (2012-2018), yearly questionnaire about preferred specialty and practice type. Answers grouped into four categories and by gender: 1) PC, 2) PC-friendly, 3) non-PC, 4) undecided. 119 students were included in the descriptive analysis.

**Outcomes:** 42 students (39%) expressed a preference for PC at least once during the six years. We identified four groups: 1) PC convinced (N=9 [21%]), choosing PC in the first and last year, with few changes in between; 2) switching to PC (N=16 [38%], 10 of which switched in year 5 or 6); 3) switching away from PC (N=7 [17%]); and 4) considering PC at some point between the 2<sup>nd</sup> and 5<sup>th</sup> year (N=10 [24%]).

**Discussion:** Most students intending to choose PC in their final year had not considered it at matriculation; they mostly switched to PC late, possibly reflecting the influence of clinical exposure. In contrast, students not interested by PC in their final year switched away at various moments, suggesting other influences.

**Take Home Message:** Students should be exposed to PC during the entire medical curriculum. Factors other than clinical exposure should be further explored.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 522

#### Abstract subtopic / Abstract Unterthema



## Core Values of Family Medicine: Threats and Opportunities

### 4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### **Presentation form / Präsentationsform**

Lecture / Vortrag

#### **Nachwuchsgewinnung in der Allgemeinmedizin – Ergebnisse einer Umfrage im KWASa**

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*Bereich Allgemeinmedizin/MK3, TU Dresden, Dresden, Germany*

#### **Hintergrund:**

Um die Qualität und Effizienz der allgemeinmedizinischen Weiterbildung (WB) zu fördern sowie mittel-/langfristig mehr Ärzte für die hausärztliche Versorgung zu gewinnen, wurden Kompetenzzentren WB eingerichtet. Um herauszufinden, an welcher Stelle das Kompetenzzentrum Sachsen (KWA<sup>Sa</sup>) zusätzlich zu den bestehenden Angeboten die Nachwuchsgewinnung unterstützen kann, wurde der Status Quo bei Ärztinnen und Ärzten in Weiterbildung (ÄiW) ermittelt.

#### **Methoden:**

Von August bis Oktober 2019 wurde unter allen im KWA<sup>Sa</sup> eingeschriebenen ÄiW (n=269) eine Onlinebefragung durchgeführt. Thematisiert wurden u.a. subjektiv verbesserungswürdige Rahmenbedingungen der WB, die angestrebte Anstellungs-/Beschäftigungsform nach Facharztabschluss sowie Hürden beim Quereinstieg in die WB Allgemeinmedizin. Die Ergebnisse wurden deskriptiv ausgewertet.

#### **Ergebnisse:**

Die Responserate betrug 31,2 % (n=84). Aus Sicht der ÄiW sollten sich u.a. folgende Rahmenbedingungen ändern, um mehr Nachwuchs für die Allgemeinmedizin zu gewinnen: spätere Vergütung und Arbeitsbelastung, Struktur und Vertragsbefristungen der WB. Eine frühe Etablierung der Allgemeinmedizin im Studium wird gewünscht. 51,2 % der Befragten können sich nach Facharztabschluss eine Anstellung in einer Hausarztpraxis vorstellen, 23,8 % der ÄiW favorisieren die Niederlassung in einer Einzel-, 36,9 % in einer Gemeinschaftspraxis. 27,0 % der Befragten sind aus einem anderen Fachgebiet in die Allgemeinmedizin gewechselt, insbesondere aus der Inneren Medizin (48,0 %). Hauptgründe des Wechsels sind Vereinbarkeit von Beruf und Familie (91,3 %) und zu hohe Arbeitsbelastung (73,9 %). Wahrgenommene Herausforderungen waren Einkommensverluste (47,8 %), längere Weiterbildungszeit (26,1 %) sowie strukturelle Hemmnisse (21,7 %).

#### **Fazit:**

Das KWASa kann nur bedingt die genannten Rahmenbedingungen, die für die ÄiW eine subjektive Belastung darstellen, verändern. Durch Ausbau und Optimierung der Angebote, bspw. ein spezielles Programm für Quereinsteiger, könnte eine qualitative Verbesserung erreicht werden.

Conflict of interest / Interessenkonflikte

no / nein

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#### **Contribution ID: 539**

#### **Abstract subtopic / Abstract Unterthema**

### 4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### **Presentation form / Präsentationsform**

Lecture / Vortrag

#### **The birth of the maternity and paternity: clinical practice guide in breastfeeding and parenting for health professionals**



Rocío García-Gutiérrez Gómez<sup>1)</sup>, Miriam Rey Seoane<sup>2)</sup>, Rabee Kazan<sup>3)</sup>, Sara Correia<sup>4)</sup>, Matteo Mannucci<sup>5)</sup>, Santiago Martínez Torre<sup>1)</sup>, Jorge Sánchez-Tembleque Sánchez<sup>1)</sup>, Carlos Montejo Martín<sup>6)</sup>, Roberto Navarro García<sup>6)</sup>, Ana Tentor Viñas<sup>1)</sup>

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The scientific evidence in recent years has shown the nutritional superiority of breast milk for the feeding of newborns and infants and that provides invaluable immune protection against a long list of diseases. We can affirm that breastfeeding benefits the children from birth and that its effects last for years after weaning has occurred and also the mothers.

Family doctors are in a privileged position for becoming active agents for supporting, promoting breastfeeding and helping in the resolution of problems is a rewarding challenge that will bring great benefits for children, parents, and society.

The main objective of this workshop is to update and standardize the technical knowledge and skills of the family doctors to achieve this objectives. After a brief introduction and explanation of the workshop, we will divide the participants in 4 teams. Each team will have to win points by passing throw the following challenges:

1. Theoretical knowledge necessary for the management of the breastfeeding: by resolving a puzzle that they will have to explain and answering to some questions.
2. Learn to observe and properly assess a breast-feeding in order to identify mothers with problems and risk of early weaning: by practicing with a model and with videos. They will have to identify the correct and uncorrect poses and attitudes.
3. Acquire practical skills in solving the most frequent problems of breastfeedind and how to prolong and maintain breastfeeding: by resolving clinical cases
4. Learn about other aspects of newborn care: solving a multi-choice test.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 548**

### **Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### **Presentation form / Präsentationsform**

ePoster

## **GP or not GP – motivational factors for trainees to become a GP in Salzburg**

Viola Heberger, Sebastian Huter, Maria Flamm

*Institute of General Practice, Family Medicine and Preventive Medicine, Paracelsus Medical Private University Salzburg, Salzburg, Austria*

### **Background:**

Either General practice or subspecialty training are required to work as a licensed doctor in Austria. Many trainees start a GP-training, but 40-50% drop-out during or after their training. Programs aiming at increasing



retention should consider the career expectations, motivating and hindering factors of GP-trainees to become a GP.

### Questions:

What are the expectations of GP-trainees considering their future career and work setting?

What are hindering and motivating factors for a career as a GP?

### Methods:

A survey among 66 participants of a volunteer postgraduate seminar program for GP-trainees in the region of Salzburg was conducted. It covered possible career prospects, preferred future work setting, motivating and hindering factors for becoming a GP.

### Outcome:

Preliminary data shows that only 56.5% of the participants want to work as a GP and 54.8% consider subspecialty training. The most preferable work settings are practice sharing (41.9%) and group practice with 51.6%. The most motivating fact for young GP-trainees is the breadth of general practice (61.3%). The most hindering factor is the limited amount of time for each patient (62.9%). (More data will be available until WONCA meeting.)

### Discussion:

More than half of the GP-trainees do not aim to become a contracted GP, further analysis of motivational factors may help to increase retention. The preferred mode of working in a team seems to be in conflict with the currently dominating single-doctor-practices in Austria.

### Take Home message for Practice:

General regulations to enhance group-practice-models and time management seem important to attract more future GPs.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 553

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Training GPs to improve their management of work-related problems: results of a cluster randomized controlled trial

Kees de Kock<sup>1)</sup>, Peter Lucassen<sup>1)</sup>, Hans Bor<sup>1)</sup>, André Knottnerus<sup>2)</sup>, Peter Buijs<sup>3)</sup>, Romy Steenbeek<sup>4)</sup>, Toine Lagro-Janssen<sup>1)</sup>

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**Background:** Many workers who visit their GP experience a relation between their health problem and their work. However, many GPs do not proactively pay attention to their patients' work and many work-related problems are not timely recognized.

**Questions:** Does tailored training of GPs result in: 1) improved expectations about the ability to work among working patients visiting them? 2) increased registration of occupation and work-related problems by GPs? Do patients expect their GP 1) to know their occupation? 2) to provide guidance with respect to sickness absence?



**Methods:** A cluster randomized controlled trial among 32 Dutch GPs. The Intervention consisted of a five-hour training. Participating patients (age 18–63, working hours >12 h/week) completed baseline questionnaires and follow-up questionnaires after one year. Primary patient-level outcome: patients work-related self-efficacy. Primary GP-level outcomes: use of ICPC-code Z05 ('work-related problem') per 1000 patients and percentage of files containing information about occupation.

**Outcomes:** A total of 640 patients completed the baseline questionnaire and 281 completed the follow-up questionnaire. We found no statistically significant differences in patient-level outcomes (RTW-SE 4.6 vs 4.5) or in GP-level outcomes (use of ICPC code Z05: 11.6 vs 6.0; recording of occupation 28.8% vs. 28.6%). Most patients expect GPs to know their occupation (94%) and provide guidance regarding sickness absence (84%).

**Discussion:** We found a gap between patients expectations and GPs performance with respect to work-related problems. Our training was not effective in closing this gap.

**Take Home Message for Practice:** GPs should routinely ask patients about their work

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 559

### Abstract subtopic / Abstract Unterthema

#### 4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

ePoster

### Vitamin D: what we all talk about, but we all don't know

Ana Cristina Menéndez López<sup>1</sup>, Lázaro De Castro Peral<sup>2</sup>, Almudena Carrasco Angulo<sup>3</sup>, Aránzazu Sánchez de Toro Gironés<sup>1</sup>, Manuel Felipe Nevado Aponte<sup>1</sup>, Francisca María Aceituno Villalba<sup>1</sup>, Lorena Hernández Jiménez<sup>1</sup>, María Dolores Vidal Laveda<sup>1</sup>, Ángela Martínez Hernández<sup>1</sup>, Carmen María Sánchez Perona<sup>1</sup>

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<sup>3</sup>Centro de Salud de San Pedro del Pinatar, Servicio Murciano de Salud, San Pedro del Pinatar/Murcia, Spain

#### Objectives:

Main: Quantify the values of Vitamin D. Analyze the difference in Vitamin D values in women of different races. Secondary: Analyze if there is a relationship between vitamin D values and different pathologies.

#### Material and methods:

Descriptive cross-sectional study. Review of the clinical history of 100 women who come for an analytical result. G-STAT 2.0,  $p < 0.005$ .

#### Results:

Average value of vitamin D: 21.8. Origin: European 93%, 7% North African. Skin color: Brunettes 58%, Caucasian 27%. With 50% depression, 26% thyroid problems. 17% osteoporosis, 28% immune system disorders, 7% diabetes, 25% hypertension, 3% intestinal absorption problems, 12% overweight / obesity. We obtain a statistically significant relationship ( $p = 0.0014$ ) between vitamin D values and skin type, in favor of Caucasians. Not so between vitamin D deficiency and depression, despite its high prevalence in our sample.

#### Conclusion:

We observe that in certain pathologies vitamin D levels are lower, without being able to rule out that they are due to the disease itself or to behavior patterns, such as not leaving home due to depression or difficulty eating certain foods due to intolerances or physical, allergic or autoimmune.



We obtain a statistically significant difference ( $p = 0.0014$ ) higher values of vitamin D in caucasian women than in women of darkskin, this hypothesis suggests : they have been in geographical areas with less hours of sun, being able to maintain levels of adequate vitamin D with less sun exposure. We must continue investigating.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 594**

### **Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### **Presentation form / Präsentationsform**

Workshop

### **Sexual health education for undergraduate medical students: how to train the future trainers?**

Pavlo Kolesnyk<sup>1)</sup>, Sabine Bayen<sup>2)</sup>, Humbert De Freminville<sup>1, 3)</sup>

<sup>1)</sup>Postgraduate Faculty, department of family and internal medicine, Uzhgorod National University, Uzhgorod, Ukraine

<sup>2)</sup>Department of General Practice, University of Lille, Lille, France

<sup>3)</sup>Department of General Practice, University of Lyon, Lyon, France

**Background:** Sexual health is one of the 5 health domains defined by WHO. Family doctors (FD) are regularly facing situations around sexual health in their daily practice:

The aims of the workshop are:

- to provide information about popular topics in FD sexual education;
- to empower the audience to choose the most appropriate interactive education methods;
- to create a schedule of training seminar.

**Target Group:** trainers involved in undergraduate medical education.

**Didactic Method:** brainstorming, mini role-plays, demonstration, small group discussion, interactive lecture, feedback.

### **Objectives:**

10 min. **Introduction**

25 min. **Topics and education methods in sexual education.** Interactive way of presenting a special topic using various teaching methods.

25 minutes. **Discussion in small groups. Presenting the small group ideas. "What teaching method to use for teaching certain topics in sexual education".** Participants will be asked to find the most optimal interactive methods in teaching the special topic in FD's practice.

15 min **Feedback and conclusion.**

### **Results:**

The participants of the workshop will get concise information on the most popular topics in sexual health education and appropriate didactic methodology for undergraduate students.

**Number of participants: 25-35**

### **Workshop leader:**

Dr Pavlo Kolesnyk (Ukraine)

Associate Professor (Docent) PhD MD of Uzhgorod National University, Ukraine.

Trainer of doctors during their residency and internship.

Director of Family Medicine Training and Research Center of Postgraduate Faculty.

Head of the Family Medicine Course at the Academic Department.

## [CONTENT](#)

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DEGAM (WONCA Member)





Practicing Consultant and Family Doctor of the municipal Family Clinic.  
EURACT and EGPRN member since 2015. National Representative for Ukraine.  
Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 599

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

State of the art session

## Standardized family medicine education in European medical schools – fantasy or real future?

Helena Karppinen<sup>1)</sup>, Anne Simmenroth<sup>2)</sup>, Arabelle Rieder<sup>3)</sup>, Natalia Zarbailov<sup>4)</sup>, Francesco Carelli<sup>5)</sup>, Mario R Sammut<sup>6)</sup>, Valentina Madjova<sup>7)</sup>, Odd Martin Vallersnes<sup>8)</sup>

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<sup>5)</sup>University of Milan, Milan, Italy

<sup>6)</sup>Medical School, University of Malta, Msida, Malta

<sup>7)</sup>Department of Family Medicine, Medical University of Varna, Varna, Bulgaria

<sup>8)</sup>Department of General Practice, University of Oslo, Oslo, Norway

**Background:** There is no minimum standard for family medicine (FM) curricula in Europe. Encouraged by WONCA Europe, the Basic Medical Education (BME) Committee of EURACT set up minimum requirements for undergraduate education to ensure a certain level of education in FM in all medical schools in Europe. The requirements will be approved in April 2020 and launched for implementation in this session.

**Target group:** Teachers and medical students involved in planning and promoting FM undergraduate curricula in their countries, and GPs interested in teaching FM.

**Didactic method:** In this session we present the EURACT statement 'European Education Requirements for the Undergraduate GP/FM Curriculum', by giving four short presentations of the highlights and background of the requirements. Members of the EURACT BME committee also illustrate the current situation in European countries in 2020. The audience will have a possibility to vote during the session and to ask questions during a panel discussion.

**Objectives:** The aim is to empower participants to foster good FM education in Europe. Participants will know and understand the necessity of learning goals, duration and timing of FM education, teaching methods, assessment, requirements for teachers, and finally requirements for universities or other institutions responsible for FM education. Participants will be able to collaborate with EURACT in search for improvements for their own countries.

**Take home message:** European diversity is not a threat to primary health care. Instead, the core values in FM/GP can be taught in all medical faculties with collaboration and European requirements.

Conflict of interest / Interessenkonflikte  
no / nein



## Contribution ID: 610

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

ePoster

## „Klasse Hausärzte“ (KLAHA) am Institut für Allgemeinmedizin Magdeburg - Ein Weg für neue Ärztinnen und Ärzte in die hausärztliche Versorgung?

Silke Brenne, Katja Bachmann, Markus Herrmann

*Institute of General Practice and Family Medicine, OvGU, Magdeburg, Germany*

**Hintergrund:** Die allgemeinmedizinische Versorgungssituation ist in vielen (ländlichen) Gegenden Deutschlands alarmierend. Um dieser Entwicklung entgegenzuwirken, werden an Medizinischen Fakultäten Programme zur Stärkung der Allgemeinmedizin initiiert. Zum WiSe 2019/20 wurde die Klasse Hausärzte des Instituts für Allgemeinmedizin Magdeburg als longitudinales Lehrkonzept neu implementiert. Das Studienangebot orientiert sich an der „rural exposure“ des Konzepts der Rural-Pipeline (Carson et al. 2015), begleitet Studierende über das gesamte Studium und bietet Studierenden frühen Patientenkontakt durch Hospitationen in Praxen eines hausärztlichen Mentors. Begleitseminare mit allgemeinmedizinisch relevanten Themen (z.B. Arzt-Patienten-Kommunikation, Untersuchungstechniken) werden angeboten.

**Fragestellung:** Welche Erwartungen haben Studierende an das neue Studienangebot?

**Methoden:** Studierende wurden anhand eines selbst entwickelten Evaluationsbogens (n=15 Items) vor dem ersten Seminar zu ihren Erwartungen, zum soziodemografischen Hintergrund und evtl. beruflichen Erfahrungen befragt.

**Ergebnisse:** An der Befragung nahmen alle Studierenden des neuen Studienangebots teil (n=12). Die Auswertung erfolgt deskriptiv. Gründe für die Teilnahme sind u.a. Interesse an hausärztlicher Tätigkeit, Wunsch nach frühem Patientenkontakt und praktischen Erfahrungen bereits in der Vorklinik, aber auch der Wunsch, nach dem Studium (wieder) auf dem Land zu leben und zu arbeiten.

**Diskussion:** Der frühe Patientenkontakt in der allgemeinmedizinischen Praxis trägt zur Vermittlung der Grundkompetenzen der primärmedizinischen Versorgung bei und kann das Interesse für den hausärztlichen Beruf wecken.

**Take Home Message für die Praxis:** Aufgrund des Mangels an jungen Ärzt/innen, die eine Tätigkeit in der (land)ärztlichen Versorgung anstreben, werden Programme entwickelt. International haben sich Lehrkonzepte bewährt, die Studierenden einen frühen und kontinuierlichen Zugang zur primärärztlichen Versorgung ermöglichen. Dieses steht beim innovativen Lehrkonzept der „Klasse Hausärzte“ im Mittelpunkt.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 621

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Workshop

## Early clinical exposure of medical students in family practice: what benefits? What challenges?

Arabelle Rieder<sup>1)</sup>, Helena Karppinen<sup>2)</sup>, Anne Simmenroth<sup>3)</sup>, Natalia Zarbaylov<sup>4)</sup>

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<sup>2)</sup>Department of General Practice and Primary Health Care, University of Helsinki, Helsinki, Finland

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<sup>4)</sup>Department of Family Medicine, State University of Medicine and Pharmacy Nicolae Testemitanu, Chişinău, Moldova, Republic of

**Background:** Research has shown the importance of placements in clinical practice in the first years of pre-clinical medical training. The European Academy of teachers in General Practice (EURACT) is currently conducting 2 surveys on the subject. Not only do learners acquire generic knowledge and skills in communication, consultation structure and clinical examination, but they are also introduced to the diversity of family medicine (FM) with longitudinal, chronic and interprofessional care, which can influence positively career choice in the context of a European shortage of family doctors. Although work-load for supervisors is increased, teaching provides an opportunity to upgrade clinical skills and improve team work.

**Target Group:** clinical teachers of all levels: from senior students to experienced clinicians.

**Didactic Method:** a short theoretical presentation, large group discussions, small group discussions and role-plays based on supervision case-scenarios.

**Objectives:**

- know European trends in clinical placements during pre-clinical medical training
- understand the benefits and challenges of early clerkships in family practice
- share experiences of supervising beginner students in clinical practice
- acquire practical skills for supervising beginner students (role-modeling, giving instructions for observation etc)

**Estimated number of participants:** 20-30

**Brief presentation of the workshop leader:** A Rieder is a clinical teacher in family practice in Geneva, Switzerland, who heads Faculty Development at the Geneva University Family Medicine Institute (UIGP).

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 657**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Tobacco use and smoking cessation**

Marina Martins, Ana Isabel Rego, Ana Isabel Piçarra, Marcos Mesquita

General and Family Medicine, ACeS Oeste Norte, ARS LVT, Leiria, Portugal

**Individual contributions:**

1. Brief history of tobacco use. Pathophysiology of nicotine addiction
2. COPD, cancer and other diseases associated with smoking
3. Smoking cessation - Cognitive-behavioral intervention and pharmacological therapies
4. New nicotine based devices: A new epidemic emerges
5. International initiatives for smoking cessation

**Objectives:** To educate and empower the GP to conduct a structured and effective smoking cessation consultation

**Discussion:** Tobacco use has been known since Mayan civilization. The harm associated with this consumption was exposed only in the twentieth century. Tobacco use is associated with increased morbidity



and mortality, decreased average life expectancy and increased health costs. European-approved smoking cessation therapies have been shown to be effective at a favorable cost-benefit ratio. Nowadays, with the emergence of new tobacco products (e-cigarrets), new consumption patterns and consequent diseases emerge. As doctors, we face a new reality so our practices have to adapt.

**Take home messages:** The GP should be able to take a complete approach to the smoking patient, advising smoking cessation, finding adjuvant therapy if necessary and accompanying the patient throughout the process.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 660

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Workshop

### Insulin: how to start and adjust it

Marina Martins, Ana Isabel Rego, Ana Isabel Piçarra, Marcos Mesquita

*General and Family Medicine, ACeS Oeste Norte, ARS LVT, Leiria, Portugal*

**Background:** the discovery of insulin and subsequent mass production has drastically changed the course of diabetes. All family doctors should be able to initiate and adjust their patients' insulin. It has been shown that the best way to learn how to handle this drug is with practice.

In this workshop we intend to teach in a simple, short and logical way how to start insulin therapy for a diabetic patient and how to adjust it's dosage.

This workshop will be divided in two parts: in the first, we'll present the various insulin formulations available, show the most common devices used for administration and will explain how to start treatment and make dose adjustments according to the patient's needs. In a second part, theoretical and practical, clinical cases of relevant situations will be presented and discussed.

**Target Group:** Young General Medicine Practitioners / Interns

**Didactic Method:** theoretical and practical presentation and discussion of clinical cases

**Objectives:** Learn To Start And Adjust Insulin Therapy

**Estimated number of participants:** 35

**rief presentation of the workshop leader:** a group of 4 senior residents in family medicine, with both theoretical knowledge and practice in insulin handling

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 661

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Workshop

### Devices and inhalation technique used in asthma and COPD management.

Marina Martins, Ana Isabel Rego, Ana Isabel Piçarra, Marcos Mesquita

*General and Family Medicine, ACeS Oeste Norte, ARS LVT, Leiria, Portugal*



**Background:** Inhaled bronchodilators and corticosteroids are a cornerstone of treatment of asthma and chronic obstructive pulmonary disease (COPD). It is well known that the correct use of inhalation technique considerably changes the amount of drug absorbed by the user and consequently the control of his illness. It is also known that patients taking these medications tend to make some mistakes in their administration. It is up to the General Practitioner to teach the correct inhalation technique for the device prescribed and to verify it with the user. To this end, the physician should know the structure of each device as well as the various drug formulations available.

In this workshop we aim to demonstrate the most appropriate inhalation technique and proper handling of each device.

**Target Group:** Young General Medicine Practitioners / Interns

**Didactic Method:** practical and theoretical presentation using different inhaler devices, demonstrating how to use them

**Objectives:** To teach the correct inhalation technique and to show the different devices and formulations of existing drugs.

**Estimated number of participants:** 35

**Brief presentation of the workshop leader:** a group of 4 senior residents in family medicine, with both theoretical knowledge and practice in COPD and asthma management

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 679

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## The learning styles of family medicine postgraduate trainees: a scoping review of current evidence

Lucas de Mendonça<sup>1)</sup>, Michel Silvio Duailib<sup>1, 2)</sup>, Patrícia Tempski<sup>2)</sup>

<sup>1)</sup>*Instituto de Ensino e Pesquisa, Hospital Israelita Abert Einstein, São Paulo - SP, Brazil*

<sup>2)</sup>*Faculty Development Center, School of Medicine of University of Sao Paulo, São Paulo, Brazil*

**Rationale:** Learning styles (LS) is the theoretical assumption that each individual has a better cognitive processing throughout learning. By considering the process of a family physician postgraduation, trainees has to develop its ability in many different aspects in clinical practice. Therefore, knowing residents' LS could enhance their learning. We sought to clarify what's known about LS in Family Medicine postgraduation

**Methods:** We performed a systematic scoping review according to PRISMA-ScR and JBI guidelines. Databases were PUBMED (medline), ERIC, LILACS and SCIELO until november 2019. Blinded investigators performed the review and data was compared. Searching strategy, search terms, exclusion and inclusion criteria and data charting was structured prior to the beginning of the study.

**Results:** A total of 212 papers was gathered from databases, of which 206 were excluded. A total of 6 studies were selected. Studies were dated from 1978 until 2018 mainly in USA and UK. Data from a total of 697 residents and 180 program coordinators were analysed. Kolb LSI, index of learning styles, Learning Styles Inventory and Myers Briggs type indicator (MBTI) were used as primary outcomes. All studies were designed as cross-sectional in both private and public institutions. As to main results, family medicine residents are more deep and strategic learners and have a tendency to be more activist instead of a reflector



LS As to MBTI feeling/judgement LS scored better in summative assessment. As to program coordinators studied, 10% apply VARK and 36% use MBTI with their residents.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 688**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**GME around the world -developing training standards for Family practice**

Aldo Ciancio

*Family Medicine, United Health Group Brazil, Sao Paulo, Brazil*

**Background:** According to WONCA-CIMF, Family Medicine residency training should follow the needs of each country, while respecting the precepts of the specialty and ensuring quality in education. Furthermore, as Family Medicine is a novel specialty in many countries, it is known that the teaching process during residency training in different parts of the globe shares several similarities while also varying significantly.

**Aim:** We aim to assess if Family Medicine residency training across the world is currently structured to equip graduates with the necessary tools to effectively provide universal, integral and equitable patient care in a standardized way and organize a workshop for our world conference

**Method:** A brief presentation will be held on the comparison of current milestones from Brazil and the United States. Participants will be encouraged to engage in short discussions about the similarities and differences among the main required competencies during training in their own countries.

**Results/ Conclusions:** Residency training in Family Medicine should produce family doctors that are competent in providing what their communities need, delivering longitudinal comprehensive care while focusing on health promotion. We believe similar competencies can be standardized to assure the best care is being provided to patients across the globe. By understanding the similarities and differences among the learning trajectories regarding knowledge, skills, and attitudes residents around the world gain during their training we can highlight significant points in trainees' development to assess learner competency in different key areas of medical education and hopefully boost the development of family medicine globally

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 696**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Online-Befragung von Medizinstudierenden und Ärzt\*innen in Weiterbildung zum  
Stresserleben und Gesundheitsverhalten: Ergebnisse der Studie „SoRGSAM“**

Kambiz Afshar<sup>1)</sup>, Birgitt Wiese<sup>1)</sup>, Jutta Bleidorn<sup>2)</sup>, Nils Schneider<sup>1)</sup>, Bettina Engel<sup>1, 3)</sup>

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<sup>3)</sup>Department für Versorgungsforschung, Abteilung Allgemeinmedizin, Carl von Ossietzky Universität Oldenburg, Oldenburg, Germany

## Hintergrund:

Das Medizinstudium und die ärztliche Weiterbildung können mit erhöhtem Stresserleben einhergehen und die eigene Gesundheit beeinflussen.

## Fragestellung:

Wie stellen sich Stresserleben und Gesundheitsverhalten von Medizinstudierenden und Ärzt\*innen in Weiterbildung (ÄiW) dar?

## Methoden:

Es erfolgte eine Online-Querschnittsbefragung aller Medizinstudierenden der MHH (Studienjahre 1-6) sowie der von der Kassenärztlichen Vereinigung Niedersachsen geförderten ÄiW (Weiterbildungsjahre 1-5). Eingesetzt wurde die Kurzversion des Instruments „Arbeitsbezogene Verhaltens- und Erlebensmuster (AVEM)“, der Bewältigungs- („Gesundheit“, „Schonung“) und Risikomuster („Anstrengung“, „Burnout“) ermittelt. Zudem wurde die deutschsprachige Version des „Perceived Medical School Stress (PMSS-D)“-Instruments integriert. Ergänzt wurde die Selbsteinschätzung des aktuellen Stressniveaus (Skala: 0-100). Die statistische Auswertung erfolgte deskriptiv sowie gruppenvergleichend.

## Ergebnisse:

Insgesamt 591 Studierende (Rücklauf: 32,8%; weiblich 75,8%) und 129 ÄiW (Rücklauf: 19,8%, weiblich 77,5%) haben an der Erhebung teilgenommen. Das durchschnittliche Stressniveau lag bei den Studierenden deutlich höher als bei den ÄiW (61,7 vs. 51,8;  $p < 0.001$  Mann-Whitney-Test). Der Summenscore des PMSS-D als Maß der Stresswahrnehmung unterschied sich nicht zwischen beiden Gruppen. Die sichere Musterzuordnung im AVEM zeigte bei den Studierenden vornehmlich das Risikomuster „Anstrengung“ (38,9%), während bei den ÄiW das Muster „Schonung“ (65,9%) überwog und Muster „Gesundheit“ nicht vorkam.

## Diskussion:

Im Medizinstudium zeigen sich ein hohes Stresserleben sowie eine überhöhte Anstrengung mit verminderter Widerstandsfähigkeit, wohingegen in der Weiterbildung ein deutliches Schonungsverhalten gegenüber beruflicher Belastungen vorliegt.

## Take Home Message:

Gefährdungsmuster im Umgang mit Stress zeigen sich bereits im Medizinstudium und können sich in der ärztlichen Weiterbildung in eine Schutzhaltung gegenüber beruflicher Anforderungen verändern. Es ist deshalb geboten, frühzeitig den Blick auf die eigene Gesundheitsfürsorge zu lenken.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 703

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Science Slam

## Different factors which influence medical students career choice in Estonia: Barriers and opportunities for choosing family medicine as a career

Marta Velgan

Family Medicine, Tartu University, Tallinn, Estonia



**Background:** In the light of population ageing and growing burden of chronic diseases in Europe and all over the world, ensuring effective access to continuous, comprehensive and coordinated care is essential and also a big challenge. Since 2000, the number of physicians per capita has increased in nearly all EU countries rising from 2.9 doctors per 1000 population in 2000 to 3.5 in 2014. However, the number of other specialist doctors grew more rapidly than family physicians, so that there are now more than two specialist doctors for every family physician across. This shortage means a threat for the services provided in primary care, and by extension for the organisation of the entire health care system. Although the number of medical students and family medicine trainees in Estonia has recently increased, it is still difficult to find replacements for family physicians who are retiring or leaving family medicine for other reasons. Between 2015-2018 72 family physicians gave up their patient list, but only 46 physicians have been found to replace them. Family medicine seems not attractive enough to recruit sufficient numbers of medical students: around 17% of medical students in Europe choose family medicine as their specialty.

The aim of this study is to investigate different factors which influence Estonian medical students career choices and their readiness to choose family medicine as a specialty.

**Methods:** Cross-sectional study using online questionnaire. Target group of this study are Estonian medical students.

**Outcomes:** During this oral presentation preliminary results will be introduced.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 704

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag

### Expansion of a medical history-taking course: a prospective study

*Julia Herchenröther, Anne Simmenroth Prof. Dr., Elena Tiedemann*

*Institut für Allgemeinmedizin, Universität Würzburg, Würzburg, Germany*

**Background:** Communication skills as medical history-taking require different instructors (faculty members or peer-tutors) and methods such as role-play (RP) or standardized patients (SP), yet the most beneficial combination is unknown.

Questions: Which learning modality in medical history-taking course at the university of Würzburg is the most effective?

Methods: All 5<sup>th</sup> semester medical students (n=125) completed three communication modules and were randomly assigned to four small groups: One faculty member (F-SP) and one peer-tutor group (T-SP) performed a peer role-play in the first module and practiced with SPs in the remaining modules. Two other tutor groups performed peer role-plays up to module two and then encountered SP (T-RP-group). After the course, students completed a questionnaire on self-assessed knowledge gain and performed an OSCE (Objective Structured Clinical Examination).

**Outcomes:** Regardless of intervention type an overall knowledge gain of 22 % was found ( $p < .001$ ). Knowledge gain was neither statistically significant different between the F-SP and T-SP-group ( $p = .153$ ) nor between the T-SP and T-RP-group ( $p = .302$ ). The T-SP-group reached lower scores in the OSCE ( $Mdn = 78.2\%$ ) than the F-SP group ( $86.9\%$ ,  $p = .018$ ) and the T-RP group ( $Mdn = 85.8\%$ ,  $p = .041$ ).



**Discussion:** These results suggest that all learning modalities foster knowledge gain. Regarding communication skills, faculty members' instruction appears to be superior to student tutors' instruction. Student-led courses seem to benefit from an increased use of role-plays.

**Take Home Message for Practice:** Communication courses led by faculty members or student tutors with SP or role-plays are helpful for the improvement of self-assessed knowledge.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 707

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag

### Teaching methods for brief interventions regarding hazardous alcohol consumption: Which method is preferred and more effective?

Michael Eberhard, Elena Tiedemann, Anne Simmenroth

*Department of General Practice, University Medical Center Würzburg, Würzburg, Germany*

**Background:** Brief interventions have been revealed as an effective way to motivate patients in reducing their drinking levels. Often physicians and medical students, however, have little experience in performing brief interventions.

**Question:** What is the optimal way to teach alcohol counselling skills?

**Methods:** At the University of Würzburg, a new course on this subject was implemented. All students of the 6th semester were randomized in either inverted classroom ( $n=69$ ; IC) or e-learning ( $n=68$ ; EL). Initially, all students completed an online course (Prezi) dealing with epidemiology and screening of hazardous alcohol consumption. Part two consisted of an attendance course (IC) or another Prezi module (EL). The focus was on brief interventions, supplemented by an exercise: watching and reflecting two videos (EL) or conducting role plays with feedback (IC). Students evaluated their skills and attitudes on a 5-point Likert scale before and after course.

**Results:** Students assessed part one and two, whether Prezi or seminar, as good. Self-assessed theoretical and counselling skills improved significantly. Considering only available data after part two, the IC-group valued their alcohol screening (89,6% agreement) and counselling skills (83,6%) higher than the EL-group (71,1%; 57,8%). 69% in the EL-group and 87% in the IC-group fully agreed that the doctor is entitled to ask the patient about his alcohol consumption. Learning preferences of students vary substantially.

**Discussion:** The IC approach may be the more effective teaching method in providing communicative skills.

**Take Home Message for Practice:** Alcohol counselling skills should be taken more into account in medical education.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 710

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag



## Rural and Remote Care - the development of a continuous undergraduate educational intervention against physician shortage in rural areas

Jost Steinhäuser, Karina Illig, Aune Christina Hinz, Freya Ingendae, Hans-Otto Wagner, Katja Götz  
*Institute of Family Medicine, Universität zu Lübeck, Lübeck, Germany*

Strategies to face the physician shortage in rural areas can basically be defined as utilitarian, coercive or normative. The normative ones are known to be "worth the money" the most. Within these, interventions addressing under- or postgraduate training are common. Furthermore, it is known that besides good role models, students need to have as often contact to rural areas and need to be trained as broadly as possible in order to increase the likelihood that they work in a rural area in future.

The aim was to develop an elective as an intervention addressing undergraduate students. The components and the curriculum for the elective was developed using qualitative and quantitative (mixed) methods.

The elective named "Rural and Remote Care" addresses positive role model, continuity of care and practicing in rural areas by regular job shadowing, starting in the second year of undergraduate training. During the elective students return always to the same practice located in rural areas to get an impression of continuity of care. If needed, students can rent a car to reach the practice for free. Additionally, students get training in communication skills, commonly in general practice performed procedures and physical examination. Duration of the elective is one year and can be prolonged until the final year of undergraduate training voluntarily.

So far, 50 students took part in this elective. It is evaluated with high satisfaction by the participants. However maybe more importantly from the first 25 students, 22 continued participation after the obligate first year.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 727

#### Abstract subtopic / Abstract Unterthema

#### 4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

Lecture / Vortrag

## Teaching and assessing risk communication skills of medical students in a primary care setting

Maren Ehrhardt<sup>1)</sup>, Corinna Bergelt<sup>2)</sup>, Oanan R. Gröne<sup>3, 1, 2)</sup>

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<sup>3)</sup>AG Auswahlverfahren, University Medical Center Hamburg Eppendorf, Hamburg, Germany

### Background:

Risk communication has been listed as an important skill in the national German catalogue of learning objectives and is crucial for General Practice (GP). The goal of the study was to develop an interdisciplinary teaching model and an OSCE station focused on risk communication in an applied GP context.

### Research question:

What are medical students' risk communication skills based on their OSCE performance in a primary care context?

### Methods:

## CONTENT

[www.familydoctoreurope2020.org](http://www.familydoctoreurope2020.org)



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As part of a large national project designed to validate selection procedures, a new OSCE station was developed based on arriba®, the most widely used consultation tool in Germany that supports shared decision making (SDM) in GP by calculating individuals' risk for cardiovascular diseases and its reduction through behavioural changes and therapy. GPs and psychologists taught the use of Arriba and SDM respectively and assessed medical students' risk communication skills by using a combined checklist-global rating type instrument. A cross-sectional study design of a convenience sample of 400 medical students was used to describe their risk communication skills.

### Results:

Most of the so far 210 students were in the 4th or 5th semester and had German as their native tongue. Students' risk communication score was 14,7 of 20 points, an average performance. They correctly self-assessed their actual OSCE performance while female students (14,9) performed slightly better than their male (14,3) counterparts.

### Discussion:

Communicating risk and patient involvement are crucial to SDM. Arriba proved to be a suitable tool in teaching and assessing communication skills in a defined clinical context.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 736

#### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

ePoster

### Wege zum Hausarzt: Motive für den Ein- und Umstieg in die Allgemeinmedizin

Bettina Gaertner, Markus Herrmann

*Institut für Allgemeinmedizin, Otto von Guericke Universität Magdeburg, Medizinische Fakultät, Magdeburg, Germany*

**Hintergrund:** Ländliche Regionen und urbane Zonen mit prekären Bedingungen sind zunehmend unterversorgt mit Hausärzten. Um Interessenten für die Weiterbildung Allgemeinmedizin zu gewinnen, ist es hilfreich, die Entscheidungsprozesse für einen Einstieg in die Allgemeinmedizin nachzuvollziehen. Um ein realistisches Bild des Berufsfeldes darzustellen ist es förderlich, positive Erfahrungen aber auch die Belastungen schon tätiger Hausärzte herauszustellen.

**Fragestellung:** Warum haben sich Ärzte entschieden, in die Allgemeinmedizin zu gehen und Hausarzt zu werden? Welche Anerkennungsmodi, Motivationen und Belastungen prägen ihren Alltag?

**Methoden:** Im Rahmen eines qualitativen Forschungsprojekts zum Thema „Professionelles Selbstverständnis und Handlungslogiken von Hausärzten“ im Zeitraum von 2015-2017 wurden mit 28 Hausärzten und 9 Weiterbildungsassistenten leitfadengestützte Interviews durchgeführt und mit Hilfe der Qualitativen Inhaltsanalyse nach Mayring ausgewertet.

**Ergebnisse:** Gründe für den Einstieg in die Allgemeinmedizin waren positive Rollenmodelle, vielfältiges Aufgabengebiet, extrovertierte Persönlichkeitszüge der Befragten und eine familienfreundliche Arbeitsgestaltung. Umsteiger vollzogen im Vorfeld ihrer Entscheidung einen fachlichen Perspektivwechsel. Im Arbeitsalltag wird die Resonanz von Patienten und Kollegen geschätzt. Prosoziale Wertvorstellungen sind identitätsstiftend. Als belastend empfanden die interviewten Ärzte die Anforderungen durch administratives und wirtschaftliches Management, kommunikative Beanspruchung, diagnostische Unsicherheit und das Einzelkämpferdasein.



**Diskussion:** Die Rekonstruktion der Entscheidungsprozesse der Interviewpartner weist auf die Bedeutung von sozialen Faktoren und persönlichen Lebenserfahrungen bei der Berufswahl hin. Trotz zunehmender Belastungen gibt es eine hohe berufliche Identifikation. Die vorgestellten Ergebnisse haben einen explorativen Charakter und dienen als Grundlage für die Entwicklung eines

**Take Home Message für die Praxis:** Positive Rollenvorbilder und Einblicke in einen abwechslungsreichen Arbeitsalltag in der Frühphase der beruflichen Orientierung wecken das Interesse an der Allgemeinmedizin.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 797**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

ePoster

**„Gesellschaftlich vulnerable Gruppen in der medizinischen Primärversorgung“ – ein interdisziplinäres Wahlfach**

Petra Jung, Helene Pahlow

*Universität Freiburg, Institut für Allgemeinmedizin, Freiburg, Germany*

Gesellschaftliche Gruppen, die aufgrund schwieriger sozioökonomischer Bedingungen oder gesundheitlicher Einschränkungen in der sozialen Teilhabe stark eingeschränkt sind und eine erhöhte Krankheitslast aufweisen, begegnen medizinischen Primärversorgern in ihrer Arbeit überdurchschnittlich häufig. Medizinstudierende haben jedoch dahingehend zumeist kaum Kontakte. Die besonderen Anliegen der Betroffenen erfordern eine Sensibilisierung und Kenntnis unterstützender Angebote und deren gezielten Einsatz in Zusammenarbeit unterschiedlicher Akteure. Deshalb ist eine frühzeitige Öffnung für andere Disziplinen sinnvoll. Sowohl der interdisziplinäre Austausch als auch die Auseinandersetzung mit den Auswirkungen sozioökonomischer Problemlagen kommen im Medizinstudium meist zu kurz.

In den zurückliegenden Semestern konnte die ein Semester dauernde Seminarreihe in Kooperation mit verschiedenen Abteilungen der Universität Freiburg (Soziologie, Psychologie), der Pädagogischen Hochschule Freiburg (Gesundheitspädagogik) und der Katholischen Hochschule Freiburg (Soziale Arbeit) durchgeführt werden. In den insgesamt jeweils acht Veranstaltungen wechselten Lehrformate wie Impulsreferate, ein Planspiel, Hospitationen und studierendengeleitete Unterrichtseinheiten ab, zudem war eine abschließende Hausarbeit Teil des Kurses.

Als gesellschaftlich vulnerable Gruppen identifizierten die Studierenden u.a. Menschen im Asylverfahren, in der Obdachlosigkeit und Menschen mit Suchterkrankungen, Sex Worker oder Opfer häuslicher Gewalt. Eine Bereicherung seien die unterschiedlichen Herangehensweisen und der Austausch mit AllgemeinmedizinerInnen gewesen. Lehrformate wie das Planspiel und Hospitationen in verschiedenen sozialen Einrichtungen wurden besonders geschätzt, da sie von üblichen curricularen Formaten abweichen und sich den Teilnehmern neue Erfahrungsfelder erschlossen. Die interdisziplinäre Zusammenarbeit hat für Impulse gesorgt, die es in einer homogeneren Zusammensetzung eher nicht gegeben hätte, da zum Beispiel unterschiedliche methodische Arbeitsweisen und Diskussionsstile der Kursteilnehmer deutlich wurden.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 799**

**Abstract subtopic / Abstract Unterthema**



## 4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **Sechs Jahre „Schwarzwälder WINTERSCHOOL Allgemeinmedizin“ – Erfolgreiche Nachwuchsförderung zwischen Pistenspass und hausärztlicher Expertise**

Petra Jung, Claudia Schneyinck

*Universität Freiburg, Institut für Allgemeinmedizin, Freiburg, Germany*

Angesichts des zunehmenden Hausärztemangels vor allem im ländlichen Raum ist es wichtiger denn je, angehende ÄrztInnen für das Fach Allgemeinmedizin zu gewinnen. Da die Möglichkeiten innerhalb des Curriculums im Medizinstudium dafür begrenzt sind und Lehrende und Studierende sich häufig nach mehr direktem Austausch und Muße für tiefergehende Betrachtungen sehnen, haben der Hausärzterverband Baden-Württemberg und der Lehrbereich Allgemeinmedizin erstmals 2014 die WINTERSCHOOL ins Leben gerufen. Seitdem wird so jährlich Studierenden aus dem gesamten Bundesgebiet ermöglicht, sich mit dem Berufsbild des Hausarztes vertraut zu machen und gleichzeitig die Schönheit des winterlichen Schwarzwalds zu erfahren. Auf einen der 24 Plätze bei der Winterschool können sich Studierende im klinischen Abschnitt des Humanmedizinstudiums bewerben und werden bei erfolgreicher Auswahl für vier Tage nach Hinterzarten eingeladen. Das Curriculum der Veranstaltung sieht Lehreinheiten zu typischen allgemeinmedizinischen Themenbereich vor. So geht es beispielsweise um die Behandlung von akuten Beratungsanlässen, die Versorgung chronisch kranker Patienten, ebenso wie um die Wiederholung praktischer Fertigkeiten wie Lungenfunktion, Sonographie oder EKG. Darüber hinaus bleibt aber auch Zeit für andere Aspekte der hausärztlichen Tätigkeit, die z. B. durch ein Kommunikationstraining oder aber Seminare zu Abrechnung und Existenzgründung vermittelt werden. Es wird darauf Wert gelegt, dass die Studierenden im Verlauf des Kurses mit erfahrenen Hausärzten verschiedener Generationen und Tätigkeitsschwerpunkten in Kontakt kommen. Neben klassischen Interaktionsräumen in Lehrveranstaltungen bieten gemeinsame Freizeitaktivitäten auf der Piste, der Loipe oder bei der gemeinsamen Fackelwanderung viel Raum für Begegnungen und Gespräche.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 800**

### **Abstract subtopic / Abstract Unterthema**

## 4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### **Presentation form / Präsentationsform**

Lecture / Vortrag

### **Virtual patients in general medicine: a prospective comparison study**

Johanna Eber, Elena Tiedemann, Anne Simmenroth

*Department of General Practice, University Medical Center Wuerzburg, Wuerzburg, Germany*

**Background:** Virtual Patients (VPs), i.e. computer-based programs imitating clinical cases, are increasingly used in medical education including general medicine. While research suggests that working with VPs enhances students' skills and knowledge, effects of student-created VPs has hardly been researched yet.

**Question:** Do students who created a VP achieve better results (grading, self-assessed learning gain in skills) compared to students writing an epicrisis in general medicine at the Julius-Maximilians-Universität Würzburg?



**Methods:** A two-armed prospective non-randomized study was performed. All 5<sup>th</sup> year medical students chose to create either a VP (VP-group) or to write an epicrisis about a home visit (EP-group) after a 2-week-internship at a general practitioner's office. An online evaluation on retrospective self-assessed skills before and after internship was conducted afterwards.

Both groups were compared regarding grading on VP/epicrisis and internship (1-6) and self-assessed skills.

**Outcomes:** 122 of 148 students gave informed consent, 36 created a VP. Grades on internship were not significantly different between EP-group ( $M=1,3$ ) and VP-group ( $M=1,2$ ;  $p=.08$ ). Among 69 students completing evaluation, no significant difference between both groups in overall learning gain was found ( $p=.927$ ). Irrespective of cohorts, there was a significant learning gain concerning skills ( $p<.001$ ).

**Discussion:** Writing an epicrisis is the favoured option of the majority of students. Grading of the internship (by GP) is rather too positive but all students benefited according to self-assessment.

**Take Home Message for Practice:** Despite no difference between writing an epicrisis and creating a VP, students improve skills during internships in general medicine.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 801

### Abstract subtopic / Abstract Unterthema

#### 4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

ePoster

### „Die vier Jahreszeiten“ – Campustage für PJler der Allgemeinmedizin

Petra Jung

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Studierende, die sich im PJ-Wahlterial Allgemeinmedizin arbeiten dezentral in hausärztlichen Praxen mit. Die Einblicke, die sie dort bekommen, sind vielfältig und die Möglichkeiten, neue Kenntnisse und Fähigkeiten zu erwerben, zahlreich. Im Praxisalltag bleibt jedoch oft nicht ausreichend Zeit, alle relevanten Themen in Ruhe aufzuarbeiten oder praktische Fertigkeiten im geschützten Raum noch einmal zu trainieren. Darüber hinaus erschwert die individuelle Zuweisung an eine einzelne Praxis den Austausch mit Kommilitonen in einer Zeit, wo dieser als sehr hilfreich empfunden würde. Die vierteljährlich stattfindenden Campustage schaffen hier Abhilfe und sind ein geeignetes Forum zum Lernen und für den Austausch mit KommilitonInnen.

In den acht Stunden, die ein Campustag umfasst, durchlaufen die Teilnehmer verschiedene Seminare und Workshops und haben am Ende die Möglichkeit, in einer Mentoringeinheit Fragen zu Prüfung und Berufseinstieg zu stellen. Die Seminare beziehen sich inhaltlich auf die Themenbereiche „Praxisalltag“ und „Soft Skills“. So ging es in der Vergangenheit u.a. um Impfberatung, Schlafstörungen oder fallbezogene Pharmakotherapie, aber auch um Work-Life-Balance, Kommunikationsfertigkeiten oder interkulturelle Sensibilität. Bei den Workshops wiederum stehen praktische Fertigkeiten wie Sonographie, Notfalltraining oder Wundmanagement im Vordergrund.

Bei der Auswahl der Themen wird versucht, auf die Wünsche und Bedürfnisse der Studierenden einzugehen. In jeder Jahreszeit findet ein Campustag statt, so dass jeder Studierende während seines PJ-Tertials an ein bis zwei Veranstaltungen teilnimmt. Erst wenn der Jahreszyklus einmal durchlaufen ist, wiederholen sich Themen. So ist sichergestellt, dass Campustage auch für die Studierende ein attraktives Lehrangebot sind, die während ihrer Tätigkeit in der Inneren Medizin oder der Chirurgie die Teilnahme ermöglichen können.

Conflict of interest / Interessenkonflikte  
no / nein



## Core Values of Family Medicine: Threats and Opportunities

### **Contribution ID: 804**

#### **Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### **Presentation form / Präsentationsform**

ePoster

#### **Digitale Falldatenbank Allgemeinmedizin**

Petra Jung, Claudia Schneyinck, Mario Sofroniou, Helene Pahlow, Andy Maun  
*Universität Freiburg, Institut für Allgemeinmedizin, Freiburg, Germany*

Fallbasiertes Lernen hat sich für die Vermittlung allgemeinmedizinischer Inhalte als ideales Lehr- und Prüfungsformat erwiesen, da es sehr wirklichkeitsnahe Gegebenheiten darlegt und Lehrenden bzw. Prüfenden Möglichkeiten gibt, den Fall je nach Kenntnisstand der Studierenden zu gestalten. Außerdem bietet es viel Raum für studentische Interaktion, so dass Unterrichtsveranstaltungen für alle Beteiligten interessanter werden. Das Konzipieren und Integrieren von Fällen nimmt viel Zeit in Anspruch, da ergänzende Materialien wie z. B. Laborbefunde oder EKG-Ausdrucke vorliegen sollten und Lehrende bzw. Prüfende auch selber über ausreichendes Fachwissen und Hintergrundinformationen verfügen müssen.

Da die Allgemeinmedizin aller Voraussicht nach zum Pflichtprüfungsfach wird, wächst in den kommenden Jahren der Bedarf an Prüfenden exponentiell. Um die Barrieren für diese neue Aufgabe zu minimieren, sind Werkzeuge notwendig, die HausärztInnen helfen, effektiv qualitativ hochwertige Prüfungen durchzuführen.

In den kommenden zwei Jahren sollen zu den gängigsten ca. 150 allgemeinmedizinischen Beratungsanlässen und Diagnosen Fallvignetten (inkl. umfangreichem Zusatzmaterial) erstellt und auf einer eigens zu diesem Zweck erstellten digitalen Datenbank hinterlegt werden.

Jede Fallvignette wird es in zwei Versionen geben. Eine ausführliche Version soll ÄrztInnen ermöglichen, eine Lehrveranstaltung von 90 Minuten füllen zu können, so wie es etwa für das Wahlfach oder auch den PJ-Unterricht notwendig ist. Die kürzere Version ist explizit für den Einsatz in M3 Prüfungen vorgesehen und beinhaltet neben der Fallbeschreibung selber auch noch Beispiele für sinnvolle Prüfungsfragen und Erwartungshorizonte für die jeweilige Benotung.

Conflict of interest / Interessenkonflikte

no / nein

### **Contribution ID: 816**

#### **Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### **Presentation form / Präsentationsform**

WONCA only / Nur WONCA: WONCA Symposium

#### **Global Health Education – current teaching practice, content focus and future opportunities**

Angela Schuster<sup>1)</sup>, Claudia Mews<sup>2)</sup>, Franziska Hommes<sup>3)</sup>, Henna Riemenschneider<sup>4)</sup>, Stefan Bösner<sup>5)</sup>

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<sup>5)</sup>*Department of General Practice, Prevention and Rehabilitative Medicine, Philipps Universität Marburg, Marburg, Germany*



Global Health (GH) is becoming increasingly important for medical students in an interconnected world where health challenges are converging locally and globally. Every day, students experience the mobility of their patients, cultural diversity and the internationalization of their faculties. Their wish to be exposed and to cope with other health systems, social structures and cultural contexts is clearly illustrated by the steadily increasing number of clinical electives abroad and by the extracurricular involvement in student initiatives and non-governmental-organizations.

Many medical faculties have established teaching activities on GH. The diversity of aspects, actors and sources of information on GH is both a strength and a challenge for GH-teaching and -studying.

During this symposium, we will address the following questions:

- What is GH? How can we teach it and ensure interdisciplinary?
- How can we account for the different, sometimes diverging perspectives on GH in medical education?
- What is the GH teaching practice in the landscape of German-speaking medical faculties in Germany, Austria and Switzerland?
- Which opportunities can be provided by online learning formats / platforms and how could they be integrated in GH-curricula (blended-learning)?
- What can we learn from best practice examples?

In an inspiring debate, we would like to discuss current teaching activities and developments from four different medical faculties in Germany. Further, we would like to give an outlook on the role of GH in postgraduate education and discuss the role of general practice for GH education in plenary session.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 821**

### **Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### **Presentation form / Präsentationsform**

Workshop

## **Humour and Empathy Workshop for future doctors - For better doctor-patient communication**

Hanno Ullrich<sup>1, 2)</sup>

<sup>1)</sup>*Nachwuchsakademie (Young Talent Academy), Deutsche Stiftung für Allgemeinmedizin und Familienmedizin (German Foundation of General Practice and Family Medicine), Heidelberg, Germany*

<sup>2)</sup>*Die Kicherkitzel e.V. ("Giggle Gowns"- clown doctors), Mannheim, Germany*

### **Background:**

Humor and its importance for maintaining and regaining health has been described in relevant literature (Adams, 2014; Bennett et al., 2003; Berk et al., 2001; Falkenberg, 2013; Fey, 2018; Freud, 1905; Gaudio, 2018; Gilmore, 2014; Hirschhausen, 2013; Miller and Fry, 2009; Scheel et al., 2017; Ullmann, 2018).

### **Target Group:**

Medical students and prospective doctors.

### **Didactic Method:**

By means of self-awareness, reflection and practical exercises, the students should learn to use compassion, improvisation and appreciative humour in a patient-oriented way.

Units are planned consisting of a warm-up room walk, humor theory in relation to doctor-patient communication, problem awareness through status role play and "pantomimic diagnostic taboo" (also using



the clown language "gromolo"), role play as doctor or patient (brushing teeth, hair combing with handicaps to train empathy), and finally feedback.

### Objectives:

The workshop is designed to teach students the theory and practice of humour and empathy to enrich the doctor-patient relationship. By exchanging roles between doctor and patient, the student will learn how to approach patients and build a relationship.

In the future, prospective doctors will not only have to possess medical "know-how", but will particularly make joint decisions with their patients ("shared decision making") and strive for optimal patient care through good interprofessional competence.

**Estimated number of participants:** 20

### Brief presentation of the workshop leader:

Hanno Ullrich is a medical student supported by the scholarship of the DESAM Young Talent Academy. He is also member of the medical student association "Die Kicherkitzel e.V." which engages as clown doctors.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 835

#### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

ePoster

### Periarticular corticosteroid injections- from training to success

Duarte Guedes, Maria João Lopes, Joana Santos, Ana Póvoa, Filipa Manuel

USF São João do Estoril, Lisboa, Portugal

**Background:** Periarticular corticosteroid injections (PCI) are a simple and cost-effective technique used in well-defined rheumatic diseases. It has few and rare adverse effects as well as well-defined contraindications.

**Questions:** Does PCI has a positive impact on primary care units? Can family doctors execute this therapeutic tool?

#### Methods:

- To present the work developed in PCI in the USF São João do Estoril (USFSJE) and analyse the impact in the improvement of symptoms.

-To share our model of apprenticeship and empowerment

**Outcomes:** About 560 PCI were made by our team since the opening of USFSJE in 2014. Main reasons for this procedure were evaluated and an auto perception improvement scale (Likert scale) was applied through a telephone contact after the procedure.

Doctors with an interest in this area have been given training by other professionals with experience in these techniques. This "chain training" has allowed to increase the resolutive capacity of our unit and others when it comes to rheumatic diseases.

**Discussion:** PCI are a simple, cheap and accessible technique that can be executed by family doctors. It seems to have a positive impact on symptoms which allows for the patient's quicker return to daily activities. Nevertheless they are still underused in the primary care setting.

**Take home messages:** Periarticular corticosteroid injections have been a part of the daily activities of our Health Care Unit. They have proved to be an important therapeutic tool and our goal is to promote and encourage traineeship in this area

Conflict of interest / Interessenkonflikte

## CONTENT

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**Contribution ID: 1804**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

Workshop

**Ability of doctors of first level of care to detect violence against women**

Luis Manuel Justo Enríquez, Francisco Antonio Martínez Villa, Celina Barreras Gil

*Department of Family Medicine, Mexican Social Security Institute, Ciudad Obregón, Mexico*

**Introduction:** Gender violence is a global epidemic that does not distinguish ethnic, racial or religious lines. One in three women around the world will experience some type of gender violence in their lives. The doctor must commit to the detection of cases due to its high prevalence and terrible repercussions.

**Objective:** To identify the ability of first-level care physicians to detect violence against women.

**Material and Methods:** An observational, cross-sectional and descriptive study was carried out. Through the application of the PREMIS questionnaire (validated in Spanish, reliability 0.7), the questionnaire was applied to first-contact physicians of the family medicine unit No. 1 of Cd. Obregón Sonora. We obtained data such as: seniority, gender and age of the doctor. The results were analyzed in the statistical package SPSS version 21.

**Results:** 18 family physicians participated, 39% women and 61% men, 100% reported not being familiar with programs or policies in their institution about detection or management of victims of violence against women, 55% have made a diagnosis in the last 6 months, 72% have no follow-up, 44% have no training in the subject, 44% report that there is no management protocol, 61% report that it is not legally mandatory to notify cases.

**Conclusion:** The ability to detect cases is of utmost importance, the results are alarming, but it is a clear opportunity for the government to implement public policies and for the institution to train personnel.

**Take Home Message:** we need "educational program" to detect gender violence. Do you know how?

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 885**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

Workshop

**"Seeing is believing": involving family medicine trainee doctors in medical student education, to promote family medicine as a specialty**

Helen Rogers, Oliver Prescott, Alex Harding, Sham Agashi

*College of Medicine and Health, University of Exeter Medical School, United Kingdom and Health Education England, Exeter, United Kingdom*

**Background:**

The Department of Health and NHS England recognise there is a lack of Family Doctors in England. Efforts are being made to increase numbers. The Wass report in 2016 'By Choice - not by chance' recognised the



lack of contact between medical student and family doctor trainees in comparison to hospital counterparts, reducing the chance of Family Medicine influencing undergraduates to follow this career path. Since the report's recommendation to promote near peer teaching, Exeter Medical School has developed near peer teaching initiatives, using family medicine trainees to teach and assess undergraduates.

Near peer teaching initiatives have several benefits:

- Inspiring undergraduates to train in Family Medicine
- Enabling Family Medicine practices to take on more undergraduates, increasing remuneration and decreasing workload on Family Doctors
- Enhancing learning, job satisfaction and resilience amongst family medicine trainees

### Target Group:

Educators working in Family Medicine at undergraduate and postgraduate level

### Didactic Method:

Combining presentation and group work to discuss the benefits and practicalities of near peer teaching initiatives

### Objectives:

- Discuss the benefits of near peer educators
- Explore the current gap and the impact this can have
- Discuss current educational initiatives and develop future ideas
- Consider how we can overcome barriers

### Estimated number of participants:

10 - 30

### Brief presentation of the workshop leader:

Dr Helen Rogers and Dr Oliver Prescott work at the University of Exeter Medical School and Health Education England, across postgraduate and undergraduate education, developing educational experiences that influence early career decisions, aiming to increase numbers applying to family doctor training.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 898

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## A Systematic Review of the Effect of Balint Group on Family Physician Residents' Education

Raoul Li-Everington<sup>1</sup>, Franziska Mosler<sup>2</sup>

<sup>1</sup>General Practice, NHS, London, United Kingdom

<sup>2</sup>Unit for Social and Community Psychiatry, Queen Mary University of London, London, United Kingdom

### Background:

A good doctor-patient relationship improves health outcomes. Developing this relationship is challenging for Family Physicians (FP) as one third of consultations relate to mental illness. Balint Groups (BG) could equip residents with skills needed to cultivate this relationship. However, little is known about how BG could benefit resident education.

### Questions/Discussion Point:

The aim was to understand the effect of BG on residents' education and whether it could improve doctor-patient relationships.



## Content:

A systematic review following Cochrane guidelines was conducted. Four databases and grey literature were searched with no restrictions on methodology or time of publication; however, papers had to be in English. Ten studies were included; six quantitative and four qualitative. According to the EPHPP checklist five quantitative studies were 'Weak' whilst one was 'Moderate.' The CASP Checklist scored three qualitative studies as high and one as low. Findings were integrated by adopting a narrative synthesis approach. Four themes were identified; Knowledge Acquired, Balint Groups Positive Impact on Professional and Emotional Wellbeing, Balint Group as an Educational Strategy, and Barriers to Balint Group Attendance.

## Take Home Message for Practice:

Overall, BG is a good tool for developing the skill of cultivating a strong doctor-patient relationship therefore useful for Family Medicine Residents education. BG provides knowledge on the doctor-patient relationship and behavioural medicine, support for residents, and improves satisfaction with career choice. These benefits can be attributed to the process of BG. However, there are barriers to residents attending, and for some, needs are not met.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 908

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag

## To be or not to be: rural family medicine as a career option among Hungarian medical students

András Mohos<sup>1</sup>, Péter Torzsa<sup>2</sup>, Mária Markó-Kucsera<sup>3</sup>, Csenge Hargittay<sup>2</sup>, Bernadett Márkus<sup>2</sup>, Krisztián Vörös<sup>2</sup>, László Kalabay<sup>2</sup>, Albert Varga<sup>1</sup>

<sup>1</sup>University of Szeged Faculty of Medicine Family Medicine Department, Hungarian Research Organization of Family Physicians, Szeged, Hungary

<sup>2</sup>Department of Family Medicine, Semmelweis University, Hungarian Research Organization of Family Physicians, Budapest, Hungary

<sup>3</sup>Department of Public Health, University of Szeged, Hungarian Research Organization of Family Physicians, Szeged, Hungary

The shortage of GPs is one of the major problems of the Hungarian healthcare system. The human resource crisis is more pronounced in rural areas. The number of vacant practices increases away from the big cities. What are the fifth-year medical students' opinions and motivations about the choice of specialization, family medicine and rural medicine as a career?

Explorative, quantitative, cross-sectional study was carried out among medical students (n=522) in Budapest. Correspondences among the data were statistically analysed (p<0.05). 60.3% of the respondents were female, age 23.68 ± 1.67 years.

3,4% of the respondents plan to work as a GP in the future. 1.7% of the students choose FM as "first chosen speciality". 66.9% and 72.4% of the students plan to live and to work in a big city. 2.3% plan to live in a rural area and 0.8% plan to work there. 50% of them plan to work abroad, 22.8% plan to live abroad in the long term. There is a significant correlation between planning to live and work in a rural area and the choice of family medicine as a speciality (p<0.001). Rural origin doesn't influence the choice of specialization but is associated with rural living plans (p<0.001).



Only few of the medical students plan to be a GP and plan to work in a rural area. It's essential to increase the interest of medical students in the GP specialization and make rural medicine attractive for them for keeping alive and maintaining a high-quality rural health care system.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 914**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

ePoster

**MiLaMed: A longitudinal undergraduate curriculum to prepare and motivate for non-urban health care – results of a one-year concept phase**

Tobias Deutsch<sup>1</sup>, Sabine Herget<sup>1</sup>, Kay Klinge<sup>1</sup>, Stephanie Sauer<sup>1</sup>, Melanie Nafziger<sup>2</sup>, Markus Bleckwenn<sup>1</sup>, Thomas Frese<sup>2</sup>

<sup>1</sup>Department of General Practice, University of Leipzig, Faculty of Medicine, Leipzig, Germany

<sup>2</sup>Institute of General Practice and Family Medicine, Martin-Luther-University Halle-Wittenberg, Halle, Germany

**Background:**

As a contribution to combat the physician shortage in rural and small-town areas, the German universities of Leipzig and Halle-Wittenberg are preparing a curricular concept called 'MiLaMed' to train and motivate medical students for health care outside major cities.

**Questions:**

A one-year concept phase aimed at developing this curriculum regarding content and structure, and establishing the necessary infrastructure at university and in four collaborating pilot regions. Furthermore, a targeted marketing and an evaluation concept were prepared. This presentation provides a global view of the results of our concept phase.

**Methods:**

Literature research, expert interviews, student survey, recruitment of practices and hospitals, negotiations with local politicians, etc. were conducted.

**Outcomes:**

The newly developed longitudinal and interdisciplinary offer is based on compulsory and compulsory elective components of the standard curriculum and is open to all students. It includes classroom-based elements, online-content, and various practical placements of different duration in medical practices (general practice and other specialties) and hospitals of four pilot regions, supported regarding travelling, accommodation, and leisure activities. Manifold teaching content will address specifics of rural care, including new care concepts (e.g. telemedicine, delegation) and important issues of collaboration between general practice and specialist care.

**Discussion:**

The new curriculum enables and invites students of all study years to encounter non-urban health care. The students' utilization and evaluation of the new offers as well as its impact on their attitudes will be analyzed in a pilot phase and will deliver valuable insights for medical education and policy makers.

Conflict of interest / Interessenkonflikte

no / nein



## Contribution ID: 924

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Workshop report from the practice / Werkstattbericht aus der Praxis

### Pattern of family physician's engagement in postgraduate training at their private practice.

Alexandre Ronga, Sebastien Martin, Nicolas Senn, Yolanda Mueller

*Department of Family Medicine, Center for Primary Care and Public Health (Unisanté), University of Lausanne, Switzerland, Lausanne, Switzerland*

### Background:

In Switzerland, family practice residency is highly recommended. Our cantonal program offers a limited number of subsidized positions for residents in family practice. Every practice is eligible, after receiving an official recognition. In the Canton de Vaud (population 800k), the number of practices potentially offering postgraduate training positions far exceeds the number of subsidized positions. Residents are free to choose the practice whose characteristics best suit their training needs and interests. Currently, the number of subsidized positions corresponds to the demand of residents. Monitoring data of participating practices to our program have been recorded and updated continuously.

We explored the database of our program to identify different patterns of hosting residents. From October 2005 to January 2020, 49 practices have hosted 206 residencies. Almost every year, new practices have been recruited. Some practices received a resident only once: 7 were involved once before 2010 and have not repeated the experience since. Others have repeatedly received residents: 10 practices received half of all the residencies. Eventually, transmission of the trainer's role to an associate and/or a successor occurred in 4 practices.

### Discussion Point for the workshop:

We identified three different patterns of residents hosting: one-time experience, regular but non continuous, and continuous.

The workshop will be an opportunity for family physicians and trainees to learn from each other and share their experience in family practice residency in Europe, to explore potential reasons for pursuing, abandoning, trainee hosting, and explore the potential impact on training quality of these different patterns.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 976

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag

### Facharztpräferenz Allgemeinmedizin – Veränderungen in den letzten zehn Jahren bei Medizinstudierenden an der TU Dresden?

Karen Voigt, Henna Riemenschneider, Mandy Gottschall, Jeannine Schübel, Katharina Schmidt-Göhrich, Antje Bergman, Michael Nitschke-Bertaud

*Dpt. General Practice/Faculty of Medicine, Technische Universität Dresden, Dresden, Germany*

### Hintergrund:



Politik, ärztliche Selbstverwaltung und Medizinische Fakultäten reagieren seit über zehn Jahren mit Förderprogrammen und dem Ausbau der allgemeinmedizinischen Lehre auf den strukturellen Nachwuchsmangel in der hausärztlichen Versorgung. Die Attraktivität eines Fachgebietes ist bei Medizinstudierenden u.a. an der Facharztpräferenz messbar.

### **Fragestellung:**

Wie entwickelte sich die Facharztpräferenz Allgemeinmedizin in den letzten zehn Jahren an der TU Dresden?

### **Methoden:**

Seit 2005 werden jährlich Befragungen Medizinstudierender am Ende des 5. Studienjahres durchgeführt, um Präferenzen zur zukünftigen Facharztwahl und Arbeitsorten/-bedingungen zu erheben. Die Daten der Querschnitterhebungen wurden im Zehnjahresverlauf (2010-2019) deskriptiv verglichen.

### **Ergebnisse:**

Der Anteil der Studierenden, die sich zukünftig eine Facharztweiterbildung in der Allgemeinmedizin vorstellen können, lag zwischen 7,9% (2011) und 15,5% (2013). Im Jahr 2019 lag der Anteil bei 11,8%. Von 2010-2019 veränderten sich die prozentualen Anteile der Facharztpräferenz Allgemeinmedizin nur unwesentlich.

### **Diskussion:**

Im Zehnjahresverlauf war keine wesentliche Veränderung der Facharztpräferenz Allgemeinmedizin zu beobachten. Es ist zu hinterfragen, ob die aktuellen Förderinstrumente wirksam sind und/oder ob sie zum richtigen Zeitpunkt ansetzen. Dies sollte zukünftig, z.B. im Kontext von formativen Evaluationen, stärker untersucht werden. Die Evidenz zeigt, dass sich Facharztpräferenzen oft während des Studienverlaufs ändern. Insofern muss die allgemeinmedizinische Lehre weiter ausgebaut und von Beginn des Studiums angeboten werden.

### **Take Home Message:**

Die Stärkung (incl. Imageverbesserung) der Allgemeinmedizin im Medizinstudium und der Ausbau einer qualitativ hochwertigen allgemeinmedizinischen Lehre sind für die Nachwuchsförderung wichtig. Förderprogramme sollten auf Wirksamkeit extern evaluiert werden und ggf. stärker auf Medizinstudierende am Ende des Medizinstudiums (im PJ) fokussieren.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 987**

#### **Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### **Presentation form / Präsentationsform**

ePoster

### **Training medical students for population screening in rural communities**

Ana Aires<sup>1)</sup>, Bárbara Amorim<sup>2)</sup>, Joana Moreno<sup>3)</sup>

<sup>1)</sup>USF Alpha, Ovar, Portugal

<sup>2)</sup>USF Porta do Sol, Matosinhos, Portugal

<sup>3)</sup>Unidade de Saúde Pública do ACeS Grande Porto VII - Gaia, Vila Nova de Gaia, Portugal

### **Background:**

As part of secondary prevention, health screenings must modify disease course. In rural areas, access to health care can be challenging and detection of diseases is sometimes delayed. Knowing this reality, a training program was created for medical students.

### **Questions:**

Can training medical students to cardiovascular risk factors screening be effective?



## Methods:

**Target population:** Portuguese medical students.

**Period:** 2017-2020.

**Activities:** The program included 3 phases: 1<sup>st</sup> phase – theoretical approach about risk factors prevention and screening and information of the rural communities each group of students was intended to work; 2<sup>nd</sup> stage – practical station on how to evaluate risk factors; 3<sup>rd</sup> stage – a weekend in rurality where medical students could perform screening and give some advice to the population on how a healthy life style can prevent most common diseases.

## Outcomes:

249 students participated in the 1<sup>st</sup> and 2<sup>nd</sup> stages: 63.5% from 2<sup>nd</sup> and 3<sup>rd</sup> years of college; 77.1% females. In 3<sup>rd</sup> stage 177 students screened 16 rural communities.

## Discussion:

Although theoretical knowledge is important, including practice is also essential in order to strengthen the learning. Getting involved with rural communities not only provides students a better understanding of disease and prevention as it also discloses one of the several areas of expertise of family medicine and public health in regions with limited access to health services.

## Take Home Message for Practice:

Training programs can improve medical students' abilities to perform cardiovascular risk factors screening. Rural communities can benefit from these programs as they may have less access to health care.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 990

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Using the Simulated Patient to teach the management of a depressed foreign patient at suicide risk: "a video lecture"

Norma Sartori, Fabrizio Valcanover

CLIPSLAB-IT, Cembra Lisignago, Italy

**Background:** A trainee in general practice (and also a young doctor) when having to relate to a depressed patient at a high risk of suicide is often in trouble. It is more difficult if the patient is a foreigner and when doctor and patient have different mother tongues.

**Questions:** How we can improve the approach to a depressed foreign patient at suicide risk, in a teaching contest (trainees or young doctor)?

**Methods:** We will present our experience of the use of the Simulated Patient to teach the management of the depressed patient to the trainee GPs.

We will present a short movie (9 minutes) of a workshop simulation at an international conference. We believe that in this case a movie (a mix of slides and movie) is more effective than words.

**Outcomes:** From discussion and classroom feedback it emerges that speaking about suicide with the patient is influenced by different cultural, social and ethical values. The simulation is an easy way to learn and approach delicate issues such as depression and suicide.

**Discussion:** In the video we see the consultation, the point of view of the doctor and of the classroom, the "voice of the patient" and anonymous individual feedback of all participants ("today I learned that ...").

## [CONTENT](#)

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**Take Home Message for Practice:** Training trainees and young doctors with Simulated Patient is a useful method to improve the management of depression and suicide risk.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1012**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

ePoster

**The Mental Health Detention Process: Scope for development of interdisciplinary training?**

Paula Houton, Helen Reid, Gerry Gormley

*Centre for Medical Education, Queen's University Belfast, Belfast, United Kingdom*

**Background:**

Increasingly, more individuals are being detained under mental health legislation. Deciding whether a patient requires detention can be a complex and often daunting task for the health and social care individuals involved in this emergency process. Despite this, healthcare professionals get limited teaching to prepare them for this event. The development of a team-based, educational approach has the potential to address unmet training needs.

**Research Question:**

What is known about how best to train professionals in the process of mental health detention?

**Methods:**

We are using scoping review methodology to explore what is known about how best to train stakeholders for this medical emergency in the literature. Our aim is to develop an understanding of unmet training needs and identify potential areas for improvement.

**Outcomes:**

We will present findings from our scoping review. Preliminary literature review highlights limited formal training in this area. Despite this, there is widespread acknowledgment of the associated complexities and a call for team-based training. It is also apparent that there is much we can learn from patients, families and professionals with experience of this process.

**Discussion:**

It is anticipated that this work will serve as a foundation for the development of education and subsequent improvements in patient care. Interdisciplinary training has the potential to enhance understanding of respective roles and lead to a more cohesive response to this medical emergency in the future.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1016**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

ePoster

**First year undergraduates learning the Patient Centered Clinical Method through interviewing standardized patients - case report**



Murilo Moura Sarno<sup>1</sup>), Evaldo Stanislau Affonso de Araujo<sup>2</sup>), Gabriel Heiser Bergara<sup>2</sup>), John Wesley Veloso<sup>2</sup>), Marcos Estevão Calvo<sup>2</sup>), Rui de Paiva<sup>2</sup>), José Lúcio Martins Machado<sup>2</sup>)

<sup>1</sup>*Saude Coletiva/Habilidades médicas, FMABC/USCS/USJT, SÃO PAULO, Brazil*

<sup>2</sup>*Medical skills, Universidade São Judas Tadeu, Cubatao, Brazil*

Medical students usually receive a disease centered education, that may weakens their abilities to establish proper relationship with their patients. The Patient Centered Clinical Method (PCCM) a way to promote a better approach during clinical interviews.

How and when to introduce PCCM to undergraduates?

At our medical school, in Cubatao (Sao Paulo, Brazil), we used two strategies, aimed to first year students: Firstly, flipped classroom where students had to introduce the main concepts of PCCM and discuss among them, while their teachers worked their main doubts. Secondly, they had to interview standardized patients, with maximum duration about 30 minutes, on primary care scenarios, using the previously discussed skills. After these interviews, their actions and choices during consultation were assessed through debriefing with their teachers.

Initially, the majority of students focused on finding "problems" (diseases, illness, biological challenges), but through teachers feedback and new standardized interviews (we did six during the first year), many (but not the majority) started to use PCCM as a way to better understand their patients and to offer more centered care. We noticed that if there is any biological problem, many still focus their interview toward it.

Standardized patients may offer a useful approach in teaching PCCM to undergraduates, but it needs time, repetition and a correlate activity in a real scenario, supported by medical preceptors to reinforce these skills. Both theoretical and practical learning experiences help students to improve their clinical relationship, but these need to be worked for a longer time to consolidate.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1020**

### **Abstract subtopic / Abstract Unterthema**

#### **4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung**

#### **Presentation form / Präsentationsform**

ePoster

### **Medical students opt for other specialization despite showing interest in family medicine during graduation**

Vhiringine Helena de Oliveira Staut Federle<sup>1</sup>), Eduardo de Oliveira Ambrósio<sup>2</sup>), Enrico Santin Christino da Silva<sup>1</sup>), Isabela Saori Ishizu<sup>1</sup>), Débora Cristina Bertussi<sup>1</sup>)

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<sup>2</sup>*Faculdade de medicina, PUC - Campinas, São Paulo, Brazil*

In Brazil, the public health system guarantees full, universal and free access to the entire population through the Unified Health System (SUS). Primary care coordinates a model of longitudinal, person-centered and resolute care, with Family Medicine (FM) being the most appropriate specialty for this function.

Even with increasing demand, only 1.5% of recent graduates opt for this area.

This paper aims to evaluate the intention of medical students planning to do their residency in Family Medicine during their undergraduate studies.

A digital questionnaire was sent through Google Forms to students from 1st to 6th year from several Medical Universities of the State of São Paulo.

## [CONTENT](#)

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Totaling 323 participants.

Upon entering college, 8% of students considered doing Family Medicine.

There was a 375% increase after 1 year of contact with Unified Health System.

At present, about 30% of the students interviewed claim to study Family Medicine.

There was no significant variation between students at the end of the 1st year to the 6th year.

No correlation was found between years of experience in SUS and the number of candidates for residency in FM.

Despite the large number of interested students, only a few actually opt for specializing in Family Medicine, leaving several vacancies unfilled.

Efforts should be made to identify and fix the cause of such withdrawal, as well as to figure out initiatives to incentivize and make FM more attractive to just graduated doctors.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 1025**

### **Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### **Presentation form / Präsentationsform**

Workshop

## **Fundamentals and Essentials of EKG Interpretation in Primary Care**

Rita Fonseca<sup>1)</sup>, Maria do Carmo Cachulo<sup>2)</sup>

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

<sup>2)</sup>Serviço de Cardiologia, Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal

Despite the importance of electrocardiograms (EKG) in everyday clinical practice, the ability of their interpretation is highly variable between physicians. In fact, EKG patterns are often misdiagnosed, and electrocardiographic emergencies are frequently missed, leading to adverse patient outcomes.

This workshop was designed to provide family practitioners with state-of-the-art information on non-invasive electrocardiographic tools used in the diagnosis, evaluation, and treatment of cardiac rhythm disorders. Through a case-study presentation, and audience interaction, this activity strives to develop and promote continuing medical education with the ultimate goal of enhancing patient care.

The most common and alarming EKG patterns will be the focus of this workshop, including systematic approach of 12 lead EKG rhythm strips, cardiac axis, recognition of acute ischemia or rhythm abnormalities. Designed by Dr Rita Aguiar Fonseca family medical resident with cardiology training, in cooperation with Dr Maria do Carmo Cachulo, a senior experienced trained cardiologist, this course intend to provide family practitioners and general physicians the basic knowledge to interpret and manage EKG in their daily practice.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 1036**

### **Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### **Presentation form / Präsentationsform**

Workshop

## **Vasco da Gama Movement exchange workshop – primary care experiences around the world**

## [CONTENT](#)

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Nina Monteiro<sup>1)</sup>, Rianne van Vliet<sup>2)</sup>, Rabee Kazan<sup>3)</sup>, Katarzyna Nessler<sup>4)</sup>, Rocío García-Gutiérrez Gómez<sup>5)</sup>

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<sup>3)</sup>SEMFYC, Barcelona, Spain

<sup>4)</sup>Department of Family Medicine, Jagiellonian University Medical College, Krakow, Poland

<sup>5)</sup>SUMMA 112, Madrid, Spain

**Background:** One of the most well known activities promoted by Vasco da Gama Movement is its exchange program, an area that since its creation never stopped growing.

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

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

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

As is tradition, VdGM will award the best urban and rural exchanges fulfilled during 2019: the Hippocrates and Carosino Awards.

**Objectives:** Present the different opportunities for exchanges offered by Vasco da Gama Movement and WONCA. Announce the winners of 2020 Exchange Awards.

**Methods:** Through a dynamic and interactive workshop we intend to explain our exchange programs to participants, as well as their application procedures and criteria. Participants will be invited to share ideas regarding benefits and challenges of exchanges. There will be also time for questions and answers from audience.

The winners of 2020 Exchange Prizes will present their inspiring experiences.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 1037**

### **Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## **Better personalised care through multidimensional, individualized consultations in General Practice**

Karolien van den Brekel-Dijkstra

*General Practice, Julius Health Centers, Utrecht, Netherlands*

**Introduction:** Integrated community based primary care with a personalised preventive approach is needed to improve people's health. For personalised care all health dimensions (physical, mental, social and spiritual) need to be addressed. In the community of Leidsche Rijn, Utrecht, the primary care and social professionals participated in a multidisciplinary training program for integrated multidimensional consultations.

**Aim:** Feasibility and evaluation of the effect of the training and its application in practice with regards to improvement of self-management skills of the patient, collaboration between primary care and social domain professionals, patient and professional satisfaction.



**Methods:** The training consisted of 2 sessions where the methods of the 4 Domain and Positive Health models were explained. The feasibility and effects of the training and implementation in practice are analysed with patient and professional interviews and questionnaires, number of patients and care consumption.

**Results:** In total 167 individualized consultations took place. The 4 domain model has been used in 40% of the consultations and Positive Health in 60%. There were different targetgroups for a personalised conversation eg. chronic disease, life style, for mental problems and somatic complaints as tiredness, sleeping disorder and/or headaches; It seems professionals show more overview and insight of integral health status of the patient; the patients feel better understood, and took the first steps into action. The professionals reported better collaboration and increasing work pleasure as advantages.

**Conclusion:** The results of the training and implementation of the multidimensional consultation method indicate that this might lead to better individualized integrated care.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1046

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Interprofessionelle Lehre in der Allgemeinmedizin - Das Dresdener Lehrkonzept für den QB7 – Medizin des Alterns und des alten Menschen

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**Hintergrund:** Der QB7 ist in der Lehre meist unterrepräsentiert. Die Betreuung geriatrischer Patienten ist interdisziplinär und interprofessionell, daher sollte der QB7 in der Lehre der Versorgungsrealität entsprechend abgebildet und aufgewertet werden.

**Fragestellung:** Ist die Implementierung eines interprofessionellen Lehrkonzeptes für den QB7 inhaltlich und organisatorisch umsetzbar? Welche Herausforderungen und Lösungsansätze gibt es?

**Methoden:** Studentische Evaluationsergebnisse des Lehrkonzeptes für den QB7 an der TU Dresden von 2016 bis 2019 wurden retrospektiv untersucht. Die Lehrevaluation erfolgte mittels einer teilstandardisierten Onlinebefragung. Die Fragen waren als 6-stufige Likert-Skala konstruiert. Die inhaltlichen und organisatorischen Rahmenbedingungen, Ressourcen wurden detailliert abgebildet.

**Ergebnisse:** Die im Nationalen Kompetenzbasierten Lernzielkatalog Medizin aufgeführten Lernziele und Kompetenzen wurden vollständig abgebildet. Die Gesamtbewertung lag im Mittel bei 2,2;SD±0,9,N=1109. Die Organisation, Durchführung von interprofessionellen Lehrkonzepten ist aufgrund mangelnder curricularer Abbildung des QB7 sowie starrer Rahmenbedingungen nur durch erhebliche Anstrengungen und persönliches Engagement umzusetzen.

**Diskussion:** Die interprofessionelle Lehre sollte nicht nur im QB7, sondern im gesamten Medizinstudium fester Bestandteil des Curriculums sein. Den Forderungen nach Einführung interprofessioneller Lehrkonzepte müssen nun entsprechende Rahmenbedingen gegeben werden. Die vielen positiven Freitextkommentare zum Lehrkonzept, die zunehmende Wertschätzung des QB7 unter den Studierenden und Lehrenden rechtfertigen den großen Lehraufwand.

**Take Home Message für die Praxis:** Interprofessionelle Lehrkonzepte bieten die Möglichkeit zur kompakten und praxisnahen Vermittlung von Lernzielen und Kompetenzen. Ihre Organisation und Durchführung bedarf im Vergleich zu klassischen Lehrkonzepten mehr zeitliche/personelle Ressourcen.



Interprofessionelle Lehrkonzepte bilden die Komplexität des QB7 direkt ab und zeigen die Notwendigkeit einer interprofessionellen Zusammenarbeit im geriatrischen Team praxisnah auf.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1097**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

ePoster

## **The unified health system (SUS) as school- immersion of medicine graduation in primary health care**

Júlia de Leal

*SMS-RJ, Rio de Janeiro, Brazil*

The Unified Health System (SUS) possesses ideological principles like universality, integrality and equity; added to the organizational ones of decentralization, regionalization and hierarchy.

For years, the SUS-undergraduate relationship was based on the hospital-centered and fragmented model, contradicting the principle of integrality. After the problem's identification, the importance of contact between medical students with Primary Health Care (PHC) was realized, where multidisciplinary and person-centered medicine replaced the previous biomedical model.

This project suggests immersion of medical students in PHC for the knowledge of its principles and a holistic view of the patient enrolled in basic health units.

The objective is to develop training for medical practice in PHC, based on the principles of SUS and PHC, and the notion of broad-based medical practice in everyday life.

The immersion will be held in three phases, two months each, where students will accompany several professionals from the basic health unit to better understand PHC's universe and its attributes.

1st: Accompany the team's community health agents (CHA) to understand the territory, its vulnerabilities and identify the importance of the CHA's work.

2nd: Accompany the team's nurses by doing rounds, vaccinations, blood collection, clinics and observation, in addition to holding groups with the objective of promoting and preventing health.

3rd: Accompany the doctor perform collective and individual care actions.

Therefore, this is a proposal for immersing the medical student in PHC to learn about its importance for SUS and for the citizen who uses it.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1091**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

ePoster

## **Entwicklung von PJ-Begleitseminaren im Blended Learning Format - PJenAmbulant2020**

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*Institut für Allgemeinmedizin, Universitätsklinikum Jena, Jena, Germany*



## Hintergrund:

Die im Masterplan-Medizinstudium 2020 angestrebten Maßnahmen lassen erwarten, dass sich zukünftig eine größere Zahl von Studierenden für das Fach Allgemeinmedizin im Praktischen Jahr (PJ) entscheidet. Vor diesem Hintergrund und zur Weiterentwicklung der Lehre im PJ-Tertial Allgemeinmedizin erstellen wir seit 2019 ein Blended Learning-Seminarprogramm, welches ein zeit- und ortsunabhängiges Lernen ermöglicht.

## Fragestellung:

Wie kann die Konzeption von PJ-Begleitseminaren im Blended Learning-Format inhaltlich, methodisch und praktisch umgesetzt werden?

## Methoden:

**Onlinephase (2UE):** Auf Basis der Lernplattform Moodle™ wurde eine Onlineumgebung erstellt, in der ein hausärztlich-klinischer Fall allein oder in Gruppen bearbeitet werden kann. Der Prozess wurde durch Pilotierung und hochschuldidaktische Beratung ergänzt.

**Präsenzphase (2UE):** In der Präsenzphase werden MC-Fragen zur Wissenssicherung mittels Audience-Response-System gestellt. Sich hieraus ergebende Defizite sowie offene Fragen aus der digitalen Gruppenarbeit werden im Seminar bearbeitet.

## Ergebnisse:

Es wurde eine komplexe hausärztliche Fallvignette eines Patienten mit kardiovaskulärer Problematik erstellt. Informationen aus Anamnese, körperlicher Untersuchung und Paraklinik werden in einer digitalen Patientenakte bereitgestellt. Erforderliche Tools (ARRIBA, HAS-BLED, CHA2DS2-VASc u.v.m.) wurden dort verlinkt. Die Bearbeitung erfolgt in Echtzeit in einem Onlinedokument. Eine Pilotierung durch Ärzte und PJ-Studierende zeigte, dass die Plattform als unübersichtlich wahrgenommen wird und technische Details das Arbeiten erschweren. Insgesamt wird es als innovativer Ansatz mit Potenzial wahrgenommen.

## Diskussion:

Es werden Erfahrungen bei der Entwicklung und dem Einsatz des Blended Learning für PJ-Seminare diskutiert.

## Take Home Message für die Praxis:

PJ-Begleitseminare im Blended Learning Format haben das Potential, eine dezentrale Lehre mit moderner Didaktik durchzuführen und sind somit für die Umsetzung des Masterplan Medizinstudium 2020 eine geeignete Ressource.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1102

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Workshop

## How big a contribution do the hospital placements make to training our GPs?

Nynke Scherpbier<sup>1)</sup>, Nele Michels<sup>2)</sup>, Karena Hanley<sup>3)</sup>, Sonata Varvuolyte<sup>4)</sup>, Vesna Homar<sup>5)</sup>, Cian Dolan<sup>3)</sup>, Julie Luyckx<sup>2)</sup>, Valerie Tanghe<sup>2)</sup>, Emma Peeters<sup>2)</sup>

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<sup>4)</sup>Faculty of Medicine, Vilnius University, Vilnius, Lithuania

<sup>5)</sup>Faculty of Medicine, University of Ljubljana, Ljubljana, Slovenia



## Background:

Every GP trainee needs to fulfill a part of the training in the form of hospital placements. This differs from country to country. There are discussions about content, duration and educational conditions of these placements. It has never been researched how these placements contribute (in positive or negative sense) to the competences of our future GPs and what is needed in content and educational conditions to make these placement optimal.

Objectives: As GP training schemes are subject to European legislation, we aim to seek European opinions amongst GPs about content and educational conditions of these placements.

## Didactic Method:

First we will present the results of a literature review into the effects of various aspects on training doctors in a hospital setting: 1)clinical supervision, 2)structured teaching, 3)positive support structures and 4)physical infrastructure of hospital placements. Then the group will be divided in subgroups of 7 attendants to generate ideas on hospital placements with respect to content and educational conditions. This will be done in a structured way: silent idea generation, a round robin where participants present and clarify their ideas, theme generation and ranking by voting. The results of the workshop will be used in a larger European study, coordinated by EURACT, the WONCA network for GP education. We will ask your consent to use these results. maximum participants is 28

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1137

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Learning by doing: Evaluating opportunities for undergraduate and postgraduate trainees to practice socially accountable care

Anne Andermann

*Family Medicine, McGill University, Montreal, Quebec, Canada*

**Background:** Theoretical lectures on social determinants of health are a form of “passive learning” which is of limited value in preparing future physicians for the practice of socially accountable care.

**Questions:** Do undergraduate and postgraduate students appreciate more immersive training opportunities to learn about caring for underserved populations?

**Methods:** A mixed methods study was used to obtain student feedback on two training opportunities, 1) a social advocacy small group project where first-year medical students prepare an oral presentation on improving the health of a specific marginalized population, and 2) rotating through a community outreach clinic in a local foodbank as a first-year family medicine resident.

**Outcomes:** For medical undergraduates (n=174, RR=77.3%), 64% of students agree or strongly agree that the group project was worthwhile. Students “learned a great deal” and found it “very engaging” and “a great way to get immersed” and “apply what we had learned in a concrete example.” For the postgraduate outreach experience, in the initial cohort (n=12, RR=48%), 75% of family medicine residents would recommend this training experience to a friend. They felt “really useful seeing the patients” and they could appreciate that their patients “were people who needed doctors.”



**Discussion:** The majority of students appreciate more interactive opportunities for learning about taking action on the social determinants of health and providing socially accountable care.

**Take Home Message for Practice:** Learning by doing is an important approach in teaching social accountability competencies for clinical practice.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1152**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Integration of complementary and integrative medicine competencies in general practice postgraduate education – development of a competence catalogue**

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<sup>2)</sup>Institute for General Practice, Goethe University, Frankfurt, Germany

**Background:**

Complementary and Integrative medical procedures (CIM) play an important role in general practice (GP). Consequently, in some countries (e.g. USA, Australia) specific curricula for the integration of CIM in GP postgraduate education exist. However, up to date there is no such curriculum for CIM competencies in Germany.

**Questions:**

Which CIM competencies are seen as relevant and feasible for postgraduate education in general practice?

**Methods:**

Firstly a survey among GP trainees (n=138) was performed in order to assess attitudes and needs towards CIM. Then, based on international literature, existing CIM curricula were identified, translated into German and compared with the needs assessment from the survey. Finally, in a multi-stage Delphi procedure among GP trainers, GP trainees and members of professional CIM associations (n=131) the list of competencies was evaluated according to relevance and feasibility for general practice.

**Outcomes:**

CIM competencies were identified and evaluated resulting in a final catalogue of 21 competencies covering the following CIM areas: Medical knowledge, patient care and communication, practice-based learning, professionalism and competencies based on the German health care system.

**Discussion:**

The final catalogue of CIM competencies is intended to serve for GP training complementing the German competence-based curriculum for general practice. These competencies cover basic skills and are not intended to replace existing postgraduate training in specific CIM methods such as acupuncture or manual medicine.

**Take Home Message for Practice:**

A list of relevant competencies on CIM will be available in order to serve as add-on for postgraduate education in general practice in Germany.

Conflict of interest / Interessenkonflikte  
no / nein



## **Contribution ID: 1175**

### **Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Developing a seminar-curriculum for German competence-centers in general practice - A progress report**

Sandra Stengel<sup>1)</sup>, Christian Foerster<sup>2)</sup>, Monika Fuchs<sup>3)</sup>, Martina Bischoff<sup>4)</sup>, Thomas Ledig<sup>1)</sup>, Irmgard Streitlein-Boehme<sup>4)</sup>, Markus Gulich<sup>3)</sup>, study group<sup>1, 2, 3, 4)</sup>, Simon Schwill<sup>1)</sup>

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<sup>3)</sup>Institute of General Practice, University Hospital Ulm, Ulm, Germany

<sup>4)</sup>Division of General Practice, Medical Center, University of Freiburg, Freiburg, Germany

### **Background:**

Since 2017, 16 competence-centers have been established to improve efficacy and quality of postgraduate medical education in general practice (GP) in Germany. The KWBW-Verbundweiterbildung<sup>plus</sup><sup>®</sup> offers a voluntary seminar-program for GP trainees in Baden-Wuerttemberg with up to 36 hours per year over the full training period of five years.

### **Questions:**

Which goals, core topics and structure are applicable for the seminar-curriculum with regard to limited resources?

### **Methods:**

Curriculum development was based on the Kern-cycle. In an iterative process, an open modified nominal group technique was used for filtering and consensus. Overall, 17 experts of the departments of GP in Freiburg, Heidelberg, Tuebingen, Ulm and one pediatrician participated.

### **Outcomes:**

To support GP trainees to face the challenges of a self-dependent GPs work even in rural areas, was defined as main goal. Further goals included constructive alignment with daily practice, support of peer-to-peer learning and establishment of life-long learning. Based on the frameworks including the regulation for postgraduate medical training and the German competence-based-curriculum for GP trainees, we defined a core-curriculum. In summary, 62 core-topics (124 teaching units 45 min. each, e.g. core values of GP, palliative care and management skills) and another 58 open topics (116 teaching units, e.g. digitalization) were incorporated. A consented blueprint provides a common and reliable structure for 400 GP trainees all over Baden-Wuerttemberg.

### **Discussion / Take Home Message for Practice:**

This seminar-curriculum describes a model which aims to foster the development of core competencies of future GPs and is feasible for multicentered and high-volume training programs.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 1190**

### **Abstract subtopic / Abstract Unterthema**

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## 4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

ePoster

#### One thousand kilometers - practice report

Sofia Garcia W., Ana Teresa Lima

UCSP Anadia III, Anadia, Portugal

**Background:** In 2004, the idea arose to create a movement between interns in General and Family Medicine and new specialists between countries, thus allowing to know different realities and broaden horizons. 15 years later the Vasco da Gama movement continues to mobilize family doctors from around the world and gave me the opportunity to join a mini-exchange in Palma de Mallorca. **Question:** This practice report aims to disseminate the experience lived in a clinical exchange and to show the practices, so different, used in the neighboring country, thus highlighting the importance of contacting different realities during our training in order to improve. **Methods:** Between the 2nd and 4th September I had the opportunity to participate in general practice consultations at the Camp Redo health center where, with the support of a tutor, I had the opportunity to get to know the Spanish health system and was given the opportunity to participate in meetings of service, where I made a presentation about our National Health Service (NHS) and working methods. **Outcomes:** Although only separated by 1000km, there are marked differences between Portugal and Spain. **Discussion:** From this experience, I took advantage of what is best done in each country, in order to improve my clinical practice and valuing what we already have best. **Take home message for practice:** It is crucial to take advantage of each growth opportunity, having contact with different realities and escaping from our comfort zone in order to be a better family doctor.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 1192

#### Abstract subtopic / Abstract Unterthema

## 4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

#### Performance methods in medical teaching

Martina Bischoff, Claudia Schneyinck, Jessica Eismann-Schweimler, Mario Sofroniou

Institut für Allgemeinmedizin, Universitätsklinik Freiburg, Freiburg, Germany

#### Background:

Performance methods used in medical teaching involve both movement and language. Inspired in part by classic drama education, they open up the possibility for medical students to experience a competence-orientated and sustainable interweaving of the learning material. As an introductory method to a topic, 'statue-theatre' enables the students to demonstrate their prior knowledge. An interview or a 'live slide presentation' for instance, could be suitable methods in order to convey medical topics in an impressionable manner. Through the 'teacher-in-role' format, the teaching doctor enacts the role of a patient through their illness and social environment. The students witness the teacher in the patient role, and thus assume their own role as an expert. These methods were trialled using lecturers as part of a teaching practice meeting.

**Target group:** Teachers of all professions, students.

**Estimated number of participants:** Approximately 20.



**Didactic Method:** During the workshop, various performance methods were tested in a medical context. A brief introduction was given in the form of an interview on performance methods in teaching. Practical exercises on 'statue-theatre' using terms from everyday medical practice followed and differential diagnoses were portrayed by 'teachers-in-role'. Final feedback enabled these methods to be used in one's own teaching.

**Objectives:** Performance methods in medical teaching are a good addition to classic didactical methods, and can lead to a greater understanding of medical topics.

**Brief presentation by the workshop leaders:** Claudia Schneyink Specialist in General Practice and Martina Bischoff Specialist in General Practice, Healthcare Researcher, Coordinator in Specialist Training  
Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1195

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag

### Golden Rules for Healthy Junior Doctors

Candela Perez Alvarez<sup>1</sup>, Barbara Marco Gomez<sup>1</sup>, Alba Gallego Royo<sup>1</sup>, Teresa Martinez Boyero<sup>1</sup>, Maria Teresa Delgado Marroquin<sup>1</sup>, Rogelio Altisent<sup>1</sup>, Monica Lalanda<sup>1</sup>, Maria Pilar Astier Peña<sup>2</sup>

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Getting sick has a great impact on life. When it comes to doctors, there is a role conflict making process even more complex, particularly for Junior Doctors (JDs).

Aims: To offer 12 tips for JDs facing illness based in mixed qualitative and quantitative study at national level in Spain: Getting ill is human. When the doctor is the patient

Methodology: We summarized results from a validated questionnaire to find out Behaviors and Attitudes of DOctors facing Self Illness (BADOSI) based on literature review, in-depth interviews with sick JD and teaching doctors and occupational health units focus groups. Significant results were highlighted in a teaching video and brochure.

Results: The brochure and video highlight main results of BADOSI answers, 360 of 4308 being JD. 95% JD satisfied with their work. 3.06% reported being in poor health. 97.2% said "health problems affected their professional activity". 68% have gone to work with a health problem for which they recommend a sick leave and 65% said they didn't go off sick to "avoid overburdening their colleagues". When dealing with a minor health problem, 93% self-medicate or try to solve problems themselves and when faced with a major problem, 47% make a formal consultation with a colleague and 41% an informal one. The qualitative study showed the need for better emotional support, confidential issues and the impact on training.

Conclusion: The brochure and video may help JDs speak up and promote changes to deal with illness as well as learn in a more practical way.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1211

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

## CONTENT

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## Presentation form / Präsentationsform

ePoster

### Pendred syndrome

Maria Malarska, Paulina Pachniak

*Clinical genetic, Medical University of Lodz, Łódź, Poland*

It is an autosomal recessive inherited disease characterized by congenital hearing loss, hypothyroidism and Hashimoto's disease. Most people are born with hearing loss, but some of them occur at a later age, mainly juvenile. There are significant problems with maintaining balance due to disturbances in the vestibular system of the inner ear.

A 32-year-old patient reported to the General Medical Practitioner to modify the treatment of Rheumatoid Arthritis. The patient reported pain in the knees, hip area, ankle, metatarsophalangeal and minor hand joints. The first diagnosis of RA was made in 2015, since then the patient experienced periodic joint pain. Initially treated with methylprednisol, then methotrexate, now on sulfasalazine. Current rheumatoid factor, ANA and anti CCP antibodies present in high titers, HLA-B27 negative. Due to unexplained hearing loss, the patient was referred to the Department of Clinical Genetics for diagnostics.

The patient has been under ENT care since early childhood - she has permanent ear implants due to congenital hearing loss. Computed tomography has never been performed to assess the temporal bone and the atrium of the atrium.

In addition, the patient reports problems with balance from an early age, describes that during an ordinary walk she was able to fall over to the side without a tangible cause and dizziness. Family history is difficult to collect due to the lack of contact between the patient and the family, but the patient reports worse hearing at her mother's.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 1216

#### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

ePoster

### Knowledge of medical students on gynecological cancer.

Maria Malarska, Paulina Pachniak, Aleksandra Mazerant

*Clinical genetic, Medical University of Lodz, Łódź, Poland*

Medical professions should have a much broader knowledge of tumors of the female reproductive system than people in the population. We asked ourselves if this is for sure.

A questionnaire was created containing 25 questions about gynecological cancer, which was carried out on the Internet in closed groups of medical universities, obtaining responses from various provinces. 531 responses were received from many division (most often medical faculty, obstetrics, nursing)

The results showed that knowledge about these cancers in the medical environment is satisfactory. The majority of respondents know the most oncogenic types of HPV virus (95.3%,  $p < 0.05$ ), just as they know the method to confirm cervical cancer (78.5%,  $p < 0.05$ ). A noticeable discrepancy in the answer appears in the case of a question about specific oncological aspects, only 48% ( $p < 0.05$ ) of respondents can test the development of mucosal cancer.



Education in oncological gynecology still requires deepening and broadening, however, the general knowledge of medical professions on this subject is already significant, and what is most satisfactory all the respondents show a will to learn in this area.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1243**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Survey-based quality assurance of a group mentoring programme for doctors in vocational training for general practice**

Maria Farquharson, Miriam Schwär, Anne Messemaker, Martin Fink, Marischa Broermann, Ferdinand M. Gerlach, Monika Sennekamp

*Institute of General Practice, Johann Wolfgang Goethe-University, Frankfurt am Main, Germany*

**Background:**

Since 2012, the Competence Centre for Vocational Training Hesse, Germany (CC) has been offering a group mentoring programme for doctors in vocational training for general practice. Its aim is to support personal and professional development and to provide opportunities for reflection and networking. In 2019, the programme had 141 participants in 14 groups. To ensure a continuously high quality and to identify reasons for non-participation, the CC is conducting a survey addressing all participants (doctors in GP vocational training).

**Questions:**

How can the existing group mentoring be optimised further with regard to the individual needs of its target group as well as reasons for non-participation?

**Methods:**

Based on a questionnaire by Eisele et al. [1], a survey was developed, extended to fit local specificities, and implemented in LimeSurvey. Data analysis will be performed in SPSS.

**Outcomes:**

The survey is currently being distributed among the target group and results are expected early 2020. The results will be presented at the conference.

**Discussion/Take Home Message for Practice:**

Mentoring is perceived as useful by doctors in GP vocational training [2]. In Hesse, the group mentoring is well received. Continuing needs-based programme development is required to ensure sustained quality.

[1] Eisele M, van den Bussche H, Kloppe T, Broermann M, Messemaker A, Oltrogge JH, Ehrhardt M, Scherer M. Erfolgskriterien zur Evaluation der Mentoringprogramme der Kompetenzzentren Weiterbildung Allgemeinmedizin. *ZFA*. 2018;94(10):412-418.

[2] Broermann M, Gerlach F, Sennekamp M. Sinnvoll und vom Nachwuchs erwünscht: Mentoring in der Weiterbildung Allgemeinmedizin. *ZFA*. 2014;90(12):502-507.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1244**

**Abstract subtopic / Abstract Unterthema**



## 4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

ePoster

### Herausforderungen und Chancen von Hausarztpraxen der Zukunft. Arbeiten in interprofessionellen Teams.

Eva Rosa Malcherek, Anne Messemaker, Lia Pauscher, Martin Alexander Graafen, Ferdinand M. Gerlach, Monika Sennekamp

*Institut für Allgemeinmedizin, Goethe-Universität Frankfurt am Main, Frankfurt am Main, Germany*

#### Hintergrund:

Die Zunahme von Multimorbidität sowie chronischen Erkrankungen verursacht neue Herausforderungen für die allgemeinärztliche Tätigkeit. Zur Gewährleistung einer guten Patientenversorgung gewinnt die interprofessionelle Zusammenarbeit von Allgemeinmedizinern und anderen Gesundheitsberufen zunehmend an Bedeutung. Diese Entwicklung sollte bereits in der Aus- und Weiterbildung anhand von interprofessionellen Lehrmodulen berücksichtigt werden.

#### Fragestellung:

Wie schätzen Vertreter unterschiedlicher Berufe ihre Fähigkeiten in Bezug auf Kommunikation, Arbeiten im Team und interdisziplinäre Interaktionen ein?

#### Methoden:

Im Rahmen des Seminarprogramms des Kompetenzzentrums Weiterbildung Hessen wurde ein eintägiges Seminar für Ärzte in Weiterbildung, Physiotherapeuten, VERAHs, MFAs, Psychologen und Apotheker konzipiert und durchgeführt. Anhand konkreter Fallbeispiele wurden interdisziplinär Behandlungspläne erarbeitet und diskutiert. Von den drei durchgeführten Seminaren mit insgesamt 44 Teilnehmenden wurden Daten mittels einer selbstkonzipierten Prä-/Posttestbefragung<sup>1</sup> sowie anhand des standardisierten UWE-IP-Testverfahrens<sup>2</sup> zur Erfassung der Kommunikationsfähigkeit, des Arbeitens und Lernens im Team sowie der Einstellung gegenüber anderen Berufsgruppen erhoben.

#### Ergebnisse:

Die Auswertung mittels SPSS Version 25 der 41 Prä-/Posttestbefragungen (Rücklaufquote 93%) ergab eine signifikante Verbesserung ( $p < 0,05$ ) der Selbsteinschätzung in Bezug auf die Befähigung zur interprofessionellen Zusammenarbeit, der Kommunikation mit anderen Gesundheitsberufen sowie dem Wissensstand über diese. Die 37 UWE-IP-Testbögen (Rücklaufquote 84%) werden aktuell ausgewertet und zum Kongress präsentiert.

#### Diskussion:

Erste Ergebnisse belegen die Praxisrelevanz dieses Themas. Zur Konkretisierung dieser und zur Objektivierung nachhaltiger, in der Seminarteilnahme begründeten Lerneffekte, wäre eine erneute Durchführung des UWE-IP-Fragebogens einige Monate nach Partizipation sinnvoll.

<sup>1</sup>Abstract DEGAM 2019: „Gemeinsam lernen-ein interprofessionelles Seminar für Ärzte/-innen in Weiterbildung, Physiotherapeuten/-innen, Apotheker/-innen und VERAH“

<sup>2</sup>University of the West of England Interprofessional Questionnaire (Pollard et al.2004, 2005)

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 1247

### Abstract subtopic / Abstract Unterthema

## 4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform



## Workshop

### Best practice in train-the-trainer courses for general practice trainers

Simon Schwill<sup>1)</sup>, Thomas Ledig<sup>1)</sup>, Jost Steinhäuser<sup>2)</sup>, Sophie-Anabelle Roesel<sup>3)</sup>, Bert Huenges<sup>3)</sup>, Gregor Feldmeier<sup>4)</sup>, Marco Roos<sup>5)</sup>, Ulrike Sonntag<sup>6)</sup>

<sup>1)</sup>Department of General Practice and Health Services Research, University Hospital Heidelberg, Heidelberg, Germany

<sup>2)</sup>Institute of Family Medicine, University Hospital Schleswig-Holstein, Campus Luebeck, Luebeck, Germany

<sup>3)</sup>Department of General Medicine, Ruhr-University Bochum, Bochum, Germany

<sup>4)</sup>Institute of General Practice, Rostock University Medical Center, Rostock, Germany

<sup>5)</sup>Institute of General Practice, Friedrich-Alexander-Universität Erlangen Nuernberg (FAU), Erlangen, Germany

<sup>6)</sup>Institute for General Practice and Family Medicine, Charité Universitätsmedizin Berlin, Berlin, Germany

#### Background:

Since 2017, competence centres for postgraduate education in general practice (GP) have been established all over Germany. Train-the-Trainer (ttt) courses for GP trainers form one mandatory part of the programs. A survey of 2018 revealed sound implementation of basic ttt-courses but a need for continuous linkage of GP trainers. This workshop is about how to design attractive ttt-courses which support frequent voluntary participation.

#### Target Group:

All those integrated into organisation, planning and performing ttt courses for trainers in GP.

#### Didactic methods:

The workshop leaders will give a short overview on the situation in Germany. Up to five working-groups will work on a best-practice model how to design, how to invite/motivate for and how to perform ttt-courses.

#### Objectives:

The aims are exploring experiences with the topic and to answer the following questions from the experience of the participants:

1. What are the most common themes and topics most favoured by GP trainers?
2. Which topics are necessary but hard to address? Which tips and tricks could help out?
3. How can GP trainers be motivated to participate in voluntary ttt-courses?
4. Which design is applicable for the learners-group GP trainers?

#### Estimated Number of participants:

15-40

#### Brief Presentation of the workshop leaders:

Simon Schwill is head of administration of the competence-centre postgraduate medical education in Baden-Wuerttemberg and speaker of the DEGAM-working-group ttt. Ulrike Sonntag is head of the competence-centre postgraduate medical education in Berlin and vice-speaker. All co-authors are integrated in their regional ttt-programs and members of the DEGAM-working-group ttt.

Conflict of interest / Interessenkonflikte

no / nein

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#### Contribution ID: 1251

#### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

Lecture / Vortrag



## Clinical skills dissemination in preclinical semesters by student tutors as part of the compulsory curriculum: "AaL-Plus"-program at Heidelberg Medical Faculty

Merle Brunnee, Philipp Thiele, Cornelia Wachter, Svetla Loukanova

*Abt. Allgemeinmedizin und Versorgungsforschung, Universitätsklinikum Heidelberg, Heidelberg, Germany*

All students in preclinical semesters in Heidelberg participate in the tutorials "Anatomy at the Living" ("AaL-Plus"). The dissemination of clinical skills and knowledge is taught by medical student tutors in advanced clinical semesters only, who focus on teaching specific practical medical skills: physical examination techniques, anamnesis, clinical issues and problem-based learning.

The program is led professionally by coordinators of the Department of General Practice and Implementation Research, Psychologists, general medical doctors, lecturers of Medical Psychology and Medical Communication Training, who support the program through training, regular supervision and as organizational directors.

Before teaching in tutorials, all of the new student tutors first complete several medical and psychological basic training courses: didactics and moderation, group leadership and dynamics, as well as medical attitudes and interviewing. Additional subject-specific courses are led by additionally trained student tutors, the so-called trainers.

The AaL-Plus program is student-self-organized to a high degree. A team of two experienced students coordinate the acquisition of new tutors, the organization of materials and the development of tutorial manuals and tutor-trainings. They also support the responsible coordinators in the further development of new teaching content. The trainer-tutors relieve and support the student coordinator team through their multiplier function.

The student teaching in the AaL-Plus-program has been firmly established since 2013. Evaluation data show a high acceptance of student teaching in pre-clinical medical semesters. Particularly due to its high relevance to practice and learning of equals, the AaL-Plus program has a high degree of popularity among students.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 1255

#### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Using Webinars for the education of undergraduate medical students during final year attachment in General Practice/Family Medicine

Emmanouil Smyrnakis, Nikolaos Vlachopoulos, Stamatia Kokkali, Dimitra-Foteini Pourtoulidou, Aikaterini Mpourtzinakou, Evangelia Savvidou, Aggeliki Baimaki, Maria Moirasgenti, Alexios Benos

*Medicine, Aristotle University of Thessaloniki, Thessaloniki, Greece*

**Background:** The effectiveness and utility of webinars in higher education is proven, but there are no data about their role in undergraduate medical education in GP/FM. Sixth-year medical students were invited to attend two webinars about "multimorbidity" and "motivation interview" from the host-academic department,



during their 4-week clinical attachment in GP/FM. The aim of this study is to present students' perceptions about these online courses.

**Methods:** The 110 students who attended the webinars were invited to fill in an online anonymous questionnaire, that evaluates their satisfaction and their perception about the usefulness of these webinars. Moreover, students were invited to present advantages and disadvantages of this educational method.

**Results:** 98 out of 110 students completed the questionnaire (89% response rate). None of them had participated in similar webinars before. Both the overall opinion and the utility of the webinars were positively evaluated [mean 3.6/5, SD±1.02 and mean 3.59/5, SD±1.13 respectively, rated on a 5-point Likert scale. 58 students (59%) expressed their desire to take part in similar webinars. Students highlight the flexibility and accessibility of webinars, which helped them stay in touch with the university environment, but also present the lack of face to face communication and technical issues (e.g. inadequate internet connection) as major disadvantages.

**Conclusions:** The use of webinars is a novel, innovative teaching concept, especially in the undergraduate medical education in GP/FM. This study approves the positive attitude of the medical students towards their utility, complementary to traditional models of teaching.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1269

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Source of success and failure in medical education: students' behaviours vs learning styles

Selahattin Alp Temiz<sup>1)</sup>, Ayse Caylan<sup>2)</sup>, Ilayda Kugu<sup>1)</sup>

<sup>1)</sup>Trakya University School of Medicine, Edirne, Turkey

<sup>2)</sup>Family Medicine, Trakya University School of Medicine, Edirne, Turkey

**Background:** Medical training being one of the most challenging undergraduate programmes due to its course load the students develop diverse studying behaviours to overcome this situation. The aim of this study is to define the students' studying behaviours, measuring their learning style, checking their course success by exam grades.

### Questions:

1. Do the students act according to learning styles?
2. How do the behaviours are effected in pre-examination period?

**Methods:** This cross-sectional study applied to medical students (n=240) who are in their first three years of medical education, studying in Trakya University Medical School during 2018-2019 academic year. The data is collected by a questionnaire prepared by researchers included Index of Learning Styles.

**Outcomes:** 3.3% was ACT, 7.1% was REF, 12.1% was SEN, 3.4% was INT, 12.9% was VIS, 2.9% was VRB, 4.2% was SEQ, 1.7% was GLO. 37.1% seldom missed their lectures. 27.1% do not take any notes in the classroom. 17.5% of the note-takers in the classroom, never even once read their notes after the lesson. %55 of the students makes a comprehensive house cleaning on the last day before the exam. Students who attend the classes had higher grades comparing to non attendants. Reflective students had higher grades than active students.

**Discussion:** These series of analyses may be helpful to notice how learning styles and studying tendencies of medical students' vary.



**Take Home Message for Practice:** Instructors may offer diverse studying materials and methods in their lessons for students who have various learning styles.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1271

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag

### Learning styles: how does it effect academic motivation?

Albena Gayef<sup>1)</sup>, Ayse Caylan<sup>2)</sup>, Selahattin Alp Temiz<sup>3)</sup>

<sup>1)</sup>Medical Education, Trakya University School of Medicine, Edirne, Turkey

<sup>2)</sup>Family Medicine, Trakya University School of Medicine, Edirne, Turkey

<sup>3)</sup>Trakya University School of Medicine, Edirne, Turkey

**Background:** The concept of learning style which is expressed as the preferences of students in the learning process is very important for teaching, organizing learning experiences of the students in achieving goals and promoting academic motivation.

**Questions:** Is there any relation between academic motivation and learning styles?

**Methods:** This cross-sectional study applied to medical students (n=642) who are in their first three years of medical education, studying in Trakya University Medical School during 2019-2020 academic year. A questionnaire consisting of Grasha-Reichmann learning styles scale, academic motivation scale and socio-demographic data was applied.

**Outcomes:** 53.6% of them was first year students, 29.6% of them study on average 2 hours daily. The average scores of the Independent Learning Style, Avoidant Learning Style, Collaborative Learning Style, Dependent Learning Style, Competitive Learning Style, Participant Learning Style subscales of the learning styles scale were  $3.74 \pm 0.44$ ,  $2.91 \pm 0.58$ ,  $3.59 \pm 0.59$ ;  $3.63 \pm 0.39$ ;  $2.73 \pm 0.69$ ;  $3.42 \pm 0.60$  respectively. Average scores of the Academic Motivation Scale in the following groups and their subgroups were  $22.34 \pm 4.70$ ;  $18.02 \pm 5.29$ ;  $18.01 \pm 5.25$ , in intrinsic motivation to know, accomplish, experience stimulation respectively. Subgroups of extrinsic motivation being identified as regulation, introjected regulation, and external regulation scores were  $22.93 \pm 4.35$ ;  $16.27 \pm 5.42$ ;  $20.48 \pm 5.43$  respectively and amotivation was  $9.03 \pm 5.75$ .

**Discussion:** With these results the faculty members should revise their teaching strategies and methods.

**Take home message for practice:** Continuous review of teaching methods.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1295

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

ePoster

### eHealth and primary care nursing: health blog outcomes after 1 year of operation



Cristina Fernández Arquisola<sup>1)</sup>, María del Mar González Fernández-Conde<sup>2)</sup>, Nuria Sánchez García<sup>1)</sup>, Elvira Vicente Carrasco<sup>1)</sup>, Blanca Rodríguez Martín<sup>1)</sup>, Rocío Velasco Vicente<sup>1)</sup>, María Pía León Andaluz<sup>1)</sup>, Belén García Recio<sup>1)</sup>, Raquel Gómez Bravo<sup>3)</sup>

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<sup>3)</sup>Institute for Health and Behaviour Research. Research Unit Inside, University of Luxembourg, Luxembourg, Luxembourg

## Introduction:

Information and Communication Technologies (ICT) are becoming increasingly prominent in health sector. eHealth has transformed communication models between health professionals, constituting an important educational and informative tool through the internet and social networks.

## Objectives:

- To enhance visibility of the primary care nursing functions in health care through a blog.
- To introduce eHealth in resident nursing training.
- To spread evidence-based knowledge through posts, videos and infographics.

## Methodology:

A health professional blog was created by residents in February 2019, with the support of the Family and Community Multiprofessional Teaching Unit of Salamanca ("Blog EIR-EFyC"-<https://udsalamancaeir.wordpress.com/> ).

Nursing residents were trained in the use of Wordpress platform, and an operation protocol was developed to promote their participation and ensure continuity.

Social networks (Facebook, Twitter, Instagram) were created in September 2019 to increase the impact.

## Outcomes:

The blog has received more than 16.000 views from 48 countries since its establishment, and has generated 48.000 impressions with a 3,8% Click Through Rate in Google Search Engine. 68 posts and 7 infographics in the primary care field have been published, as well as 5 videos with 5000 views in Youtube.

Recognitions received: HONcode certification, publication in the training portal of Castile and Leon Health Services, and first prize in the regional conference of nursing specialists.

## Conclusion:

The introduction of eHealth in the nursing training has been highly valued and it is likely that it will have a positive impact on professional training.

\***Abbreviations:** Blog EIR-EFyC (Blog de Enfermeros Internos Residentes de Enfermería Familiar y Comunitaria)

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1315

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Workshop

## How to better predict the future? A taste of practical philosophy for generalists / trainees.

Sietse Wieringa<sup>1)</sup>, Erik Stolper<sup>2), 3)</sup>

<sup>1)</sup>University of Oxford, London, United Kingdom

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



<sup>3)</sup>University of Antwerp, Antwerp, Belgium

According to famous philosopher David Hume (1711-1776), it is impossible to predict the future with certainty. Most contemporary philosophers agree. In healthcare however, we predict futures of patients every day in the process of making decisions. And usually with good result. So how do we actually do this? What ways can and do we use? And which way gives the best results?

Clinical reasoning is increasingly challenging. Multimorbidity creates uncertainty due interactions between multiple medical problems and patients psychosocial contexts. Clinical guidelines are often portrayed as reducers of medical uncertainty when making decisions, but from ethnographic research we know that clinicians mostly base their decisions on 'mindlines' instead: dynamic, fluid, mostly non-explicit knowledge. Findings from RCTs, translated in guidelines are not easily applicable to the complexities of an individual patient. And intolerance of epistemic uncertainty by clinicians can drive overdiagnosis and overtreatment. This has led to a recent call to move beyond simple accepting uncertainty and start embracing it, as this may benefit the decision making process.

In this interactive workshop we want to contemplate with you the many ways we use to make predictions in general practice, playfully introduce some useful philosophical of science vocabulary and consider the consequences for research, guideline development and everyday patient care. We will discuss analytical methods typically used in EBM, as well as less-analytical methods, such as gut feelings. We promise a mildly provocative, yet practical workshop for the philosophically inclined.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1336

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Evaluationsindikatoren zur Förderung von Effizienz und Qualität allgemeinmedizinischer Weiterbildung durch die Kompetenzzentren in Deutschland - Eine Delphi Studie

Bert Huenges<sup>1)</sup>, Martina Bischoff<sup>2)</sup>, Horst Christian Vollmar<sup>1)</sup>, Marco Roos<sup>3)</sup>, Simon Schwill<sup>4)</sup>, Ralf Jendyk<sup>5)</sup>

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<sup>3)</sup>Allgemeinmedizinisches Institut, Universitätsklinikum Erlangen, Erlangen, Germany

<sup>4)</sup>Abteilung Allgemeinmedizin und Versorgungsforschung, Universitätsklinikum Heidelberg, Heidelberg, Germany

<sup>5)</sup>Centrum für Allgemeinmedizin, Westfälische Wilhelms- Universität Münster, Münster, Germany

### Hintergrund:

Kompetenzzentren Weiterbildung Allgemeinmedizin (KWs) haben das Ziel, die Effizienz und Qualität in der allgemeinmedizinischen Weiterbildung zu verbessern. Dies geschieht im Wesentlichen durch Seminarprogramme, Train-the-Trainer-Maßnahmen und Mentoringangebote.

Die allgemeinmedizinische Weiterbildung bzw. die Arbeit der KW wird derzeit von verschiedenen Seiten (KWs, Gemeinsame Einrichtung, KV und Ärztekammer) mit voneinander unabhängigen Verfahren evaluiert. Zusätzlich soll nach § 75a in diesem Jahr eine externe Evaluation in Auftrag gegeben werden.

## CONTENT

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Das Deutsche Netzwerk Kompetenzzentren Weiterbildung (DNKW) möchten die Abstimmung von Evaluationskriterien unterstützen, Redundanzen vermeiden und eine möglichst hohe Aussagekraft und Akzeptanz erreichen.

Hierzu wird ein mehrstufiger Delphi-Prozess initiiert.

### **Fragestellung:**

Experten aus den 16 KW werden eingeladen, in einem Thesenpapier zusammengefasste Indikatoren zunächst zu kommentieren (1. Stufe, qualitativ) und anschließend zu priorisieren und zu gewichten (2. Stufe, quantitativ).

### **Leitfragen sind dabei:**

- Wie kann man Qualität und Effizienz allgemeinmedizinischer Weiterbildung sinnvoll messen?
- Welche Indikatoren sind aus Sicht der KWs besonders relevant?
- Welche Gemeinsamkeiten & Unterschiede ergeben sich zwischen den KWs?
- Welche Indikatoren eignen sich zur Prozessoptimierung und welche zur wissenschaftlichen Begleitung?

### **Ergebnisse:**

Als Ergebnis des Delphi-Prozesses soll zum Kongress ein überarbeitetes Indikatorenset vorliegen. Diskussionslinien und Schlussfolgerungen aus dem Abstimmungsprozess werden auf der Tagung vorgestellt.

### **Diskussion:**

Ziel ist ein zwischen allen KW abgestimmtes Set von Evaluationskriterien zu entwickeln das zur Evaluation der Qualität und Effizienz der allgemeinmedizinischen Weiterbildung in den KWs und darüber hinaus eingesetzt werden kann.

### **Take home message für die Praxis:**

Die Evaluation der Weiterbildung sollte sich auf zentrale Aspekte konzentrieren ohne wesentliche Ziele außer Acht zu lassen.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 1338**

#### **Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **The system of mobile colposcopy in the use of a young doctor**

Maria Malarska

*Clinical genetic, Medical University of Lodz, Łódź, Poland*

The premise of the work is to compare whether they are, and if so, what differences in the work of a young doctor and an experienced gynecologist will be helped by the mobile colonoscopy system.

The study was conducted on a group of 100 women volunteers, in the 20-55 age group, which mean eligible for screening cytological tests. The study involved two doctors, one beginner, the other with extensive experience in the field of gynecology.

In the first group of women, the study was performed by a young doctor. The optimal time worked during the study was about 10 minutes per patient. In 94% of the women, the physiological changes, or the correct transformation zone, were documented and documented. The remaining cases were classified as suspicious lesions of low severity (suspected LSIL). These women have been proposed to deepen the diagnosis of molecular testing for the detection of HPV virus (PCR DNA HPV HR). What is very important, the patients did



not report that the test was performed in a longer, more painful or uncomfortable manner in comparison to standard tests performed in a gynecological office.

Importantly, no differences were found in the quality of the pictures taken and the actual examination between those two doctors.

Research using a mobile colposcope may be a great hope for the dissemination of this research in gynecological office. The ability to transfer photos between specialists and beginners will significantly improve the learning and education process as well as the diagnostic of patients.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1366**

### **Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### **Presentation form / Präsentationsform**

Workshop

## **What does it take to successfully deal with family violence in your practice ? Core values and competencies for Family Violence minded health practitioners**

Hagit Dascal Weichhendler<sup>1)</sup>, Nena Kopcavar Gucek<sup>2)</sup>, Raquel Gomez Bravo<sup>3)</sup>, Jinan Usta<sup>4)</sup>, Humbert de Freminville<sup>5)</sup>, Carmen Fernandez Alonso<sup>6)</sup>, Joyce Joyce<sup>7)</sup>, Nina Monteiro<sup>8)</sup>, Shelly Rothschild Meir<sup>1)</sup>, Venetia Young<sup>9)</sup>

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<sup>7)</sup>University of South Wales, Pontypridd, United Kingdom

<sup>8)</sup>APMGF, Porto, Portugal

<sup>9)</sup>Mental Health Working Group, Cumbria, United Kingdom

### **Background:**

Family Violence, including several categories of abuse and neglect is still largely underdiagnosed in health care settings despite its high prevalence, major health effects and tragic outcomes. Diagnosing and treating patients / families affected family violence is a complex task that requires not only sufficient knowledge and skills but also certain values and competencies. Core competencies as well as outcome based learning can guide training efforts by focusing both teaching and learning processes. In the absence of published/accepted core competencies - the SIG on FAMILY VIOLENCE has started a process of defining core competencies which are necessary for clinicians to appropriately approach this issue in day to day practice. Established and clear core competencies are of importance in guiding training programs on the topic as well as in their assessment.

### **Aims:**

The aim of the workshop is to present and discuss remaining dilemmas, by a variety of participants with various backgrounds, values, and views. This will be a major step to finalize and publish our SIG's Core Competencies for FV recommendations.

## [CONTENT](#)

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## Methods:

Previous work done by the group as well as the rationale, will be presented. Small group work will approach a series of dilemmas presented both by presenters and participants. Conclusions will be drawn and presented in the plenary, aiming at finalization and endorsement by the wider SIG.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1374

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Early teaching of practical skills improves motivation and progress of learning - the "HeiPraxA" program at the Medical Faculty of Heidelberg

Cornelia Wachter, Sonia Kurczyk, Merle Brunnée, Christiane Eicher

*Family Medicine, Medical Faculty of Heidelberg, Heidelberg, Germany*

## Background:

Preclinical education is mostly based on theory with only few practical educational units. At the Medical Faculty of Heidelberg all students take part in a compulsory „HeiPraxA“ program, including near-peer teaching in history taking, clinical examinations, practical instructions in clinical skills and 2 hospitation days in teaching academic practices. The program finishes with a formative OSCE.

The aim of this paper is to analyse the impact of the „HeiPraxA“ training program on the motivation and practical skills development among medical students.

## Method:

Students taking part in the formative OSCE in years 2017, 2018 and 2019 were questioned on their progress of learning and asked for a concluding evaluation of their seminars and practical training during the „HeiPraxA“ program. The results were qualitatively and quantitatively analysed.

## Results:

Questionnaire and evaluation of the free text showed clinical skills being mainly acquired by taking part in the „HeiPraxA“ program. 98 % of students stated in a self- assessment to be capable of taking history and 97 % to be capable of taking a clinical medical examination. The free text proved a high demand on practical skills teaching, the high benefit was confirmed with the results of the following OSCE.

## Conclusion:

Early medical teaching of practical skills and following formative OSCE improves the motivation and progress of learning of students in preclinical medical education. This result is further increased by attending hospitation days in academical teaching practices.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1376

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Workshop



## Can we improve our skills in diagnostic dermoscopy? Practical Workshop

José Vicente Cayuela Espí<sup>1)</sup>, Álvaro Lirón García<sup>2)</sup>, Maria Elena Márquez Salaverri<sup>2)</sup>, Ana Celia Melgar García<sup>1)</sup>, Isabel María Martínez Frutos<sup>2)</sup>, Monsterrat Martínez García<sup>2)</sup>

<sup>1)</sup>Health Care Center La Unión, La Unión, Spain

<sup>2)</sup>Health Care Center Mar Menor, El Algar, Spain

### Background:

Dermoscopy is a diagnostic tool which increases the precision and early detection of cancerous skin lesions. Furthermore, it is a fundamental step for Teledermatology, improving the efficiency of the referrals done by the Family Doctor (FD). Even though it requires basic knowledge and training for its optimal use, it is a great device which provides essential information to distinguish between a malign and benign lesion.

### Target Group:

FD, FD trainees and students.

### Didactic Method:

Each participant will be given 2 cardboards, a red and a green one, indicating to raise one of them while photos are displayed if they suspect it to be a malign or benign lesion respectively. Once all the pictures are analysed there will be a lecture explaining the identifiable structures seen with the dermatoscope using the 2 step algorithm and the 3-point checklist, being this last one considered the most suitable procedures for non-experts in dermoscopy. Lastly the initial photographs will be reviewed and discussed according to the 3-point checklist criteria.

### Objectives:

Enhance the knowledge of dermoscopy structures to distinguish between a benign and malign condition.

### Estimated number of participants:

30 participants

### Brief presentation of the workshop leader:

José-Vicente Cayuela-Espí is a FD trainee at the Santa Lucía Hospital in Cartagena, Spain, who has a keen interest in telemedicine, especially with dermoscopy, investigating along the hospital's Dermatology Department as well as joining the WONCA World Working Party on Quality and Safety researching the efficiency of this recently implemented practice.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 1405

#### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

Lecture / Vortrag

### From zero to hero: general practice finding its role in academic teaching

Philipp Thiele, Yannick Lorz, Merle Brunnée, Thomas Ledig, Svetla Loukanova, Peter Engeser

Department of General Practice and Implementation Research, University Hospital Heidelberg, Heidelberg, Germany

Up to now, university departments and healthcare practices in general medicine have been given little importance in the training of students at the German medical faculties. According to the draft of the new regulation for medical license for doctors (ÄApprO), they will play a leading role in the implementation of theoretical, clinical and scientific learning goals of the longitudinal curriculum in general medicine.



The aim of this paper is to analyze the extent to which teaching practices can prepare for their newly defined areas of work, to improve their didactic skills and to integrate existing, successful training programs into the future curriculum. The study compares the given goals of the new ÄApprO and a resulting final assessment of the challenges and opportunities from the students and practices perspectives.

A prospective qualitative study was developed to define the requirements for an efficient implementation of the new teaching content according to the learning objectives catalog in medicine (NKLM) from the perspectives of the physicians and students in different semesters. After initial assessment of the current draft of ÄApprO and evaluation of the existing curriculum, with the help of a guided questionnaire the results present specific learning goals of the internships, risks and opportunities of the increased practical clinical training and indispensable framework conditions for the implementation of the overall decentralized trainings. The results will serve to reach a consensus and evidence-based decision on effective further preparation procedures for the implementation of the new regulation for medical license for doctors in Germany.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1453

### Abstract subtopic / Abstract Unterthema

#### 4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Workshop

### Audits and quality improvement cycles in a Primary Care Unit

Sara Rocha, Maria Espírito Santo, José Pedro Antunes, Joana Bordalo, Cláudia Rainho, Ana Patrícia Pereira, Maria Isabel Ferreira, Inês Teles  
*USF Arte Nova, Aveiro, Portugal*

**Background:** An audit and quality improvement system should be a systematic, proactive and objective process. The aims are quality assurance, reduction of non-quality costs and a continuously improvement of health care.

**Target Group:** Physicians and other health care professionals.

### Didactic Method:

1. Conception introduction: trying to understand what the participants already know about the topic and clarifying/introducing some concepts through brainstorming and sharing experiences.
2. Brief theoretical exposure about quality improvement cycle and audit work plan
3. Descriptions of the different stages of the audit procedure: preparation (fieldwork; problem identification); audit plan (who, when, where and what); audit performance (auditor's role; collect data; checklist); audit report (criticism about analyze findings; identification of new problems; recommendations) and monitoring the implementation of the recommendations.
4. Hand on: taking all the steps in an audit project with review of the different phases of the process discussed above.
5. Delivery of standard documentation integrated into our audit procedures that can be used as an example for future practices by participants

### Objectives:

1. Review concepts related to audit systems and quality improvement in a Primary health Care Unit.
2. Simplify the process of implementing a quality improvement system
3. Identify the objectives and phases of the audits
4. Review behavioral bases of an auditor

## CONTENT

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**Estimated number of participants:** 8-20

**Brief presentation of the workshop leader:** the workshop will be led by medical residents, future general practitioners, with experience in clinical audit procedures, quality improvement cycle implementation and also on group dynamics and interaction

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1480**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Why do young Turkish doctors want to be family physician?

Şeyma Handan Doğan, Adem Özkara, Tarık Eren Yılmaz

*Department of Family Medicine, University of Health Sciences, Ankara City Hospital, Çankaya/Ankara, Turkey*

**Background:** The specialty preferences of medical school graduates change periodically depending on the problems that they face such as the social prestige of the related discipline, the frequency of on calls in residency, the factors related to the health system and the rate of malpractice claims.

**Questions:** This study aimed to determine the reasons why new family residents prefer family medicine as a specialty.

**Methods:** Observational cross-sectional study was planned as a survey that is presented to residents began to family medicine residency training from 2018 in Ankara.

### Outcomes:

The ten most common reasons for the specialty preferences descending from top to bottom for family discipline are;

- The desire to spend more time with my family, my environment and myself
- Fewer on-calls
- The desire for a more comfortable life
- Including a holistic approach to patients and preventive health services
- I'm more likely to work as a family physician in the city I want
- Providing the opportunity to work in the field outside the hospital
- Satisfactory income
- Possibility of communication with patients
- Recommendations of colleagues and family physicians I consulted
- I have patients from all age groups

**Discussion:** Initially, young physicians had significant reservations in the family medicine due to uncertainties about the future of family medicine; in recent years, family medicine discipline has become one of the preferred branches with high medical examination scores.

**Take Home Message for Practice:** We think that reasons such as more professional satisfaction, less burnout, general well-being are among the reasons for preferring family medicine discipline in Turkey.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1515**

**Abstract subtopic / Abstract Unterthema**



## 4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag

### Work strain and burnout risk in postgraduate trainees in general practice: A mixed methods study.

Simon Schwill<sup>1)</sup>, Katja Krug<sup>1)</sup>, Annalena Rentschler<sup>1)</sup>, Christoph Nikendei<sup>2)</sup>, Joachim Szecsenyi<sup>1)</sup>, Till J. Bugaj<sup>2)</sup>

<sup>1)</sup>Department of General Practice and Health Services Research, University Hospital Heidelberg, Heidelberg, Germany

<sup>2)</sup>Department of General Internal and Psychosomatic Medicine, University Hospital Heidelberg, Heidelberg, Germany

#### Background:

General Practitioners (GP) are affected by stress-related complaints but little is known about the stress burden of GP-trainees. Few studies evaluate the effects of psychosocial interventions for GP trainees.

#### Questions:

We wanted to explore GP-trainees' risk for depression, stress and burnout; to explore their concerns and to evaluate the effects of a short-time intervention.

#### Methods:

We performed a cross-sectional study and a before-after comparison in all GP-trainees who were registered in the training program KWBW Verbundweiterbildung<sup>plus</sup>®. Prevalence of depression, perceived stress and burnout were measured with German versions of the Patient Health Questionnaire (PHQ-9), Perceived Stress Questionnaire (PSQ-20) and Maslach Burnout Inventory (MBI). Before and after an intervention on self-care (270 min.), participants answered to a survey. Afterwards, participants were recruited for semi-structured interviews.

#### Outcomes:

In the cross-sectional study, n=211 participated (response-rate 95%, mean-age 36.2, female 75.3%). GP-trainees presented with increased levels of depression, perceived stress and burnout. 81% (n=180) had worried the profession jeopardize their mental health. Due to the intervention, 82.6% (n=95) had reflected on their personal attitudes towards psychosocial health, 34.8% (n=40) had changed their behaviour (e.g. accept help) and 49.5% (n=56) had passed contents to others. In the interviews GP-trainees mentioned specific strains such as close relationship to patients and the broad spectrum of GP.

#### Discussion/Take Home Message for Practice:

GP-trainees considerably suffer from stress, while some presented with depression or burnout. Even short-time interventions can help to induce a change of behaviour which is urgently needed to support physician's health.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 1520

#### Abstract subtopic / Abstract Unterthema

## 4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Relational Learning: community of practice in graduate medical education – practice report



Marta Goes Freitas<sup>1)</sup>, Ana Marinho<sup>1)</sup>, Diogo Prates<sup>2)</sup>, Filipe Mateus<sup>3)</sup>, Gabriela Machado<sup>4)</sup>, Joana Afonso<sup>4)</sup>, Mara Silva<sup>5)</sup>, Ricardo Coelho<sup>6)</sup>

<sup>1)</sup>USF Cova da Piedade, Almada, Portugal

<sup>2)</sup>USF Pinhal de Frades, Seixal, Portugal

<sup>3)</sup>USF Cuidar Saúde, Seixal, Portugal

<sup>4)</sup>USF São João do Pragal, Almada, Portugal

<sup>5)</sup>USF Poente, Almada, Portugal

<sup>6)</sup>USF Feijó, Almada, Portugal

**Background:** Communities of practice (Cp) are “groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise on an ongoing basis”. Since January 2019, the Portuguese Family Medicine (FM) residency program includes a period intended to Cp named Relational Learning Sessions (RLSs). We pretend to describe the experience of a Health Centre Clusters (ACeS) RLSs.

**Questions:** How were RLSs organized? What were the gains?

**Content:** The group of 18 1<sup>st</sup> year FM residents gathered weekly for 4 hours during 2019 for RLSs. The activities were oriented towards the achievement of 1<sup>st</sup> year’s learning objectives. Its members, in coordination with the local residency directorate, did the planning. In each RLS, a scientific article was discussed and a theme of interest presented by one resident. Moreover, other professionals were invited to discuss specific topics. Ideas, experiences and difficulties were debated. Afterwards, the teaching materials used were uploaded in a collective online platform.

**Discussion:** RLSs provided a place for share of knowledge, giving *us* the opportunity to address our learning needs. Besides that, they enabled us to develop skills in resource mobilization and meeting organization. Moreover, they provided regular interaction between all residents, sometimes isolated in their training units. This opened space for more collaborative experiences, an important gain for future practice.

**Take Home Message for Practice:** RLS’s are a valuable learning method which could be adopted by other residency programs.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1631

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

ePoster

### Assessing, the path to competence

Joan Arnau Rossello Galmes, Jose Antonio Vidal Ruiz, Oihana Aguirre Salegui, Julia Lopez Resusta, Patricia Sofia Suarez Lindblad, Jose Franco Lorente, Iraide Sierra Campillo, Carmen Peiro Agramunt, Cecilia Vicens Colom, Iñigo Alberto Segarra Sanchez-Cutillas  
*Ib-salut, Mahon, Spain*

### Background:

For five years we have been doing an evaluation of skills (objective structured clinical examination OSCE) as a part of the learning process for our residents.

### Questions:



The main goal of our test is to assess the competences that the general practitioners in training have developed every year, as well as to create positive reinforcement in their evolution doing feedback sessions and encouraging insight reflection.

### Methods:

The test is based on several examination stations where tutors and collaborator teachers assess the residents. Every station takes ten minutes and they are all based on different basis: patient information management, literature research, clinical interview, clinical skills such as stitching, bandages and cardiopulmonary resuscitation amongst others, and finally a fifty questions test. In total there are eleven stations.

The assessment is performed in the evening in a primary health centre and takes four hours.

### Outcomes:

Thanks to the quality of the evaluation and the good atmosphere, both residents and tutors enjoyed the evaluation. All scores proved satisfactory.

### Discussion:

OSCE is useful to test the competences that the residents are acquiring, and a good feedback leads to a proper management of improvement measures.

It is also worthwhile in order to foster teamwork, promote fellowship and build the right atmosphere for learning.

### Take Home Message for Practice:

The performance of the OSCE requires staff resources and management support.

This year 18 residents were assessed with the participation of 13 tutors, 12 collaborators and 3 actors.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1673

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Lernen zu Lehren - Erfahrungen mit und Einstellungen zu Didaktikschulungen von hausärztlichen PJ-Lehrärzt\*innen

Louisa Hecht, Thomas Kühlein, Anja Deinzer, Maria Sebastiao, Marco Roos

Allgemeinmedizinisches Institut, Friedrich-Alexander Universität Erlangen-Nürnberg, Erlangen, Germany

### Hintergrund:

Im Zuge der Rekrutierung von Nachwuchs und den Maßnahmen des Masterplans Medizinstudium 2020, gewinnt das PJ in der Allgemeinmedizin zunehmend an Bedeutung. Um die Lehrqualität über die Praxenvielfalt zu sichern, werden Lehrärzte durch medizin-didaktische Schulungen von den allgemeinmedizinischen Lehrstühlen auf ihre Aufgaben vorbereitet.

### Fragestellung:

Ziel dieser Arbeit ist es, die Erfahrungen der PJ-Lehrärzte mit medizin-didaktischen Schulungen und Herausforderungen bei der Implementierung zu explorieren.

### Methoden:

Im Rahmen einer qualitativen Interviewstudie wurden 10 PJ-Lehrärzte des Allgemeinmedizinischen Institutes der Universität Erlangen-Nürnberg zu ihren Erfahrungen befragt. Für die Auswertung der Interviews in Anlehnung an die zusammenfassende Inhaltsanalyse nach Mayring wird die Software MAXQDA verwendet.



## Ergebnisse:

Erste Ergebnisse zeigen, dass vielen Lehrärzten die Relevanz medizin-didaktischer Schulungen für die Betreuung PJ-Studierender unklar ist. Faktoren wie die zweitrangige Priorisierung der Lehrtätigkeit, Zufriedenheit mit der eigenen „Bauchdidaktik“, Distanzierung von der universitären Lehre, fehlende Vorstellung einer Erlernbarkeit guter Lehre und Zweifel bezüglich des Nutzens didaktischer Kompetenz für die eigene Lehre spielen eine Rolle. Angst vor mangelnder Zufriedenstellung eigener Bedürfnisse, einer Mehrbelastung und dem eigenen Blamieren erschweren eine Annahme dieser Trainingsangebote. Bewusstsein über die Wichtigkeit der eigenen Lehrfunktion, Unsicherheit in der Lehre und eine Identifikation mit dem Lehrstuhl begünstigen diese. Als hilfreich werden Weiterbildungen zur Förderung von Reflexion und zwischenmenschlichen Kompetenzen betrachtet. Die Äußerungen zeigen einen konkreten Wunsch nach kontinuierlicher Unterstützung.

## Diskussion:

Eine Divergenz von Bedürfnis nach Unterstützung und Unklarheit bezüglich des Stellenwertes medizin-didaktischer Schulungen für die hausärztliche Lehre ist erkennbar.

## Take Home Message:

Ein enger Kontakt zwischen Universität und Lehrärzten ist für einen nachhaltigen Erfolg von Didaktikschulungen wichtig.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1713

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

ePoster

## From Orient to Occident: Pecha Kucha meeting once a month

Nieves Domínguez, Cristina Ramos, Cristina Romero, Marta Castro

*Medicina de Familia y Comunitaria, SERGAS, A Coruña, Spain*

**Background:** Resident Physicians are training on different specialities. During their clinical clerkship they learning theory and practice, but when this time is over, nobody guarantees the knowledge has been acquiring properly. It is expected that tutors are supportive of the training, but they are working in the family medical center.

**Questions:** How can the resident physician ´s tutor improve the resident training in the especialities from the primary care center? Can work with all their resident physicians?

**Methods:** Tutor and her residents (R1, R2, R3, R4) arrange a meeting once a month in wich each resident makes a presentation PechaKucha like (20 slim, 20 seconds each) that shows) with their main learnings in the clerkship they have completed. After each presentation, tutor and residents discuss together theoretical and practical aspects.

**Outcomes:** The work before the PechaKucha presentation helps resident physicians acquire and fix knowledge. PechaKucha presentation improve communication skills and the subsequent discussion creates a positive work environment. The meeting once a month increases the relationship between residents and tutor. All that encourage the professional and personal growth.

**Discussion:** in a direct way, resident has the opportunity to be a speaker and apply the information learned last clerkship. In a indirect way, the resident improve teamwork and communication skills. All that encourage the professional and personal growth



**Take Home Message for Practice:** tutor can keep in touch with resident from the Family Medicine Center, it guarantees the quality of their training and acquisition of new skills.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1740**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

Science Slam

**Implementation of video recording with immediate feedback in real-time consultation in general practice (SENSAS study): an exploratory study of trainers**

Tan-Trung Phan, Cynthia Bundhoo, Monica Neagoe, Badr-Eddine Hicheur, Sophie Brossier, Emilie Ferrat, Florence Adeline-Duflot

*Department of Education and Research in General Practice, Paris-Est Creteil University, Creteil, France*

Immediate feedback is underused in the French medical education curriculum, specifically with video-recorded consultation.

The aim of this study was to evaluate the feasibility and the interest of video-recording with immediate feedback as a training and assessment tool of the learning process of general practice (GP) trainees.

We conducted a qualitative study using semi-directed interviews among 14 trainers of the XXX University between June 2018 and July 2019. The verbatim was subjected to a thematic analysis of content. This work is part of the SENSAS study also exploring the perception of the trainees and collecting quantitative data about recording consultations with a video camera.

Trainers considered video recording with immediate feedback to be a relevant learning tool for their trainees. They thought it had a key role in the worked-on vocational skills and in the practising of consultation structure; it could be integrated in the French GP curriculum. However, trainers declared that time was the main limiting factor for recordings and feedbacks with their trainees. They reported technical difficulties. If the use of this tool was generalized, it would require an upstream organization and some training of trainers. Video recording with immediate feedback in real-time consultation seems to be feasible and useful as a training and assessment tool of the learning process of GP trainees. It could constitute an additional tool for the certification of trainees. It would be necessary to think with trainers about the logistic implementation of this tool within training areas.

Conflict of interest / Interessenkonflikte  
yes / ja

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**Contribution ID: 1846**

**Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Narrative medicine as an academic activity: another perspective of the clinical encounter in medical teaching**

Tatiana Mandia, Gustavo Gusso, José Benedito Valladão, Ana Claudia Germani  
*Family Medicine, Universidade de São Paulo, São Paulo, Brazil*



**Background:** The literature indicates a decline in the idealism and humanism of the medical student at graduation, which requires valuation of new pedagogical practices. Narrative medicine evokes an interpretive repertoire in health care, not only for the greater understanding of patients' narratives -- for promoting greater complexity in understanding the singularities of each case -- but also for enabling doctors to open a channel for reflection on self-knowledge, to the point of exposing their conceptions of the world and placing them as an imaginary dialogue with themselves and with the point of view of others.

**Questions / Discussion Point:** To describe an experience of narrative writing in the discipline of Family Medicine with 5th year students of medicine of the University of São Paulo. The more frequent themes in the 175 written narratives produced in 2019 were analyzed.

**Content:** The themes that stood out were: surprise and admiration at the way patients dealt with their health conditions, insecurity and inhibition at the beginning of the meeting with patients and the fear of being invasive, difficulty in facing suffering and expressing emotions, greater empathy and increased bonding towards patients.

**Take Home Message for Practice:** The activity made evident the relevance of the narrative as a promoter of reflections about oneself and the perception of the feelings that are aroused in the clinical encounter, the development of empathy and communication skills, and the ability to identify, understand and deal with the emotions of others, which form a very desirable set of skills during medical training.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1847

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

ePoster

## Problem based Interview and narrative medicine in medical education: a descriptive analysis of a family medicine discipline implementation.

Tatiana Mandia, Gustavo Gusso

*Family Medicine, Universidade de São Paulo, São Paulo, Brazil*

**Background:** Primary Health Care disciplines requires a professional training which articulates different learning scenarios and assessment instruments, in order to develop different skills, such as technical and communicational.

**Questions:** Describing an implementation of a fifth year discipline from the Faculty of Medicine of the University of São Paulo (FMUSP) focusing on its main activities.

**Methods:** Documentary analysis of the Family Medicine discipline syllabus at FMUSP.

**Outcomes:** There are three main competences at the discipline: (1) consultations, minor procedures and cases discussion, (2) communication and (3) register. Communication skills were based on the Patient Centered Clinical Method concept. Videotape consultations are analysed in groups of 8 to 12 students through Problem Based Interview (PBI) methodology. The frame that guide registration activity is Problem Oriented Medical Record (POMR) and each student must produce one narrative in order to access emotions during consultations and train to summarize them at a concise POMR registration.

**Discussion:** The activities variety of the discipline is a strong point, emphasizing the PBI, an activity that allows each of the 180 students to have a videotaped and analyzed consultation. In addition, the elaboration



of a narrative, in medical training, constitutes a space for reflection on the clinical encounter, in which the student is encouraged to express feelings.

**Take Home Message for Practice:** Narratives are a strong education tool for emotional skills; the difference of structured register and narratives must be approached at clinical rotations; PBI is a feedback model which fit for medical student training communication skills

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1858

#### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

#### Presentation form / Präsentationsform

ePoster

#### Clinical simulation: an undergraduate teaching tool, in tutored practices in Family Medicine

Leticia Sierra-Martínez<sup>1)</sup>, Rosario Martínez-Fuerte<sup>2)</sup>, Natalia Sanz-González<sup>3)</sup>

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<sup>3)</sup>Parquesol Senior Center, JCyL Social Services Gerency, Valladolid, Spain

#### Objectives:

Proactive training through clinical simulation is intended to be part of tutored practices in Family Medicine.

#### Methodology:

Students of the 6th year of the medical degree perform tutored internships in Family Medicine, they are pre-professional practices, in the form of a clinical rotatory, with a final evaluation of the typical competencies of Family Medicine.

Among the teaching tools used is proactive training, a "role-playing game". A student plays a doctor and a student makes a patient. The tutor explains to the student/patient the clinical situation to work outside the environment, so that he assumes the patient character, then knocks on the door, begins the action. And as the session progresses, the game master helps, directs or freezes the scene and reviews the most important points or corrects data that should not be overlooked. If everything flows naturally it is allowed to act, at the end the evaluation checklists and ends with questions or comments.

#### Results:

Field learning through simulations of clinical situations, closes with the subsequent reflection on what learned through the elaboration of the practice book where students perform a self-assessment and do so with a note between 7-10 in 95% of students.

#### Conclusions:

It has been shown that the learning curve is accelerated by teaching technical skills through simulation. Safely, without patients, being able to evaluate successes and errors, it causes the student to reflect on the clinical and coordination failures that must be corrected. The skills acquired during this exercise are transferable to reality.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1860

#### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung



## Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## MoThüvation – Befragung Thüringer Hausärzt\*innen zur Lehrmotivation

Louisa Daunert, Jutta Bleidorn, Inga Petruschke

*Institute for General Practice and Family Medicine, University Hospital Jena, Jena, Germany*

### Hintergrund/Fragestellung:

Für Medizinstudierende in Deutschland sind in der Approbationsordnung (ÄAppO) bisher ein zweiwöchiges Blockpraktikum Allgemeinmedizin sowie eine hausärztliche Famulatur vorgeschrieben. Darüber hinaus kann ein Teil des letzten Studienjahres in einer Hausarztpraxis absolviert werden. Im Entwurf der neuen ÄAppO sind weitere Ausbildungsabschnitte im hausärztlichen Setting verankert. Für diese praktischen Ausbildungsabschnitte, deren Bedeutung über die reine Wissensvermittlung hinausgeht, braucht es weitere Hausärzt\*innen, die bereit sind, sich an der studentischen Lehre zu beteiligen. Welche Motivatoren bzw. Barrieren diesbezüglich existieren, soll in der geplanten Befragung eruiert werden.

### Methode:

Alle Thüringer Hausärzt\*innen (ca. 1.500) erhielten im Zeitraum von März bis Mai 2020 einen anonymen, zweiseitigen Fragebogen, der soziodemographische und Angaben zur Praxis, zwei Dimensionen von Motivation (persönlicher Vorteil und Engagement) sowie konkrete Hindernisse und Anreize hinsichtlich der Beteiligung an der Lehre erhebt (Querschnitt). Die ausgefüllten Fragebögen werden gescannt und die Ergebnisse in SPSS übertragen. Es erfolgen deskriptive und Korrelationsanalysen: Zusammenhang zwischen soziodemographischen Charakteristika bzw. Praxisgegebenheiten und der Lehrmotivation.

### Ergebnisse:

Ein Rücklauf von ca. 20% wird erwartet (N ca. 300). Die Ergebnisse liegen zum Tagungszeitpunkt vor.

### Diskussion:

Die Ergebnisse werden vor dem Hintergrund der aktuellen Literatur diskutiert. Es soll abgeleitet werden, welche Anreize geschaffen und welche Barrieren abgebaut werden könnten, um Hausärzt\*innen die Beteiligung an der Ausbildung Studierender zu erleichtern. Die Formulierung von übertragbaren Empfehlungen dazu wird angestrebt.

### Take Home Messages:

folgen

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1862

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Corona-TED: Konzept und Ergebnisse einer online-Befragung unter Ärzt\*innen in Weiterbildung.

Andreas Klement, Catharina Klinkhart, Torben Ibs, Sebastian Longard, Thomas Frese, Marcus Heise  
*Institut für Allgemeinmedizin, Universität Halle-Wittenberg, Halle (Saale), Germany*

**Hintergrund:** Die Erfordernisse und Auswirkungen der Corona-Pandemie treffen Ärzt\*innen und deren Patient\*innen sowohl auf den Ebenen persönlichen wie professionellen Empfindens wie Verhaltens.



Grundlagen hausärztlichen Arbeitens wie Kontinuität, Nähe und niedrigschwellige Erreichbarkeit müssen veränderten Bedingungen angepasst werden. Dies stellt eine erhebliche professionelle Herausforderung für Ärzt\*innen in Weiterbildung (ÄiW) dar.

**Methode:** Während zwei Seminartagen für alle ÄiW Allgemeinmedizin in Sachsen-Anhalt erhoben wir mittels online-Abstimmung (GoogleFormular) selbsteingeschätzte psychische Gesundheit (PHQ-4) und 4-Punkt-Likert-Ratings zu vier Fragenblöcken: subjektives und professionelles Erleben, Gefährdung und Bedarfe / Konsequenzen mit insgesamt 23 Items. Für die Auswertung wurde SPSS Statistics 25 genutzt.

Ergebnisse: Insgesamt erwartet werden mit ca. 120 Teilnehmer (davon ca. 70 % online, 30 % präsent) etwa 50 % aller ÄiW in Sachsen-Anhalt. Im PHQ-4 werden sich voraussichtlich erhöhte Werte für Ängstlichkeit und Depressivität finden, wobei höhere Merkmalsausprägungen im PHQ-4 mit negativen Ratings zu subjektiven und professionellen Erleben sowie Gefährdung korrelieren könnten. Umso negativer Erleben und Gefährdung beschrieben werden – umso höher werden annehmbar die Ratings für Bedarfe / Konsequenzen zu Fortbildung und Unterstützung der ÄiW ausfallen.

**Diskussion:** Unsere Ergebnisse werden wir einerseits vor dem Hintergrund (laufender anderer) Veröffentlichungen zum „professional burden“ und „corona debriefing“ auswerten, andererseits aber auch in ihrer möglichen Funktion als „Impuls-Befragung“ für die Überleitung zu einem Gruppenprozess im Format eines anschließenden „world cafe“ zu „professioneller Weiterentwicklung in Zeiten der Krise“ beschreiben.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 1864**

### **Abstract subtopic / Abstract Unterthema**

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### **Presentation form / Präsentationsform**

ePoster

## **COVID-19 Pandemie: Belastungsattribute und Präventionsansätze in der Facharztausbildung**

Anna-Maria von Oltersdorff-Kaletka<sup>1, 2)</sup>, Janina Meinel<sup>1)</sup>, Karen Voigt<sup>2)</sup>, Thomas Mundt<sup>3)</sup>, Markus Bleckwenn<sup>3)</sup>, Antje Bergmann<sup>2)</sup>, Mandy Gottschall<sup>1)</sup>

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<sup>2)</sup>Bereich Allgemeinmedizin MK3, TU Dresden, Dresden, Germany

<sup>3)</sup>Kompetenzzentrum Allgemeinmedizin Sachsen, Selbstständige Abteilung für Allgemeinmedizin, Universität Leipzig, Leipzig, Germany

### **Hintergrund:**

Im Kontext der durch die Corona-Pandemie resultierenden Herausforderungen, denen Ärztinnen und Ärzten in Weiterbildung (ÄiW) gegenüberstehen, entwickelte das Kompetenzzentrum Allgemeinmedizin Sachsen (KWA<sup>Sa</sup>) eine Studie zum Umgang mit dem neuartigen Corona-Virus.

### **Fragestellung:**

Es soll untersucht werden, wie sich das Stimmungsbild im beruflichen Kontext von ÄiW durch eine solche Pandemie verändert, um in diesem Zusammenhang Belastungsattribute und den Umgang mit diesen zu erforschen.

### **Methode:**

Seit Mai 2020 wird unter allen seit 2018 im KWA<sup>Sa</sup> eingeschriebenen ÄiW (n=316) eine Querschnittstudie als Onlinebefragung durchgeführt. Der Fragebogen besteht aus drei Themenblöcken: (1) mentales Wohlbefinden im Pandemiekontext, (2) Erwartungen, Befürchtungen und Schutzmaßnahmen im beruflichen Alltag sowie



(3) Bewertung der formellen und informellen Informationsbeschaffung zu Schutzmaßnahmen in der hausärztlichen Versorgung zur Prävention weiterer SARS-CoV-2-Infektionen. Der Fragebogen wurde mittels eines Mixed-Methods-Ansatz aufgebaut.

### Ergebnisse:

Erste Zwischenergebnisse zeigen die Relevanz dieses Themas. 60,7% der ÄiW geben an, dass ihnen das Corona-Virus Sorgen bereitet. Auch der Umgang mit PatientInnen wird bei 57% der ÄiW als eher unsicher empfunden. Zudem wird in den offenen Antwortmöglichkeiten oft der „[...] Wunsch nach Trainings zu Pandemiesituationen und [...] bessere Vorbereitungen [...]“ geäußert.

### Diskussion:

Im Kontext der Pandemie ist anzunehmen, dass in der Weiterbildung auch zukünftig vermehrt sowohl medizinische, infektiologische Inhalte als auch Präventionsmaßnahmen und Bewältigungsstrategien thematisiert werden sollten.

### Take Home Message für die Praxis:

Durch die Studie soll der Unterstützungsbedarf von ÄiW in Krisensituationen wie der Corona-Pandemie aufgezeigt werden. Gleichzeitig können die Ergebnisse der Umfrage genutzt werden, um passende Weiterbildungsangebote für KWA<sup>Sa</sup> zu entwickeln.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1873

### Abstract subtopic / Abstract Unterthema

4.1. Undergraduate and postgraduate practice training / Aus- und Weiterbildung

### Presentation form / Präsentationsform

ePoster

## Evaluation of medical webinar about the knowledge of medical students according to the prediction and managing of cardiovascular disease risk, during COVID-19 pandemic

Aristofanis Paganas<sup>1, 2)</sup>, Stamatia Kokkali<sup>1)</sup>, Emmanouil Smyrnakis<sup>1)</sup>

<sup>1)</sup>Laboratory of Primary Health Care, General Practice and Health Services Research, Medical School, Aristotle University of Thessaloniki, Greece, Thessaloniki, Greece

<sup>2)</sup>Health Center of Litochoro, Greek National Health System, Litochoro, Greece

**Background:** A webinar which focused on CVD risk took place, aiming to the estimation of the level of knowledge of graduated medical students of AUTH. **Methods:** A week earlier, specific material about the management of hypertension (HT), diabetes mellitus (DM) and dyslipidaemia (DL), was distributed to the participants. 107 students attended the seminar. A 20-item questionnaire was distributed through the internet, both in the beginning and after the conclusion. The 1<sup>st</sup> questionnaire was filled in by 91 students and the 2<sup>nd</sup> by 82. For the statistical analysis, the  $\chi^2$  test was used. **Outcomes:** Questions were divided in four groups according to their factor relevance. Concerning DL, 12.1% (11) of the students answered correctly in 5 questions and 3.3% (3) in 6, at the 1<sup>st</sup> questionnaire. At the 2<sup>nd</sup> the students who answered correctly were 23.2% (19) and 23.2% (19), respectively. Concerning DM, 13.2% (12) of the students answered correctly all the questions and this percentage was raised to 43.9% (36) at the 2<sup>nd</sup> one ( $p < 0.001$ ). Concerning HT, the percentage was increased from 27.5% (25) to 47.6% (39), ( $p = 0.024$ ). Finally, regarding CVD risk prevention, the percentage was increased from 8.8% (9) to 24.4% (20), ( $p < 0.001$ ). **Discussion:** The results of this webinar are partially positive and encouraging, showing us alternative teaching methods. Of course, further evaluation must be conducted after a 4-month period, focusing on the same audience, to certify the long-lasting effects. The COVID-19 pandemic could be a chance for developing new teaching methods, like



webinars. In Greece, webinars are not so popular, and it might need a greater research to evaluate their effectiveness and acceptance.

Conflict of interest / Interessenkonflikte  
no / nein

## 4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Contribution ID: 14

#### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

#### Presentation form / Präsentationsform

WONCA only / Nur WONCA: WONCA Symposium

### Impact of participation in CME small group learning on stress, morale, and professional isolation of rural general practitioners.

Stephanie Dowling<sup>1</sup>, Jason Last<sup>1</sup>, Henry Finnegan<sup>2</sup>, John Bourke<sup>2</sup>, Pat Daly<sup>2</sup>, Conor Hanrahan<sup>2</sup>, Pat Harrold<sup>2</sup>, Geoff McCoombe<sup>1, 2</sup>, Walter Cullen<sup>1</sup>

<sup>1</sup>Department of Medicine, University College Dublin, Ireland, Dublin, Ireland

<sup>2</sup>General practice, ICGP, Dublin, Ireland

#### Background:

The pressures of general practice contribute to high levels of stress, low morale and burnout in some general practitioners (GPs). In addition, rurally based doctors may experience significant professional isolation. Participation in continuing medical education (CME) appears to reduce stress, and may improve the retention of rural GPs.

#### Aim:

As part of a larger study devised to examine the effectiveness of regular participation in CME small group learning (SGL) on rurally-based Irish GPs, this study explored whether CME-SGL had any impact on GP stress, morale, and professional isolation.

#### Design and setting:

This was a qualitative study involving four CME-SGL groups based in rural Ireland.

#### Method:

Semi-structured focus group interviews were conducted in established CME-SGL groups in four different rural geographical locations. Interviews were audio recorded, transcribed verbatim, and analyzed thematically.

#### Results:

All members of these CME-SGL groups (n=43) consented to interview. These GPs reported that regular meetings with an established group of trusted colleagues who are 'in the same boat' provided a 'safe space' for discussion of, and reflection on, both clinical concerns and personal worries. This interaction in a supportive, non-threatening atmosphere helped to relieve stress, lift morale, and boost self-confidence. The social aspect of CME-SGL sustained these rural GPs, and served to alleviate their sense of professional isolation.

#### Conclusion:



Delivery of CME through locally-based SGL provides as an important means of supporting GPs working in rural areas. The non-educational benefits of CME-SGL as described by these Irish GPs are of relevance for rural doctors in other countries.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 15**

**Abstract subtopic / Abstract Unterthema**

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

**Presentation form / Präsentationsform**

WONCA only / Nur WONCA: WONCA Symposium

**How does small group continuing medical education (CME) impact on practice for rural GPs and patients? A mixed methods study.**

Stephanie Dowling<sup>1</sup>), Jason Last<sup>1</sup>), Henry Finnegan<sup>2</sup>), John Bourke<sup>2</sup>), Pat Daly<sup>2</sup>), Conor Hanrahan<sup>2</sup>), Pat Harrold<sup>2</sup>), Geoff McCoombe<sup>1</sup>), Walter Cullen<sup>1</sup>)

<sup>1</sup>Department of Medicine, University College Dublin, Ireland, Dublin, Ireland

<sup>2</sup>General Practice, ICGP, Dublin, Ireland

**Aims:**

This study was designed to see if small group continuing medical education (CME) changes clinical practice for rural GPs.

**Methods:**

This mixed methods study recruited GPs from four CME small group learning (SGL) groups run by different tutors based in different rural geographical locations in the Republic of Ireland. Following an educational needs assessment, a two-hour teaching module was devised which focused on deprescribing of medications. Assessment of educational outcomes for both doctors and their patients was through questionnaires, prescribing audits and qualitative focus groups.

**Results:**

All GPs (n=43) in these four CME-SGL groups agreed to participate, 27 of whom (63%) self-identified as being in rural practice. Doctors in rural practice were more likely to be male (56%), in practice for longer (19 years), and attending CME for longer (13 years). The questionnaires showed that predefined learning outcomes were achieved, and that knowledge increased immediately after the education and was maintained 6 months later. Forty GPs (93%) volunteered to conduct an audit; 24 GPs (60%) completed audits involving 191 patients. Of these, 152 (79.6%) were de-prescribed medication. In the qualitative focus groups GPs reported making prescribing changes to other patients not involved in the audit. They reported that sharing experiences with peers helps them to improve patient care and helps with the practical application of guidelines among their patients.

**Conclusions:**

For rural GPs, locally-based CME-SGL involving discussion of cases and the practical implementation of evidence based guidelines, when associated with audit, can lead to changes in patient care.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 24**

**Abstract subtopic / Abstract Unterthema**



4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

**Presentation form / Präsentationsform**  
ePoster

## **A Comparison of GP training in Germany and the UK**

Charlotte Morris

*Centre For Primary Care, University of Manchester, Manchester, United Kingdom*

### **Background:**

European GP Trainees can apply for the 'Erasmus Plus' or Hippocrates European GP exchange programmes to experience 2 weeks of General Practice in a different country. The exchange program promotes international collaboration and understanding in General Practice and the opportunity to learn, reflect on and share good practice. After completing my exchange from my practice in Manchester, England to Oldenburg, Northern Germany during my ST3 year I learned that the structure of training for General Practitioners between the two countries is very different.

### **Aims:**

This abstract presents key similarities and differences between GP training in Germany and the UK. Qualitative work is presented around the experience of GP trainees in the UK and Germany.

### **Results:**

The comparison of GP training in the UK and Germany covers the following areas:

- Role of the GP trainee
- Teaching and Supervision
- Structure of training
- The GP Training curriculum
- Assessments of trainees
- Personal experiences of training

### **Discussion:**

The UK has a more structured GP training programme than Germany. The UK training is closely supervised with regular teaching sessions and standardized exams. The German system has greater flexibility. The curriculum is similar between the two countries. Emerging qualitative themes were positive attitudes towards protected study time and a structured training route.

### **Conclusions:**

GP trainee exchanges are a valuable way to promote international collaboration and good practice. British and German training pathways are as highlighted by a practice exchange between Manchester and Oldenburg. There are positive and negative aspects to both systems.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 152**

### **Abstract subtopic / Abstract Unterthema**

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag



## **An experimental Focused cardiac ultrasound (FOCUS) conducted by family physicians at patients with a high risk of cardiovascular diseases.**

Mihai Iacob

*Research Department, The European Ultrasound Working Group-EUVEKUS / EADUS / AEDUS / ADVITAM-MEDICIS SRL., Timisoara, Romania*

FOCUS is a complement of the clinical-exam, for the evaluation of the structural/functional/hemodynamic abnormalities of the heart in the hemodynamic-critical-patient. This study aimed to evaluate the diagnostic accuracy of FOCUS performed by family-physicians compared to echocardiography performed by a cardiologist at the patients with a high-risk of cardiovascular-diseases.

**Methods:** We made FOCUS on the patients which present after clinical-examination the suspicion of cardiac pathology and use the five-standard-cardiac-scans. We conducted a prospective-observational-cross-sectional-study of 1780 patients with high-cardiovascular-risk. High-risk-patients identified on inclusion-criteria, were first examined by a family-doctor with expertise, subsequently compared with ultrasound review by cardiologists, to determine the accuracy of this application. We have developed a Computerized-Diagnostic-Algorithm of the cardiac-pathology detected by non-cardiologists. The agreement between family-physicians and cardiologists on each finding, was evaluated using Cohen's kappa coefficient with 95%CI.

### **Results:**

We identified 585 patients with cardiac-pathology and subsequently confirmed by the cardiologist. We did the descriptive-statistical-analysis of the echocardiographic-cases detected. The accuracy of FOCUS-screening in primary care, was 96.07% with a sensitivity: 95.12% and specificity: 96.57%,  $p < 0.001$ , for all 1780 emergency-patients which were subsequently confirmed by the cardiologist as the "Gold-Standard" method. The prevalence of cardiac-pathology was: 34.55% with 95%CI: 32.34% at 36.81%. Reports of the two-groups for identifying cardiac-pathology showed 95%-agreement ( $k = 0.88$ ; 95%CI = 0.81–0.95), standard-error: 0,037.

### **Conclusion:**

FOCUS performed by trained-family-physicians is comparable to echocardiography performed by cardiologists. It could be a reliable tool and screening-test for the initial diagnosis of patients suspected of cardiac-abnormalities and we propose as a complementary-diagnostic tool followed by referral to the cardiologist.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 174**

### **Abstract subtopic / Abstract Unterthema**

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### **Presentation form / Präsentationsform**

Workshop

### **Feedback on Consultation Skills**

Bernadeta Bridgwood, Natascha Glover

*Cardiovascular sciences, Junior International Committee/University of Leicester, Staffordshire, United Kingdom*

### **Background:**

Patient-healthcare professional consultations are the bedrock of all medical practice. During a professional lifetime, most doctors will conduct an average of 200,000 consultations. Communication is a key ingredient



to taking a patient centered approach. When these skills are not used successfully, the results are patient dissatisfaction, complaints, errors in diagnosis and treatment, and compromised patient safety. Poor communication remains the most frequent cause of patient complaints. The acquisition and maintenance of good communication skills should be seen as a life-long learning task. Having the opportunities to be observed during a consultation with a patient and receive individualised feedback is crucial in becoming aware of one's communication skills and areas for improvement.

### Target group:

The workshop is aimed at healthcare professionals involved in teaching/training/mentoring/peer review and who wants to find out more information about improving their competence in teaching. This will be a safe and friendly environment to learn skills to use in everyday practice.

### Didactic method:

This interactive workshop aims to exploit mixed learning methods – didactic teaching/small-group work/sequential feedback.

### Objectives:

The objective is to provide workshop participants with a practical and working knowledge of the role of feedback and how this can be embedded into their practice to improve their own performance and that of their trainees/colleagues

### Estimated number of participants:

30

### Brief presentation of the workshop leader:

Dr Bernadeta Bridgwood is a family doctor (UK), an Academic Clinical Lecturer in Education and co-educational lead at her family practice.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 189

### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Presentation form / Präsentationsform

Lecture / Vortrag

## The impact of mental health workshops for community physicians in increasing access to mental health care in a Brazilian setting

Maria Helena Pereira de Oliveira, Guilherme Nabuco Machado

*SES DF, Brasilia Department of Health, Brasília, Brazil, Brasília, Brazil*

**Background:** Many individuals with mental health disorders remain untreated although effective treatment exists. The gap is particularly wide in low and middle income countries, such as Brazil. One of the strategies suggested by the World Health Organization to reduce the gap, is to integrate mental health into primary care. A group of family physicians and psychiatrist created a collaborative care model, in Brasilia, Federal District, Brazil. A series of workshops were delivered to primary care doctors

**Questions:** Were these workshops able to reduce referrals from primary to secondary care?

**Methods:** An observational longitudinal study was conducted, with monthly measures of referrals from primary care to secondary care psychiatry, between October 2017 and October 2019. Twenty physicians who enrolled in the workshops were included in the analysis. The control group consists of 20 physicians who did



not attend the workshops. All tests were performed with 95% confidence. The tests applied were: Shapiro-Wilk Normality Test, Wilcoxon Test for two samples and Kruskal Wallis test for comparison of several samples.

**Outcomes:** For those who attended the workshops at least twice, there was a statistically significant decline in referrals, with a P value of 0.04. There is a general trend toward increase in referrals for those who did not attend the workshops.

**Discussion:** The workshops seem to be an interesting strategy to increase access to mental health in primary care, and reduce referrals to secondary care.

**Take Home Message for Practice:** Innovative teaching methods are interesting tools to increase access to mental health care.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 190

#### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Care of school aged children with attention deficit and hyperactivity disorder in primary care

Maria Helena Pereira de Oliveira, Guilherme Nabuco Machado

SES DF, Brasilia Department of Health, Brasília, Brazil, Brasília, Brazil

**Background:** Attention Deficit Hyperactivity Disorder (ADHD) is one of the leading and most neglected mental disorders. It is associated with unsatisfactory school performance, conflicting social relationships, and low self-esteem. There is little national literature on the approach to ADHD in Primary Care. Some international experiences shed light on the subject, but with no homogeneity.

**Questions:** What are the potentials and limitations of primary care in diagnosing and treating schoolchildren with ADHD?

**Methods:** For registration, systematization and analysis of the material that constitutes the object of this study, qualitative methodology was adopted. A total of 05 cases of schoolchildren with a diagnosis of ADHD were selected. They were all treated at the Primary Care Clinic Vila Basevi. The medical records were analyzed and supplemented with semi-structured interviews with parents and teachers, as well as the matrix support psychiatrist. Systematization was carried out using narrative medicine. Thematic analysis was applied, using the essential attributes of primary care as categories: access, continuity and coordination of care.

**Outcomes:** It was possible to design a flow of care and outline specific techniques for treating school children with ADHD in primary care, involving aspects inherent to team and community-based work.

**Discussion:** This is a pioneer study. It is therefore clear that new research initiatives are needed to increase knowledge on the subject as well as to improve primary care resolutivity.

**Take Home Message for Practice:** ADHD diagnosis and treatment in primary care is an important tool to increase access and improve outcomes.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 225

#### Abstract subtopic / Abstract Unterthema



4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

**Presentation form / Präsentationsform**  
ePoster

### **Interns' meeting in a Family Unit**

Ana Rita Pereira, Catarina Fortunato  
*USF Moliceiro, Aveiro, Portugal*

#### **Background:**

Meetings are an important way to keep the team in sync and to plan and promote initiatives. When effective, they allow us to share information, gather feedback and make decisions. As interns of Family Medicine in the Moliceiro Family Unit, we strive for a continuous better education, such for ourselves as for others in different professional internships in this Family Unit.

#### **Practice report:**

We report the establishment of an interns' meeting in our Family Unit. The interns' meeting emerged as a way to promote the planning of our activities in the internship and the integration of other interns doing short internships in this Family Unit. In order to do so, we prepared a manual for the interns explaining the unit operation and values, and also created a satisfaction survey for them.

The meetings started in September 2019, once a week, during one-hour and a half. There, we discussed the themes to present in the multi professional Family Unit Meeting or in congresses, and we prepared flyers to promote health education among the children.

#### **Discussion and take home message for practice:**

Our main goal with this initiative was to improve our professional qualifications as individuals as well as our Family Unit Team.

We had a good acceptance by our training counselors and would like to continue the development of this project improving what is not yet so good.

Conflict of interest / Interessenkonflikte  
no / nein

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#### **Contribution ID: 262**

#### **Abstract subtopic / Abstract Unterthema**

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

#### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **Effectiveness of a general practitioner-targeted educational intervention to improve pain management in children with acute otitis media: a cluster randomised controlled trial**

Rick van Uum<sup>1</sup>, Roderick P Venekamp<sup>1</sup>, Nicolaas PA Zuithoff<sup>1</sup>, Aliès Sjoukes<sup>1</sup>, Alma C van de Pol<sup>1</sup>, Anne GM Schilder<sup>2</sup>, Roger AMJ Damoiseaux<sup>1</sup>

<sup>1</sup>Julius Center for Health Sciences and Primary care, University Medical Center Utrecht, Utrecht, Netherlands

<sup>2</sup>EvidENT Ear Institute, University College London, London, United Kingdom

Pain management in acute otitis media (AOM) is often suboptimal, potentially leading to unnecessary discomfort, general practitioner (GP) reconsultation and antibiotic prescribing.



What is the effectiveness of a GP-targeted educational intervention to increase analgesic use for children with AOM?

In this pragmatic cluster RCT, GPs in 37 practices (intervention n=19; control n=18) across the Netherlands recruited 224 children with GP-confirmed AOM and ear pain (intervention n=94; control n=130) between February 2015 and May 2018. GPs in practices allocated to the intervention group received online and face-to-face training. They were trained to discuss pain management with parents using an information leaflet, and prompted to prescribe analgesics using weight-appropriate dosing. GPs in the control group provided usual care.

Mean ear pain scores over the first three days were similar between groups (4.66 versus 4.36; adjusted mean difference -0.05, 95%CI -0.93 to 0.83), whereas analgesic use, in particular ibuprofen, was higher in the intervention group. The total number of antibiotic prescriptions during the 28-day follow-up was similar (mean rate 0.43 versus 0.47, aRR 0.97, 95%CI 0.68 to 1.38). Children in the intervention group were much more likely to reconsult for AOM-related complaints: mean rate 0.70 versus 0.41 (aRR 1.73, 95% CI 1.14 to 2.62).

An intervention targeting greater analgesic use for AOM increases the use of ibuprofen, but does not provide symptomatic benefit or reduce antibiotic use, and builds on previous evidence that advice to use NSAIDs is not beneficial and might actually cause harm.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 318**

### **Abstract subtopic / Abstract Unterthema**

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Online-Recherche im Praxisalltag – Eine Befragung von FachärztInnen und ÄrztInnen in Weiterbildung**

Zirngibl Isabella, Julian Halder, Christian Förster, Stefanie Joos

*Institut für Allgemeinmedizin und interprofessionelle Versorgung Tübingen, Institut für Allgemeinmedizin und interprofessionelle Versorgung Tübingen, Tübingen, Germany*

### **Hintergrund:**

Das medizinische Wissen nimmt stetig zu und soll sich im Jahr 2020 bereits alle 73 Tage verdoppeln. Vor diesem Hintergrund werden effektive Recherchestrategien in der Praxis immer wichtiger.

### **Fragestellung:**

Das Projekt hat zum Ziel, das Online-Rechercheverhalten von HausärztInnen zu erfassen.

### **Methoden:**

Es wurde ein Fragebogen mit 9 Fragen zum Rechercheverhalten sowie 7 Items zur Demographie konzipiert, der postalisch an 829 zufällig ausgewählte hausärztlich tätige ÄrztInnen in der Tübinger Region sowie per Email an 488 ÄrztInnen in Weiterbildung (ÄiW) verschickt wurde. Die zum jetzigen Zeitpunkt vorliegende Zwischenanalyse beinhaltet die deskriptive Statistik der postalischen Befragung.

### **Ergebnisse:**

Die Zwischenanalyse (Rücklauf n=237 [29%], 57% männlich, 48% über 55 Jahre alt) zeigt, dass n=158 [67%] der Befragten täglich recherchieren, n=141 davon auch während der Sprechstunde. Dabei nutzen 83% häufig/sehr häufig Internetsuchmaschinen wie Google, gefolgt von Wikipedia (41%) und den Leitlinien



der DEGAM (33%). Am häufigsten recherchiert wurde nach medizinischen Inhalten (Diagnostik, Therapie; n=205), Medikamenten (Dosierung, Interaktionen; n=173) und Kontaktinformationen (Kollegen, Krankenhäuser; n=123). Grundsätzlich sind n=199 [84%] mit den Ergebnissen ihrer Recherche zufrieden.

### **Diskussion:**

Den Zwischenergebnissen zufolge recherchieren zwei Drittel der Befragten täglich nach Informationen und nutzen mehrheitlich das Internet. Überwiegend werden dabei wissenschaftlich nicht sicher validierte Quellen genutzt, wobei die Ergebnisse bei den ÄiW abzuwarten bleiben.

### **Take Home Message für die Praxis:**

Elektronische Experteninformationssysteme scheinen bisher keine Rolle in deutschen Hausarztpraxen zu spielen. Die hohe Verbreitung lernunterstützender Softwaretools im Studium könnte dies ändern und Potential für einen besseren Wissenstransfer in die Praxis z.B. im Bereich medizinischer Leitlinien bergen.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 345**

#### **Abstract subtopic / Abstract Unterthema**

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

#### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **Attention Deficit Hyperactivity Disorder (ADHD) - Deconstruct Myths, Seek Solutions**

*Vera Sousa, Cláudia Alves, Mónica Lopes, Tiago Simões*

*ARS Algarve, Faro, Portugal*

Attention Deficit Hyperactivity Disorder (ADHD) has gained medical credibility through visible evidence in recent decades and is probably associated with the institution of compulsory education and the increased number of hours children spend in structured activities. ADHD causes suffering as it affects the child at personal, family and academic levels, and can continue in adulthood in about one third of sufferers. It is a still poorly understood chronic disease that carries a high stigma in society, which sometimes delays diagnosis and increases therapeutic inertia. Effective treatment, which improves prognosis, and support between the general practitioner, **child**, family, school, and community is critical to therapeutic success. Due to the fact that ADHD is particularly disruptive in the school context, it seemed relevant for us to undertake training with the teaching community, with the purpose of reflecting on ADHD issues, explaining diagnostic criteria, exposing the resources that current medicine can provide and listening to and attempting to resolve teachers' doubts and difficulties.

Target population: 12 primary and secondary school teachers. Duration of training: 3 hours

Training Organization: National Federation of Teachers (Portugal)

Results: The training was very well received, we have 60 new registrations and new dates have been proposed in other cities.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 346**

#### **Abstract subtopic / Abstract Unterthema**

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen



## Presentation form / Präsentationsform

ePoster

### The tyranny of teenage beauty: sport and nutrition. What knowledge hides?

Lázaro De Castro<sup>1</sup>), Ana Cristina Menéndez López<sup>2</sup>), Aránzazu Sánchez de Toro Gironés<sup>2</sup>), Almudena Carrasco Angulo<sup>3</sup>), Guadalupe Fernández Cañavate<sup>2</sup>), Celia Beatriz De Castro Bermejo<sup>2</sup>), Francisca María Aceituno Villalba<sup>2</sup>), Ángela Martínez Fernández<sup>2</sup>), Manuel Felipe Nevado Aponte<sup>2</sup>), Sonia Falla Jurado<sup>2</sup>)

<sup>1</sup>)HULAMM, Servicio Murciano de Salud, Paraje Torreoctavio 54. Pozo Aledo, Spain

<sup>2</sup>)Centro de salud de San Javier, Servicio Murciano de Salud, Murcia, Spain

<sup>3</sup>)Centro de Salud de San Pedro del Pinatar, Servicio Murciano de Salud, Murcia, Spain

**Objectives:** Main: Quantify the degree of knowledge about nutrition in adolescent sportsmen and where they have acquired it. Secondary Quantify knowledge about protein consumption, anabolicizers, energy drinks

**Methodology:** Cross-sectional descriptive study, questionnaire with 31 items voluntarily completed by 118 adolescents, after receiving a talk about sports and nutrition. Previously validated. Sampling for exhaustion. G stat 2.0

**Results:** 118 children from 16 to 17 years old, both sexes at 50%. Sports 65%, mainly football and gym (16%). They recognize (75%) that they do not have enough knowledge and have acquired them online, although 47% have talked to a doctor. More than 80% know the benefits of exercise, as well as muscular atrophy due to misuse of weights. More than 77% know the effects of the intake of large amounts of protein. Approximately 80% identify cereals and unsaturated fats as an energy source. 62% know the effects of caffeine. 87% of the organic and mental effects of anabolics. About 85% know the importance of salt and hydration. 40% know someone who consumes anabolic, 30% consumption of energy shakes and 72% of energy drinks.

**Conclusions:** Although adolescents have sufficient knowledge about training and nutrition in athletes, they acquire them through social networks, considering experts on youtubers or any comments published on the Internet without comparing their truthfulness. It is a stage of great vulnerability, so from Primary we want to draw attention to the importance of community activities aimed at avoiding the risks posed by the sickly obsession with one's own image

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 365

#### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

#### Presentation form / Präsentationsform

Workshop

### Challenges and opportunities for creating a positive learning environment in general practice for learners at all levels

Constance Dimity Pond<sup>1</sup>), Catherine Regan<sup>2</sup>), Nicole Ryan<sup>3</sup>), Miriam Grotowski<sup>2</sup>), Brian Jolly<sup>3</sup>), Jennifer May<sup>2</sup>), Kerry Peek<sup>4</sup>)

<sup>1</sup>)Discipline of General Practice, The University of Newcastle, Callaghan/Newcastle, Australia

<sup>2</sup>)Department of Rural Health, The University of Newcastle, Tamworth, Australia

<sup>3</sup>)School of Medicine and Public Health, The University of Newcastle, Callaghan/Newcastle, Australia

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<sup>4)</sup>*Discipline of Physiotherapy, The University of Sydney, Lidcombe/Sydney, Australia*

## Background:

This workshop topic is one of a collection of modules constituting a new Certificate in Clinical Teaching and Supervision with face-to-face and online delivery options for maximum flexibility. It was developed for General Practitioners (GPs) by GPs in current practice, alongside educational academics.

## Target Group:

GPs involved in teaching in the clinical context at all levels.

## Didactic Method:

Framework of a PowerPoint presentation regarding the theoretical concepts and challenges of creating a positive learning environment in the GP context. There are structured opportunities for participants to reflect on their own practice and small groups discussion with realistic scenarios for implementation into GP environments.

## Objectives:

To encourage GPs from diverse contexts to explore important challenges and potential in general practice as a learning environment and to develop practical strategies for teaching in the busy clinical context. This includes issues of balancing challenge and support for learners to maximise effective learning. On workshop completion participants will be able to: 1. Describe various challenges to sustaining a positive learning environment 2. Discuss means of enhancing and nurturing a learning culture in their practice 3. Implement practical teaching strategies 4. Foresee and prepare for future challenges to the learning environment.

## Estimated number of participants:

Minimum 8, maximum 40

## Brief presentation of the workshop leader:

Professor Pond is Professor of General Practice at the University of Newcastle, Australia and oversees the distribution of students on placement to over 450 GPs. She also continues to work in a clinical practice that has regular learners.

Conflict of interest / Interessenkonflikte

yes / ja

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## Contribution ID: 404

### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Presentation form / Präsentationsform

Workshop

## What motivates, enables and prevents early career GPs from doing research? A Vasco da Gama Research SIG workshop

Andry Rabiaza<sup>1, 2)</sup>, Aaron Poppleton<sup>3)</sup>, Vanja Lazic<sup>2)</sup>, Aya Ayoub<sup>4)</sup>, Arnoupe Jhass<sup>5)</sup>

<sup>1)</sup>*Department of general medicine, University of Caen Normandy, Caen, France*

<sup>2)</sup>*Research SIG, Vasco da Gama Movement, Ljubljana, Slovenia*

<sup>3)</sup>*Division of population health, health services research & primary care, University of Manchester, Manchester, United Kingdom*

<sup>4)</sup>*Junior International Committee, Royal College of General Practitioners, London, United Kingdom*

<sup>5)</sup>*Institute of epidemiology & health, University College London, London, United Kingdom*

## Background:

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As a medical speciality, Primary Care needs to undertake research to ensure evidence based patient care. Despite the creation of university departments dedicated to primary care, the number of GPs undertaking research remains lower than in many other specialities. A number of facilitators and barriers for GPs to undertake research have been suggested, including improving early-career research involvement. We conducted a Pan-European study using a Delphi method online, to identify specific motivations, enablers and barriers to research among early career European GPs within the Vasco da Gama movement (VdGM).

### Target group:

GPs, primary care staff, and medical students

### Didactic Method:

1. Introduction: Presentation of study background and findings (10 minutes)
2. Small group discussion: Groups composed of GPs from different career stages, academic status and countries. Discussion will consider: 1) the relevance of findings to different national contexts, 2) practicalities of putting the 'lessons learned' into practice, and 3) developing a national and European strategy to improve GP involvement in research (20 minutes)
3. Feedback and Strategy: Each group will present a discussion summary including three ideas to improve young GP participation in research, at a national and European level (20 minutes)
4. Conclusion, next steps, questions.

### Objectives:

- To present and discuss the relevance of study outcomes to different national contexts
- To develop a response strategy to increase GP research participation across Europe using expertise of WONCA members

### Estimated number of participants:

Between 20 and 30 people.

### Workshop leader:

Andry Rabiaza: In Practice Fellow, University of Caen Normandy, France, VdGM Research SiG

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 420

### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Presentation form / Präsentationsform

Workshop

### Reflektierendes Schreiben als Instrument der Selbstsorge: Menschlich bleiben und davon profitieren

Vera Kalitzkus, Angela Fuchs, Elisabeth Gummersbach

*Institute of General Practice, Heinrich Heine University Duesseldorf, Düsseldorf, Germany*

**Hintergrund:** Die Sorge um den „ganzen Menschen“ mit einer mitfühlenden Haltung ist ein essentieller Anspruch der Allgemeinmedizin, die dazu notwendige empathische Beziehung zu den Patienten im Praxisalltag eine Herausforderung. Nicht selten mündet dies in einem Gefühl der Überforderung und einer Abschottung der eigenen Gefühle. Resignation, Erschöpfung bis Burnout können die Folge sein, wenn nicht auch für sich selbst Sorge getragen wird.

Dazu ist die Fähigkeit zur Reflexion des eigenen professionellen Handelns, die Haltung des *reflective practitioners* (A. Schoen) gefordert. Zu ihrer Entwicklung kann reflektierendes Schreiben nützlich sein. Es



schärft den Blick für implizite Werte, Theorien und Emotionen, welche das eigene Handeln beeinflussen. Dies ist hilfreich, um eine mitfühlende, den Patient\_innen gegenüber verantwortliche wie für sich selbst Sorge tragende professionelle Haltung zu entwickeln. Die Übungen ermöglichen Zugang zu einer Form des Wissens, der im alltäglichen Handlungsdruck kaum bis gar nicht möglich ist.

Im Workshop wird das Reflektierende Schreiben vorgestellt und gemeinsam erprobt. Es sind keine spezifischen Vorerfahrungen mit Schreiben notwendig. Abschließend diskutiert werden Möglichkeiten der Praxisanwendung.

**Zielgruppe:** Praktizierende Ärzt\_innen; Wissenschaftler\_innen, Dozent\_innen in der medizinischen Aus-, Weiter- und Fortbildung, MFA

**Didaktische Methode:** Kurzvortrag; praktische Übungen; Diskussion

**Ziele:** Sensibilisierung für eine reflektierende Haltung im beruflichen Alltag; Erproben des Reflektierenden Schreibens als Werkzeug für professionelle Entwicklung.

**Kurzvorstellung der Workshopleiterinnen:**

Dr. disc.pol. Vera Kalitzkus, medical anthropologist. Themenschwerpunkte: Familienmedizin, narrative Medizin.

Dipl.-Psych. Angela Fuchs, Psychologische Psychotherapeutin. Themenschwerpunkte: Gesundsein und Kranksein im Alter. Psychologische Psychotherapeutin in eigener Praxis.

Dr. med. Elisabeth Gummersbach, Fachärztin für Allgemeinmedizin. Themenschwerpunkte: Lehrforschung, Logbücher in Patientenpraktika. Hausärztin in eigener Praxis.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 430

### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Presentation form / Präsentationsform

Workshop

### Psychotherapie Weiterbildung in der Allgemeinmedizin

Markus Herrmann<sup>1)</sup>, Olaf Reddemann<sup>2)</sup>, Iris Veit<sup>2)</sup>, Ilka Aden<sup>2)</sup>, Iris Boehmer<sup>2)</sup>, Thomas Steger<sup>2)</sup>, Sven Schulz<sup>2)</sup>

<sup>1)</sup>Inst of General Practice and Family Medicine, University of Magdeburg, Magdeburg, Germany

<sup>2)</sup>Weiterbildungsinstitut für Psychosomatik und Psychotherapie in der Allgemeinmedizin e.V. (WPPA e.V.), [www.wppa-ev.org](http://www.wppa-ev.org), Berlin, Germany

### Hintergrund:

Wachsende Bedeutung psychosozialer Probleme sowie psychischer und somatoformer Beschwerden von unseren Patienten in einer Gesellschaft, die zunehmend bestimmt wird von Flexibilisierung und Verdichtung in der Arbeitswelt, Digitalisierung und Globalisierung, Auflösung traditioneller Lebensformen sowie Vereinzelung, und gestalten die hausärztliche Tätigkeit zunehmend komplexer: Beziehungsorientierung, Empathiefähigkeit aber auch ausreichende Selbstfürsorge sind zentrale Schlüsselbegriffe, um unsere hausärztliche Arbeit zwischen Patientenwohl, eigenen Rollenbildern und Ansprüchen der Gesellschaft auszufüllen.

Seit 2019 besteht ein aus der AG Psychosomatik der DEGAM heraus entwickeltes Weiterbildungsinstitut zur Psychosomatik und Psychotherapie in der Allgemeinmedizin, das über die Weiterbildungsberechtigung der Ärztekammer Berlin für ärztliche Psychotherapie verfügt. Es wurde gegründet mit dem Ziel einer

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Weiterqualifizierung, die die Besonderheiten unseres Fachgebiets berücksichtigt. Im Herbst 2020 soll der erste dreijährige, bundesweite Weiterbildungskurs angeboten werden, um darüber auch die ärztliche Zusatzweiterbildung Psychotherapie zu erwerben.

Der Workshops soll insbesondere dazu dienen, das aktuelle Curriculum vorzustellen und zu sondieren, welche Bedarfe, Vorstellungen und Wünsche es aus Sicht bereits psychotherapeutisch qualifizierter oder interessierter gegenwärtiger oder zukünftiger Hausärztinnen und Hausärzte bezüglich einer solchen Weiterbildung gibt. Anhand von Fallvorstellungen soll die Nützlichkeit von Kurzzeit-Psychotherapien eingewoben in die hausärztliche Versorgung- dargestellt werden.

**Zielgruppe:** Hausärzte, ÄiW,

**Didaktische Methode:** Impulsvorträge, Klein- und Großgruppendifkussionen, Brainstorming

**Ziele:** Sondierung der Bedarfe von Kompetenzen, Qualifikationen für eine Zusatzweiterbildung von Psychotherapie in der Allgemeinmedizin

**geschätzte Anzahl Teilnehmern/innen:** 20 bis 25

**Kurzvorstellung des Workshop Leiters:**

Prof. Dr. Herrmann, FA Allgemeinmedizin, seit 15 Jahren Lehrstuhl Allgemeinmedizin, Uni-Magdeburg, seit 20 Jahren niedergelassen in Berlin, Zusatzbezeichnung: Psychotherapie, Psychoanalyse, seit Jahren Fort- und Weiterbildung insbesondere im Bereich Psychosomatik.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 447**

### **Abstract subtopic / Abstract Unterthema**

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### **Presentation form / Präsentationsform**

ePoster

### **The hidden meaning of pharmaceutical symbology**

Ana Cristina Menéndez López<sup>1</sup>, Lázaro De Castro Peral<sup>2</sup>, Almudena Carrasco Angulo<sup>3</sup>, Aránzazu Sánchez de Toro Gironés<sup>1</sup>, Juana Jiménez Martínez<sup>4</sup>, Francisca María Aceituno Villalba<sup>2</sup>, María José Martínez Carrillo<sup>1</sup>, Ángela Martínez Hernández<sup>1</sup>, Guadalupe Fernández Cañavate<sup>1</sup>, Adriana Martínez Castroverde Meroño<sup>1</sup>

<sup>1</sup>Centro de Salud de San Javier, Servicio Murciano de Salud, San Javier / Murcia, Spain

<sup>2</sup>Hospital Universitario Los Arcos del Mar Menor, Servicio Murciano de Salud, San Javier, Spain

<sup>3</sup>Centro de Salud de San Pedro del Pinatar, Servicio Murciano de Salud, San Pedro del Pinatar, Spain

<sup>4</sup>Centro de Salud de Torre Pacheco, Servicio Murciano de Salud, Torre Pacheco, Spain

### **Objectives:**

Main: Quantify knowledge about the symbols on the medication boxes: utility and storage. Secondary: Weigh if respondents have an interest in its correct use and what is its source of information

### **Methodology:**

Descriptive observational study. 210 Google Forms through dissemination groups, previously validated and voluntarily answered. Depletion sampling

### **Results:**

38.6% under 30 years. 64.6% women. 44.5% sanitary. 60.8% read usage recommendations. Success rates: 83.1% "Dispensation subject to medical prescription"; 78.1% "Official prescription drug dispensing"; 60.7% "Medication with psychotropic substances included in annex I of the Royal Decree"; 65.1% "Medication with psychotropic substances included in Annex II"; 72.8% "Refrigeration preservation"; 97.5% "Medication that



may affect the ability to drive or operate dangerous machinery"; 95.5% "Medication that can produce photosensitivity; 98.6% "International symbol of radioactivity". 63.1% "Combustion medicinal gas symbol"; 71.8% "flammable medicinal gas"; 76% "Expiration less than 5 years"; 97% "Excluded from the offer of the national health system"; 96.6% interest in correct use. 65.1% request information from health workers

### Conclusion:

Most respondents admit to knowing or asking for information on the use and preservation of medicines and correctly recognize official symbols. The symbols that create the most confusion are the most similar to each other, such as flammable or oxidizing gas and that of psychotropic substances.

The results conclude that the population is aware of the importance of knowledge of drug symbols and are informed about their use. We cannot rule out that the respondents have reviewed the information before having conducted the survey

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 550

#### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Improving the training experience for GP-trainees – impressions from Salzburg

Sebastian Huter, Viola Heberger, Maria Flamm

*Institute of General Practice, Family Medicine and Preventive Medicine, Paracelsus Medical Private University, Salzburg, Austria*

#### Background:

A hospital-centred training with frequent changes of setting, lack of continuity in training and dissatisfaction with training quality among the trainees have led to a high drop-out rate during GP-training and a reduction of the total number of GP-trainees in Austria during the past years. However, changing existing structures and training culture has limited feasibility and requires long-term strategy and planning.

#### Questions:

What can be done to increase the attractiveness of GP-training with limited resources and long-term impact?

#### Content:

Parallel to the standard GP-training, we offer a series of 6-8 voluntary full-day seminars per year, for trainees with topics not covered in hospital-based training but are highly relevant for GPs. Apart from providing medical knowledge, the seminars also aim to help the development of a professional identity as a GP, enable the forming of a peer network, developing a sense of community, as well as an access to the network of established GPs and out-of-hospital specialists in the region. We collected 121 seminar day evaluation forms from 66 different participants. The seminars live up to the expectations of the participants, since 88.0% were very satisfied or satisfied with the seminars content, practical relevance (82.0 %), gain of competencies (81.0 %), possibility for active participation (85.0 %) and the possibility to connect with peers (97.0%). Overall satisfaction was 88.9%.

#### Take home message:

An additional seminar program improves the training experience of GP-trainees by facilitating the formation of a peer-network and strengthening the competences and professional identity as GPs during the in-hospital training.

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Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 589**

### **Abstract subtopic / Abstract Unterthema**

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### **Presentation form / Präsentationsform**

Science Slam

## **Gender differences in prevention of traffic injuries in general practice in Spain**

José Herrero Rubí<sup>1, 2)</sup>, Eladio Jiménez Mejías<sup>1)</sup>, Virginia Martínez Ruiz<sup>1)</sup>, Luis Miguel Martín de los Reyes<sup>1)</sup>, Mario Rivera Izquierdo<sup>1)</sup>, Pablo Lardelli Claret<sup>1)</sup>, Marta Parras Gordillo<sup>2)</sup>, Regina Gálvez López<sup>2)</sup>

<sup>1)</sup>Department of preventive medicine and public Health, Granada University, Granada, Spain

<sup>2)</sup>Andalusian Health System, GRANADA, Spain

### **Background:**

In Spain, 27% of traffic-related deaths occur on people older than 65, even though it is mandatory for these drivers to pass regular health tests every 5 years in order to renew their driving license. In many European countries this kind of test does not even exist. It has been seen that traffic safety is an usually forgotten issue in clinical practice, even when following chronic disease.

### **Questions:**

The aim for this project was to understand what do general practitioners know about this topic, what do they think and what do they really do in their clinical practice. Furthermore, we wanted to know if variables such as work experience or gender made any difference.

### **Content:**

We made a survey with 1897 doctors all over Spain. When asked how important they considered this topic, they answered 7.3/10. However, less than 1/5 ask old patients if they drive, and only 40% take the time to give preventive advice.

According to the multivariate analysis, only sex was related to a better clinical practice in this area, with better results for women. Our study cannot draw conclusions from the origin of this issue, but we believe it has to do with the caring role that women still have on Spanish families.

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

Asking our patients if they drive, specially if they are old or if they have a chronic disease. Consider if they are still in good condition to do so and give advice about a stop-driving plan.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 672**

### **Abstract subtopic / Abstract Unterthema**

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Certification of sickness by patients with mental complaints – Qualitative research of antinomies in GP's daily practice**

### CONTENT

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Markus Herrmann

*Inst of General Practice and Family Medicine, University of Magdeburg, Magdeburg, Germany*

**Background:** certification of paid sick leave due to mental health problems has been increasing continuously for years. GPs play a key role to certificate the incapacity to work, responsible for updating, but also for ending. Their decision-making is based on uncertainty through an unselected patient collective. Family doctors experience tension in their professional conduct both as advocate for the patient and as service providers and experts. They are confronted with conflicts of objectives and antinomies e.g. the patient's interest to get rest and the societal interest of a quick reentry into working life.

**Methods:** 37 GPs were interviewed in a qualitative study with semi-structured method from 2016 to 2017, consisting a biographical part of their professional career and about the daily professional medical practice in concrete case reports and questions about the health care system. The interviews were analyzed by grounded theory in combination of qualitative content analysis. Interpretation of the text material to develop typical case vignettes to illustrate the conflicts an antinomies.

**Results:** There were identified three antinomically structured areas of tension: (1) between individual case and system reference, (2) between the obligation to give reasons and the obligation to make decisions, (3) between error tendencies and due diligence.

**Conclusion:** For the first time, the study examines family doctor's decision-making and actions. It reconstructs tensions that can be connected to Helsper's theoretical antinomy concept. Antinomies of Gps' activity should be reflected in the context of continuous professional development in order to prevent deprofessionalization and wrong decisions.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 702

### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Presentation form / Präsentationsform

Workshop

## Family medicine in a multicultural Europe – finding a way forward when we see the world differently from our patients

Stuart Holmes<sup>1)</sup>, Nadia Toumi<sup>2)</sup>, Marco Gardini<sup>3)</sup>, David Jameson<sup>1)</sup>, Piotr Kudlacz<sup>4)</sup>

<sup>1)</sup>Royal College of General Practitioners (UK), Manchester, United Kingdom

<sup>2)</sup>Locum family doctor, Utrecht, Netherlands

<sup>3)</sup>Servizio Sanitario Nazionale, Cesena, Italy

<sup>4)</sup>The College of Family Physicians in Poland, Warsaw, Poland

### Background:

Many family doctors across Europe now care for patients from multiple cultural backgrounds. Patients' understanding of illness and their expectations of healthcare vary greatly across different cultures - this can be a source of frustration and anxiety for both family doctors and their migrant patients alike.

### Target Group:

Family doctors who care for a multinational case-mix. Relevant for both trainees as well as specialists whose case mix has become more diverse in recent years.

### Didactic Method:

## CONTENT

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This will be an interactive and enjoyable workshop which will profit from the rich range of perspectives of its multinational authors and participants. We will reflect on examples of problems our participants have faced in their practice and identify solutions both from the literature and the experiences of other participants. We will also reflect on consultation models for family medicine and the extent to which these transfer to other cultures.

Structure:

- Introductions and icebreaker activity (10 mins)
- Discussion about the experiences of participants in this area (15 mins)
- Authors share research on the topic (10 mins)
- Small group discussions to identify solutions (15 mins)
- Review learning and conclusion (10 mins)

**Objectives:**

Help our participants identify approaches that will allow them to build successful therapeutic relationships with their migrant patients, despite cultural mismatches in ideas about illness and expectations of healthcare.

**Estimated number of participants:**

30 - 50

**Workshop leader:**

Stuart Holmes is a final year trainee in family medicine in Manchester and is the UK representative on the council of the Vasco da Gama Movement.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 726**

**Abstract subtopic / Abstract Unterthema**

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Family Medicine training programs in a changing world: Identifying young doctors' educational needs using a modified Delphi approach**

Ana Luisa Neves<sup>1, 2, 3)</sup>, Radost Assenova<sup>4, 5)</sup>, Vanja Lazic<sup>6, 7)</sup>, Katarzyna Nessler<sup>8, 9, 10)</sup>, Gabriella Pesolillo<sup>11)</sup>, Ferdinando Petrazzuoli<sup>12, 13, 14)</sup>, Claire Marie Thomas<sup>15, 16, 17)</sup>, Rosy Tsopra<sup>18, 19)</sup>, Mehmet Ungan<sup>20, 21)</sup>

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<sup>10)</sup>Department of Family Physicians, Jagiellonian University Medical College, Krakow, Poland

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<sup>15)</sup>Camberwell Green Surgery, London, United Kingdom  
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<sup>17)</sup>Vasco da Gama Movement (VDGM), n/a, United Kingdom  
<sup>18)</sup>INSERM, Centre de Recherche des Cordeliers, UMRS 1138, Université Paris-Descartes, Université Sorbonne Paris Cité, Paris, France  
<sup>19)</sup>Department of Medical Informatics, Hôpital Européen Georges-Pompidou, AP-HP, Paris, France  
<sup>20)</sup>WONCA Europe, n/a, Turkey  
<sup>21)</sup>Department of Family Medicine, Ankara University School of Medicine, Ankara, Turkey

**Background:** Training in GP/FM varies greatly across Europe, mirroring the significant differences observed in practice and healthcare system organisation between countries. Exploring young family doctors (YFD)' educational needs is critical to identify the core training components to be included in the development of training curricula.

**Question:** Which are the training needs during residency programs, as identified by YFD'?

**Methods:** A three-step modified Delphi method (estimate-talk-estimate) was used to establish consensus. Twenty-five GP/FM residents attending the VDGM Forum 2019, representing 8 European countries, were invited to participate as the expert panel. In 3 rounds, panel members were asked to identify and rank key topics to be included in their formal training. Participants were prompted with several stimulus: WONCA tree, CANMEDS framework, and core values of FM/GP.

**Outcomes:** Twenty-five GP/FM residents participated (56% female; representing 8 European countries). The top 10 topics that met consensus included: evidence-based practice, patient-doctor relationship (ethics and communication), biopsychosocial model, diagnostic skills, management skills, understanding health systems, continuity of care, quality improvement, community-orientated care, patient empowerment and education.

**Discussion:** YFD claim for the inclusion of a range of topics in standardised curricula, covering not only the purely clinical dimension, but also holistic approaches, organisational aspects, and patient education in GP/FM.

**Take home messages:** These results could provide guidance to standardise GP/FM curricula across Europe, in order to develop more tailored programs. It is also critical to hear the voice of other key stakeholders, including GP/FM teachers and trainers, and patients.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 740

### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Presentation form / Präsentationsform

Workshop

## UK's experience of delivering VdGM Hippocrates Exchange Programme: successes and challenges

Andrey Gladkov

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



The RCGP recognises the need to improve training of GPs to better equip them to cater for a wider range of patient needs in multicultural communities. One of the ways to achieve this is to provide opportunities for family doctors to directly experience how family medicine is delivered in other countries. This aims to improve their understanding of healthcare across Europe and encourage reflective thinking regarding similarities and differences of healthcare systems and standards.

To this aim, the RCGP has been participating in the VdGM's Hippokrates Exchange Programme and successfully secured funding through the Leonardo Lifelong Learning and then Erasmus+ schemes for the last decade. Since 2010, more than 200 trainees and recently qualified GPs from the UK have benefited by learning about healthcare systems in more than 20 European countries. Our evaluation of the programme demonstrates that it has been highly successful in its objectives to increase awareness of global health issues, foster participants' ability to compare and reflect and equip doctors with knowledge, skills and experience to provide better care to patients in diverse cultural and ethnic communities.

Over these years, we have gained huge experience in delivering exchanges, both in the EU and wider afield, and have been successful in attracting external funding to facilitate this work.

**Target group:** medical students, trainees, recently qualified doctors, GPs interested in global health and international exchanges.

**Method:** presentation, group discussion.

**Objectives:** to share learning, successes and challenges in delivering international exchanges and attracting external funding.

**Participants:** 30 or more.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 756

### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Presentation form / Präsentationsform

ePoster

## The first care is to do no harm – Family medicine at the forefront of the future

João Pedro Marques, Jose Pérez, Rita Freitas, Clara Portel

*USF Quinta da Prata, Vila Boim, Portugal*

### Background:

The last century of history has led us to remarkable advances in the practice of medicine with incalculable benefit to people. The significant increase in medical and technical therapeutic arsenal, the subspecialization of medicine with the deepening of scientific medical knowledge have significantly contributed to the increase in the life expectancy and quality of life of many patients.

However, the reverse of the medal is also present. Phenomena such as Disease Mongering, Selling Sickness and Doctor Shopping are increasingly present in the scope of our Family Medicine consultations.

Medication may not be caring.

### Discussion:

Reinforce the importance of Quaternary Prevention as a therapeutic approach in defending against over-the-counter medication that poses a threat to sick people.



## Content:

Since the last half of the last century the concept of quaternary prevention in good medical practice has been gaining ground. The current Wonca International Dictionary definition for quaternary prevention is: 'Action taken to identify patient at risk of overmedicalization, to protect him from new medical invasion, and to suggest to him interventions, which are ethically acceptable.' But this concept has been debated and there are new conceptual proposals: 'Action taken to protect individuals (persons/patients) from medical interventions that are likely to cause more harm than good.'

## Message:

it is urgent in medicine the figure of the family physician with a holistic and integrative view of the sick person, capable of integrating human limits into the medical consultation and adopting measures of quaternary prevention as a means of doing well.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 811

### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Presentation form / Präsentationsform

ePoster

## Impact of a specific training program on knowledge of advance care planning in primary care: preliminary results

Emma Magraner Oliver, Daniel Cazar Recalde, Amparo Hervas Docon, Josep Maria Vilaseca Llobet, Silvia Roura Rovira

*Primary care, Cap Comte Borrell, Barcelona, Spain*

## Background:

Advance care planning (ACP) defines end-of-life care in accordance with the patients' preferences. Perception of health personnel regarding ACP isn't well known.

## Questions:

Our objective is to determine the grade of self-knowledge regarding ACP in a primary care area and to evaluate the impact of a specific training program on this knowledge.

## Methods:

Analytical epidemiological prospective multicenter study performed at 3 primary care centers. A self-answered questionnaire (29 questions) was delivered to all physicians, residents and nurses. The questionnaire collected data evaluating the perception of the participants regarding ACP and included quantitative items regarding their perceived knowledge, as well as qualitative questions in reference with their prior training on ACP. Afterwards, a specific training program consisting on 2-hour exposition will be given, and then the same questionnaire will be completed by all participants again.

## Outcomes:

So far, a total of 64 have already completed the questionnaire: 50 women (78.1%) and 14 men (21.9%). Thirty- nine were physicians (61.9%), 14 nurses (22.2%) and 10 residents (15.6%). Only 15 participants (23.4%) had prior training on ACP and only 7 participants (11.5%) perceived a complete self-capability about ACP management.

## Discussion:



The self-perceived knowledge regarding ACP on this primary care area is low. The lack of a prior specific training is common and entails a poor self-capability about ACP. This highlights the need to further promote training programs when dealing with end-of-life issues.

**Take home message for practice:**

A specific training program on ACP may increase the perceived self-capability about ACP management.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 846**

**Abstract subtopic / Abstract Unterthema**

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

**Presentation form / Präsentationsform**

Workshop

**Universitäre Arbeitswelten gestalten – Workshop der AG Mittelbau der DEGAM**

Verena Leve<sup>1)</sup>, Nadine Pohontsch<sup>2)</sup>, Bettina Engel<sup>3)</sup>, Kathrin Schlöbler<sup>4)</sup>

<sup>1)</sup>Institute of General Practice, Centre for Health and Society (chs), Medical Faculty, Heinrich Heine University Düsseldorf, Düsseldorf, Germany

<sup>2)</sup>Institut und Poliklinik für Allgemeinmedizin, Universitätsklinikum Hamburg-Eppendorf, Hamburg, Germany

<sup>3)</sup>Abteilung Allgemeinmedizin, Department für Versorgungsforschung, Carl von Ossietzky Universität Oldenburg, Oldenburg, Germany

<sup>4)</sup>Abteilung für Allgemeinmedizin, Präventive und Rehabilitative Medizin, Philipps-Universität Marburg, Marburg, Germany

**Hintergrund:**

Für die Sicherung der allgemeinmedizinischen Forschung und Lehre ist der wissenschaftliche Mittelbau von großer Bedeutung. Wissenschaftliche Mitarbeiter\*innen zeichnen sich für die Durchführung von Forschungsprojekten verantwortlich und sind maßgeblich an der studentischen Ausbildung sowie der Organisation fachärztlicher Fort- und Weiterbildung beteiligt. Auch die Begleitung und Qualifizierung von Lehrpraxen sowie der Aufbau und die Koordination von Forschungspraxen-Netzen wird durch wissenschaftliche Mitarbeiter\*innen geleistet.

Auf dem DEGAM Kongress in Erlangen gründete sich 2019 die AG Mittelbau (Sektion Studium und Hochschule). Gemeinsam arbeiten Vertreter\*innen des Mittelbaus an der Entwicklung einer Handlungsempfehlung zur Verbesserung der „Arbeitswelt Wissenschaft – Arbeit an allgemeinmedizinischen Instituten“. Im Rahmen des Workshops werden in Kleingruppen einzelne Themenfelder der Handlungsempfehlung weiterentwickelt und konkrete Anregungen für die Gestaltung der Arbeitswelt erarbeitet. Themen für die Handlungsempfehlung sind bspw. die Definition von Daueraufgaben in der universitären Allgemeinmedizin, die Entwicklung von (alternativen) Karrierewegen und die Einbindung von Allgemeinärzt\*innen in die Lehre und Forschung.

**Zielgruppe:**

Wissenschaftliche Mitarbeiter\*innen und wissenschaftlich Interessierte (aller Fachrichtungen: Allgemeinmedizin, Psychologie, Soziologie, Gesundheitsökonomie, Public Health, Pflegewissenschaften, Gesundheitswissenschaften, Physiotherapie, Medizinpädagogik etc.)

**Didaktische Methode:**

Impulsvortrag, themenbezogene Kleingruppenarbeit, Ergebnissicherung (Protokoll)

**Ziele:**



Weiterentwicklung der Handlungsempfehlung; Arbeit zu den Themen Daueraufgaben des Mittelbaus, Anforderungen an Standorte, Vernetzung innerhalb der Deutschen Gesellschaft für Allgemeinmedizin und Familienmedizin und darüber hinaus.

**geschätzte Anzahl Teilnehmern/innen:**

15-20

**Kurzvorstellung des/r Workshop Leiters/in:**

Der Workshop wird geleitet von den Mitgliedern der Lenkungsgruppe Mittelbau der Deutschen Gesellschaft für Allgemeinmedizin und Familienmedizin.

**Keywords:** Mittelbau, Zukunft der akademischen Allgemeinmedizin, Beschäftigungssituation

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 857**

**Abstract subtopic / Abstract Unterthema**

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

**Presentation form / Präsentationsform**

Workshop

**GP - When it really matters. Emergency skills in rural practice**

Oleg V. Kravtchenko, Elena Klusova Noguina

*EURIPA, Bodoe, Norway*

**Background:**

One of the reasons for obvious difficulties to recruit and retain GPs in rural areas could be a challenge of everyday emergencies and quite often uncertainty of many rural practitioners if they could manage it. This is especially crucial in modern rural communities, where lack of collegial support and increasing proportion of elderly, frail and challenged parts of rural population are common. Therefore it is important to train and update rural physicians in necessary skills for the most common emergency situations in their daily practice.

**Target group:**

Rural GPs, especially young ones, and other healthcare professionals involved in teamwork in general practice.

Didactic method

Several presentations re. rural emergencies (country, climate, landscape and population structure specified) with interactive groupwork to follow, including hands-on exercises and a short quiz.

**Objectives:**

- To develop a system of Emergency Skills Modules (ESM) to be employed in training and updating of rural GPs and other healthcare professionals,
- To encourage discussion on Emergency Skills, vital for rural practitioners.

**Estimated number of participants:**

25-30

**Workshop leads:**

Dr. Oleg V. Kravtchenko, GP in coastal Northern Norway, Vice-President of EURIPA, interested in emergency medicine, rural medicine, medical education, international medical exchange,

Dr. Elena Klusova Noguina, GP in Balearic Islands, a member of IAB EURIPA, interested in emergency medicine, island medicine, medical education, international medical exchange.

Conflict of interest / Interessenkonflikte

[CONTENT](#)

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## Contribution ID: 919

### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Presentation form / Präsentationsform

ePoster

### Self-exploration. The importance of consulting before any anomaly

Aranzazu Sánchez de Toro Gironés<sup>1, 2)</sup>, Almudena Carrasco Angulo<sup>3)</sup>, Lazaro de Castro Peral<sup>2)</sup>, Ana C. Menendez Lopez<sup>4)</sup>, Carlos Perez Llanes<sup>4, 2)</sup>, Palestino Abdeljabbar Paredes<sup>2)</sup>, María del Valle Benedi Curiel<sup>2)</sup>, Mario Garcia Aroca<sup>2)</sup>, Guadalupe Fernandez Cañavate<sup>4, 2)</sup>, Carmen Alcaraz Conesa<sup>2)</sup>

<sup>1)</sup>CENTRO DE SALUD SAN JAVIER, SAN JAVIER-MURCIA, Spain

<sup>2)</sup>Hospital Universitario Los Arcos del Mar Menor, San Javier-Murcia, Spain

<sup>3)</sup>Centro de Salud de San Pedro del Pinatar, San Pedro del Pinatar, Spain

<sup>4)</sup>Centro de Salud de San Javier, San Javier-Murcia, Spain

**Case Description:** A 57-year-old woman, without a history of interest, who consults due to redness of the left breast with nipple retraction for a month and a half. For a week he has had pain in said breast, irradiated by hemithorax on the back and left arm that does not improve with ibuprofen and worsens with deep movements and inspiration. No other accompanying clinic. Mammography 18 months ago normal.

**Exploration and complementary tests:** Left breast shows retraction of the nipple, without secretion, slight redness in the lower quadrants and orange peel. Induration of the breast tissue with poorly defined retroareolar borders of a diameter >5cm is palpated. Another hard, non-painful, well defined lesion of about 2 cm in CSE is palpated. No adenopathies.

NMR:large tumor involvement of the left breast, forming mass in LICS-CSI and enhancement contiguous extensive nodular, which affects virtually all quadrants, the diameter being approximately 9cm. Tumor infiltration of the areola, probably in all skin thickness, with retraction of the nipple. Axillary adenopathic conglomerate. Solid lesion with enhancement in the left anterior costal arch, compatible with possible metastases. Slight right pleural effusion.

Biopsy:infiltrating ductal carcinoma

**Diagnosis:** Infiltrating ductal carcinoma stage cT4bcN3cMx.

**Final comment:** The patient reported having noticed two nodules several months ago for which she had not consulted. Currently, the patient is being followed up after chemotherapy + radiotherapy + surgery with suspected pulmonary metastasis. This case reminds us of the importance of insisting that in case of any anomaly to the self-examination they should consult with their doctor.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 926

### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Presentation form / Präsentationsform

ePoster



## And you are updated?

Aranzazu Sánchez de Toro Gironés<sup>1)</sup>, Carmen Maria Sanchez Perona<sup>2, 3)</sup>, Ana C. Menendez Lopez<sup>2)</sup>, Manuel Felipe Nevado Aporte<sup>2, 3)</sup>, Lazaro de Castro Peral<sup>3)</sup>, Eduardo Perez Gil<sup>2, 3)</sup>, Guadalupe Fernandez Cañavate<sup>2, 3)</sup>, Salomon Rivera Peñaranda<sup>2)</sup>, Paula Perona Buendia<sup>2)</sup>, Sonia Falla Jurado<sup>2)</sup>

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<sup>2)</sup>Centro de Salud de San Javier, San Javier-Murcia, Spain

<sup>3)</sup>Hospital Universitario Los Arcos del Mar Menor, San Javier-Murcia, Spain

**Objectives:** Quantify population that knew the Patient Portal (PP). Quantify population discharged from the PP and what steps they carried out in it. Relate population age with the most frequent method of requesting an appointment. Relate the usefulness perceived by the population about the PP and their knowledge on how to access it.

**Methodology:** Descriptive cross-sectional study. Questionnaire 12 items, previously validated. Completed voluntarily by 128 patients (57.81% women and 42.19% men) of the San Javier Health Center (Murcia). G-STAT 2.0 statistical analysis.

**Results:** The PP knew 57.03% of the patients. Only 30.47% were registered on the platform, of which 53.86% made an appointment through it, 15.39% made several steps, 7.67% accessed their medical records and 20.51% did not perform any management. In addition, 43.58% of patients discharged performed a medical consultation by email. 63.28% of the patients were 45 years old or older. 39.84% of the patients requested a medical appointment through the internet, 19.53% used the PP, 16.41% continued to go to the counter and 13.28% made the request by phone, 10.93% used different options for it. 87.50% of the interviewed patients thought the PP was useful although 57.03% did not know how to access.

**Conclusions:** The Patient Portal is an online platform that offers different services to facilitate medical and administrative procedures for patients. We observe that, despite having an aging population, it knows the PP and it seems useful. Therefore, it is important to explain access to the PP, as most do not know it and are not registered.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 934

### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Presentation form / Präsentationsform

ePoster

## One minute can save a life.

Aranzazu Sánchez de Toro Gironés<sup>1)</sup>, Carmen Maria Sanchez Perona<sup>2, 3)</sup>, Paula Perona Buendia<sup>2)</sup>, Ana C. Menendez Lopez<sup>2)</sup>, Lazaro de Castro Peral<sup>3)</sup>, Manuel Felipe Nevado Aporte<sup>2, 3)</sup>, Eduardo Perez Gil<sup>2, 3)</sup>, Guadalupe Fernandez Cañavate<sup>2, 3)</sup>, Salomon Rivera Peñaranda<sup>2)</sup>, Almudena Carrasco Angulo<sup>4)</sup>

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<sup>4)</sup>Centro de Salud San Pedro del Pinatar, San Pedro del Pinatar-Murcia, Spain

**Objectives:** Quantify population that carried out basic life support (BLS) training and population interested in carrying it out. Quantify population that knew the semi-automatic defibrillators (SAD). Know what the



population knew about first aid. Relate population that worked as health personnel with training in BLS and visualization of cardiorespiratory arrest (CRA).

**Methodology:** Descriptive cross-sectional study. Questionnaire 15 items, previously validated. Completed voluntarily by the total of 101 patients (62.49% women and 37.51% men) of the San Javier Health Center (Murcia). G-STAT 2.0 statistical analysis. Chi square, considering significant  $p < 0.005$ .

**Results:** Training in SVB 49.5%. 65.34% were interested in training. DESA knew 73.27%, of which 75.67% once saw one and 24.33% had handled it. 45.54% thought that a trained person could use a DESA, 27.72% anyone who read the instructions and 21.78% only health personnel, 4.95% did not answer. Before choking, 35.64% thought they should alternate back blows and abdominal compressions, 28.71% encourage coughing. Before loss of consciousness or absence of breathing, 40.59% and 42.57% respectively, believed they should call 112. 58.42% considered it ineffective not to alternate ventilations with compressions during CPR. There was a relationship between health personnel and training in SVB and PCR visualization, with  $p < 0.0001$ .

**Conclusions:** In a PCR situation, it is crucial to act in the first minutes can make the difference between saving a life or not. In this area of study, San Javier, highlights how the population is aware of the emergency service 112, the importance of acting immediately and the interest it shows in forming in the future.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 946

### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Presentation form / Präsentationsform

Workshop

### ASPIRE global leaders workshop: emotional & social intelligence in leadership

Maria Joao Nobre<sup>1)</sup>, Candan Kendir<sup>2)</sup>, Claire-Marie Thomas<sup>3, 4, 5)</sup>, Katarzyna Nessler<sup>6, 7)</sup>

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### Background:

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/mentees matching meetings.

Emotional and Social Intelligence are key skills that every leader should master, empowering doctors on their continuous professional development. This is a "hot topic" in leadership that urge to be discussed in Medical context.

**Target Group:** students and primary care doctors.

**Didactic Method:**



After a brief introduction on the ASPIRE Program, we will have a short presentation regarding the importance of emotional and social skills. Participants will be divided into small groups debating different questions, presenting their experiences and reflecting about their own skills and previous outcomes. Finally participants will report the results of their discussion for a common debate and conclusion.

**Objectives:** develop emotional and social skills as powerful tools for Leaders.

**Estimated number of participants:** 20-40 people

**Brief presentation of the workshop leader:** Maria Joao Nobre is a young Family Doctor, a Global MBA student at IE Business School and the VdGM Liaison Person for ASPIRE Global Leaders Program.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 1054**

#### **Abstract subtopic / Abstract Unterthema**

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

#### **Presentation form / Präsentationsform**

ePoster

### **Assessing the impact of switching to the Tobacco Heating System on cardiovascular disease: Translating basic science into clinical benefit**

Calin Pater, Giuseppe Plebani

*Biomedical Research & Development, Philip Morris International, Neuchatel, Switzerland*

**Background:** Cigarette smoke (CS) is causally linked to the development of CVD. Tobacco harm reduction, by virtue of substituting cigarettes with less harmful products, is a complementary approach to current strategies for smokers who would otherwise continue to smoke. The Tobacco Heating System (THS) is a novel tobacco product that heats tobacco (temperature does not exceed 350°C) instead of burning it, thereby preventing combustion and producing substantially lower levels of toxicants than CS.

**Methods:** Our assessment program aims to demonstrate that switching to THS has the potential to reduce the risk of smoking-related diseases compared with continued smoking. The assessment program includes in vitro/in vivo toxicology methods that follow OECD guidelines and GLP, a systems toxicology approach, and randomized clinical studies that follow the principles of GCP.

**Results:** The effects of THS aerosol on the adhesion of monocytic cells to coronary endothelial cells in vitro are significantly reduced. Switching to THS halted the progression of CS-induced atherosclerotic changes in ApoE<sup>-/-</sup> mice in vivo.

Biomarkers linked to the development of CVD were analysed following a 6-month randomized, controlled clinical study with THS, which demonstrated a consistent improvement of biomarkers in pathways leading to atherosclerosis.

**Conclusions:** The evidence available to date indicates that switching to THS has the potential to reduce the risk of smoking-related diseases such as CVD.

As a next step, we will complement its THS assessment program with cardiovascular outcome studies intended to further support the clinical benefits of switching to THS over continuous smoking.

Conflict of interest / Interessenkonflikte

yes / ja

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### **Contribution ID: 1056**

#### **Abstract subtopic / Abstract Unterthema**



## Core Values of Family Medicine: Threats and Opportunities

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **Is the whasap a good tool to learn and consult with colleagues**

Mont Andreu Miralles, Pastor Sílvia, Sara Bustillo, Laura Garrido  
*Family medicine, Institut Català de La Salut, Tortosa, Spain*

Looking to solve and trying to include interconsultation and teaching, we have created a group of whatsapp (share pell) where day-to-day doubts are resolved in cutania pathology and dermatoscopy, while attaching documents, links, and a lot of images to be able to increase knowledge of all participating professionals

### **Main goal:**

Knowing if it is the whasapp is a good e-learning tool for interconsultation between professionals and at the same time teaching

### **Secondary objectives:**

- 1- Know if the professional users of this tool are satisfied with it in an overview
- 2- Ask if the professional users refer less to dermatology
- 3-Find out if professionals believe that it provides knowledge, both in general dermatology and in dermatoscopy

### **Material and methods:**

It is a group where 70 professionals, both nursing and medical, participate and also include family medicine residents

In our group there is currently an image bank of 388 photographs, 32 training documents, and 98 links and / or links where you can consult at the time you need, thanks to the great accessibility of this tool

How are we going to know the opinion of our professionals? through a survey using google as a medium and inserting the link in the same group

### **Conclusions:**

Is a tool very well valued by professionals

### **Applicability:**

Learn and at the same time be able to consult with peers and referent

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 1086**

### **Abstract subtopic / Abstract Unterthema**

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### **Presentation form / Präsentationsform**

ePoster

### **Inhalory workshop - Renewing knowledge**

Rafaela Cabral, Paula Rodrigues, Ana Paula Pinheiro, Anabela Madeira  
*USF Viseu-Cidade, Viseu, Portugal*



**Background:** The Family Physician (FP) has a central role in the teaching of certain therapies. Given the increase in the prevalence of respiratory diseases and, consequently, the use of inhalers, it is essential to have a good teaching of the inhalation technique.

**Objective:** To promote the teaching of a correct inhalation technique by health professionals (HP).

**Relevance:** HP update through the correct demonstration of each inhaler currently available, in order to correct possible existing errors.

**Description:** We held a workshop entitled "Inhaled Therapy" at the monthly meeting of interns. A presentation was made with a theoretical and a practical component, in which each type of inhaler was explained, demonstrating each device. The inhalers were divided into 3 groups: pressurized, dry powder and light mist. In each of them, the advantages and disadvantages, the possibility of their coupling to the expanding chamber and the inhalation technique were explained, as well as the different formulations available and in which inhalers are found.

**Discussion:** It was found that it was a successful initiative among the PS, given that the various doubts about the different devices were clarified and given the possibility of handling the devices. In fact, it is extremely important that the FP when prescribing a treatment with an inhalation device that exemplifies and explains to the user and in follow-up consultations review the technique.

**Conclusions:** In fact, this type of initiative allows a closer approximation between the HP, in a context outside the consultation, very useful as a knowledge update tool.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1110

### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Presentation form / Präsentationsform

Lecture / Vortrag

## FEPO - The fast examination method for the parenchymal organs for early diagnosis of focal lesions correlated with an experimental multiparametric oncology ultrasound screening (Gray-Scale-Imaging, Doppler-US, Elastography) at the primary healthcare level at the high-risk populations.

Mihai Iacob

Research Department, The European Ultrasound Working Group-EUVEKUS / EADUS / AEDUS / ADVITAM-MEDICIS SRL., Timisoara, Romania

According to the current statistics of oncological-pathology, we could now through relatively inexpensive methods such as multiparametric-ultrasonography, to increase diagnostic accuracy, both by using early positive and differential imaging diagnostics, as well as by developing programs and methods of general-targeted-ultrasonographic-screening, on high-risk-population, especially in developing countries/remote-areas. Over 80% of cancers could be diagnosed by ultrasonographic-screening.

Our aim was the early diagnosis and quick treatment in the earliest stages at primary-care.

**Method:** We report a multiparametric-oncologic-ultrasound-screening (abdominal/pelvic/breast/thyroid/soft-tissues-ultrasonography=FEPO-method) performed on a total of 5000patients with positive oncological-risk-factors, over18years, followed five-years, sex-ratio=1:1. We used a questionnaire to identify the presence of the risk-factors as inclusion-criteria. To patients aged 18-50years, were made an ultrasound-screening every two years and over 50years annually, by an ultrasound-guideline



(FEPO) and archived into an electronic-database. Positive patients had done the following ultrasound methods: Gray-Scale/Doppler/Strain-Elastography/CEUS/4D and „Malignancy-Ultrasound-Score“ (M.U.S) developed by us.

**Results:** Were found a total of 310 patients with benign (n=157) and malignant tumors (n=153). The incidence of malignant tumors was 3.06% at the high-risk population. The sensitivity was 81%, specificity 90.94% with a high-accuracy 90.54%,  $p < 0.01$ , 5-year prevalence was 6.2%, PPV=37.32%, NPV=98.68%. ROC-analysis confirmed a higher level of diagnostic accuracy of multiparametric-ultrasound (B, Doppler, Elastography-US) compared with Gray-Scale-Ultrasound,  $AUC=0.996$ ,  $95\%CI=0.981$  to  $1.00$ ,  $p < 0.001$ . To ANOVA-comparative-analysis the very significant statistical level has M.U.S.,  $p < 0.001$ .

**Conclusions:** FEPO-methodology correlated multiparametric-ultrasound-targeted -screening proves to be very effective method with high accuracy 90%, for the early detection of hypervascular-tumors in asymptomatic stage, who can confirm malignancy and the need for biopsy as "Gold-Standard".

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1181

### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Presentation form / Präsentationsform

ePoster

### Title: "Mens sans corpo sans"- Intervention project in school with adolescents

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<sup>2)</sup>ACES Douro Sul, Uf Douro Vita, Lamego, Portugal

<sup>3)</sup>Aces Guarda, UCSP de Seia, Seia, Portugal

<sup>4)</sup>Aces Algarve II, UCSP Lagos, Lagos, Portugal

**Background:** Adolescence is a stage of human development marked by significant and challenging changes at various levels experienced by the adolescent and those around him. It is therefore a challenging area of care.

**Questions:** Will medical intervention at school improve adolescents' knowledge?

**Methods:** The local school was contacted and the school health team selected the adolescents attending the 10th, 11th, 12th grade. There were 4 presentations, scheduled according to the availability of students and doctors who would pursue each topic. Before each presentation, a test (10 questions) was applied to assess the adolescents' initial knowledge and after words, the same test was applied to evaluate the impact of the presentations.

**Outcomes:** 218 students were included in the study, 126 boys (58.3%) and 92 girls (42.2%), with a median age of 16 years-old (range 15-19). The average number of right answers in the initial test of presentation about Bullying was 8, about Sexuality was 7.6 and both presentations about Alcohol and drugs and Healthy lifestyles was the same average number 7.2. Regarding final test there was  $\geq 25\%$  improvement in the number of right answers in all presentations except the one about of healthy life styles.

**Discussion:** Despite some limitations found throughout the course of this project, we conclude that our intervention has improved the knowledge of our teens on most issues.

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**Take Home Message for Practice:** Promoting school health in this age group can prevent many problems such as depression, anorexia, drug addiction.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1263

### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Presentation form / Präsentationsform

Workshop

## Primary Mental Health Care in Europe: Opportunities and Challenges

Christopher Dowrick<sup>1)</sup>, Christos Lionis<sup>2)</sup>, Juan Mendive<sup>3)</sup>, Henk Parmentier<sup>4)</sup>

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<sup>2)</sup>University of Heraklion, Heraklion, Greece

<sup>3)</sup>Catalan Institute of Health, Barcelona, Spain

<sup>4)</sup>General Practice, London, United Kingdom

### Background:

Mental health problems are commonly presented in primary care settings, yet many family doctors lack confidence in their ability to address them. The WONCA Working Party for Mental Health aims to provide family doctors with sufficient knowledge and skills to manage their patients' mental health problems more effectively.

### Content:

The workshop will begin with three 10 minute presentations, highlighting key elements of effective primary mental health care:

1. Christopher Dowrick will describe the core competencies in primary mental health care for family doctors, as agreed by WONCA, with case examples.
2. Christos Lionis will discuss the links between mental health disorders and co-morbidities, and explain how family doctors can best address them.
3. Juan Mendive will provide evidence that social prescribing leads to better mental health outcomes in primary care, and explain how it can be applied in practice.

We will then break into three small groups (30 minutes), each to discuss how the information provided in one of the presentations can be applied by workshop participants in their own practice. Each group will generate three 'top tips' for improving primary mental health by family doctors in different parts of Europe.

Finally, we will reconvene for a plenary session (15 minutes) to share the 'top tips' generated by each small group and agree a timetable for actions.

### Outcomes:

Workshop participants will update their knowledge on interventions to improve the mental health of their patients, and will be enabled to use this new knowledge to inform their clinical practice.

Conflict of interest / Interessenkonflikte  
no / nein

## CONTENT

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## Contribution ID: 1344

### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Unit of continuing education and research of a primary care health center

Sara Rocha<sup>1)</sup>, Bárbara Chaves<sup>2)</sup>, Ana Margarida Adão<sup>3)</sup>, Equipa Restrita UFI<sup>4)</sup>

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<sup>2)</sup>UCSP Águeda V, Aveiro, Portugal

<sup>3)</sup>USF Flor de Sal, Aveiro, Portugal

<sup>4)</sup>ACeS Baixo Vouga, Aveiro, Portugal

**Background:** The improvement and promotion of training and research in Primary Health Care are primordial to create the necessary working conditions, personal and career development and to develop strategies and methods that will improve our person-centred approach. This report aims at describing the implementation, structure and activities developed by the Unit of Continuing Education and Research of a Primary Health Care Centers (ACeS).

**Methods:** The Unit was formed in 2017, and it consists of a multidisciplinary Restricted Team of nine members (Shared Assistance Resources Unit, Public Health Unit, Nursing, General and Family Medicine, Public Health, Clinical and Health Council representative, Management Support Unit). Additionally, an Extended Team of twenty three members with representatives of the various professional groups. This unit aims to provide quality training to improve professional groups of ACeS, as well as supporting and encouraging research.

**Results:** This unit has been characterized by innovation and team work, which are reflected in the projects already implemented and others under development. ACeS professionals have shown great acceptance of this unit, which has also been a pillar of support to the administration board.

**Conclusion:** knowledge sharing facilitates decision-making capabilities, builds confidence, improves communication among employees, both intradepartmental and interdepartmental and finally, stimulate cultural change and innovation. The current results of this unit lead us to believe that the creation of similar teams in other regions would be very beneficial at professional and institutional levels.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1432

### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Presentation form / Präsentationsform

Science Slam

### Unitary action on world diabetes day november 14th in an urban territory

Zoe Herreras Pérez<sup>1)</sup>, Cristina Colungo Francia<sup>1)</sup>, Irene Vinagre Torres<sup>2)</sup>, Emilio Ortega Martínez de Victoria<sup>2)</sup>, Maria Pastoret Descamps<sup>3)</sup>, Gabriel Cuatrecasas Cambra<sup>4)</sup>, Maria Dolors Martín Muncharaz<sup>3)</sup>, Meritxell Aivar Blanc<sup>3)</sup>, Xavier Otero Serra<sup>1)</sup>, Mónica Gómez Martínez<sup>2)</sup>

<sup>1)</sup>Primary Care Center, Consorci Atenció Primària de Salut Barcelona Esquerra-CAPSBE, Barcelona, Spain



<sup>2)</sup>Endocrinology Unit, Hospital Clínic de Barcelona, Barcelona, Spain

<sup>3)</sup>Primary Care Centre, Institut Català de la Salut - ICS, Barcelona, Spain

<sup>4)</sup>Primary Care centre, CAP Sarrià, Barcelona, Spain

## Background:

Since 1991 International Diabetes Federation has been promoting diabetes awareness strategies in the world, one of which is the World Diabetes Day (WDD) campaign.

## Content, Questions / Discussion Point:

Promote a unitary community intervention during the WDD in primary care centres (PCC) and hospital Diabetes Units (HDU) as benchmarks in an urban territory (519.000 inhabitants) to sensitize the community/professionals about the importance of an early detection of type 2 diabetes (T2D) and evaluate risk (FINDRISK test) obtained in the community/professionals. Propose then new strategies according to needs detected in community.

The action was planned and standardized (information, communication, dissemination, materials) by the clinical group of Endocrinology (CGE) that represents all territorial health providers. Diabetes risk was assessed using the FINDRISK survey on paper or online platform with secure server (EU regulations) and written recommendations based on the risk were given.

Favourable opinion of Ethics Committee Reg. HCB/2019/0979

A post-intervention survey for professionals was made to know the experience to improve upcoming editions. Participation: 3 hospitals and 75% PCC. 1407 surveys registered, (88%) valid, 76,2% users

Global results: 68,6% women, 31,1% <45 years and 29% >64 years; Obesity 16% (Female 9,9%, Male 6,2%).

FINDRISK global: Low 34%, slightly high 35%, moderate 17%, high 12%, very high 2%.

## Take Home Message for Practice:

Unitary strategies in the community allow estimating diabetes risk, for the detection of unknown diabetes and sensitize the population and professionals of the promotion of healthy habits to prevent and/or reduce the incidence of T2D.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1526

### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

## Mommy issues - About a de Quervain tendinopathy case and its management in the family practice.

Ana Luísa Pereira, Catarina Bernardes

USF Costa do Mar - ACES Almada Seixal, Almada, Portugal

**Problem:** de Quervain tendinopathy is a cause of wrist pain among women in the postpartum period, associated to activities that maintain the thumb in extension and abduction - like holding the baby - and manifests as pain or tenderness on the radial side. It is a frequent pathology in the primary care setting and relevant since one of its first line treatments, although invasive, can be offered by trained family medicine physicians, with excellent results. This case illustrates its successful management and the rare side effects



of the treatment. 31-year-old female, family medicine resident, presents at her clinical practice with symptoms of left wrist severe pain months after having a child. Intense pain when holding objects was reported and struggle with common gestures like examination of newborns and gynecological procedures.

**Management and Outcome:** Local tenderness and enlargement with a positive Finkelstein test were found. A diagnosis of a de Quervain tendinopathy was made, with no response to immobilization and oral NSAIDs. One of her colleagues administered a single glucocorticoid injection with quick total resolution of the complaints, but posterior development of local fat atrophy and skin hypopigmentation.

**Discussion:** A local glucocorticoid injection by a trained family doctor is appropriate at a initial severe presentation with good outcomes after a single treatment in this common pathology, with rare and minor complications.

**Open questions:** Can we improve skills in minor invasive but useful procedures like this? Extra - how do you deal with the transition of roles as patient and professional at your practice?

Conflict of interest / Interessenkonflikte  
 no / nein

**Contribution ID: 1559**

**Abstract subtopic / Abstract Unterthema**

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

**Presentation form / Präsentationsform**

Science Slam

**CitizenAct: senior citizens and digital tools**

Pilar Montero<sup>1, 2)</sup>, Pere Toran-Monserrat<sup>1)</sup>, Miguel Ángel Mayer<sup>1)</sup>, Maria Mataró<sup>3)</sup>, Eva Xicola-Coromina<sup>1)</sup>, Gemma Seda<sup>1)</sup>, Piera Sciamia<sup>4)</sup>, Agatha Wisniewska<sup>5)</sup>, Mercè Jiménez-González<sup>6)</sup>, Juan José Montero-Alía<sup>1)</sup>

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<sup>6)</sup>Mataró-1 health center. Institut Català de la Salut, Mataró, Spain

Digital divide affects senior citizen.

**Aim:** Increase the number of older people using digital tools for self-care management and healthy living.

**Methods:** Urban population. Intervention: 16 workshops of 2 hours each, held weekly in groups of 15 to 20 people in the 3 countries (France, Poland and Spain) Inclusion criteria: over 55 years old, having a smartphone or tablet, signed informed consent.

Evaluation of the objectives by means of a self-administered questionnaire before and after the workshops.

**Results:** 70 participants (22 Spain, 20 France, 28 Poland), 44 post-workshop questionnaires (60%, 50%, 75% follow-up in the 3 countries).

Daily mobile phone use: Spain pre 90%, post 100%, France pre 80%- post 90%, Poland pre 92%, post 95%. Total pre 88%, post 95%.

Level of self-perceived digital knowledge: Spain pre 66%, post 69%, France pre 50%, post 70%, high 11%, post 20%; Poland pre 77%, post 59%, high pre 0%, post 26%.



No. of reasons for using the internet (pre/pos) From 0 to 5 reasons: Spain (20/25), France 42/20, Poland 21/4 From 5 to 10 reasons: Spain (35/16), F (42/40), P (75/47); from 10 to 15 reasons: E (45/25), F (15/40), P (3/42); from 15 to 20 reasons: E (0/33), F (0/0), P (0/5).

Use of pre and post health related applications: Spain (5%/80%), France (21%/75%), Poland (12%/70%).

**Discussion:** It is worth noting the usefulness of the workshops for the knowledge and use of health applications.

Much future work remains to bridge the digital divide.

Financed by EIT-Health

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 1655

#### Abstract subtopic / Abstract Unterthema

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

#### Presentation form / Präsentationsform

Lecture / Vortrag

### Effects of the TiTAN primary care tobacco treatment training program on providers' smoking status and relationship to patient treatment rates

Stavros Stafylidis<sup>1</sup>, Emmanouil Smyrnakis<sup>1</sup>, Sophia Papadakis<sup>2</sup>, Constantine Vardavas<sup>2</sup>, Athina Tatsioni<sup>3</sup>, George Samoutis<sup>4</sup>, Paraskevi Katsaounou<sup>5</sup>, Ioanna Tsiligianni<sup>2</sup>, Eleftherios Thireos<sup>6</sup>, Christos Lionis<sup>2</sup>

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<sup>4</sup>Medical School, University of Nicosia, Nicosia, Cyprus

<sup>5</sup>Medical School, University of Athens, Athens, Greece

<sup>6</sup>Vari Health Center, National Health System, Vari, Attica, Greece

**Background:** High rates of tobacco use have been reported among primary care providers (PCPs) in many European countries. Personal tobacco use among PCPs is associated with lower rates of tobacco treatment intervention to patients.

**Aim:** To examine the effects of a tobacco treatment training intervention on PCP's personal smoking status and examine the relationship between smoking status and rates of tobacco treatment delivery to patients.

**Materials & Method:** A before-after study was conducted among 232 PCPs in Greece and Cyprus (2017-2018). The intervention included a 1-day core training and 3-hour seminar, 2-months later. Changes in PCP's smoking status, knowledge, attitudes and rates of evidence-based tobacco treatments delivery as measured by the 5As was assessed before and 6-months after exposure to the training.

**Results:** At baseline, 18% (n=47) of PCPs reported current smoking and 39% were ex-smokers. A significant increase in smoking abstinence was documented following exposure to the training (n=15/47 p=0.01). All PCPs reported significant increases in rates of 5As delivery following participation to the TiTAN training program with no significant differences observed based on PCPs personal smoking status. Rates of 5As delivery before vs. after training for PCPS who were current smokers was: ASK 86.9% vs. 90.4% p=0.02; ADVISE 75.2% vs. 85.2% p=0.03; ASSESS 59.5% vs. 73.4% p=0.07; ASSIST 35.6% vs. 58.2% p=0.01; ARRANGE 40.8% vs. 60.0% p=0.04.

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**Conclusions:** Exposure to the training intervention was associated with smoking abstinence among PCPs and significant increases in rates of evidence-based tobacco treatments delivery, regardless of HCPs' smoking status.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1692**

**Abstract subtopic / Abstract Unterthema**

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

**Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

**Prevention for the young**

Deolinda Cunha<sup>1)</sup>, Liliana Vaz Mendes<sup>1)</sup>, Ana S. Gonçalves<sup>1)</sup>, Gustavo Gonçalves Costa<sup>1)</sup>, Miguel Albergaria<sup>2)</sup>, Joana Bárbara Vaz<sup>2)</sup>

<sup>1)</sup>USF Tondela, Tondela, Portugal

<sup>2)</sup>USF Cândido Figueiredo, Tondela, Portugal

**Background:**

Diabetes is one of the leading chronic diseases in the world, with negative consequences to health. In childhood, the most frequent form of diabetes is type 1 diabetes. However, there has been an increasing incidence of type 2 diabetes due to the emergence of childhood obesity. This is due to a sedentary lifestyle and poor diet. It is important to intervene early.

**Questions:**

The project arose from the need to promote childhood health literacy about diabetes. Group health education is cost-effective and time-efficient, and relocating teams to sites allow for close relationships in the community.

**Methods:**

A health education session was held in the context of World Diabetes Day in several schools in the Viseu district, of which we participated in the activities of 3 schools, applied to all students from classes from the 6<sup>th</sup> grade.

**Results:**

This presentation consisted of a theoretical presentation, which addressed the following topics: what is diabetes, pathophysiology of diabetes and risk factors. There was an interaction between speakers and participants, and questions were raised. In the second part, there were playful activities, which allowed the dynamization and consolidation of the themes. A pre-session diagnostic test was performed, which will be repeated in 2 years, to evaluate the students' knowledge evolution and, consequently, the impact of the session.

**Take home message:**

The anniversary of World Diabetes Day deserves to be remembered and celebrated by the population. These initiatives promote a more active role for the family doctor in the community while fostering health literacy.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1695**

**Abstract subtopic / Abstract Unterthema**



4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

**Presentation form / Präsentationsform**  
ePoster

## **Gabapentin and pregabalin are interchangeable medicines, does that mean they are the same?**

Deolinda Cunha<sup>1</sup>, Francisca Cardia<sup>2</sup>, Vanessa Salvador Nunes<sup>2</sup>, Paulo Carvalho<sup>2</sup>

<sup>1</sup>*USF Tondela, Tondela, Portugal*

<sup>2</sup>*USF Terras de Azurara, Mangualde, Portugal*

### **Background:**

Both gabapentin (GBP) and pregabalin (PGB) have been widely used to treat neuropathic pain (NP). However, there is limited evidence that directly compares their effectiveness.

### **Questions:**

Have GBP and PGB the same benefits in NP?

### **Methods:**

Literature search through PubMed, Cochrane library and TRIP data base to find articles published in the last 5 years.

The MeSH terms used were (("Pregabalin / therapeutic use" [Mesh]) OR "Gabapentin" [Mesh]) AND Neuralgia "filters were introduced that restricted the results to guidelines, meta-analyzes, phase IV trials and reviews in English, Portuguese, French and Spanish and those performed on humans.

The SORT scale was used to assign the levels of evidence and strength of recommendation.

### **Outcomes:**

435 articles were found, 394 were excluded by title, 17 articles were repeated and 18 did not present relevant data. Six publications were selected: 1 guideline, 3 original studies and 2 systematic reviews.

Most studies suggest that there are no significant differences between the efficacy of pregabalin and gabapentin treatment. However, the only two 2 articles that give preference to one of the drugs, emphasize the use of pregabalin.

### **Discussion:**

The major limitation of this work was the discrepancy between the studied variables making it difficult for the present study to be statistically significant.

### **Take home message:**

There are no clear benefits of pregabalin vs gabapentin.

More studies are needed in this area to guide the prescription correctly.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 1776**

### **Abstract subtopic / Abstract Unterthema**

4.2. Other Professional development (CPD, research training) / Fortbildung: medizinisch oder forschungsbezogen

**Presentation form / Präsentationsform**

Workshop

## **Professional health and wellbeing for doctors through the arts and cinemeducation**

Andrée Rochfort



*Director of Quality Improvement, Irish College of General Practitioners, Dublin, Ireland*

**Background:** The art and science of medicine is a frequently used term to describe the skills used by a doctor during consultations with patients. As family doctors, blending art and science comes naturally in our work. However, we can also use this approach to address our own personal health and healthcare through self-knowledge, self-expression and reflection on our connections with others and with the world around us. Art is a tool for exploring our personal inner values and professionalism.

**Aim:** This workshop aims to explore responses of family doctors to visual art works and cinema / film clips which have potential to generate inspiration, creativity and reflection.

**Methods:** The workshop consists of three parts:

1. **Introduction:** What is the art and science of medicine? How can we incorporate visual art and cinemeducation into our own wellbeing activities? Concepts such as energy and fatigue, pain and joy, success and failure will be explored.
2. **Demonstration:** Thematic film excerpts and visual art display.
3. **Participant interactions** participants may contribute by sharing experiences and opinions using their responses to cinema and art.

**Results/Conclusions:** We will demonstrate methods of using art and film excerpts, illustrating life events and human interactions in order to enhance curiosity and reflection in a non-work environment. By attending this workshop, participants should enjoy an enhanced recognition of similarities and contrasts between life situations and interpersonal relationships between art, film and reality. Participants will explore how to incorporate these interpretations into self-care and personal professional development.

Conflict of interest / Interessenkonflikte  
no / nein

### 4.3. Case presentations and discussions by young doctors with slido- System / Fallpräsentationen und Diskussionen durch junge Ärzte/innen

**Contribution ID: 234**

**Abstract subtopic / Abstract Unterthema**

4.3. Case presentations and discussions by young doctors with slido- System / Fallpräsentationen und Diskussionen durch junge Ärzte/innen

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**“Why didn’t I think of that?”: The error of premature closure**

Marianne Tsang

*Family Medicine Residency, Singhealth, Singapore, Singapore*

**Background:**

This case series illustrate misdiagnoses in patients which could have arisen from premature closure by attending physicians.

**Content:**

45-year-old lady presented with diarrhea for 4 weeks. She was referred for colonoscopy in view of “change in bowel habits”. Thyroid panel performed together with pre-procedure investigations showed hyperthyroidism.



50-year-old man presented with generalized fatigue for 2 weeks and an ashy-grey complexion. Tests revealed hemoglobin of 4g/dL and pancytopenia. He denied per-rectal bleeding, and rectal exam was normal. During admission, the anemia was attributed to gastrointestinal bleeding. He was discharged after blood transfusion, but re-presented with recurrence of pancytopenia. He was eventually diagnosed with leukemia and did well on chemotherapy.

75-year-old-man with ischemic heart disease presented with non-vertiginous giddiness and systolic blood pressure of 90 mmHg. His high doses of antihypertensives were reduced. Giddiness improved on subsequent review, but he reported chest pain and exertional breathlessness for 4 weeks. An urgent percutaneous coronary intervention was scheduled. However, pre-procedure tests revealed hemoglobin of 5g/dL. He was subsequently diagnosed with gastric cancer.

### Questions:

How could have these patients been managed better? Is there an approach or framework we can use to prevent premature closure?

### Take Home Message for Practice:

Premature closure is a common cognitive error made by physicians in all fields. It takes discipline and vigilance to think through differentials beyond those that are common. Family physicians providing frontline care to the community must be able to think broadly in the face of undifferentiated complaints.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 235

#### Abstract subtopic / Abstract Unterthema

4.3. Case presentations and discussions by young doctors with slido- System / Fallpräsentationen und Diskussionen durch junge Ärzte/innen

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Tricky trade-off: A case of chronic disease management in a woman trying to conceive

Marianne Tsang

*Family Medicine Residency, Singhealth, Singapore, Singapore*

### Background:

Metabolic risk factors like diabetes, hypertension, and hyperlipidemia are increasingly common in reproductive-aged women. Management of these conditions in the pre-conception period can be challenging.

### Content:

A 37-year-old lady seeks pre-conception advice. She is on primary care follow up for poorly controlled diabetes mellitus (HbA1c 8%), proteinuric diabetic nephropathy (CKD-EPI eGFR 42 ml/min), hypertension, hyperlipidemia, non-alcoholic fatty liver disease, and polycystic ovarian syndrome. She is recently married and wishes to conceive.

### Questions:

1. How does this patient's chronic conditions affect her fertility, and subsequently her pregnancy?
2. What are the glycemic and blood pressure targets for this patient?
3. How would pregnancy hinder guideline-directed medical therapy of her metabolic risk factors?
4. How might the patient's desire to conceive provide an opportunity to achieve control of her chronic conditions?
5. When would you advise her to try to conceive?

### Take Home Message for Practice:

## CONTENT

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Optimal pre-conception chronic disease control is important as it can affect fertility and maternal-fetal outcomes. Pregnancy imposes restrictions on pharmacological options, and medications need proactive review. Open and clear communication is crucial to shared decision-making, and to balance different management goals.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 236

### Abstract subtopic / Abstract Unterthema

4.3. Case presentations and discussions by young doctors with slido- System / Fallpräsentationen und Diskussionen durch junge Ärzte/innen

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### When it is not just diabetic nephropathy

Marianne Tsang

*Family Medicine Residency, Singhealth, Singapore, Singapore*

### Background:

Diabetic nephropathy is a major long-term microvascular complication of diabetes mellitus, and is the leading cause of chronic kidney disease and end-stage renal disease worldwide. In diabetic patients, it is easy to presume that diabetes is the cause of chronic renal impairment.

### Content:

A 50-year-old lady who had well-controlled diabetes mellitus (HbA1c 7%) with chronic kidney disease (CKD-EPI eGFR 55 ml/min) was stable for many years. During a routine follow-up, she was noted to have developed new proteinuria, thought to be due to diabetic nephropathy. She was started on enalapril for reno-protection; this was gradually up-titrated to maximum dose. However, her proteinuria persisted and renal function declined from eGFR 55ml/min to 40ml/min over one year. Subsequently, she presented to the emergency department for a 3-month lower back pain which worsened after a fall. X-rays of the lumbar spine revealed lytic lesions. A full blood count revealed normocytic normochromic anemia. Serum calcium level was 3.3 mmol/dl. She was later confirmed to have multiple myeloma.

### Question:

In diabetic patients, when should we suspect that renal impairment or proteinuria is not simply due to diabetic nephropathy?

### Take Home Message for Practice:

Red flags inconsistent with diabetic nephropathy include

- (1) rapid decline in renal function (>5ml/min/year)
- (2) anemia disproportionate to degree of renal impairment
- (3) hematuria or urinary casts
- (4) absence of longstanding, poorly controlled diabetes
- (5) presence of other systemic diseases associated with glomerulonephritis e.g. systemic lupus erythematosus.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 368

### Abstract subtopic / Abstract Unterthema

## CONTENT

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4.3. Case presentations and discussions by young doctors with slido- System / Fallpräsentationen und Diskussionen durch junge Ärzte/innen

### **Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### **67-year-old man with polyarthralgia – a case of concomitant gout with gonococcal arthritis**

Jing Yi Lim

*Family Medicine (Singhealth Polyclinics - Outram Polyclinic), MOH Holdings, Singapore, Singapore*

**Didactic method:** Interactive lecture

**Introduction:** Septic arthritis and gout are clinically similar conditions that can present to primary care. This case study illustrates the diagnostic challenge, and discusses point-of-care tools that may assist the general practitioner.

**Presented problem:** A 67-year-old male, known to have gout, diabetes and hypertension, presented with acute atraumatic polyarthralgia affecting the left knee, left ankle and left shoulder. Examination-wise, he was stable, non-toxic, and had inflamed left knee, ankle and shoulder joints. Investigations showed leucocytosis of 13.71 g / dL, raised C-reactive protein (CRP) of 42.4 mg / L and hyperuricemia of 621 umol / L.

**Management and outcome:** Knee arthrocentesis was negative for gram stain, but showed monosodium urate crystals. He was started on oral Colchicine for gouty flare, and switched to oral prednisolone after developing diarrhea. Knee fluid cultures returned positive for Neisseria Gonorrhoea. He then revealed prior unprotected exposure to commercial sex workers. He was started on intravenous ceftriaxone, switched to oral azithromycin on improvement, and discharged.

**Discussion Point:** While gout is a common cause of acute atraumatic arthritis, septic arthritis is not. The general practitioner has to make a clinical decision as gout can be treated in an outpatient setting, but septic arthritis usually requires hospitalization. Missing septic arthritis can lead to bacteremia and septic shock.

**Learning points:** The general practitioner needs to recognize signs which distinguish gout from septic arthritis. Point-of-care tests such as CRP may be helpful. An index of suspicion is necessary and prompt arthrocentesis is imperative to reach a diagnosis.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 459**

### **Abstract subtopic / Abstract Unterthema**

4.3. Case presentations and discussions by young doctors with slido- System / Fallpräsentationen und Diskussionen durch junge Ärzte/innen

### **Presentation form / Präsentationsform**

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### **Painkillers may kill**

José Carneiro<sup>1)</sup>, Daniel Bertoluci Brito<sup>1)</sup>, Elisabette Castro<sup>2)</sup>, Manuel Vaz<sup>3)</sup>, José Carlos Carneiro<sup>3)</sup>, Isabel Alvim<sup>1)</sup>

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<sup>2)</sup>USF Veiga do Leça, Santo Tirso, Portugal

<sup>3)</sup>Centro Hospitalar do Médio Ave, Vila Nova de Famalicão, Portugal

### **Didactic method:**

Post-injection embolia cutis medicamentosa or Nicolau Syndrome is a rare condition that can occur after an intramuscular injection. There is no specific group of drugs prone to this syndrome, so it can happen basically



with every type of intramuscular drugs. Some reports suggested anticoagulant, intravenous steroids and vasoactive therapy (i.e. pentoxifylline) as the adequate treatment.

### **Presented problem:**

A fifty-five years old female patient, previously healthy, reported a low back pain since the last three days. Intramuscular painkillers were administered for her sciatica. The inoculation was done in the external quadrant of her right gluteus maximus and during the injection she had a very intense pain in the inoculation site, and the skin around became flushed and hot, including her lower back. The pain disappeared, but the skin remained flushed and the inoculation site was necrotic.

### **Management:**

The case was followed for twenty-two days, taking photos and antibiotics along with vasoactive therapy were prescribed.

### **Outcome:**

The patient made a fully recuperation.

### **Discussion:**

Since it is a rare syndrome, there isn't a well established way to diagnose and treat this syndrome. Some reports mention that may happen due to an error in the inoculation, so it is important to be aware of it when prescribing intramuscular drugs.

### **What we can learn from this/open questions:**

We should review the administration of intramuscular drugs, be aware of this syndrome and how to treat it. Although this patient made a fully recuperation, there are some reports describing several repercussions.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 628**

#### **Abstract subtopic / Abstract Unterthema**

4.3. Case presentations and discussions by young doctors with slido- System / Fallpräsentationen und Diskussionen durch junge Ärzte/innen

#### **Presentation form / Präsentationsform**

ePoster

### **Furuncular myiasis: an unknown travel companion**

Sofía Peter Ruiz, Lucia Higuera Cabañes

*Primary Health Care Center Fronteras, Madrid Regional Ministry of Health, Torrejón de Ardoz (Madrid), Spain*

#### **Background:**

Furuncular myiasis is a common dermatosis in South America and Africa, and presented in our area by travellers returning from endemic areas. It's caused by the infestation of larvae of various flies that use the human as a host to complete their larva-stage. Adult flies lay their eggs on a blood-sucking vector, which penetrates the human dermis, introducing eggs and remaining in the host as a furuncle-like lesion until they emerge to complete their life cycle on the soil. Furuncular myiasis can be a diagnostic challenge out of the endemic areas due to their similarity to other skin lesions.

**Methods:** Case description

#### **Case report:**

A 29 year old, healthy Caucasian female presents lancinating, intense and nocturnal pain and pruritus in two subcutaneous and erythematous nodules on her right subscapular region and left buttock, secreting a serosanguinous discharge. The perilesional skin appears erythematous and lightly swollen. The patient refers travelling to Senegal a week before the lesions appeared. She used mosquito repellents and took antimalarial



drugs, although she got multiple mosquito bites during her trip. After applying petroleum-jelly on the lesions, and wait a few minutes, larvae were easily removed.

### Results:

The microbiologic study concluded the larvae corresponded to the human botfly or dermatobia hominis, most common in South America.

### Conclusion:

Primary care professionals should be familiar with the clinical features and management of this dermatosis as just by extracting the larvae, the pain and itchiness will be resolved. In most cases, no further complications will appear.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 880

#### Abstract subtopic / Abstract Unterthema

4.3. Case presentations and discussions by young doctors with slido- System / Fallpräsentationen und Diskussionen durch junge Ärzte/innen

#### Presentation form / Präsentationsform

ePoster

#### A rare reason for a common complaint

Claudia Leão, Daniela Oliveira, Joana Fernandes, Joana Brito, Gwladys Louro

*USF Planície, Évora, Portugal*

Epipliod appendagitis (EA) is a rare condition that consists on ischemic infarction of an epiploic appendage, caused by torsion or spontaneous thrombosis of its central draining vein. It affects both sexes in the second to fifth decades of life, with obesity and strenuous exercise as risk factors.

It presents as an intense abdominal pain, mild fever and rebound tenderness on examination – since the most common part of the colon affected is the sigmoid colon, symptoms are more frequent on the left abdominal quadrants. The diagnosis is made by abdominal CT scan showing inflammation of the epiploic appendage, and the management of acute EA is conservative, with analgesia and rest, since this is a benign and self-limited issue.

Female, 57 years old, history of fibromyalgia and degenerative disc disease, treated with duloxetine, diazepam, pregabalin. Patient presents with intense right iliac fossa pain with 30 hours of duration, associated with nausea and anorexia. On examination, she is afebrile, palpation of the right abdominal quadrants is painful with rebound tenderness and a positive Blumberg sign. Blood analysis reveals a slightly elevated CRP, with no other markers of inflammation. An abdominal CT reveals a small oval mass with adipose tissue density, compatible with EA. Patient was discharged with prescription of pain medication, and instructions to increase water consumption and maintain hypolipidemic diet.

EA is infrequent, but relevant because it is often confused with other causes of abdominal pain like acute appendicitis or diverticulitis, and can lead to unnecessary antibiotic use and surgery.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 929

#### Abstract subtopic / Abstract Unterthema

4.3. Case presentations and discussions by young doctors with slido- System / Fallpräsentationen und Diskussionen durch junge Ärzte/innen



## Presentation form / Präsentationsform ePoster

### Alternative medicines cause alternative diseases

José Carneiro<sup>1)</sup>, Ricardo Daniel Brito<sup>1)</sup>, José Carlos Carneiro<sup>2)</sup>, Manuel Vaz<sup>2)</sup>, Isabel Alvim<sup>1)</sup>

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<sup>2)</sup>Centro Hospitalar do Médio Ave, Vila Nova de Famalicão, Portugal

### Didactic method:

Iatrogenic pneumothorax is a traumatic lesion that occurs from injury to the pleura, with air introduced into the pleural space. As every type of pneumothorax, history and physical examination are essential to make diagnosis. The most common findings are respiratory distress (considered a universal finding), tachypnea and distant or absent breath sounds.

### Presented problem:

A nineteen years old male patient, previously healthy, reported a back pain and did a physiotherapy session and acupuncture in order to relief his pain. One day after, he had a severe pleuritic chest pain. He was recommended to go to the emergency service. It was administrated oxygen 3L/min and realized analytical control and a chest X-ray and chest-CT afterwards. The analytical control had no changes but the chest X-ray and the CT revealed a small volume pneumothorax in the right hemithorax.

### Management:

He stayed at the hospital for oxygen therapy and to repeat the X-Ray 48h afterwards. Some days after he was reobserved by pneumology.

### Outcome:

The patient fully recuperated.

### Discussion:

Since it is a rare condition, there was a discussion between the doctors who followed up the case and they concluded that the most probable cause of this pneumothorax was the acupuncture therapy. The needle may had perforated and cause an iatrogenic pneumothorax.

### What we can learn from this/open questions:

Alternative medicines might have some benefits but every patient needs to be warned about the lack of scientific evidence in this type of practice and possible adverse and iatrogenic effects.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 994

### Abstract subtopic / Abstract Unterthema

4.3. Case presentations and discussions by young doctors with slido- System / Fallpräsentationen und Diskussionen durch junge Ärzte/innen

### Presentation form / Präsentationsform

Case presentation by young doctors / Fallvorstellungen von junge Ärzte/innen

### Delusion of pregnancy – a case report

Cristina Belova<sup>1)</sup>, Daniela Oliveira<sup>2)</sup>

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<sup>2)</sup>USF Planície, ARS Alentejo, Évora, Portugal



**Introduction:** Delusion of Pregnancy (DP) is described in the literature as a rare syndrome. This delusion is characterized by an irreplaceable and unwavering belief that one is pregnant, despite factual evidence to the contrary. It may emerge during the course of various neuropsychiatric disorders, not only in women but also in men.

**Methods:** Non-systematic literature review, systematizing and subsequently summarizing the information collected. Consultation of the clinical file.

**Results:** M.I.N, 44 years old, female, married and without children, previously diagnosed with schizoaffective disorder, compulsively hospitalized for behavioral alteration in the context of therapeutic non-compliance. She discontinued her usual medication on the belief that she was pregnant and for fear of teratogenic effects, although she did several tests and was negative for pregnancy. She had no physical signs or symptoms of pregnancy. Currently on medication and hospitalization for psychopathological stabilization.

**Conclusion:** Although sometimes difficult, an important aspect referenced in the available literature is to differentiate DP from pseudocyesis, simulated pregnancy, pseudo-pregnancy and *Couvade Syndrome*. Etiologically DP is a heterogeneous phenomenon. Both biological and psychological factors may be implicated in its genesis, but DP is more frequent in the spectrum of schizophrenia and other psychotic disorders.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1212

### Abstract subtopic / Abstract Unterthema

4.3. Case presentations and discussions by young doctors with slido- System / Fallpräsentationen und Diskussionen durch junge Ärzte/innen

### Presentation form / Präsentationsform

ePoster

## Smoke –free space of tobacco. Effect of its implementation in the Unidad Médico Familiar 2- México.

Zitlalli Portillo García<sup>1)</sup>, Elizabeth Méndez Fernández<sup>2)</sup>, GS Arciga Vázquez<sup>3)</sup>, Federico Héctor Marín Martínez<sup>4)</sup>, Ulises Cruz Apanco<sup>2)</sup>, Socorro Méndez Martínez<sup>2)</sup>

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Smoking is a global public health problem, which directly affects the health of the smokers and passively the people around them. The World Health Organization has recommended the implementation of control measures for its consumption, marketing and advertising. A quasi-experimental study was conducted on the implementation of an educational program based on the strategic lines of the Tobacco Smoke Free Space in 224 adults (124 users and 100 workers) of the Family Medical Unit, in addition to knowledge about tobacco through some questions of the Manual of smoke-free prior to and after educational intervention. The educational intervention was divided into 5 steps, in which the population was trained and guided about smoking, informing about the consequences, damage to health, treatments among other topics, in 60-minute sessions for groups of 3 to 5 attendees.

Prior to the intervention, 16, 9% of users and 18% of workers were smokers, after this educational intervention the percentage was reduced to 14, 5% ( $p=0,250$ ) and 16% ( $p=0,500$ ) respectively without finding significant differences, however the implementation of the program improved the level of knowledge



on the policy of the Tobacco Smoke-Free Space ( $p=0,008$ ) ( $p=0,005$ ), also helped adults identify the harmful effects of tobacco

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 1579**

### **Abstract subtopic / Abstract Unterthema**

4.3. Case presentations and discussions by young doctors with slido- System / Fallpräsentationen und Diskussionen durch junge Ärzte/innen

### **Presentation form / Präsentationsform**

ePoster

## **Probiotics for improving symptoms in ulcerative colitis patients: a systematic based review**

JoãoPedro Teixeira Baptista<sup>1)</sup>, Cátia Brito<sup>2)</sup>, Mafalda Aveiro<sup>3)</sup>, Melanie Azeredo<sup>3)</sup>, Célia Conceição<sup>1)</sup>

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<sup>3)</sup>USF Ossonoba, Faro, Portugal

### **Introduction:**

Ulcerative colitis (UC) is a chronic inflammatory disease that diffusely affects the mucosa of colon and rectum. An imbalance in the composition of the normal enteric microbiota (dysbiosis) underlies the pathogenesis of CU. The purpose of this review is to assess the effect of probiotics in the control of UC symptoms.

**Methods:** Searched review/original articles, published between August 22, 2009-2019, English/Portuguese, MeSH terms "ulcerative colitis" and "probiotics" in: BMJ, Evidence Based Medicine online, National Guideline Clearinghouse, The Cochrane Library, DARE, Bandolier and MEDLINE/Pubmed. The American Family Physician's Strength of Recommendation Taxonomy (SORT) was used. Inclusion criteria: P (adults with ulcerative colitis), I (probiotics), C (placebo), O (symptom control).

**Results:** 56 articles were obtained, 7 were excluded by repetition and 39 after reading the abstract. 5 studies met the inclusion criteria, 3 systematic review (SR), 1 RCT and 1 prospective study. An SR concluded that probiotics can be so effective as 5-ASA in preventing relapse of quiescent UC; Another SR concluded that there is no statistically significant difference between probiotics and mesalazine in maintaining CU remission. The prospective study suggested a possible benefit of probiotics in preventing recurrence during the maintenance treatment of pouchitis. The RCT showed that application of rectal probiotics were effective in mild-moderate distal UC.

**Conclusion:** The recommendation to use probiotics to prevent relapse and induce remission of UC is controversial. More robust studies, with representative samples, that can better correlate the benefit of using probiotics in the control of UC should be performed.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 1668**

### **Abstract subtopic / Abstract Unterthema**

4.3. Case presentations and discussions by young doctors with slido- System / Fallpräsentationen und Diskussionen durch junge Ärzte/innen

### **Presentation form / Präsentationsform**

ePoster



## Outside the box

Deolinda Cunha, Liliana Vaz Mendes, Ana Marques

*USF Tondela, Tondela, Portugal*

### Background:

The most prevalent cause of infectious esophagitis is esophageal candidiasis. The main symptoms are dysphagia, odynophagia and retrosternal pain. Esophageal candidiasis is considered an opportunistic infection. It is more common in immunocompromised patients. It is also associated with the use of proton pump inhibitors, antibiotic therapy, gastroesophageal reflux disease (GRD), inflammatory bowel disease and smoking, though with less frequency. The diagnosis is made through endoscopic findings and treatment is systemic.

### Questions:

22-year-old female, 9th grade, single, residing with her mother and sisters. Background of depression and smoking. Medicated with escitalopram, pantoprazole, risperidone and mexazolam in SOS. She resorted to the family doctor (FD) in August/2017 because of retrosternal pain that aggravated with efforts, heartburn and nausea, which associated with the begging of work activity in shifts.

### Methods:

She was treated with metoclopramide and diazepam, with the notion of improvement of symptoms. In May/2019, an upper digestive endoscopy was requested, given hematemesis and periods of dysphagia for solids.

### Outcomes:

Endoscopic examination revealed moderate candidiasis in the distal 2/3 of the esophagus. She was treated with fluconazole. A complementary study and new UDE were requested to perform after therapy.

### Discussion:

The case presented is intended to draw attention to an infrequent diagnosis at young ages and in immunocompetent patients. It is important to clarify if there is any cause of unknown immunosuppression, through complementary diagnostic tests.

### Take home message for practice:

It highlights the difficulty in valuing complaints and evaluating organic causes in anxiogenic patients.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1679

### Abstract subtopic / Abstract Unterthema

4.3. Case presentations and discussions by young doctors with slido- System / Fallpräsentationen und Diskussionen durch junge Ärzte/innen

### Presentation form / Präsentationsform

ePoster

## Osteochondroma in primary health care. A case study

Liliana Mendes, Deolinda Cunha, Conceição Vidigal, Sara Marques

*USF Tondela, USF Tondela, Viseu, Portugal*

**Introduction/Aim:** Osteochondroma is a benign tumor that develops near a bone's growth plate. It presents as a hard, protruding mass, usually asymptomatic and solitary. However, when there is compression of structures such as muscles or nerves it may cause symptoms. Diagnosis can be made by X-ray, scintigraphy, CT scan or MRI. The treatment is surgical. **Materials and Methods:** Case study. The



information was consulted in the patient electronic record, which contains data from Primary and Secondary care. **Results:** Male, 15-years-old. Diagnosed with attention-deficit/hyperactivity disorder. On 19.07.2018 a subcutaneous, hard and non-painful mass was reported in the upper third of the right leg. The radiograph shown an exostosis of the proximal diaphysis of the right fibula, which was confirmed by a CT scan. An Orthopedics appointment was realized on 19.12.2018, where a surgical approach was proposed. On 01.2019 an abnormal gait pattern was noticed, initially attributed to the practice of mountain biking. In June, after a new trauma, limitation of mobility of the right foot started. On 19.09.2019 he was admitted for surgical treatment with pendant foot and the histological result confirmed osteochondroma. Electromyogram showed severe right deep peroneal nerve injury with partial right superficial peroneal lesion. On 02.01.2020 it was prescribed orthosis and medical rehabilitation for a right foot flexion deficit. **Conclusion:** With this case study we aim to highlight the importance of systematic physical examination, timing of surgery and the difficulty for parents to acknowledge some complaints. A good articulation between the primary and secondary health care is paramount.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1684

### Abstract subtopic / Abstract Unterthema

4.3. Case presentations and discussions by young doctors with slido- System / Fallpräsentationen und Diskussionen durch junge Ärzte/innen

### Presentation form / Präsentationsform

ePoster

### Multiple sclerosis - a clinical case

Andreia Oliveira, Ana Reis

*Mealhada Family Health Unit, Mealhada, Portugal*

**Background:** Multiple Sclerosis (MS) is an autoimmune, chronic, inflammatory and degenerative disease of the Central Nervous System. It affects approximately 2.5 million people worldwide, with a higher incidence in females.

**Methods:** 45-year-old female patient, married, nuclear family in phase V of the Duvall Life Cycle, with no relevant personal history. In June 2019 she went to her family doctor for having started with paresthesias and lack of strength in the right upper and lower limbs, lasting for seconds and with spontaneous recovery. She was sent to the Emergency Department of the Reference Hospital where no organic neurological pathology was found. About 5 days later, she returned to the Emergency Department for maintaining paroxysmal episodes of sudden decrease in muscle strength in the right upper limb and paresthesias in the right upper and lower limbs with seconds in duration and spontaneous recovery. Due to changes in the neurological examination, she performed a cranial CT scan, which revealed alterations that did not exclude being inflammatory/demyelinated in nature, and she was admitted to a complementary study. The complementary study revealed that it was a multiple sclerosis, and the patient is now being medicated with Natalizumab.

**Discussion:** MS is a major cause of disability in young adults and its diagnosis has a major impact on the patient's life.

**Take Home Message for Practice:** The family doctor has a fundamental role in supporting the patient and her family, since it is an event with great personal and family impact.

Conflict of interest / Interessenkonflikte  
no / nein

## [CONTENT](#)

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## Contribution ID: 1694

### Abstract subtopic / Abstract Unterthema

4.3. Case presentations and discussions by young doctors with slido- System / Fallpräsentationen und Diskussionen durch junge Ärzte/innen

### Presentation form / Präsentationsform

ePoster

### There is no rule without an exception

Deolinda Cunha<sup>1)</sup>, Francisca Cardia<sup>2)</sup>, Vanessa Salvador<sup>2)</sup>, Paulo Carvalho<sup>2)</sup>, Liliana Silva Correia<sup>2)</sup>

<sup>1)</sup>USF Tondela, Tondela, Portugal

<sup>2)</sup>USF Terras de Azurara, Mangualde, Portugal

**Background:** Helicobacter pylori (Hp) infection is very prevalent worldwide. Quadruple bismuth-associated antibiotic therapy has been the most used to treat the disease. The most common side effects are gastrointestinal.

**Questions:** A 55-year-old woman, personal history of hypothyroidism medicated with levothyroxine. She resorted to the family doctor for generalized myalgia, nausea and palm-plantar pruritus with 2 days of evolution. Self-medicated with acetaminophen. She reported treatment with bismuth, metronidazole and tetracycline starting 3 days ago due to gastric Hp infection.

Hemodynamically stable, afebrile, without signs of dehydration. Musculoskeletal assessment: without contractures or masses, without limitation of movements, maintained muscle strength; no paraesthesias or inflammatory signs. Palm-plantar region with dry, slightly scaly skin.

**Methods:** She was treated with acetaminophen and clemastine and kept under surveillance. Once improved, she was discharged with an indication for vigilance, antibiotic withdrawal, medicated with desloratadine, acetaminophen and alarm signals were explained.

**Outcomes:** Reassessment after 2 days: reported clinical improvement after antibiotic withdrawal. She was treated with omeprazole, amoxicillin and clarithromycin.

**Discussion:** Nausea associated with quadruple therapy is a common adverse event. The itching was uncommon. Myalgia is described only with bismuth, but not in the package leaflet of the association.

**Take Home Message for Practice:** Patient safety is one of the most important concerns. Each patient is unique. However, the studies extrapolate from the group to the individual.

Reporting adverse effects is essential to identify those that have not yet been described. For this to happen it is crucial that the physician identifies and reports these events.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1739

### Abstract subtopic / Abstract Unterthema

4.3. Case presentations and discussions by young doctors with slido- System / Fallpräsentationen und Diskussionen durch junge Ärzte/innen

### Presentation form / Präsentationsform

ePoster

### More exercise, less diabetes



Raquel Castro, Beatriz Abreu Cruz, Sofia Cavaco Raposo, Tiago Villanueva, Carla Cardoso, Mariana Sousa Silva

*USF Reynaldo dos Santos, Lisbon and Tagus Valley Regional Health Administration, ACES Estuário do Tejo, Póvoa de Santa Iria, Portugal*

## **Introduction:**

Lifestyle changes is a recommendation that all physicians should make. Exercise and healthy diet help control weight, lower glucose levels, blood pressure, LDL cholesterol and triglycerides, reduces anxiety and improves general well-being.

## **Case Presentation:**

A 41-year-old male presented to his Family Physician with a history of polydipsia, polyuria and a 17 Kg gain in one year. He has a history of anxiety and depression and reported worsening of his depression due to workplace conflicts, the depressed state of his wife and also because of his son was being a victim of cyberbullying. He associated his condition with his eating errors and sedentary life.

Physical examination was unremarkable. The laboratory tests showed HbA1c 10.2%, creatinine 1.08 mg/dL, urine with ketone bodies (80 mg/mL) and glycosuria (1000 mg/dL).

Several diagnostic hypotheses were raised including type 2 Diabetes, adverse effects of Sodium Valproate and Obesity. The hypothesis of LADA was excluded in secondary care. The Family Physician educated him about lifestyle changes and started him on Metformin and Gliclazide. Valproate was discontinued. The patient started practicing a martial art and engaged in dietary control.

In about 4 months he lost around 20 kg and reached a HbA1C of 5.2%.

Currently, he is feeling well and considers that lifestyles changes helped him with his anxiety.

## **Discussion/Conclusion:**

This case illustrates how important it is to recommend lifestyle changes to patients. The shared decision and the responsibility of the patient are essential for their autonomy and to promote favorable results.

Conflict of interest / Interessenkonflikte

no / nein

## **5. Future settings for primary care / Zukunftsaspekte**

### **5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation**

#### **Contribution ID: 47**

#### **Abstract subtopic / Abstract Unterthema**

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

#### **Presentation form / Präsentationsform**

Science Slam

#### **Assessing primary care in the Republic of Moldova: case study.**

Natalia Zarbailov

*Family Medicine, State University of Medicine and Pharmacy "Nicolae Testemitanu", Republic of Moldova, Chisinau, Moldova, Republic of*

**Background:** The Republic of Moldova is an independent state since y.1991. The moldovan Government has initiated the health system reform following the Alma Ata Declaration. Starting with y.2000 primary health



care services provided by family doctors and their teams around the country. However, there is little understanding about primary care development after twenty years.

**Objective:** Assessing primary care development in the Republic of Moldova.

**Methods:** A primary care assessment tool developed by Barbara Starfield and applied in some countries, has been used in our study. This tool defines 15 primary care characteristics, dividing them in system and practice characteristics. Respecting the methodology, each characteristic has been evaluated by 9 primary care national experts and rated as 2 (high), 1 (intermediate) or 0 (low) points, respectively.

**Results:** The Republic of Moldova collected 17,5 out of 30 points (maximum score). A single feature was considered "0" and three features received a high score of "2" points; with equal votes of "1" and "2" for one more item. Compared with other 14 previously assessed countries, Moldova ranks 10<sup>th</sup> of 15 countries and classified as a country with "Intermediate primary care development".

**Conclusion:** This study provides the first evidence concerning primary care in Moldova, and shows need for further development. Despite of the time since the existing assessment tool was developed, its application can be still encouraging for other countries to generate evidence about their primary care system.

**Keywords:** The Republic of Moldova, health reform, health system assessment, primary care, international comparisons.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 63

### Abstract subtopic / Abstract Unterthema

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

### Presentation form / Präsentationsform

Lecture / Vortrag

## Strong primary care and long-term effects on hospitalization in patients with chronic disease: a comparative observational study

Olga A. Sawicki, Anastasiya Glushan, Angelina Mueller, Ferdinand M. Gerlach, Martin Beyer, Kateryna Karimova

*Institute of General Practice, Goethe University, Frankfurt, Germany*

### Background:

In 2004, a health system reform has been introduced to strengthen the role of general practitioners in Germany. Main characteristics include care coordination, gate-keeping, continuity of care, and data-driven quality improvement.

### Question:

Our aim was to determine the long-term effects of the reform on hospitalization of enrolled patients with chronic disease.

### Methods:

Based on insurance claims data of 371,980 patients, we conducted a longitudinal observational study from 2011 to 2017 in Baden-Wuerttemberg. Hospitalization rates of 203,283 enrolled patients with diabetes, chronic heart failure (CHF), and coronary artery disease (CAD) were compared to usual primary care (N=168,697 patients), using generalized linear models. We adjusted for key influence factors to avoid systematic difference between groups.

### Outcomes:



In the baseline year and throughout long-term follow-up, enrolled patients with diabetes (n=91,229) and CHF (n=43,962) had lower rates of all-cause hospitalization. The difference between intervention and control groups increased over time, while it remained stable for diabetes-related hospitalizations among diabetics. Among CAD patients (n=125,758), the reform was associated with significantly fewer cardiovascular hospitalizations across the seven observed years.

### **Discussion:**

Among patients with chronic conditions, the implementation of a large-scale reform for improving coordination of outpatient care was associated with fewer hospitalizations. An exploratory approach is needed to identify most effective characteristics of the reform. Nevertheless, our results showed a persistent positive trend in the interventional group over the years.

### **Take Home Message:**

To strengthen the role of primary care by a health system reform can substantially improve care for chronically ill patients.

Conflict of interest / Interessenkonflikte  
yes / ja

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### **Contribution ID: 286**

#### **Abstract subtopic / Abstract Unterthema**

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

#### **Presentation form / Präsentationsform**

ePoster

### **Family physicians perception about stress factors at workplace - a transversal study**

Rodrigo Sousa Penha, Gustavo José Martiniano Porfírio, Murilo Moura Sarno

*USCS Bela Vista, São Bernardo do Campo, Brazil*

Workplace stress is a recurring problem at primary care services, being a important cause for low family physician's permanence. A better comprehension about how these physicians perceive stress may help on strategies to maintain them on these clinics.

Which main stress factors family physicians (FP) perceive on their workplace? Are there any significant intrinsic factors that influence these physicians to stay on their workplaces?

A transversal study using direct questions and likert score in Google Forms platform to assess stress perception and characteristics of 77 FP at Sao Paulo state, Brazil.

This sample found 63% female, 77% white, average age was 35,98 (24 to 62), 55% from private medical school, 53% with medical residency and 63% without children. None of these were considered to be statistically significant

Main reasons for changing workplace were: 34% Personal factors, 27% distance from workplace and 20% lack of security.

From the Linkert score, four main factors were detected: Emotionally drained from job (3,77), excessively exhausted at the end of workday (3,77), solving things that shouldn't fit at work (3,76) and feeling undervalued by doctors in other areas (3,84).

Interventions to establish FPs near their workplaces and promoting an increase in security may have a positive impact. Personal factors may be tackled by changing workplace conditions (emotional support strategies, like Balint groups and well designed work schedule). How to face the undervaluated feelings is still a challenge.



To change these factors, a coordinate effort made by FPs, health managers and governments need to happen.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 331

#### Abstract subtopic / Abstract Unterthema

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

#### The benefits of exchanges: shared learning from a German-UK primary care exchange

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

<sup>2)</sup>Hausärzte am Herrenhäuser Markt, Hannover, Germany

#### Background:

Exchanges are an invaluable experience for GPs allowing insight into a different primary care model and health system, as well as creating friendships between physicians from different countries.

We report outcomes from a two-week exchange in 2017 between a GP surgery in England (West Sussex) and Germany (Oldenburg/Hannover).

#### Questions/discussion points:

- Key similarities between the primary care models
- Key differences between the primary care models
- What General Practitioners in the UK and Germany can learn from each other

#### Content:

- Education
  - Desirability of being a GP
  - Training structure and exams – pros and cons of each
- Role of the GP
  - Specialties covered e.g. paediatrics and women's health
  - Use of guidelines
  - Preventative medicine
  - Size of the practice and role of the GP within the practice team
  - Other practice staff and their training
  - Referring to other specialties
  - Additional services
- The working day
  - Standard hours
  - Appointment length
  - Out of hours service
- The patients
  - Expectations from the patients
  - Investigations
  - Medical records
- Finance

## CONTENT

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- Funding of healthcare
- Payments made to GPs
- Pros and cons of each system

### Take home message:

- Importance of exchanges, especially for UK primary care after Brexit
- Learning from each other – strengths in UK include true generalism and structured postgraduate education; strengths in Germany include flexible appointment times and embracing technology
- Appreciate what is done well by our own model, and ways it could be improved in the future

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 606

#### Abstract subtopic / Abstract Unterthema

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

#### Presentation form / Präsentationsform

ePoster

### Game changers after the Astana declaration: what academia and physicians must do now - an advocacy plan for global primary health care

Christian Kraef<sup>1, 2)</sup>, Per Kallestrup<sup>1)</sup>, Flora Kuehne<sup>3)</sup>

<sup>1)</sup>Research Unit for General Practice, Department of Public Health & Centre for Global Health, Aarhus University, Aarhus, Denmark

<sup>2)</sup>Department of Public Health, Aarhus University, Aarhus, Denmark

<sup>3)</sup>Institute of General Practice and Family Medicine, LMU University Hospital, Munich, Germany

#### Background:

Primary health care strengthening in order to achieve the Sustainable Development Goal has, 40 years after the Alma-Ata declaration, again been declared a priority by the global health community. Despite initial progress the Alma-Ata vision was not realised. In contrast to the policy and evidence context in 1978 when Alma-Ata was passed there is today a large body of evidence that can address the threats to comprehensive PHC — and turn them into opportunities. Reference: After the Astana declaration: is comprehensive primary health care set for success this time? <https://gh.bmj.com/content/4/6/e001871.info>

#### Objectives:

In this workshop we will (1) examine the challenges that PHC faced after the Alma-Ata declaration, (2) review the current opportunities and threats to PHC on the global, national and community level and (3) discuss what physicians and academia can do to support this process

#### Target Group:

Physicians and academia

Didactic Method

Design Thinking

Phase 1 - Defining the problem (15 min) - presentation

Phase 2 - Ideate (30 min) - small working groups discuss predefined topics (e.g. brainstorming or "worst possible idea")

Phase 3 - Prototype (25 min) - groups present (5 min) to address "their" challenge or opportunity, including questions and discussions



Phase 4 - Test (after workshop) - Results will be recorded, a summary will be circulated for potential use in policy processes, research and clinical work

**Estimated number of participants:**

30 participants

**Workshop leader:**

Prof Per Kallestrup - GP and Research director, Research Unit for General Practice & Centre for Global Health at Aarhus University (AU)

Dr Christian Kraef - GP trainee and researcher at AU

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 720**

**Abstract subtopic / Abstract Unterthema**

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

**Presentation form / Präsentationsform**

Workshop

**Moving abroad: Developing a toolkit to navigate the challenges of migrating doctors**

Alessio Platania<sup>1, 2)</sup>, Jorge Hidalgo<sup>3)</sup>, Elena Klusova Noguina<sup>4)</sup>, Sonia Tsukagoshi<sup>1)</sup>, Lisa Henderson<sup>1)</sup>, Yusianmar Mariani Borrero<sup>1)</sup>, Kenneth Yakubu<sup>5)</sup>

<sup>1)</sup>VdGM Workforce Migration SIG, London, United Kingdom

<sup>2)</sup>Movimento Giotto, Louth, United Kingdom

<sup>3)</sup>CAMFIC/VdGM Workforce Migration SIG, Barcelona, Spain

<sup>4)</sup>SemFYC/VdGM Workforce Migration SIG, Ibiza, Spain

<sup>5)</sup>University of New South Wales and The George Institute for Global Health, Sydney, Australia

**Background:**

Over the past decade, the number of doctors migrating to a different country has increased significantly. For family doctors (FDs), migration comes with several challenges, but rarely do they have all the information needed to make an informed choice. For this reason, the Vasco da Gama Movement Special Interest Group on Workforce Migration has been developing a toolkit to help FDs, explore the bureaucratic, financial, physical, social and emotional implication of migration.

**Target Group:**

Health Professionals who have, or are considering migrating to a different country.

**Didactic Method:**

Participants will be divided into small groups to focus on a single area of the Toolkit (ie. financial, professional, etc...). In each group, a facilitator with migration experience will facilitate participants' reflection on their needs and the challenges they could face in a hypothetical moving scenario. In the second part of the workshop, each group will share their ideas, this will be followed by an interactive session on how this could impact their future choices and health of their communities.

**Objectives:** To make participants aware of the challenges faced by migrating, to test and improve the development of the toolkit

**Estimated number of participants:**

Up to 100

**Brief presentation of the workshop leader:**



The workshop will be led by members of the VdGM Workforce Migration Special Interested Group, composed by family doctors who have experienced migration in different phases of their life

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 760

### Abstract subtopic / Abstract Unterthema

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

### Presentation form / Präsentationsform

Lecture / Vortrag

## Tendencies in health care – a reflection on the development of the Health Care System in Portugal

Mafalda Gomes<sup>1, 2)</sup>, Adelaide Cubal<sup>2)</sup>, Alexandra Bento<sup>2)</sup>, Renata Minas<sup>2)</sup>, Rita Sequeira Campos<sup>2)</sup>, Vera Rodrigues<sup>2)</sup>

<sup>1)</sup>USF do Mar, ACeS Póvoa de Varzim/Vila do Conde, Póvoa de Varzim, Portugal

<sup>2)</sup>Católica Porto Business School, Porto, Portugal

**Background:** Currently in Portugal we have three overlapping health systems: the national health service (NHS), social insurances (public or private) and private insurances. NHS is a universal health service. In recent years, due to social and financial changes in our country, health care in Portugal has changed. We know where we came from and where we are, but where are we going?

**Questions:** What are the main tendencies in health care in Portugal?

**Methods:** Research on current publications in national health magazines, national newspapers, current intake on international guidelines and health policies, orientations by the NHS.

**Outcomes:** We find that health promotion, value based health care, tech-enabled healthcare, active aging and Health 2.0 are the five main tendencies in health care.

**Discussion:** Health promotion is about empowering individuals and communities to control their health, in order to improve it. We see the NHS attempting to involve their users on their health decisions, on the kind of care that they want to see provided and on therapeutic decisions. Health literacy is also a main concern and we see many programs with this purpose. Healthy national policies, with legal changes, for instance, in advertising food for children, are starting to emerge.

**Take Home Message for Practice:** The sustainability of health systems depends on an adaptive process that addresses not only the current profound demographic changes, including population aging, but also access to new practices, procedures and technologies for better health outcomes.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 763

### Abstract subtopic / Abstract Unterthema

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

### Presentation form / Präsentationsform

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## A systemic approach to health system redesign – symposium

### CONTENT

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Joachim Sturmberg<sup>1)</sup>, Bruno Kissling<sup>2)</sup>, Anna Stavdal<sup>3, 4)</sup>

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<sup>2)</sup>General Practice, Private Practice, Berne, Switzerland

<sup>3)</sup>Department of General Practice, University of Oslo, Oslo, Norway

<sup>4)</sup>President Elect, WONCA, Bangkok, Thailand

### **Titles of Individual contributions:**

Introduction – Systems thinking for health system redesign

Values underpin health system designs

What matters to patients, and how does this influence health system redesign

Opportunities and obstacles – conversation with participants

**Objectives:** To provide an introduction to the systemic redesign of health systems with a particular emphasis on the importance of – a-priori – defining values and goals to achieve an effective, efficient, equitable and sustainable health system.

**Discussion:** Health systems all around the world are struggling to meet the needs of their communities and to be financially sustainable. These are the symptoms of a slowly collapsing health system. While many countries try to tinker with improvements at the edges, the health of the system is not improving, and in many cases, these initiatives have resulted in worsening the overall situation. It should be obvious that we need to think differently about health systems and their sustainability – improving the parts of the system is not improving the system-as-a-whole. Redesigning the system is the only viable solution.

It is upon all of us to contribute and to promote a whole-of-system perspective to the discourse of health system redesign in our respective settings.

**Take Home Message for Practice:** An understanding of the interconnected and interdependent features of health systems will enable you to contribute to the discourse and the shaping of the ongoing health system redesign efforts in your own context.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 773**

#### **Abstract subtopic / Abstract Unterthema**

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

#### **Presentation form / Präsentationsform**

Lecture / Vortrag

### **Pathways to mental health care, utilization of primary care services, and patients' views on family physicians' professional skills**

Elif Hilal Ünverdi<sup>1)</sup>, Duygu Ayhan Başer<sup>2)</sup>, Cengiz Kılıç<sup>3)</sup>

<sup>1)</sup>Family Medicine, Kocaali Yenimahalle Family Health Center, Sakarya, Turkey

<sup>2)</sup>Family Medicine, Hacettepe University, Ankara, Turkey

<sup>3)</sup>Psychiatry, Hacettepe University, Ankara, Turkey

**Background:** Mental disorders are the leading causes of disability, worldwide. Mental services should be integrated with primary care services due to the high unmet need for treatment.

**Questions:** What are the pathways to mental health care and the role of family physicians (FPs) in this process?



**Methods:** 265 psychiatry outpatients were assessed using a questionnaire that was given in face-to-face interviews.

**Outcomes:** 54.5% of patients contacted with psychiatrist directly; the FPs were the least likely to be the first point of contact for psychological problems (6.8%). The majority of patients saw FPs as capable for treating physical disorders; but most did not have any idea about FPs ability to manage mental disorders. Patients who saw FPs as competent for treating mental patients tended to choose FPs as the first point of contact more often than others. Anxiety patients, compared to others, chose FPs as their first contact more often. There were no differences in delay to treatment among patients who contacted different carers as their first contact. The delay to treatment related more to behavioral barriers than structural barriers.

**Discussion:** Patients' lack of knowledge and doubts about FPs' ability to manage mental disorders seem to be the main reasons for low contact with FPs for mental health problems. Improving public mental health literacy may decrease delay to treatment, and increase contact with FPs for mental problems.

**Take home messages for practice:** Assessing mental problems during the primary care visits will increase the rate of detection and treatment of mental disorders.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 781

### Abstract subtopic / Abstract Unterthema

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## In search of the best way to treat patients with fibromyalgia and chronic fatigue syndrome in our primary care center

Giovanna Lovatón Villena<sup>1)</sup>, Mónica Faro Colomes<sup>2)</sup>

<sup>1)</sup>CAP Terrassa Est, Consorci Sanitari de Terrassa, Terrassa, Spain

<sup>2)</sup>CAP Terrassa Nord, Consorci Sanitari de Terrassa, Terrassa, Spain

Fibromyalgia (FM) is a multisymptomatic syndrome. In Spanish population prevalence is about 2.4%, in Catalonia about 140 000 people are affected.

Chronic fatigue syndrome (CFS) is a clinical entity whose diagnosis is clinical and by exclusion of other organic or psychological causes of fatigue and is established by a series of criteria (Fukuda 1994). Spain prevalence and incidence of CFS is unknown, European prevalence is estimated between 0,11% and 2,3%.

Since 2016 "expert units of Catalonia" are accredited and are focused on patients with central sensitization syndrome, specially FM and CFS.

The expert unit in Terrassa (Catalonia) is focused on general practitioner (GP) diagnose and management. Only difficult and doubtful cases are referred to rheumatologists or internists and then diagnosed patients are referred back to primary care centers (CAPs). CAPs from Hospital Mutua de Terrassa (HMT) and Consorci Sanitari de Terrassa (CST) can refer patients to this unit.

Few CAPs of HMT are already offering these patients a groupal approach with a classic multidisciplinary model (psychologist, physiotherapist, nurse and GP) and an expert patient model (promoted by the health department), only one CAP of CST is doing an intervention including cognitive therapy and exercise.

CAP Terrassa Est from CST has an estimated population of 27 274 patients, from these, 293 patients are affected with FM and 19 patients with CFS.



In order to manage affected patients, every CAP needs to be involved with the creation of working groups, training expert patients and achieve a multidisciplinary approach with the resources available.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 783**

**Abstract subtopic / Abstract Unterthema**

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Continuity of care for patients with chronic diseases: a registry-based observational study**

Sahar Pahlavanyali, Steinar Hunskaar, Øytein Hetlevik

*Department of Public Health and Primary Care, University of Bergen, Bergen, Norway*

**Objective:** This study aims to investigate continuity of care with regular general practitioners (RGPs), for patients with chronic diseases.

**Design:** Registry-based observational study.

**Setting:** Consultation data for 2014 from Norwegian general practices, out-of-hours services, hospital outpatient care and private specialists with public contracts (PSPC).

**Subjects:** Patients with diagnoses of diabetes type I, diabetes type II, asthma, chronic obstructive pulmonary disease (COPD) and heart failure in 2012, who had  $\geq 2$  consultations with their RGP during 2014.

**Main outcome measures:** The usual provider of continuity index (UPC), which refers to the ratio of number of consultations by the RGP, to the total number of consultations by all physicians. Consultations include both office and home visits. UPC was measured for both all-cause and diagnosis-related consultations, presenting a value between zero and one.

**Results:** 152,531 patients were included, of which 75,989 were female and 76,542 were male. The overall UPC was 0.57 (SD 0.27). Continuity was measured for both women and men with a mean UPC=0.57. UPC for all-cause consultations for patients with diabetes I, COPD, diabetes II, heart failure and asthma were 0.49, 0.56, 0.58, 0.59 and 0.61, respectively. The UPC measured for diagnosis-related consultations were 0.27, 0.32, 0.62, 0.52 and 0.52.

**Conclusion:** There was no variation in continuity of care between male and female patients. Diagnosis-related continuity showed a large variation, with the lowest for patients with diabetes type I, while it was highest for patients with diabetes type II. Diagnosis-related continuity of care was generally much lower than all-cause continuity.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 829**

**Abstract subtopic / Abstract Unterthema**

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Hospital admissions in hospitals and general practices: status quo and prospects**



Johanna Forstner, Aline Weis, Cornelia Straßner, Lars Wiezorreck, Nicola Litke, Joachim Szecsenyi, Michel Wensing

*Abteilung Allgemeinmedizin und Versorgungsforschung (Department of General Practice and Health Services Research), Universitätsklinikum Heidelberg (University Hospital Heidelberg), Heidelberg, Germany*

### **Background:**

Hospital stays are critical events for most patients. Timely communication and sufficient information at the point of admission can support early initiation of discharge processes. Thus, it can improve continuity of care and avoid adverse events. The VESPEERA project addresses this by offering general-practice based structured admission management including an admission letter. It is implemented in n=7 hospitals and n=61 general practices in Germany.

### **Questions:**

The aim of this study was to gain insight into admission processes in general practices and hospitals. Furthermore, the contribution of VESPEERA and user requirements for the intervention were of interest.

### **Methods:**

As part of the process evaluation of the VESPEERA project, n=49 semi-structured interviews with staff in general practices and hospitals were conducted. Framework analysis was performed using the CFIR.

### **Outcomes:**

Peri-admission communication and intersectoral information is heterogeneous. Despite any standards, most general practices provide hospitals with medication plans, lists of diagnoses or lab reports. Interview partners had different expectations towards the contents of an admission letter. Furthermore, general practice teams raised concerns that an extensive program is difficult to conduct for urgent admissions.

### **Discussion:**

Structured admission management resulting in an admission letter can help to provide the hospital with relevant information needed to treat patients and to plan their discharge. Most general practice teams prefer a condensed version of the intervention that can be completed in time-critical situations.

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

Admission management in general practices can strengthen the role of the general practitioner as a gatekeeper in health care.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 917**

#### **Abstract subtopic / Abstract Unterthema**

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

#### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

#### **Family health units: a family in the center of a multidisciplinary team**

Duarte Guedes, Maria João Lopes, Joana Santos, Ana Povoia, Sofia Silva, Sandrine Fazio

*USF São João do Estoril, Lisboa, Portugal*

**Background:** The national health systems diverge among countries, from funding through organization. The first revision of primary care units in Portugal occurred in 2005, resulting from the necessity to reach



universal coverage, to give response to patients expectations, to achieve a healthier community and to be more cost effective.

**Questions:** What can we learn from portuguese primary care organization?

**Methods:**

The authors propose to share:

- the organization of primary care system in Portugal and the elements of family health unit (USF)
- the main feature of a USF and the coordination between primary and secondary care
- the different roles of a family team (pregnancy and infants follow up, home care, long term care...)
- the fragilities of this model.

**Outcomes:** We believe that sharing the different realities can allow us to build a better, more complete and center-patient model. We found many advantages with the portuguese system, particularly with the creation of USFs.

**Discussion:**

There are many characteristics that make the portuguese USFs an example of success such as:

- A full coverage of the population (giving a doctor-nurse-clinical secretary team to every patient)
- The creation of a "patient list"
- The USF belongs to the national portuguese system
- The USF are the first contact between the patient and health system
- The coverage of all ages and life circle
- The different roles of a USF

**Take Home Message for Practice:** The creation of USF and the organization in multidisciplinary teams allows a patient focused medicine which better corresponds to the patient expectancies.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 930

### Abstract subtopic / Abstract Unterthema

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

### Presentation form / Präsentationsform

ePoster

## Public policies to promote family physician specialty and medical residency - cases study Brazil and Spain.

Murilo Moura Sarno<sup>1)</sup>, Nivaldo Carneiro Junior<sup>1, 2)</sup>, Vania Barbosa do Nascimento<sup>1, 2)</sup>

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<sup>2)</sup>Collective Health, Faculdade de Medicina do ABC, Santo André, Brazil

Brazilian government promoted strategies for providing medical professionals in primary health care settings (PHC), our core model for national health system. However, there was no corresponding increase in family physicians (FP) search in medical residency.

Which public policies were made to promote FP specialty and medical residency?

This study sought to systematize the legal framework that describes public policies involved in promotion of this specialty, comparing Brazilian with Spanish case. It did a comparative case study between both countries, analyzing their public policies, from Alma-Ata conference until the end of 2017. Also, systematized main reasons that influence medical graduate to choose FP medical residency.



A significant number of laws (seventeen in both cases) that define and regulate the specialty was found, but they lack policies to encourage undergraduates' contact with it, (only one in Brazil, none in Spain) and there are no clear definitions on FP's role in PHC in Brazilian case. The Spanish case strongly support this specialty, but not so much inside the medical course. Almost all articles found indicated a strong and positive impact when undergraduate had experiences in FP and PHC services.

This absence of strong policies related to undergraduate moments, added with uncertainty in FP's role in PHC may help explain the low search for the specialty in Brazil (less than 35% of all places offered).

New public policies to promote greater contact among undergraduate students and this specialty may positively contribute in the increase in interest among medical graduate for Family Physician specialty.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 978**

### **Abstract subtopic / Abstract Unterthema**

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

### **Presentation form / Präsentationsform**

Workshop

## **Violence Against Female Doctors, Its Influence on Professional Mental Health and Prevention. WWPWF Workshop**

Victoria Tkachenko<sup>1, 2)</sup>, Nil Tekin<sup>3)</sup>, Donata Kurpas<sup>4)</sup>, Raquel Gómez Bravo<sup>5)</sup>

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<sup>4)</sup>Family Medicine Department, Wroclaw Medical University, EURIPA International Advisory Board, Wroclaw, Poland

<sup>5)</sup>Family Medicine Department, Doctoral Researcher, University of Luxembourg., Luxembourg, Luxembourg

**Background:** Almost every doctor is worried about violence at workplace, and very few are trained to deal with it. The violence may comprise telephonic threats, intimidation, verbal abuse, physical assault, murder, vandalism, and arson. But verbal violence was the most common. The known risk factors of violence against doctors are younger age, female sex and work conditions (emergency units, homevisits, maternity care, etc). The violence leads to psychological issues such as depression, insomnia, posttraumatic stress, fear, anxiety, leading to absenteeism. Some doctors loose clinics, professional reputation, injure themselves.

**Target Group:** young female doctors

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

**Objectives:** to share experience about female doctors' violence prevention, doctors' mental health care.

**Estimated number of participants:** 30

**Brief presentation of workshop leader:** The problem of doctors' violence is more actual in female young doctors and connected with psychological issues. The workshop will help participants to understand better what a doctor can or should do to avoid violence at workplace in primary care, to know more about the framework guidelines for addressing workplace violence, how to manage psychological issues and influence on doctors' mental health. During the workshop the needed help and support of WONCA Working Party on Women and Family Medicine (WWPWFM) will be discussed, because WWPWF is advocating women's health and female doctors' rights.

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Conflict of interest / Interessenkonflikte  
yes / ja

## Contribution ID: 981

### Abstract subtopic / Abstract Unterthema

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Bridging personal, public and organisational values in healthcare

Anna Stavdal<sup>1, 2)</sup>, Bruno Kissling<sup>3)</sup>, Joachim Sturmberg<sup>4)</sup>

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<sup>2)</sup>President Elect, WONCA, Bangkok, Thailand

<sup>3)</sup>General Practice, Private Practice, Bern, Switzerland

<sup>4)</sup>School of Medicine and Public Health, University of Newcastle, Holgate, Australia

### Titles of Individual contributions:

Introduction – What are the values that matter to healthcare professionals and their patients

Values underpin health system designs

Translating values into action – examples of value-driven health system redesign

Opportunities and obstacles – conversation with participants

**Objectives:** To stimulate a reflection on our "unconsciously held" personal and professional values and to foster the necessary discourse to articulate "consciously held" values as the basis to reframe healthcare practices and policies.

**Discussion:** Health professionals are overwhelmed and disillusioned by bureaucratic "red tape" demands. These demands do not reflect their personal and professional values and hinder the delivery of person/patient-centred care. At the same time individuals as well as professional organisations find it difficult to articulate what *really matters* to them most. Let's learn from organisational research findings – any organisation, small or large, operates and interacts based on a shared understanding of its core values. Successful organisation *know and uphold* their values whereas failing ones *either have no shared values or do not uphold* them.

There is an urgency to reflect, reframe and act now; the instabilities and uncertainties in the health system bureaucracy tend to force top-down change driven by expediency without proper consideration of the consequences on the health system-as-a-whole. We still can influence the agenda.

**Take Home Message for Practice:** A confident and strong profession needs well-articulated shared values. It is upon us to articulated those in our interactions at the personal, professional and institutional levels.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1311

### Abstract subtopic / Abstract Unterthema

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

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## PAL-LIFE advocacy group on improving palliative care around the World

Thomas Sitte<sup>1, 2)</sup>, Catherine Pettus<sup>3)</sup>

<sup>1)</sup>Deutsche PalliativStiftung, Fulda, Germany

<sup>2)</sup>PAL-LIFE Expert Advisory Group, Pontifical Academy for Life, Vatican City (Vatican is missing amongst the countries!!!!), Vanuatu

<sup>3)</sup>International Association for Hospice and Palliative Care, Houston, United States

Over 40 million people currently require palliative care every year, and this is expected to grow due to ageing, the prevalence of non-communicable diseases, and the persistence of other chronic and infectious diseases [1].

The Pontifical Academy for Life (PAV) has identified the **Palliative Care movement** as the most humane response to the needs of seriously ill and dying children, adults, and fragile elders, to ensure that they are cared for until the end and launched the project in 2017[2].

The PAL-LIFE created the **a group of 13 PC-leaders**, selected based on their professional expertise, demonstrated participation in PC advocacy activities, and as representatives of different geographical regions and professional backgrounds.

The **PAL-LIFE Project** aims to heighten awareness regarding the existence of PC, and to promote dialogue and cooperation between the various stakeholders in the development and implementation of PC. All of it in the aspiration of improving treatment and care of patients with life-limiting conditions throughout the life course and the world and taking into account the perspective of different religions.

A **White Paper for Global Palliative Care Advocacy** aims the most important **recommendations for stakeholders** groups involved in PC development globally.

[1] *World Health Assembly Resolution WHA 67.19. Strengthening Palliative Care as a Component of Comprehensive Care throughout the Life Course.*

[2] Nunziata Comoretto, "PAL-LIFE Project: International Advisory Working Group on Diffusion and Development of Palliative Care in the World": First Meeting Report', *Journal of Palliative Medicine*, 20.9 (2017), 913–14 <<https://doi.org/10.1089/jpm.2017.0237>>.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 1495

#### Abstract subtopic / Abstract Unterthema

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

#### Presentation form / Präsentationsform

ePoster

#### Gedächtnistests in der Hausarztpraxis

Flora-Marie Hegerath, Michael Pentzek, Holger Hönings, Verena Leucht

*Institut für Allgemeinmedizin, Heinrich-Heine Universität Düsseldorf, Düsseldorf, Germany*

**Hintergrund:** Im Rahmen einer Mixed-Methods Studie zum hausärztlichen Umgang mit patientenseitigen Gedächtnisorgen (SMI-GP) griffen die befragten Hausärzte/innen immer wieder den Einsatz von Gedächtnistests als wichtiges Thema auf. Statistiken zeigen eine seit 2013 rasant gestiegene Testdurchführungshäufigkeit in Hausarztpraxen. Die hier präsentierte Studie liefert erste Daten aus Arztsicht.



## Core Values of Family Medicine: Threats and Opportunities

**Fragestellung:** In wie vielen Praxen werden Gedächtnistests angewendet? Wer führt die Tests durch? Wie empfinden Hausärzte/innen die Durchführung? Spielt die Vergütung eine Rolle?

**Methodik:** Auf Basis der vorhergehenden Mixed-Methods Studie SMI-GP wurde ein Fragebogen entwickelt und in kognitiven Interviews mit Hausärzten/innen getestet. Der Fragebogen wurde Anfang Dezember postalisch an 400 zufällig ausgewählte Hausärzte/innen in der Region Nordrhein verschickt. Mitte Januar erhielt die Stichprobe einen Erinnerungsbrief.

**Ergebnisse:** Die bisherige Rücklaufquote beträgt 48,8%. Nach vorläufigen Analysen werden in 69,8% der Praxen Gedächtnistests angewendet. Der Uhrzeichen-Test und der MMST werden mit jeweils 4-7 Mal pro Praxis pro Quartal (Median) am häufigsten eingesetzt. In den Praxen, in denen getestet wird, machen dies in 36,8% häufig/immer die Hausärzte/innen selbst (in 25,6% nie). 12,8% der testenden Hausärzte/innen empfinden die Testdurchführung als (eher) unangenehm. 27,7% der Hausärzte/innen stimmen der Aussage (eher) zu, dass Gedächtnistests seit der besseren Abrechenbarkeit in ihrer Praxis häufiger durchgeführt werden.

**Schlussfolgerung:** Nach diesen Ergebnissen und sehr konservativer Schätzung werden pro Praxistag in Deutschland etwa 2.000 bis 3.000 Uhrzeichen-Tests oder MMST durchgeführt. Die Anwendergruppe ist heterogen.

**Take Home Message für die Praxis:** In deutschen Hausarztpraxen werden überwiegend Gedächtnistests angewendet, die (bei einmaliger Durchführung) nicht zur Erkennung beginnender Demenzen geeignet sind.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 1501

#### Abstract subtopic / Abstract Unterthema

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

#### Presentation form / Präsentationsform

Workshop

#### Improving Opportunities for primary care and Advocacy for Family Violence (IMOCFAV)

Nena Kopcavar Gucek<sup>1)</sup>, Raquel Gomez Bravo<sup>2)</sup>, Carmen Fernandez-Alonso<sup>3)</sup>, Jinan Usta<sup>4)</sup>, Cristina Fernández Arquisola<sup>5)</sup>, Joyce Kenkre<sup>6)</sup>, Sarah Simons<sup>7)</sup>, Marcus Herrmann<sup>8)</sup>, Hagit Dascal-Weichhendler<sup>9)</sup>, Lodewijk Pas<sup>10)</sup>

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<sup>3)</sup>SemFYC, SemFYC, Valladolid, Spain

<sup>4)</sup>Family Medicine Department, American University of Beirut Medical Center, Beirut, Lebanon

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<sup>6)</sup>University of South Wales, University of South Wales, Wales, United Kingdom

<sup>7)</sup>World Society of Victimology (Executive Committee Member), All Africa Criminal Justice Society (Chair), Homa Bay, Kenya

<sup>8)</sup>Inst of Family Medicine, University of Magdeburg, Magdeburg, Germany

<sup>9)</sup>Dept of Family Medicine, Haifa., Organisation Clalit Health Services, and Technion Israel Institute of Technology, Haifa, Israel

<sup>10)</sup>Academic Center General Practice, Catholic University Leuven, Leuven, Belgium

#### Background:

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Primary care (PC) guidelines on intimate partner violence, child and elder abuse identification and response were developed in a limited number of settings. 'IMOCAFV' aims to develop a multi-country consensus on how to provide effective PC for family violence (FV). The project is supported by WONCA SIGFV, EGPRN, EUROPREV, VdGM and was awarded with WONCA World discretionary funding.

Following an online training package distribution to promote a uniform research methodology, internationally centralised documents are submitted to local qualitative analysis. The protocols for care of child abuse, elderly abuse and intimate partner violence are reviewed using a mixed methods analysis. Based on this analysis, supported by a structured inquiry to key persons and to professionals, a framework for comparison will be available about facilities, protocols including a description of good practices. Analysis is supported by a structured inquiry to key persons and to professionals.

**Aims:** Workshop aims are to present and discuss the IMOCAFV project methodology and preliminary results, as well as to invite new participants to join the ongoing project.

**Methodology:**

- Presentation of the research strategy and methodology
- Presentation of the situational analysis preliminary results and small group discussions comparing local situation in different countries
- Discussion about possible challenges and how to overcome them

**Conclusions:** The workshop will provide an opportunity for PC professionals to be acquainted and join an international project. Professionals will be encouraged to participate, through Delphi methodology at national and international level, in developing recommendations regarding counselling and practice management of FV cases.

Conflict of interest / Interessenkonflikte  
yes / ja

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**Contribution ID: 1538**

**Abstract subtopic / Abstract Unterthema**

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

**Presentation form / Präsentationsform**

Workshop

**1, 2, 3 - A new vision for primary care innovation**

João Sequeira Carlos<sup>1)</sup>, Alexandre Gouveia<sup>2)</sup>

<sup>1)</sup>General Practice/Family Medicine, Hospital da Luz and APMGF - Portuguese Association of General Practice/Family Medicine, Lisboa, Portugal

<sup>2)</sup>Centre for Primary Care and Public Health, University of Lausanne, Lausanne, Switzerland

**Introduction:** One nation, two countries, three systems: this is the proposed framework to explore different foresights in primary care innovation. Although the proponents of this session have finished their vocational training in the same nation, they are currently practicing family medicine in two different countries and worked previously in three different healthcare systems.

**Aim:** Disruptive innovations are commonly associated with major technological and digital health breakthroughs. Hence, there's an increasing demand for moving patient and population needs to the center of the healthcare system, which requires in the first place implementing large-scale organizational changes before high-technological advances. The rationale of this session is to hold a structured debate on primary care innovation with a specific focus in its organisational dimension, as well as in the practical implementation of the core values of general practice and family medicine.



**Methods:** The session will start with two presentations. Distinctive models of healthcare organisation and primary care value-driven innovations will be presented, in areas such as intersectoral collaboration, multidisciplinary teamwork, coordinated and integrated care, personalized medicine, community profiling and provider wellbeing. Secondly, small groupwork will allow sharing insights from colleagues around Europe and the rest of the world.

**Conclusion:** We expect to increase participants awareness about the need of non-technological and non-digital innovations in healthcare systems, and to define a conceptual model for an innovative healthcare system, by combining the core values of primary care with the best scientific evidence and the participants international experiences.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1650

### Abstract subtopic / Abstract Unterthema

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

### Presentation form / Präsentationsform

ePoster

### Family practice in Catalonia. Professional profile.

Juan Jose Montero Alia<sup>1, 2, 3)</sup>, Luis Villanueva Segura<sup>1)</sup>, Regina Romeu Ruiz<sup>1)</sup>, Imma Monreal Mauri<sup>1)</sup>, Mari Carmen Barreiro Montaña<sup>1)</sup>, Estibaliz López Torrent<sup>3)</sup>, Maria José Font Alonso<sup>3)</sup>, Rosa María Francisco Soms<sup>3)</sup>, Pere Toran Montserrat<sup>2)</sup>, Raquel Tienda Carretero<sup>1)</sup>

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<sup>2)</sup>Unitat Suport Recerca Metropolitana Nord, Fundació Jordi Gol, Barcelona, Spain

<sup>3)</sup>Equipo de Atención Primaria LLavaneres, Institut Català de la Salut, Llavanes/Barcelona, Spain

### Objective:

To know the social and work profile of the family doctor in the Maresme region (Catalonia-Spain).

### Methodology:

Descriptive multi-centre study. Participation of all the health centres in the Maresme region (30 municipalities and more than 400 thousand inhabitants) with 21 primary care teams, with 260 primary care physicians. They are given a voluntary participation survey where sociodemographic and labor data of all of them are described.

### Results:

A total of 119 professionals answer the survey. 75% are women. The average age is 47 ( $\pm 8$  range 31-63). They graduated in 1996 ( $\pm 9$ ). The average length of service in the same job is 11 years ( $\pm 7.3$ ). 69% work in an urban centre, 12% in a local clinic. They travel to work by car 75%, and take an average of 18 minutes (12km).

75% have a MIR (medical intern resident) training. 58% have a permanent employment contract (official or indefinite). 21% work in a teaching center. 26% carry out scientific activities. 21% have the intermediate-B2 level of English or higher.

They serve an average assigned population of 1524 patients, with the average assisted population being 1181. Twenty percent are over 75 years of age. The average net salary without guards is 2461 euros/month. 48% would NOT recommend studying medicine.

### Conclusions:

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This is a middle-aged, official woman who has been working with the same patients for over 10 years, who does not do any guards or scientific activities, has little knowledge of English, earns about 2500 euros per month.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1729

### Abstract subtopic / Abstract Unterthema

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

### Presentation form / Präsentationsform

Workshop

## Health for all: dream or reality? An exploration of progress towards Universal Health Care and the role of Family Doctors

Claire Marie Thomas<sup>1, 2, 3)</sup>, Nick Mamo<sup>1, 4)</sup>, Elena Klusova<sup>5, 6)</sup>, Rocio García-Gutiérrez Gómez<sup>5, 6)</sup>, Ozden Gökdemir<sup>7)</sup>, Miriam Rey<sup>5, 6)</sup>

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<sup>4)</sup>NHS Education for Scotland, Glasgow, United Kingdom

<sup>5)</sup>SEMFyc, Barcelona, Spain

<sup>6)</sup>Vasco da Gama Movement, -, Spain

<sup>7)</sup>Faculty of Medicine, University of Economics, Izmir, Turkey

**Background:** Universal Health Care (UHC) has been a goal of the international health community, since the Alma Ata declaration in 1978, and now the 2018 Astana declaration. Many nations have recently seen moves away from UHC as privatisation of health continues to take precedent. Primary care, recognised as a cornerstone to achieving UHC, is consistently underfunded and deprioritised. Family Doctors, as leaders, are key in advocating for and implementing UHC.

**Target Group:** Healthcare professionals, patients & students

### Didactic Method:

*10 min:* quiz on current state of UHC utilising electronic voting.

*10 min:* presentation defining UHC and summarising relevant literature

*15min:* live interview with Wonca World President-Elect Dr Anna Stavdal on the family doctors contribution to achieving UHC and her international experiences.

*40 min:* break into groups to share challenges and opportunities in achieving UHC in our home nations. Case studies from primary care will be used as trigger material. Groups will then feedback.

*10min:* next steps and signposting to resources.

### Objectives:

1. Update participants on the progress to achieving UHC
2. Explore the role of primary care and family medicine in achieving UHC
3. Learn from shared challenges and opportunities
4. Inspire further action towards UHC

**Numbers:** 20-40



*Dr Claire Marie Thomas* is the Immediate Past President of VdGM and was awarded the 2019 WONCA Europe scholarship. She works in South London as a GP and a Clinical Lead for Partnership Working with her local GP federation. She has worked on 4 continents and is a passionate advocate for equitable accessible health care for all.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1768

### Abstract subtopic / Abstract Unterthema

5.1. FM's/GP's position in healthcare systems, intersectoral cooperation / Stellung des Hausarztes im System, intersektorale Kooperation

### Presentation form / Präsentationsform

ePoster

## Evolution of burnout (2016-2019) in the medical staff of primary care teams in the Maresme region (Catalonia/Spain).

Juan Jose Montero Alia<sup>1)</sup>, Gemma Seda Gombau<sup>2)</sup>, Maria Ana Giraudo Stabio<sup>3)</sup>, Antonio Casanova Uclés<sup>4)</sup>, Esther Valentín Moya<sup>5)</sup>, Eva Miguel Pintor<sup>6)</sup>, Sara Sancho Muñoz<sup>6)</sup>, Eva Nebot Molina<sup>5)</sup>, Maite Cid Torrentó<sup>3)</sup>, Teresa Llodrà Noguera<sup>6)</sup>

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**Introduction:** In Catalonia, in November 2018, for a week, family doctors mobilized in mass demonstrations, due to improvements in working conditions.

Objective: To know the variation of the burnout of family doctors three years after the first evaluation

**Methodology:** A multicentric descriptive cross-sectional study of family doctors from 21 Primary Care teams of the Maresme region in Catalonia (Spain). The study was performed with voluntary collaboration. The Maslach Burnout Inventory was passed in 2016 and 2019. We consider that they suffer from burnout when the three scales of study were altered (emotional exhaustion, depersonalization and personal accomplishment).

Results: 75 physicians (30%) responded to the questionnaire in 2016 and 119 (47%) in 2019. The average age (47 years) and sex (80% of women) did not change. In 2016 the burnout was suffered by 6.1% of general practitioners, in 2019 11.1%.

**Conclusions:** In just two and a half years the number of family doctors suffering from burnout doubled. This data should alarm the authorities responsible for the Catalan health system.

Conflict of interest / Interessenkonflikte  
no / nein



## 5.2. Task shifting in primary care / Geänderte Aufgaben der Allgemeinmedizin

### Contribution ID: 48

#### Abstract subtopic / Abstract Unterthema

5.2. Task shifting in primary care / Geänderte Aufgaben der Allgemeinmedizin

#### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Do Family Nurses feel competent to share with doctor the full range of primary care services?

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<sup>3)</sup>Department of Public Health and Health Management, State University of Medicine and Pharmacy "Nicolae Testemitanu", Republic of Moldova, Chisinau, Moldova, Republic of

**Background:** There is lack of family doctors registered in some European countries, and then the family nurse is the main primary care team representative, especially in rural health centers and family doctors' offices.

**Objective:** The current study aimed to identify the readiness and competence of family nurses to actively participate in the full range of the assigned to the family doctor team activities.

**Methods:** The questionnaire is including 20 questions, inspired by primary care evaluation tools developed by the authors, and is filled in by 211 family nurses in 2017. The main majority of the respondents were women, with an average age of  $44,0 \pm 0,6$ . The answers were assessed by using Delphi scale, simple statistical analysis was applied.

**Results:** The general picture indicates that nurses are competent to ensure first-time contact with the patients, continuing medical care, comprehensive, coordinated services, and family-oriented care. At the same time, nurses confess that they cannot always endeavor to support health promotion and disease prevention activities, care for adult patients, including the youth, care of women with common health problems, and community-based care, as well as mental health care, palliative care, and emergency care.

**Conclusion:** Finally, we registered in our study a high grade of uncertainty (65%), expressed by the family nurses on sharing the full range of primary care services with family doctors.

**Keywords:** Family nurses, primary care team, task shifting.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 339

#### Abstract subtopic / Abstract Unterthema

5.2. Task shifting in primary care / Geänderte Aufgaben der Allgemeinmedizin

#### Presentation form / Präsentationsform

ePoster

### "Do good and tell people about it" – Structured documentation with ICPC to make visible the work done in primary care

Thomas Kuehle<sup>1)</sup>, Jean-Karl Soler<sup>2)</sup>

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<sup>2)</sup>*Mediterranean Institute for Primary Care, Not for profit organisation financed by a trust held with the Bank of Valletta in Malta, Attard, Malta*

**Purpose:** Medical secrecy is a valuable good which may prevent visibility of primary care. The International Classification of Primary Care (ICPC) allows primary care teams to document in a structured way thereby making possible to describe the reasons why patients came to see them, their diagnostic and therapeutic procedures and the health problems or diagnoses without violating medical secrecy. ICPC is a Wonca product.

**Design:** Principles of working with ICPC will be presented and practical examples given. Seminar participants will: (1) learn how ICPC works; (2) discuss the advantages and disadvantages of different classification systems; and (3) describe the outcome of research using ICPC into the process of diagnosis. (4) learn by an example how the data can be used for quality management. (5) learn how ICPC fully supports the use of problem-oriented clinical records by documenting in so called episodes of care. Examples are shown on simultaneous utilization of ICPC and ICD-10, which has been recommended by the Wonca International Classification Committee (WICC). In the end by an example it is shown how to answer the question "How do I care for my patients?".

**Conclusion:** This workshop is suitable for those who wish to gain a good understanding of ICPC. It will also showcase good examples of implementation of ICPC use, and explore ways of encouraging the uptake of classification systems in various settings.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 533**

### **Abstract subtopic / Abstract Unterthema**

5.2. Task shifting in primary care / Geänderte Aufgaben der Allgemeinmedizin

### **Presentation form / Präsentationsform**

Workshop

## **Die Zukunft der hausärztlichen Tätigkeit in der vertragsärztlichen Versorgung - ein Kreativworkshop**

Matthias Fischer, Simon Moßburger

*Kassenärztliche Vereinigung Bayerns, München, Germany*

Nicht nur aufgrund der vielfältigen gesetzgeberischen Aktivitäten auf Bundesebene, die letztlich ein Ausdruck des Einflusses von Makrotrends wie der Digitalisierung sowie dem demografischen Wandel auf das Gesundheitssystem sind, befindet sich die vertragsärztliche Tätigkeit in einem rasanten Wandel. Wie wollen angehende und bereits tätige Hausarzt/innen zukünftig damit umgehen? Und wie können sie sich die eigene Tätigkeit in Zukunft vorstellen? In einem Kreativworkshop möchten wir Raum für die Erkundung dieser und weiterer Fragen sowie den gegenseitigen Austausch geben.

Zunächst sollen hierzu in knapper Form die Eckpunkte der Gesetzgebung der vergangenen Jahre, insbesondere im Hinblick auf die Digitalisierung, vorgestellt werden. Ausgehend hiervon werden in Gruppenarbeit Leitfragen diskutiert, welche die Herausforderungen dieser Eckpunkte für das ärztliche Handeln adressieren. In der Diskussion möglicher Ergebnisse soll durch die Nutzung kreativer Methoden, welche unter anderem der Methode des "Design Thinkings" entnommen sind, auch der Blick über den Tellerrand hinaus ermöglicht werden. Die Teilnehmer/innen sollen die Möglichkeit erhalten, sich konkrete Gedanken über persönliche Wünsche und Bedürfnisse im Hinblick auf die Tätigkeit der Zukunft zu machen.



Ziel des Workshops ist die Diskussion darüber, was ärztliches Handeln angesichts vielfältiger Chancen in Zukunft ausmachen wird, wie mit möglichen Schwierigkeiten und Herausforderungen umgegangen werden kann und welche Rolle Institutionen wie beispielsweise Kassenärztliche Vereinigungen einnehmen können, um die Hausarzt/innen hierbei bestmöglich zu unterstützen.

Conflict of interest / Interessenkonflikte  
yes / ja

**Contribution ID: 663**

**Abstract subtopic / Abstract Unterthema**

5.2. Task shifting in primary care / Geänderte Aufgaben der Allgemeinmedizin

**Presentation form / Präsentationsform**

ePoster

**The ultrasound in a primary care center, are we really prepared?**

Hector Leonardo Lugo Ramos<sup>1)</sup>, Jose María González Fernández<sup>2)</sup>

<sup>1)</sup>*Emergency, Hospital Santamaria del Puerto, El Puerto de Santa María, Spain*

<sup>2)</sup>*Emergency, Hospital Jerez de la Frontera, Jerez de la Frontera, Spain*

**Questions:**

- Know the training ultrasound level in a group of family physicians of a health center where an ultrasound has recently arrived.
- Describe the type and frequency of ultrasound performed.
- Know the decrease in waiting times in relation to a hospital request.

**Methods:**

A retrospective observational study is carried out, during 3 months from the arrival ultrasound to the health center. A survey to 9 doctors about the training in ultrasound is carried out, most requested types of ultrasound are taken, and usual waiting time of normal study is compared with that made in the center.

Variants: Age, date of the last course of ultrasound carried out, duration, time of experience in the technique.

**Results:**

Nine doctors with an average age of 48(41.56) years were surveyed, of which only 3(33%) had some type of ultrasound training, with courses of 5, 3 and 2 days, with workshops that did not exceed 8hr. The experience on ultrasound of 6 months to 2 years maximum.

A total of 32ultrasounds were performed, Abdominal 18(56.25%), Muscular 8(25%), Thyroid 4(12.5%), Testicular 2(6.25%)

However, waiting times after requests made were reduced from 30-60 days to 5-7 days, with a reduction of90%.

**Conclusions:**

- The training level of ultrasound in most family doctors is low.
- It takes more time and greater training level in the technique.
- Abdominal ultrasound remains the most frequent performed.
- The waiting times for patients are reduced if the ultrasound technique is at the hands of the family doctor.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 693**

**Abstract subtopic / Abstract Unterthema**

5.2. Task shifting in primary care / Geänderte Aufgaben der Allgemeinmedizin



**Presentation form / Präsentationsform**  
ePoster

**Pluralistic retasking. Re-thinking cancer diagnostics from a primary care physician perspective. A grounded theory study.**

Hans Thulesius<sup>1)</sup>, Davorina Petek<sup>2)</sup>, Robert Hoffman<sup>3)</sup>, Ulrika Sanden<sup>4)</sup>, Bernardino Oliva Fanlo<sup>5)</sup>, Lars Harrysson<sup>4)</sup>, Ana Luisa Neves<sup>6)</sup>, Senada Hajdarevic<sup>7)</sup>, Tuomas Koskela<sup>8)</sup>, Michael Harris<sup>9)</sup>

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<sup>3)</sup>Tel Aviv University, Tel Aviv, Israel

<sup>4)</sup>Lund University, Lund, Sweden

<sup>5)</sup>Majorca Primary Care Department, Lluçmajor, Spain

<sup>6)</sup>University of Porto, Porto, Portugal

<sup>7)</sup>Umeå University, Umeå, Sweden

<sup>8)</sup>University of Tampere, Tampere, Finland

<sup>9)</sup>University of Bath, Bath, United Kingdom

**Background:**

Cancer diagnostics is heterogeneous depending on disease type, age, gender, socioeconomical and geographical contexts of patients and caregivers.

**Questions:**

How could cancer be diagnosed in a more timely way from a primary care perspective?

**Methods:**

Data from 1752 primary care physician (PCP) respondents in 20 countries and 20 Spanish and 7 Swedish PCP interviewees 2013-2019 analysed with classic grounded theory, especially free text responses to "How do you think the speed of diagnosis of cancer in primary care could be improved?". Secondary analysis of interviews and literature.

**Outcomes:**

We call PCP's ideas on improved cancer work-up *pluralistic retasking: task shifting* among physicians, nurses, assistants and secretaries involving task redistribution, *task sharing*, task collaboration, changing tasks – cancer fast tracks or cancer screening instead of cancer case finding when appropriate. *Cognitive retasking* involves both slow rational thinking in algorithms and fast intuitive thinking through gut feelings. *Digital retasking* bridges time and place by eHealth to reduce "elsewhereism" of experts and power symmetry issues between patient/caregiver. Shrinking gaps between and amongst patients and caregivers requires care restructuring and reallocation of funds. *Care refinancing* is thus necessary to improve diagnostic timeliness. Good cancer diagnostics needs good time management. Not too early (to avoid overdiagnosis) and never too late.

Discussion

*Pluralistic retasking* is a conceptual summary of multiple strategies needed to optimise the timeliness of cancer diagnostics.

**Take Home Message for Practice:**

Can I do something differently to diagnose cancer in a more timely way?

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 843**

**Abstract subtopic / Abstract Unterthema**

[CONTENT](#)

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## Core Values of Family Medicine: Threats and Opportunities

### 5.2. Task shifting in primary care / Geänderte Aufgaben der Allgemeinmedizin

#### Presentation form / Präsentationsform

ePoster

#### Using Nurses to reduce GP workload: Outcomes from the evaluation of a pilot nurse-led home visiting service for housebound patients.

Serge Amba'a Engamba

*JIC (Junior International Committee), Royal College of General Practitioners (UK), Norwich, United Kingdom*

1 GP workload is of significant concern GPs in the UK[1] and in Europe [2]. A variety of ways to address this rise are advocated including moderating the demand and reorganising services [3, 4]. A pilot nurse-led home visiting service (NHVS) aimed to improve patient care by delegating some of the GP workload [5]. It is an initiative of a local GP organisation including 22 GP practices looking after 238, 702 patients [6].

2 description and evaluation of the activity of the NHVS

3 Anonymised IT System data from NHVS were compiled and analysed using STATA 16.0. Local clinical and administrative staff completed an online survey using SurveyMonkey. Objectives:

- describe the typical patient pathway and patterns of usage
- determine predictors of service use
- evaluate the impact of NHVS

4 In 18 months the team performed 8,068 visits, for 4,928 patients. Most visits (80.4%) were completed after first contact. Practices reported a 40-70% reduction in GP visits overtime. Older age (IRR = 1.44; 95%CI 1.29–1.60) and multimorbidity (IRR = 1.10; 95%CI 1.04–1.16) were associated with high rates of service usage and admissions. Survey results confirmed that the service was easy and safe to use.

5 These results highlight the proficiency of NHVS nursing team to act in the stead of usual GP care for carefully selected patients and have implications for future service redesign. Future endeavours may consider patients perspectives.

6 It is possible to reduce GP workload by delegating to nurses appropriately

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 1277**

#### Abstract subtopic / Abstract Unterthema

### 5.2. Task shifting in primary care / Geänderte Aufgaben der Allgemeinmedizin

#### Presentation form / Präsentationsform

Lecture / Vortrag

#### Serving present patients and preparing for the future

Lorena Dini, Christoph Heintze

*Institute for General Practice, Charité Universitätsmedizin Berlin, Berlin, Germany*

**Introduction/Aim:** Health services provided by general practitioners (GPs) vary between countries and are influenced e.g. by training curriculums, organization of the health system, incentives or patient's needs all of which are connected to values. Demographic changes in Germany show a growing proportion of middle-aged women with a low seeking behavior of gynecological services, until now provided only by gynecologists. As 30% of gynecologist in three northeast German states will retire in 5 years, we aimed to explore if GPs are trained to deal with women health's issues.



**Methods:** Between March and June 2018, we conducted a postal anonymous survey of a randomized sample of 3.514 GPs (66%) in the northeast states drawn from the states register, stratified proportional by state and gender. We weighted data (by state and gender) to ensure representativity of results.

**Results:** Response rate was 25% (n=861). Mean age of responders was 54,4 years (SD=9,2; Min 32 Max 85). Female GP and GPs of rural areas were more likely to respond. We found that most GPs (68%) had not had any training in gynecology during their five-year specialization. Differences based on age and rural-urban states were statistically significant, with the training being less among younger GPs and those working in urban areas.

**Conclusion:** GPs in the northeast region of Germany are not trained to deal with women's health issues. New training courses, incentivizing collaboration or introducing task shifting can support GPs to care for present patients whereas adapting specialist training can help serving the future patients.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1294

### Abstract subtopic / Abstract Unterthema

5.2. Task shifting in primary care / Geänderte Aufgaben der Allgemeinmedizin

### Presentation form / Präsentationsform

Lecture / Vortrag

### Shortage of GPs: an upcoming challenge

Lyubima Despotova-Toleva

*BLTPCS, Plovdiv, Bulgaria*

Shortage of GPs is a growing trend worldwide. EU countries and regions show differences in GPs coverage of the population. Differences are not only between countries, but also between regions, between cities and rural areas. Along with that the same regions may show differences in the social-economic development, age structure both of GPs and the population, they may also have not enough hospital beds and/or hospices as well as difficult access to other health related facilities. The author has studied the current situation, incl. Bulgaria. A map and last data are presented. Some very important problems related to shortage of GPs have appeared. The issue presents some practical proposals. Based on the study and the analysis and her clinical, teaching and health managing experience the author presents some practical suggestions for overcoming difficulties and possible solutions to the problems. Serious urgent discussion based on evidence and testing of solutions is needed to overcome the newly emerged challenge - shortage of GPs - while at the same time not compromising, but keeping the quality of care in general practice.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1535

### Abstract subtopic / Abstract Unterthema

5.2. Task shifting in primary care / Geänderte Aufgaben der Allgemeinmedizin

### Presentation form / Präsentationsform

Lecture / Vortrag

### How to achieve patient activation and engagement leading to lifestyle changes – a future setting for primary care

João Sequeira Carlos<sup>1)</sup>, Helder Machado<sup>2)</sup>, Cristina Machado<sup>3)</sup>



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- <sup>2)</sup>Full Professor of Family Medicine, University of Porto, Senior Medical Advisor and Co-Founder Huntinghope, Braga, Portugal*
- <sup>3)</sup>PhD Biomedical Sciences, Johns Hopkins School of Medicine, CEO and Co-Founder Huntinghope, Braga, Portugal*

Human decision-making is vulnerable to bias. Paul enjoys smoking in spite of its pitfalls. He needs a skilled professional to help him to quit. This skill requires insight. Insight has been overshadowed by the need of accurate, quantifiable data in every step of medical practice. Artificial Intelligence has potentiated this trend with remarkable success. However, environment and psychosocial factors, including lifestyles, account for 70 to 80% of the patient's health. Patients need new ways to make them aware of their emotional context and understand how they got to the present situation. Life is a continuous learning process. Emotions influence both patient decision analysis of daily life events, as well as the outcomes of a large number of decisions the patient is confronted with. Conscious decisions are taken by active, engaged patients who are progressively empowered. Family Medicine clinicians should become architects-health managers but new tools are needed to deal with the challenge. In the Hunting Health digital platform, emotions are central icons of a profile built by the patient and validated by the physician. The patient is placed in an autobiographic perspective which allows self-awareness. This process makes emotional appraisal and regulation possible, leading to a heuristical mechanism for selecting behaviors and acting as a therapeutic tool. Hunting Health stands as a paradigm able to strengthen health and wellbeing of the individual as well as the population. It creates a culture of sustainability of healthcare, highlighting the impact of health determinants, promoting integration of primary care and public health.

Conflict of interest / Interessenkonflikte  
no / nein

### 5.3. Financial constraints, attractiveness of GP work / Finanzielle Einengung, Attraktivität der hausärztlichen Tätigkeit

#### Contribution ID: 90

#### Abstract subtopic / Abstract Unterthema

5.3. Financial constraints, attractiveness of GP work / Finanzielle Einengung, Attraktivität der hausärztlichen Tätigkeit

#### Presentation form / Präsentationsform

Lecture / Vortrag

#### Evaluation der bayerischen Wirkstoffvereinbarung aus Sicht niedergelassener ÄrztInnen – Die WirtMed-Studie zur Wirtschaftlichkeit von Medikamenten-Verordnungen (Teilprojekt C)

Nikoletta Lippert<sup>1)</sup>, Julia Gollnick<sup>2)</sup>, Julia Muth<sup>2)</sup>, Johann Fischaleck<sup>3)</sup>, Maria Rutz<sup>1)</sup>, Norbert Donner-Banzhoff<sup>2)</sup>, Thomas Kühlein<sup>1)</sup>

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<sup>3)</sup>Kassenärztliche Vereinigung Bayerns, München, Germany



**Hintergrund:** Mit dem Ziel PatientInnen die bestmögliche Behandlung zu Teil werden zu lassen und zugleich eine wirtschaftliche Arzneimittelverordnung zu gewährleisten, wurde 2014 die bayerische Wirkstoffvereinbarung (WSV) eingeführt. Hierbei erhalten ambulant praktizierende ÄrztInnen quartalsweise Rückmeldung zur Wirtschaftlichkeit ihres Verschreibungsverhaltens. In dem Projekt sollen erste Erfahrungen niedergelassener ÄrztInnen mit der WSV erfasst und analysiert werden.

**Fragestellung:** Wie ist die persönliche Erfahrung mit dem aktuellen Prüf- und Steuerungsverfahren der WSV? Wie sehen niedergelassene ÄrztInnen die Auswirkungen der WSV auf ihr Verordnungs- und Überweisungsverhalten?

**Methode:** Im Rahmen einer qualitativen Studie wurden Einzelinterviews mit  $n = 20$  niedergelassenen AllgemeinmedizinerInnen, hausärztlich tätigen InternistInnen und einem Kardiologen geführt, welche in Anlehnung an Mayring (2010) ausgewertet werden. In einem zweiten Schritt werden drei Fokusgruppen mit je 5-8 ÄrztInnen durchgeführt.

**Ergebnisse:** In den ersten Ergebnissen aus den Einzelinterviews zeichnen sich drei Gruppen ab: (1.) Zufriedene Ärztinnen, welche die WSV als hilfreich und unterstützend bewerten, (2.) neutrale ÄrztInnen, die keine (Verhaltens-)Veränderung zur vorherigen Richtgrößenprüfung wahrnehmen und (3.) kritische ÄrztInnen, die die WSV als unflexibel und handlungseinschränkend beschreiben. Die größte Kontroverse liegt bei der Regelung der neuen oralen Antikoagulanzen (NOAKs). Problematisch sind zudem z.B. der Umgang mit krankenhauseskizzierten und anderen (Facharzt-)Verordnungen (zu viel und zu teuer) oder mit Kombinationspräparaten wie Entresto®.

**Diskussion:** Die Interviews zeigen Weiterentwicklungsmöglichkeiten der Steuerungs- und Prüfmethode auf. Diese Punkte sollen in den noch folgenden Fokusgruppen vertiefend diskutiert werden.

**Take Home Message:** Die Befragten bewerten die WSV überwiegend positiv. Aus den Diskussionspunkten ergeben sich Anpassungsmöglichkeiten der WSV.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 392

### Abstract subtopic / Abstract Unterthema

5.3. Financial constraints, attractiveness of GP work / Finanzielle Einengung, Attraktivität der hausärztlichen Tätigkeit

### Presentation form / Präsentationsform

Workshop

## Understanding the principles of good financial management in family medicine

Josep Vilaseca<sup>1</sup>, José-Miguel Bueno-Ortiz<sup>2</sup>, Mike Holmes<sup>3</sup>

<sup>1</sup>Executive Board, WONCA Europe, Barcelona, Spain

<sup>2</sup>Sociedad Española de Medicina de Familia (semFYC), Barcelona, Spain

<sup>3</sup>Royal College of General Practitioners (RCGP), London, United Kingdom

### Background:

Every day management of practice finance is complex and includes managing contracts, understanding accounts and cash flow, making significant purchases, managing loans and debt as well as all the costs associated with Human Resources amongst many other things.

Financial expertise and due diligence are required to ensure good practice and probity. There are significant risks within this process and it can feel quite daunting. This workshop is designed to give an overview of some of the practical issues in order to increase your familiarity with them, your understanding and therefore hopefully your confidence.

## CONTENT

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## Target Group:

Family doctors (and other health professionals) that are either involved or considering getting involved in managing a practice or other healthcare related organisations.

## Methodology:

An overview of essential financial concepts will be presented. Case studies will be used to bring clarity to the concepts. There will also be the opportunity for small groups work to analyse common scenarios and discuss the issues they identify with the wider group.

## Objectives:

Participants will gain an understanding of the principles of practice finance and begin to feel confident in participating in financial decision making. The material will not only support day to day financial transactions but also help with the preparation of business cases. The hope is that delegates will become familiar with financial terminology and concepts; this will allow them to begin to understand their own learning needs which will inform future personal development in this area.

## Estimated number of participants:

Between 15 and 30.

## Brief presentation of the workshop leader:

Josep Vilaseca is the treasurer of WONCA Europe since 2016. He holds a PhD, an MBA and a MSc in Public Health. He is a professor in the Universities of Barcelona and Vic-CCU, and in the OBS Business School.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 524

### Abstract subtopic / Abstract Unterthema

5.3. Financial constraints, attractiveness of GP work / Finanzielle Einengung, Attraktivität der hausärztlichen Tätigkeit

### Presentation form / Präsentationsform

Lecture / Vortrag

## Intention to leave practice among general practitioners – results from a cross-sectional study in Germany

Lena Werdecker, Tobias Esch

*Institute of Integrative Health Care and Health Promotion, Witten/Herdecke University, Witten, Germany*

## Background:

Work-related stress is a growing concern among health care professionals, especially physicians. Stress is not only a threat to the physicians' health but also to the health care system in terms of care quality and workforce.

## Research Question:

What is the prevalence of intention to leave among general practitioners? Are health-related resources and work-related stressors associated with the wish to leave and the likelihood to leave general practice in the next five years?

## Methods:

A sample of all general practitioners across Germany (n= 10.000) was invited to participate in a cross-sectional study. We applied validated measurements (e.g. effort-reward-imbalance) and asked for sociodemographic, work- and practice-related aspects. Intention to leave was measured by two items on a 5-point Likert scale (1= totally disagree to 5= totally agree). The data collection (August to November 2018) ended after reaching the calculated sample size. Data of 548 physicians (representative for German general



practitioners) were included in the analyses. We carried out descriptive statistics, correlation and regression analyses.

### Results:

The wish to leave and the likelihood to leave general practice in the next five years are affected by age and the years practicing in primary care. Health-related resources are negatively and work-related stressors are positively associated with the wish to leave general practice. We will present further definite results.

### Discussion:

Promoting health-related resources and reducing work-related stressors of general practitioners may decrease the wish to leave general practice. Health-related resources such as recovery experience can potentially be strengthened by mindfulness-based or -informed interventions.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 573

### Abstract subtopic / Abstract Unterthema

5.3. Financial constraints, attractiveness of GP work / Finanzielle Einengung, Attraktivität der hausärztlichen Tätigkeit

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Recruitment to general practice - local, national and international lessons learned

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<sup>2)</sup>EURIPA (European Remote and Isolated Practitioners Association), Nordland, Norway

<sup>3)</sup>Rural Seeds - Rural WONCA, Weymouth, United Kingdom

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

### Background:

Many European countries are struggling to recruit GPs. The number of GPs in the UK is falling relative to the population. This fall is greatest in poorer and rural areas. France has seen a 9.1% decline in GPs within a decade. In Slovakia there are more than twice as many GPs per 10,000 inhabitants in urban compared with rural areas. (6.8 vs. 2.7). Inadequate family medicine coverage leads to worsening access for patients and increased physician workload, driving a need to improve recruitment.

### Target Group:

The workshop is aimed at healthcare professionals involved in recruitment of GPs and those interested in how to attract more doctors into general practice.

### Didactic Method:

This will be an interactive workshop with an initial presentation followed by small group work looking at recruitment at a local, national and international level. Learning from each group will then be fed back to the whole cohort, allowing participants to reflect on different methods employed by practitioners from other countries.

### Objectives:

- To provide participants with practical strategies to support recruitment of new GPs to their own practice
- To encourage discussion on how to promote general practice as a career choice

### Estimated number of participants:

30

### Workshop lead:

## [CONTENT](#)

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Dr Natascha Glover is a GP working the UK. She has an interest in medical education and regularly supervises family medicine trainees. She is part of the Junior International Committee, the UK branch of VdGM, where she is the lead for arranging exchanges to other European countries.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 637**

**Abstract subtopic / Abstract Unterthema**

5.3. Financial constraints, attractiveness of GP work / Finanzielle Einengung, Attraktivität der hausärztlichen Tätigkeit

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Gender-specific risk factors among general practitioners and GP residents in Hungary: the significant role of age, and dependant care**

Peter Torzsa<sup>1</sup>, Andras Mohos<sup>2</sup>, Ajándék Eőry<sup>1</sup>, Csenge Hargittay<sup>1</sup>, Bernadett Márkus<sup>1</sup>, Ágnes Szélvári<sup>1</sup>, Krisztian Vörös<sup>1</sup>, László Kalabay<sup>1</sup>, Szilvia Ádám<sup>3</sup>

<sup>1</sup>Department of Family Medicine, Semmelweis University, Faculty of Medicine, Budapest, Hungary

<sup>2</sup>Department of Family Medicine, University of Szeged, Faculty of Medicine, Szeged, Hungary

<sup>3</sup>Health Services Management Training Centre, Semmelweis University, Faculty of Health and Public Services, Budapest, Hungary

**Background:** The prevalence of burnout is rising among general practitioners (GPs) in Hungary. The aim of this study was to explore psychosocial determinants of burnout among GPs and GP residents in Hungary.

**Methods:** We collected socio-demographic and work-related parameters with self-administered questionnaires in a cross-sectional study among GPs (N=196; 56%) and residents (N=154; 44%) in 2016. We assessed burnout by the Maslach Burnout Inventory (MBI-HSS).

**Results:** The prevalence of moderate to high level emotional exhaustion, depersonalisation, and decreased personal accomplishment was around 40%, 40% and 70%, respectively, among GPs and residents. Residents reported significantly lower level of personal accomplishment vs GPs (U=12,247.000; p<.01). We identified a significantly higher level of depersonalization among male physicians compared to female physicians (U=12,221.000; p<.01). Younger age was a potential risk factor of both emotional exhaustion and depersonalization among female as well as male physicians. We found that younger age and high number of children predicted burnout on all three dimensions among female GPs. Younger age correlated positively with emotional exhaustion and depersonalization among male physicians. We identified patient number in the practice (a surrogate of workload) and being a resident as a risk factor of depersonalization among female GPs.

**Conclusion:** We identified gender-specific risk factors of burnout, which underpin the significance of advancing gender research on burnout, which may contribute to the development of specific and effective organizational decisions to attenuate occupational stress and subsequent burnout among GPs.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1019**

**Abstract subtopic / Abstract Unterthema**

5.3. Financial constraints, attractiveness of GP work / Finanzielle Einengung, Attraktivität der hausärztlichen Tätigkeit



## Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Digitalisierung gegen Landarztmangel?! Diskussion eines georeferenzierten Onlineportals zur Sichtbarmachung ländlicher Infrastruktur

Jana Groth, Konrad Hierasimowicz, Silke Förster, Sabine Peine, Erika Baum

Abteilung für Allgemeinmedizin, Philipps-Universität Marburg, Marburg, Germany

Gerade junge Ärzt\*innen machen ihre Entscheidung zur Niederlassung an einem bestimmten Ort häufig von Standortfaktoren abhängig. Wie ist die medizinische Infrastruktur vor Ort? Welche Möglichkeiten zur Bildung und Betreuung von Kindern sind vorhanden? Gibt es genügend Freizeitmöglichkeiten für die Familie? Ländliche Räume werden hier systematisch benachteiligt, indem sie als provinziell und abgehängt dargestellt und wahrgenommen werden. Mediale Nachrichten über Probleme des infrastrukturellen Rückgangs verstärken diese Wahrnehmung und lassen ländliche Regionen schnell als „Infrastrukturwüsten“ erscheinen. Bei jener Vereinfachung geraten auch Kleinstädte unter die Räder; ihnen wird der Stempel der Provinzialität ebenso aufgedrückt wie dörflich geprägten Orten. Ihre – zwar mit denen der Großstadt unvergleichbare, aber durchaus präsent – Infrastruktur bleibt dabei unbeachtet. Im Zeitalter der digitalen Medien ist zwar die einleitende Erkundung der Infrastruktur einer Region durchaus ohne Reisen möglich, aber die Informationen sind verstreut und ihre Zuverlässigkeit und Aktualität oft nicht ersichtlich. Unser Vorschlag ist die Errichtung eines Onlineportals und einer standardisierten Methode, mit der infrastrukturell relevante Einheiten – Schulen, KiTas, Apotheken, Ärzt\*innen, Krankenhäuser etc. – georeferenziert, das heißt auf einer Online-Karte, so abgebildet werden, dass die Nutzer\*innen die für sie relevanten Informationen schnell überblicken und sich optisch ein Urteil über die vorhandene Infrastruktur einer Region bilden können. Im Workshop möchten wir den Informationsbedarf gemeinsam mit den Teilnehmer\*innen eruieren und nach weiteren Ideen sowie Umsetzungsstrategien suchen.

Conflict of interest / Interessenkonflikte

no / nein

## 5.4. Teamwork / Teamarbeit

**Contribution ID: 162**

**Abstract subtopic / Abstract Unterthema**

5.4. Teamwork / Teamarbeit

**Presentation form / Präsentationsform**

ePoster

### Candle in the wind – review

Rita Maia, Maria Jesus Clara

USF "A Ribeirinha", Guarda, Portugal

**Background:** The death of a child is not part of "natural" history of a family. Parents who have lost a child are reported to be at increased risk of long-term psychosocial morbidity. A wide range of interventions have been described including: contact between primary care (PC) teams and bereaved families (BF), mourning follow-up meetings and use of flyers and information books.

**Questions:** Types of interventions given to BF; psychosocial treatment on the BF in PC; optimize support to BF.



**Methods/ outcomes:** A Research was carried out on the PubMed database using the terms MeSh "Mourning", "Family support" and "Palliative Care". 97 articles were found but only 30 were selected. Regarding the excluded articles 67 didn't meet our criteria. Among those selected, 27 showed mourning support interventions, 2 referred to parental coping mechanisms, and only 1 mentioned the transition from hospital care to PC during mourning.

**Discussion:** This review highlights different actions that have been taken to support BF. Most services are provided during illness and at the end of life, with limited availability of resources after child's death, resulting in an improper mourning follow-up. A BF who experienced the death of a child requires longitudinal, interdisciplinary and multifaceted intervention. Support should be provided during the illness and extend through the mourning period until it is no longer needed. General practitioners (GP) have an important role.

**Take home message for practice:** It is important to focus on training GP in this area for proper support of BF.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 314

### Abstract subtopic / Abstract Unterthema

5.4. Teamwork / Teamarbeit

### Presentation form / Präsentationsform

Workshop

## "Europäisches Praxisassessment" (EPA): Ein Dashboard für Qualität in Arztpraxen

Armin Mainz

*Stiftung Praxissiegel e. V., Korbach, Germany*

### Hintergrund:

In Anlehnung an das niederländische „Visit- in-Practice“ - Modell entwickelten in Deutschland vor 20 Jahren hausärztliche Qualitätsexperten ein praxisnahes, edukatives Qualitätsmanagement-System: Das „Europäische Praxisassessment“ (EPA). Die in diesem System vorhandenen, international validierten Qualitätsindikatoren liefern den Arztpraxen Impulse zu einer kontinuierlichen Qualitätsentwicklung. Benchmark und Re-Assessment bieten dem Praxisteam die Möglichkeit, den eingeschlagenen Kurs zu steuern und die Geschwindigkeit dieser Entwicklung zu bestimmen.

### Zielgruppe:

Hausarzt\*innen, Lehrarzt\*innen und Mitarbeiter\*innen der universitären Abteilungen und Institute für Allgemeinmedizin, Medizinische Fachangestellte.

### didaktische Methode:

Nach einer kurzen Einführung in EPA wird eine moderierte Praxisteamsitzung mit einer Ergebnisdarstellung im Rahmen einer Praxisvisitation präsentiert und diskutiert.

### Ziele:

Kennenlernen eines erprobten Assessment-Instruments für die Qualität in der medizinischen Versorgung, Einholen von Rückmeldungen zur Weiterentwicklung sinnvoller Qualitätsmanagement-Systeme.

### geschätzte Anzahl Teilnehmern/innen:

16

### Kurzvorstellung des/r Workshop Leiters/in:

Dr. Armin Mainz arbeitete als hausärztlicher Internist in einer deutschen Hausarztpraxis; er ist Visitor für das QM-System EPA und im Vorstand des Vereins „Stiftung Praxissiegel e. V.“

Conflict of interest / Interessenkonflikte



yes / ja

## Contribution ID: 333

### Abstract subtopic / Abstract Unterthema

5.4. Teamwork / Teamarbeit

### Presentation form / Präsentationsform

Workshop

## VdGM AGM - young doctors' marketplace

Nicholas Mamo<sup>1, 2)</sup>, Katarzyna Nessler<sup>1)</sup>, Claire Marie Thomas<sup>1)</sup>, Elena Klusova<sup>1)</sup>

<sup>1)</sup>Executive, VdGM, WONCA Europe, Germany

<sup>2)</sup>VdGM, Glasgow, United Kingdom

**Introduction/Background:** VdGM, The European Young Doctors' Movement, is a Network that has always fostered collegiality. We welcome anyone who wants to contribute to Family Medicine. Whether they want to do this through activism, research or sharing ideas and learning from colleagues, this session serving also as the AGM of VdGM.

**Methods:** After a brief report of the VdGM Executive Committee on the activities, successes and challenges of the past year, the workshop will progress to its main content the "Young Doctors' Marketplace". Utilising "Open Space Technology" facilitation techniques, a space is created where new and experienced participants, members of WESIGs and Networks, are invited to share, generate and evolve ideas with the aim of building new relationships, developing new projects, creating special interest groups and working parties; as well as developing new research and policy papers, strengthening the VdGM community, developing conversation and debate and sparking innovation.

**Results and conclusions/Aim:** In previous Young Doctors' Marketplace sessions, we have seen the creation of whole new workshops, as well as new Special Interest Groups. This matchmaking is dynamic and flexible and would offer a marketplace of ideas and services helpful to cover the needs of our colleagues in research partnerships, mentorships and is in line with the action points of the WONCA Europe Future Plan (e.g. strengthening the WONCA Europe conferences; promotion of collaborations for content creation among the networks and WESIGs; building competence for the best of VdGM and WE through systematic support of future leaders).

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 612

### Abstract subtopic / Abstract Unterthema

5.4. Teamwork / Teamarbeit

### Presentation form / Präsentationsform

ePoster

## Usefulness of the kinesio tape (KT) in the resolution of hematomas and edemas in musculoskeletal injuries in primary care (PC)

Dorta M.Mercedes<sup>1, 2)</sup>, Jerónimo Fernández<sup>3)</sup>, Carlos Esparza<sup>3)</sup>, Noelia Delgado<sup>3)</sup>, Lourdes Val<sup>3)</sup>, Carmen Delia González<sup>3)</sup>, Noelia Díaz<sup>2)</sup>

<sup>1)</sup>SCS, Puerto de la Cruz, Spain

<sup>2)</sup>Primary Care, Canary Health Service (SCS), Tacoronte, Spain

<sup>3)</sup>Physiotherapy, Canary Health Service (SCS), Tacoronte, Spain

## [CONTENT](#)

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**Introduction:** Usually when patients come to PC consultations with acute and sub-acute musculoskeletal injuries, is prescribe analgesia and anti-inflammatory drugs, with long convalescence period that affects subsequent recovery and their economy due being at rest and unable to work. Our goal was to assess the effect of the use of kinesiotape (KT) in such processes.

**Methods:** Patients from PC with upper or lower limb musculoskeletal injuries due to acute and sub-acute processes with an inflammatory process were selected and treated with KT in the physiotherapy room of the same Health Centre (HC). Consists in a neuromuscular bandage that automatically allows more physiological pattern of movement, reusing the most correct patterns and benefiting the recovery of the injured tissue. The skin stimulation by the bandage's ripples causes an excitation of the motor neurons increasing the space between the skin and the muscles, decreasing the pressure on the mechanoreceptors, decreasing or disappearing the sensation of pain, helping improve the flow of the compressed blood and lymphatic circulation.

**Results:** it was possible to verify that already between 24-48 hours after the placement of KT there was an evident decrease in both the edema and the hematoma.

**Conclusions:** Collaboration between family doctors and physiotherapists in the treatment of acute and sub-acute musculoskeletal pathologies in PC, decreases the period of convalescence, reduce the consumption of aines and analgesics and the sequelae. We see the need of physiotherapists in all HC and for channels to be opened to facilitate collaboration and joint work between both groups.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 627

### Abstract subtopic / Abstract Unterthema

5.4. Teamwork / Teamarbeit

### Presentation form / Präsentationsform

Workshop

## Was müssen akademische Arztassistentinnen können, um komplexe hausärztliche Tätigkeiten mit übernehmen zu können?

Bernhard Hemming

*Fliedner Fachhochschule Düsseldorf, University of applied science, Düsseldorf, Germany*

### Hintergrund:

Die Versorgungsaufgaben der Zukunft werden uns Hausärzte vor große Herausforderungen stellen. Durch die zunehmend ältere und multimorbide Bevölkerung bei gleichzeitig sinkender Gesundheitskompetenz und Auflösung klassischer familiärer Strukturen werden wir zwingend auf Hilfe angewiesen sein, um die Grundwerte unserer häuslichen Versorgung sicherstellen zu können. Für diese Hilfe bieten sich seit einiger Zeit die akademischen Arztassistentenberufe an. Damit diese jedoch auch komplexe hausärztliche Tätigkeiten mit übernehmen können, müssen die Ausbildungsinhalte frühzeitig von hausärztlicher Seite mitbestimmt werden.

### Zielgruppe:

Akademische Arztassistentenberufe, Medizinische Fachangestellte, Hausärzt/innen

### Didaktische Methode:

Nach einer kurzen Einführung in das Konzept der anvertraubaren professionellen Tätigkeiten (APT) legen die Teilnehmer im World Café Ansatz an 2-3 Stationen (abhängig von Teilnehmerzahl und Workshopdauer) für jeweils eine hausärztliche APT das maximal erreichbare Anvertraubarkeitsniveau fest und diskutieren die



notwendigen Kompetenzen, die akademische Arztassistentinnen in ihrer Ausbildung dafür erwerben müssen. Nach 15-20min erfolgt der strukturierte Wechsel zur nächsten Station. Zum Schluss fassen die Moderatoren der Stationen die Ergebnisse in meta-plan Technik im Plenum zusammen.

### Ziele:

Der Workshop soll aus unterschiedlichen Perspektiven die Kompetenzen herausarbeiten, die eine akademische Arztassistentin erfüllen muss, um komplexe hausärztliche Tätigkeiten mit übernehmen zu können.

### geschätzte Anzahl Teilnehmern/innen:

Ca. 15-30 Teilnehmer/innen

### Kurzvorstellung der Workshop Leiter:

Prof. B. Hemming, niedergelassener Hausarzt, Professor im Studiengang Medizinische Assistenz Chirurgie, Schwerpunkt Familienmedizin der Fliedner Fachhochschule Düsseldorf, Lehrbeauftragter am Institut für Allgemeinmedizin der Heinrich-Heine-Universität Düsseldorf.

S. Mück, B.A., Studiengangskoordinatorin des Studienganges Medizinische Assistenz Chirurgie der Fliedner Fachhochschule Düsseldorf.

E. Eichholz, Studentin im 6 Fachsemester im Studiengang Medizinische Assistenz Chirurgie der Fliedner Fachhochschule Düsseldorf.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 725

### Abstract subtopic / Abstract Unterthema

5.4. Teamwork / Teamarbeit

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Interprofessional collaboration and communication between nurses, general practitioners and ambulatory working occupational and physical therapists in nursing homes

Britta Tetzlaff, Martin Scherer

*Department of Primary Medical Care, University Medical Center Hamburg-Eppendorf, Hamburg, Germany*

### Background:

The increasing aging of the population in western countries poses challenges for health care in nursing homes. Competence frameworks recognise the importance of interprofessional cooperation (IPC) in positively influencing health care. Practice-oriented IPC interventions can improve health care processes and outcomes. Yet relatively little is known about IPC in nursing homes.

### Aims:

The aim of the study is to analyse and to conceptualize IPC in nursing homes.

### Methods:

A qualitative research design based on 'constructivist grounded theory methodology' was used. In episodic interviews nurses (n=5), general practitioners (n=6) and therapists (n=9) were asked about their experiences and perspectives on IPC in nursing homes.

### Outcomes:

Interprofessional collaboration is determined by a variety of conditions, e.g. definition of work and need for collaboration. The various interactions can be described in four types of context: willingness to participate in the act of 1) creating a basis, 2) organizing, 3) supporting others and 4) common goal-setting and executing the health care.



## Discussion:

The emerging grounded theory illustrates the complex nature of IPC in nursing homes and is a potential base for improving IPC, health and well-being of all stakeholders.

In order to strengthen cooperation in the different types of context, stable relationships should be established and the knowledge of how members of another professional group can benefit from each other's work should be taught.

## Take Home Message:

Long-term treatment of several patients in a nursing home increases the presence in the facility and thus promotes improved cooperation with nurses and therapists.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 729

### Abstract subtopic / Abstract Unterthema

5.4. Teamwork / Teamarbeit

### Presentation form / Präsentationsform

Workshop

## Aufbau von Forschungspraxennetzen in der Allgemeinmedizin - Wieviel Standardisierung ist möglich und sinnvoll?

Christian Kretzschmann<sup>1)</sup>, Jutta Bleidorn<sup>2)</sup>, Larissa Burggraf<sup>3)</sup>, Susanne Döpfmer<sup>4)</sup>, Thomas Frese<sup>5)</sup>, Corina Gütlin<sup>6)</sup>, Stefanie Joos<sup>7)</sup>, Susanne Löscher<sup>8)</sup>, Michael Pentzek<sup>8)</sup>, Andreas Polanc<sup>7)</sup>, Linda Sanftenberg<sup>9)</sup>, Ildikó Gágyor<sup>1)</sup>

<sup>1)</sup>Institut für Allgemeinmedizin, Universitätsklinikum Würzburg, Würzburg, Germany

<sup>2)</sup>Institut für Allgemeinmedizin, Universitätsklinikum Jena, Jena, Germany

<sup>3)</sup>Allgemeinmedizinisches Institut, Universitätsklinikum Erlangen, Erlangen, Germany

<sup>4)</sup>Institut für Allgemeinmedizin, Charité - Universitätsmedizin Berlin, Berlin, Germany

<sup>5)</sup>Medizinische Fakultät, Institut für Allgemeinmedizin, Martin-Luther-Universität Halle-Wittenberg, Halle (Saale), Germany

<sup>6)</sup>Institut für Allgemeinmedizin, Johann Wolfgang Goethe-Universität Frankfurt am Main, Frankfurt am Main, Germany

<sup>7)</sup>Institut für Allgemeinmedizin und Interprofessionelle Versorgung, Universitätsklinikum Tübingen, Tübingen, Germany

<sup>8)</sup>Medizinische Fakultät, Institut für Allgemeinmedizin (ifam), Heinrich-Heine-Universität Düsseldorf, Düsseldorf, Germany

<sup>9)</sup>Institut für Allgemeinmedizin, Klinikum der Ludwig-Maximilians-Universität München, München, Germany

## Hintergrund:

Allgemeinmedizinische Forschung findet größtenteils in der hausärztlichen Praxis statt. Der Aufbau von Forschungspraxennetzen ist die strukturelle Voraussetzung für die Stärkung der Forschung in der Allgemeinmedizin. Die sich daraus ergebenden Herausforderungen sind für alle Vorhaben sehr ähnlich; daher ist ein Erfahrungsaustausch bis hin zu einer Standardisierung des Vorgehens sinnvoll. Dies betrifft insbesondere die Aspekte der Rekrutierung von Hausarztpraxen sowie deren Forschungsqualifizierung. Weitere gemeinsame Themenfelder sind die Partizipation von Bürger\*innen und Ärzt\*innen an Forschung, die Kommunikation und der Informationsaustausch sowie Daten- und IT-Management.

## Zielgruppe:



Ärzt\*innen, wiss. Mitarbeiter\*innen, MFA und andere Gesundheitsprofessionen mit Erfahrung oder Interesse an Forschungspraxennetzen.

**Methode:**

Nach einer kurzen Einführung in die Themen Rekrutierung, Partizipation, Qualifizierung, Kommunikation und Daten-/IT-Management erfolgt moderierte Kleingruppen-Arbeit im Rahmen eines „world cafés“. Die Ergebnisse werden im Plenum diskutiert, über Metaplantechniken visualisiert und allen Teilnehmer\*innen zur Verfügung gestellt.

**Ziele:**

Durch den Erfahrungsaustausch sollen Best-Practice-Modelle entwickelt werden. Den Verbundpartner\*innen sowie allen am Aufbau von Forschungspraxennetzen Interessierten werden Arbeitshilfen und Materialien zur Verfügung gestellt, die zu Arbeitserleichterung, Vergleichbarkeit sowie zur Qualitätssteigerung beitragen.

**geschätzte TN-Zahl:**

30

**Kurzvorstellung des/r Workshop Leiters/in:**

Christian Kretzschmann ist Projektkoordinator des Verbundes „BayFoNet – Bayerisches Forschungspraxennetz in der Allgemeinmedizin“.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 864**

**Abstract subtopic / Abstract Unterthema**

5.4. Teamwork / Teamarbeit

**Presentation form / Präsentationsform**

Workshop

**Teambuilding: narrative medicine as a tool to improve bonding**

Maria João Lopes, Duarte Guedes, Joana Santos, Ana Povoia, Sofia Silva, Sandrine Fazio  
*USF São João do Estoril, Estoril, Portugal*

**Background:** Narrative Medicine, besides being complementary to the clinical activity, also emerges as a facilitating tool for the approach and understanding of the doctor/nurse and the patient and also between the health professionals. The knowledge and the experiences that each one possess can enrich and fortify the unique relationship they establish but can also be challenging and create obstacles

**Target Group:** doctors, nurses and clinical secretaries

**Didactic Method:**

- The authors will share their conclusions after dynamizing narrative medicine sessions in a primary care unit in Portugal and how it results in strengthening of interprofessional relationships
- We invite the participants to try for themselves with some practical exercises, which could be replicated afterwards

**Objectives:** Promote discussion of the potential role of narrative medicine and how it can be used to improve bonding in healthcare teams

**Estimated number of participants:** 15-20

**Brief presentation of the workshop leader:** Maria João Lopes is currently a fourth year resident in family medicine in Portugal. After receiving training in Narrative Medicine at School of Arts and Humanities (University of Lisbon), she decides to promote similar sessions for residents, namely Duarte Guedes and Joana Santos. This “chain training” allows them to create a model that involves not only doctors, but also clinical secretaries and nurses, and that uses narrative medicine as a team building tool.



Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 972**

**Abstract subtopic / Abstract Unterthema**

5.4. Teamwork / Teamarbeit

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

**Women and Leadership - WONCA Working Party on Women & Family Medicine Open Meeting**

Victoria Tkachenko<sup>1, 2)</sup>, Amanda Howe<sup>3)</sup>, Donata Kurpas<sup>4)</sup>, Nil Tekin<sup>5)</sup>

<sup>1)</sup>Department of Family Medicine, Shupyk National Medical Academy of Postgraduate Education, Kyiv, Ukraine

<sup>2)</sup>European Leader of WWPWFM, EURIPA International Advisory Board, Wonca, Ukraine

<sup>3)</sup>Norwich Medical School; President RCGP; Past President World Organization of Family Doctors, Norwich, United Kingdom

<sup>4)</sup>Family Medicine Department, Wroclaw Medical University, EURIPA International Advisory Board, Wroclaw, Poland

<sup>5)</sup>Narlidere Residential and Nursing Home, Izmir, Turkey

**Background:** Women in leadership can leverage their natural inclination toward transformational leadership with aim to enhance the motivation morale and job performance of followers by working with teams to identify needed changes and to create and share the vision. It becomes rather challenging for woman to first reach position of leadership and then struggle for acceptance as a leader. The WONCA Working Party of Women in Family Medicine (WWPWFM) takes leadership role in advocating for concerns raised by women doctors and women's health in family medicine/general practice. The vision of WWPWFM is to promote role of women family doctors, to enhance their contributions and leadership in family medicine, to reach their full potential.

**Target Group:** young female doctors

**Didactic Method:** The 20-minute presentations will be followed by discussion panel guided by moderators.

**Objectives:** to explore context of women leadership, to share experience and ideas

**Estimated number of participants:** 30

**Brief presentation of the workshop leader:** The discussions of the leadership strategies for women and sharing experience will motivate participants to develop the leadership skills, to discuss the strategies of effective leadership and teambuilding, to share ideas in strengthen the role of women in training, research, management in family medicine, to discuss the approaches to reduce barriers to women family physicians/GPs participating in Wonca initiatives and career. The participants will be able to join the activity of WWPWFM, to discuss the plans and projects for future activity of the WWPWFM in European region.

Conflict of interest / Interessenkonflikte  
yes / ja

**Contribution ID: 1189**

**Abstract subtopic / Abstract Unterthema**

5.4. Teamwork / Teamarbeit

**Presentation form / Präsentationsform**

ePoster

**Team building activities to prevent Burnout**

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Fábio Nunes, Maria João Sousa, Sofia Monteiro Mendes, Bruno Batista, Maria José Almeida, Nancy Oliveira, José Díez Carvalho

*USF Infante D. Henrique, ACES Dão Lafões, Peraboa, Covilhã, Portugal*

**Background:** *Burnout* is a “state of mental and physical exhaustion caused by one’s professional life”. In 2013, 47.8% of Portuguese healthcare professionals showed moderate and high burnout. In 2018, 4% and 14% of the professionals of our Family Health Center (FHC) showed moderate and high burnout levels, respectively. These results indicate the need of occupational interventions, like team building (TB) activities, that could reduce burnout incidence.

**Objective:** Develop TB activities in our FHC to: improve psychological and physical well-being; increase the quality of the professionals’ work with patients; and reduce burnout levels.

**Results:** In 2019 we developed 3 TB activities: a 24-hour running race in July, a kart racing in September and a surprise Christmas lunch in December. At the end of December, the professionals answered the annual satisfaction survey and the Maslach Burnout Inventory Scale (MBSI). The results showed that only 12.5% of the professionals had moderate levels of burnout and none of professionals showed high levels of burnout. When compared with 2018 results, there was a decrease in depersonalization and emotional exhaustion and an increase in professional efficacy.

**Conclusions:** TB has been identified as “an important method of improving the psychological climate and overall team functioning”. We strongly believe that in our FHC these activities improved personal well-being and work environment, which might have resulted, ultimately, in better professional performance and patient care. These results highlight the importance of “quinquenary prevention”, which aims to prevent damage in patients by preventing burnout in professionals.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1419

### Abstract subtopic / Abstract Unterthema

5.4. Teamwork / Teamarbeit

### Presentation form / Präsentationsform

Lecture / Vortrag

## The patient’s perception- the essential component missing in constructive feedback during medical school objective structured clinical examinations (OSCEs) communication assessments

Michaela Stahl<sup>1</sup>, Cornelia Wachter<sup>1</sup>, Sonia Kurczyk<sup>1</sup>, Andreas Möltner<sup>2</sup>, Svetla Loukanova<sup>1</sup>

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<sup>2</sup>Competence Center for Exams in Medicine, University of Heidelberg, Heidelberg, Germany

### Study purpose:

Communication skills are essential to provide safe and effective patient care. Internationally, numerous communication models build the basis for assessing communication skills in OSCEs at medical faculties, however perceptions from patient actors have so far not been included. This study investigated the differences between student tutors, medical supervisors and patient actors in marking the communication skills of medical students during a pre-clinical OSCE at the Medical Faculty of Heidelberg University (Germany).

### Study design:



The quantitative data was collected in 2019 during a formative OSCE with 325 students. The points distributed to students on the communication section of tablet-based OSCE checklists were analyzed and compared. Three rater groups- student tutors, medical supervisors and patient actors- were asked to rate communication features on a 6 to 8 points scale.

### Major findings:

The markings of student tutors and medical supervisors showed no significant difference. The scores given by patient actors compared to student tutors and supervisors differed significantly. In fact, patient actors scored communication skills of medical students 0.57 points worse than the other two raters.

### Conclusion:

The missing marking discrepancy between student tutors and supervisors proves reliability of OSCE assessments. The fact that patient actors score students significantly worse shows, that patient perceptions of a doctor differ from the perceptions of outsiders. Incorporating feedback from patient actors into OSCE assessments can help future doctors to develop a sense of how they are perceived by patients and therefore foster the development of self-awareness and fine-tuned interpersonal communication skills in medical curricula.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1433

#### Abstract subtopic / Abstract Unterthema

5.4. Teamwork / Teamarbeit

#### Presentation form / Präsentationsform

Lecture / Vortrag

### Implementing health information technology in ambulant care settings: empirical insights on potential effects on care quality and coordination

Anastasia Suslow<sup>1)</sup>, Ina Otte<sup>2), 1)</sup>, Horst Christian Vollmar<sup>2), 1)</sup>

<sup>1)</sup>Department for General Practice, Ruhr-University Bochum, Bochum, Germany

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### Hintergrund:

In palliative care settings, patients often receive care from various healthcare professionals such as their GPs, clinicians and ambulant care nurses. Sharing and updating patients' data in time can be challenging for all professionals involved. Gaps in patients' information may contribute to preventable delays, endangering the quality of care received by the patient. Health information technology offers opportunities for improving and facilitating care coordination. However, robust empirical insights on potential effects on patients and care teams are still rare. The ADAPTIVE project evaluates the implementation of the software "information system for palliative care" (short: ISPC). ISPC allows the sharing of patient data in real time at the intersection of ambulant and clinical palliative care.

### Fragestellung:

"How does real time access to patients' data affect the quality and/or the coordination of ambulant palliative care?"

### Methoden:

The study consists of two work packages: (1) 25 semi-structured qualitative interviews with GPs, clinicians and ambulant care nurses before the implementation and 25 interviews with the same stakeholders three months after the implementation; (2) two complementary workshops with experts as well as two focus groups with all stakeholders.



## Ergebnisse/Diskussion:

The ADAPTIVE project starts in March 2020. We will present preliminary results from our interview study. Our findings will provide empirical insights on how to successfully implement health information software in ambulant and clinical settings - with special respect to the perspective of GPs. We will present preliminary results from our interview study.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1742

#### Abstract subtopic / Abstract Unterthema

5.4. Teamwork / Teamarbeit

#### Presentation form / Präsentationsform

ePoster

#### Health care without borders

Beatriz Cruz<sup>1</sup>, Raquel F. Castro<sup>1</sup>, Sofia Cavaco Raposo<sup>1</sup>, Filipa Duarte Silva<sup>2</sup>, Carla Cardoso Jorge<sup>1</sup>, Tiago Villanueva<sup>1</sup>, Mariana Sousa Silva<sup>1</sup>

<sup>1</sup>Reynaldo dos Santos Family Health Unit, Lisbon and Tagus Valley Regional Health Administration, Póvoa de Santa Iria, Portugal

<sup>2</sup>Cuidar Saúde Family Health Unit, Lisbon and Tagus Valley Regional Health Administration, Seixal, Portugal

**Background:** Considering the open barriers in Europe and the growing traveling worldwide, owing to various contexts, health care must adapt to globalization. In order to provide best health care, we have to assure a solid healthcare network and create mechanisms like European Health Insurance Card. Cooperation between health providers from different countries and specialties is crucial to guarantee the best care to patients. Therefore, it is important to assure that communication is easy and clear.

**Case Report:** 75-year-old woman, born in Mozambique and living in Portugal, with hypertension and dyslipidemia. She presented to the Swiss Medical Care with complaints of jaundice and asthenia.

Blood tests showed increased liver and cholestatic parameters, hyper-gamma globulinemia, hypoalbuminemia and positive ANA. Liver biopsy revealed inflammation of the bile duct and liver fibrosis. The diagnosis of acute on chronic autoimmune type I hepatitis was assumed. She improved after corticosteroid therapy and was discharged after 2 weeks of hospitalization. Returning home, she quickly contacted her Family Physician (FP) that reviewed therapy and referred her to a specialized Hepatology appointment for further investigation. Simultaneously, the Swiss hospital sent to her FP clinical information regarding the episode, translated in english.

**Discussion:** This case shows the importance of straightforward communication between health professionals to provide better care to our patients, acknowledging the FP as the main health manager. It also demonstrates the importance of access to healthcare in any part of Europe, ensuring the necessary and timely response, proving the benefits of the European Health Insurance Card program.

Conflict of interest / Interessenkonflikte  
no / nein

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## 5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Contribution ID: 30

#### Abstract subtopic / Abstract Unterthema



## 5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

ePoster

### Physical exercise to improve quality of life - perspective of Santo António dos Cavaleiros in Portugal

Ana Rute Marques, Bruno Pinto, Inês Silva, Maria José Silva, Luisa Gonçalves, Pedro Sesões, Rosália Bagulho  
Santo António dos Cavaleiros Health Center, USF Ars Medica, Loures, Portugal

**Introduction:** The Walk with Our Patients initiative running since 2016 on the first Saturday of each month consists of a 5 km walk for users from the Santo António dos Cavaleiros Health Center in Portugal. A group of doctors, nurses and clinical secretaries accompanies the walkers. This activity is intended to encourage the practice of physical exercise, helping each other and maintaining healthy styles. It is also a reinforcement of teamwork among the different professionals of the Health Center.

**Objective:** A study was conducted to assess the quality of life, exercise habits and sociodemographic aspects of users participating in the initiative. It is intended to make known this project in order to encourage the practice of healthy lifestyles.

**Methods:** cross-sectional observational study. Application of a questionnaire to 30 users (23 female and 7 male from 25 to 80 years old) participating in the initiative on the day selected for its application (05/2019). This questionnaire was based on the World Health Organization quality of life assessment questionnaire (WHOQoL-brief).

**Results and Conclusions:** 33% of participants rated their quality of life as Very Good. The incentive to practice physical exercise with the participation in the walk is mostly rated Very (70%). The frequency of biweekly exercise showed a very positive value of 77%. It is concluded that the walk has contributed to encourage the practice of physical exercise of the participants thus contributing, in the future, to the improvement of their quality of life.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 45

### Abstract subtopic / Abstract Unterthema

## 5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

Lecture / Vortrag

### Patient decision aid in vaccination: a systematic review of the literature

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**Background:** Decision-making for patients and their families in the field of vaccination is difficult, involving many multidimensional factors. The complexity of this process is directly responsible for the phenomenon of vaccine hesitancy. Decision aids (DAs) are instruments that provide information on a specific subject, explaining the advantages and disadvantages of a decision in a personalised way, thus clarifying the patient's values.

**Questions:** To assess the current situation of DAs in the field of vaccination and to evaluate their impact on vaccination coverage and decision-making conflict.

**Methods:** A systematic literature review using PRISMA guidelines was conducted in August 2018 on the databases Medline and Cochrane Library.

**Outcomes:** A total of 1198 articles were obtained after searching the databases and seven articles were finally included. Five DAs targeted the parents, one DA targeted adolescent girls and one targeted health professionals. Four studies evaluated the impact of DAs on vaccine coverage and only one showed an improvement.

**Discussion:** DAs reduce decision-making conflict and appear to be good tools to address the phenomenon of vaccine hesitancy. It seems essential to integrate health professionals and patients into the design of future decision aids. This would simplify the use of these tools during the consultation. However, their effect on vaccine coverage remains uncertain.

**Take Home Message for Practice:**

Decrease in decision-making conflict through DAs.

DAs could increase vaccination coverage by reducing vaccine hesitancy but only one study showed that.

It seems essential to integrate health professionals and patients into the design of future DAs.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 206**

**Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

**Presentation form / Präsentationsform**

ePoster

**Conditioning factors and motivations perceived by breastfeeding women in relation to breastfeeding**

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<sup>3</sup>Albacete Integrated Care Management, Castilla-La Mancha Health Service (SESCAM), Albacete, Spain

**Question (Objective):** To know the positive and negative conditions perceived by breastfeeding women to initiate or maintain breastfeeding.

**Keywords:** Breastfeeding, Feeding Behavior, Primary Health Care.

**Methods:** Observational retrospective study carried out in three health areas in Primary Care. 205 mothers who had started breastfeeding with a child <5 years were evaluated. Variables: sociodemographic, lifestyles (physical activity, diet, tobacco, alcohol), health status of mother and child (CIAP-2), characteristics of



delivery and pregnancy, characteristics related to breastfeeding (decision to use it, information, reasons start, type and duration).

**Discussion and results:** Breastfeeding was started before the first hour of life in 81% (95% CI: 75.4-86.6). 83.4% decided to use breastfeeding before pregnancy. 87.3% had received information about breastfeeding. The main reason for initiation was the promotion of child health (42.0%) followed by a maternal decision (35.6%). The median duration of exclusive breastfeeding was 5 months (IR:2-6). 59% used mixed breastfeeding, starting on average at 4 months of age (SD: 3.3) and by maternal decision in 53.7% of cases. 37.6% abandoned breastfeeding earlier than expected, the main reason being (20.5%) followed by low milk production (13.4%).

**Take Home Message for Practice:** Although WHO recommends exclusive breastfeeding during the first six months, mixed breastfeeding is usually included somewhat earlier. The main motivation to start breastfeeding was the child's health, while the difficulty in combining breastfeeding with work activity and the feeling of low milk production were the main drawbacks to continue it. The maternal decision is decisive for both breastfeeding and mixed breastfeeding.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 226

### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

ePoster

## Burnout in Italian GPs: do we overcome the Chiron's myth?

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<sup>2)</sup>ASL Città di Torino, Torino, Italy

**Background:** There are few limited experiences of burnout evaluations in the Italian GPs: the absence of a structured rating does not mean its absence. In Italy, GPs are affiliated and non-employed doctors and at forthcoming contract renewal.

**Questions:** How much is burnout present in Italian GPs? What are the main causes?

**Methods:** We have tested an audience of highly motivated GPs: if there is a fatigue of care among them, the phenomenon could be more extensive in all other. We distributed 500 surveys consisting of a single-question burnout tool and a poll about the five most frequent causes (graduate by importance) of fatigue and distress.

**Outcomes:** 206 GPs, uniformly distributed in urban, suburban, rural areas, returned their forms: 48% Female, 52% Male; 65% >56 and 20% <40 years. As many as 23% said they perceived one or more symptoms of burnout, feeling very frustrated at work and often completely exhausted with the awareness of having to seek help. 63% of GPs have highlighted work overload as a cause of hardship, also giving it the highest score. While 34% recognize their discomfort in the lack of professional support and and 43% in people's difficulty in facing pain, disease and death (GP's lack of training?)

**Discussion and Take Home Message for Practice:** It is relevant that 23% of motivated GPs manifest symptoms of burnout: it becomes strategic for the forthcoming contract renewal of Italian GPs to have knowledge of the real prevalence and the causes of their work-related stress.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 296**

### **Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **Best to bend while it is a twig: health education at a day care center**

Yuliya Kuzmyn, Gabriela Machado

*Usf São João do Pragal, ACES Almada-Seixal, ARS LVT, Almada, Portugal*

**Background:** Childhood overweight and obesity are a 21<sup>st</sup> century epidemic and a serious public health problem. In 2019, the prevalence of obesity in Portugal is 10.8% in children 6-years-old and 15.3% in children 8-years-old. In the other hand, oral diseases are the most common noncommunicable diseases and are strictly related to an unhealthy diet high in free sugars, poor oral hygiene and inadequate exposure to fluoride, among others risk factors. According to the World Health Organization, 486 million children suffer from caries of primary teeth.

**Aim:** To provide and empower children under 6 years old with information about healthy nutrition and oral hygiene.

**Description:** This is an experience report about health education sessions entitled “Healthy nutrition: a food wheel” and “Oral health: brushing teeth”, presented to preschoolers (ages between 3 and 5 years), in a day care center located in the area of influence of our Family Health Unit (FHU), in July of 2019. The authors used an oral presentation and storytelling followed by the practical component: completing a food wheel and brushing teeth of a dental model. This activity consisted of 2 sessions, approximately 1 hour each, and included 76 children and 4 kindergarten teachers.

**Conclusion:** The burden of childhood obesity and oral diseases can be reduced by health education. So, it is extremely important to talk about healthy lifestyle habits, starting at a young age, to contribute to a healthy childhood development and to prevent those diseases in adulthood.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 301**

### **Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### **Presentation form / Präsentationsform**

Lecture / Vortrag

### **Demystification of Pediatric Health Care – an intervention project**

Mafalda Gomes, Pedro Peixoto, Sandra Rodrigues, Gabriela Casanova

*USF do Mar, ACeS Póvoa de Varzim/Vila do Conde, Póvoa de Varzim, Portugal*

**Background:** Pediatric health is a core area of primary care, requiring solid and comprehensive knowledge. Health education is extremely important in the respective group and should focus on the key players in the child's growth process. This is an area of multiple health beliefs, often based on myths and misinterpretations.

**Methods:** Approach each entity of the triangle “child - parent/caregiver – educator” in a manner adapted to the needs and literacy of each group, to improve their health knowledge. The overall objective of the project



is to achieve a 20% improvement in classification of questionnaires related to the presented themes, applied before and after the training sessions.

**Outcomes:** Overall improvement, having partially fulfilled the initial objective: children 39% overall improvement; parents/caregivers 19% increase on "Developmental Stages" session and 17% after the "Eating habits in children" session; educators had a 40% increase after the "Alarm Signals" session and 16% after the "Children's First Aid" session.

**Discussion:** The results highlight the relevance of comprehensive and structured health education actions to improve the health literacy level of the population and reduce potentially harmful behaviors. Concerning children, it is equally important to demystify the relationship established with health professionals in white coats, in order to reduce the fear and anxiety often provoked.

**Take Home Message for Practice:** Health professionals play a leading role in clarifying and transmitting correct information, contributing to a demystification of misconceptions and practices.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 357

### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

ePoster

### It is not just a statin

Mireia Martinez Marti<sup>1, 2)</sup>, Imma Garrell Lluís<sup>2)</sup>, Jiwei Chen<sup>2)</sup>, Daniel Cortes Rodriguez<sup>2)</sup>, Marcos Sanchez Sanchez<sup>2)</sup>, Azahara Carbonel Tabuenca<sup>2)</sup>

<sup>1)</sup>Primary care, Hospital Clinic Barcelona, CAP Comte Borrell, Barcelona, Spain

<sup>2)</sup>Primary Care, Capsbe, Barcelona, Spain

### Background:

Stroke is defined as a clinical syndrome with a vascular origin. It is characterized by fast development of focal neurological signs that last more than 24 hours or cause death. It represents the second cause of death in the western world. There are multiple modifiable risk factors among them dyslipidaemia.

### Presented problem, management and outcome:

We report a case of 73-year-old woman with a personal history of high blood pressure and ischemic stroke but no drug allergies, toxic habits. Her treatment is acetylsalicylic acid, enalapril and atorvastatin 80mg. The patient came to the primary care center to pick up the laboratory results that showed a good lipid control whereas liver profile imbalance (AST/ALT 45/104 and GGT 522) without symptoms. Three months ago, she had started atorvastatin 80mg after stroke event. At physical examination had normal blood pressure. We changed to atorvastatin 20 mg but the transaminase persisted high. Gastroenterologist dismissed chronic liver disease with negative serologies and normal ultrasound. Stopping the treatment there was a normalization of the liver profile. Therefore, the high dose of statin caused the imbalance. For the secondary prevention we restart the treatment with simvastatin 20 mg with no consequences.

### Discussion and take-home messages:

We must think over the adverse effects that we cause to our patients with treatments. We can start the treatments in a low dose to be more cautious with the secondary effects. In our patient, the main problem was the beginning of the preventive treatment at the maximum dose.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 369

### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

ePoster

## Vaccination status and vaccination behaviour of medical students and midwifery students

Luise Lotte Lerm, Antje Bergmann, Karen Voigt, Henna Riemenschneider

*Department of General Practice, Medical Clinic III, University Hospital Carl Gustav Carus,, Technische Universität Dresden, Dresden, Germany*

### Background:

Medical students (MeS) and midwifery students (MiS) have patient contact already during their training and a great influence on the vaccination decisions of their patients in their later profession [1,2]. To protect themselves and their patients from vaccine-preventable diseases, a complete vaccination status is crucial.

### Questions:

Are there differences between medical students and midwifery students regarding the vaccination status and the assessment of the importance of vaccination?

### Methods:

The survey was conducted in 2018 using a questionnaire "Health Survey 2018". Data of 177 MeS and 80 MiS from Saxony, Germany (response rate: 67 % and 100%, respectively) were analysed by a  $\chi^2$ - test and logistic regression.

### Outcomes:

The self-reported complete vaccination status of MeS and MiS regarding MMR did not differ significantly (88.6%-91.1% of MiS; 95.4%-96.0% of MeS), but there were differences concerning e.g. tetanus (48.1% vs. 78.2%) and pertussis (40.5% vs. 75.7%;  $p < 0.001$ ). Significantly more MiS than MeS stated vaccination being not necessary/dangerous (e.g. Rubella: 7.8% vs. 0%; influenza: 62.7% vs. 21.5%;  $p < 0.001$ ).

### Discussion:

More MiS than MeS had an insufficient vaccination status and rated vaccinations as unnecessary/dangerous. This is particularly problematic due to the contact and advice given to expectant mothers/newborns/patients.

### Take home message for practice:

In times of increasing vaccination scepticism or delays, vaccination behaviour of future medical staff is of significant relevance. Family doctors should contribute by raising awareness of the vaccination issue in contact with patients and students (e.g. as lecturers).

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 467

### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Okinawan traditional diet: the road to the longest longevity in the world

Filipe Mateus<sup>1</sup>, Marta Freitas<sup>2</sup>, Mara Silva<sup>3</sup>, Ana Marinho<sup>2</sup>, Diogo Prates<sup>4</sup>, Gabriela Machado<sup>5</sup>, Ricardo Coelho<sup>6</sup>, Joana Afonso<sup>5</sup>, Teresa Raposo<sup>7</sup>, Maria do Rosário Oliveira<sup>1</sup>



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- 7) *USF Andreas, Mafra, Portugal*

In contemporary societies, with growing average life expectancy, the theme of ageing has gained new contours. The interest in maintaining a better quality of life has led to numerous investigations.

This review article seeks to highlight this growing interest on the issue of caloric restriction and / or macronutrient balance, by analysing the way of life of *Blue Zones* (regions of the world with the longest longevity and higher number of centenarians), especially the island of Okinawa, in Japan, which is the paradigmatic example of *Blue Zones*.

We used the PubMed website to search for the MeSH (Medical Subject Headings) terms: "caloric restriction"; "longevity"; "diet, protein-restricted". Despite it is not a MeSH term, "Okinawa diet" was also a necessary term to deepen our research.

We found some aspects that might help justifying the longevity of *Blue Zones* and analysed the importance of caloric restriction and certain dietary proportions, such as *low protein, high carb* diets. Okinawa's traditional diet has macronutrient proportions similar to the ones that extend life the most in ageing investigations, using yeasts, flies, mice or monkeys.

Ageing and longevity are extremely complex, greatly related to genetic, environmental and behavioural factors. The interest around the properties and interactions of various nutrients and their effects on ageing has been articulated with caloric restriction investigations, in order to determine the proper dietary proportions to achieve a healthy life and greater longevity.

Although there are several factors that influence the longevity observed in Okinawa, caloric and protein restriction are certainly crucial.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 499**

### **Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Training general practitioners (GPs) in providing brief stop-smoking advice: results from a pragmatic 2-arm cluster-randomised controlled trial (cRCT) in Germany**

Sabrina Kastaun<sup>1</sup>, Jaqueline Hildebrandt<sup>1</sup>, Stephanie Becker<sup>1</sup>, Christian Funke<sup>1</sup>, Diana Lubisch<sup>1</sup>, Sarah Fullenkamp<sup>1</sup>, Verena Leve<sup>1</sup>, Olaf Reddemann<sup>1</sup>, Wolfgang Viechtbauer<sup>2</sup>, Daniel Kotz<sup>1, 3, 4</sup>

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<sup>4</sup>*Department of Family Medicine, CAPHRI School for Public Health and Primary Care, Maastricht University, Maastricht, Netherlands*



## Background:

Evidence-based strategies are needed to implement guideline recommendations on treating tobacco addiction in German primary care. This study assessed the effectiveness of a 3.5h-training for GPs in providing brief stop-smoking advice and compared two different methods – 5A vs. ABC – on the rates of delivery of such advice and recommendations of evidence-based cessation treatment during routine consultations.

## Methods:

We conducted a pragmatic, 2-arm cRCT in 52 GP practices (69 GPs) with 1,937 smoking patients. Practices were randomised (1:1) to 5A or ABC training. Primary outcome: patient-reported rates of receipt of stop-smoking advice during the last consultation during 6 weeks following the training compared with the 6 weeks before. Secondary outcomes included recommendation rates of behavioural counselling, pharmacotherapy (nicotine replacement, varenicline, or bupropion), and comparisons of the effectiveness of 5A vs. ABC (interaction). Outcomes were analysed using multilevel, mixed-effects logistic regression, adjusted for potential confounders.

## Result:

Rates of stop-smoking advice delivered by GPs increased from 7% (N=136) to 15.3% (N=297) following the training (odds ratio (OR)=3.25, 95% CI=2.34-4.51,  $p<0.001$ ). Recommendation rates of cessation treatment were low a priori (<5%), but increased after the training (counselling: OR=4.02, 95%CI=1.11-14.60,  $p=0.035$ ; pharmacotherapy: OR=6.15, 95%CI=1.43-26.49,  $p=0.015$ ). OR and CIs suggest higher rates of delivered stop-smoking advice in the ABC vs. 5A group (OR=1.71, 95%CI=0.94-3.12,  $p=0.08$ ).

## Conclusions:

Our brief training offers a highly effective strategy to implement guideline recommendations on treating tobacco addiction in primary care. ABC seems to be more feasible for GPs to apply during routine consultations.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 503

### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

ePoster

## Knowledge is power: health literacy and diabetes outcomes

Mónica Lopes, Vera Sousa

ARS Algarve, Faro, Portugal

**Background:** Diabetes Mellitus is a chronic disease that requires continuous medical treatment, where patient collaboration is essential. Bailey define health literacy as "the extent to which individuals are able to obtain, process, understand and use basic health information and services to make appropriate health decisions." In diabetes, low levels of health literacy are common, with greater difficulty in controlling their disease.

**Questions:** What is the relationship between literacy and health impact in diabetic individuals, based on existing literature?

**Methods:** Bibliographic research (February 2019), in PubMed database and Google Scholar, using Evidence Based Review method, under the terms Mesh: health literacy and diabetes. Selected articles in Portuguese/English, of the last 10 years.



**Outcomes:** Obtained 128 articles and selected a total of 8 (based on abstract).

**Discussion:** According to a study conducted, in 2016, individuals with higher educational attainment reported higher Knowledge, better ability to control diabetes and better quality of life than individuals with low literacy.

In a 2017 study by Domingues, there were positive correlations between Diabetes Training and Quality of Life, between Diabetes Knowledge and Quality of Life, and between Literacy, Diabetes Training, Quality of Life and Diabetes Knowledge.

Cavanaugh (2011) describes a relationship between poor health literacy and knowledge of disease, self-efficacy and self-control.

**Take Home Message for Practice:** The family doctor plays a major role in the transmission of essential information that enables the diabetic patient to acquire the necessary skills to manage his illness. Therefore, communication strategies should be planned according to the patient's literacy and socioeconomic and cultural characteristics.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 507

### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Qualitative study on factors determining general practitioners' prescription choices regarding the treatment of UTIs

Juliane Balk, Ildikó Gágyor

*Institut für Allgemeinmedizin, Universitätsklinikum Würzburg, Würzburg, Germany*

### Background:

Uncomplicated urinary tract Infections (uUTIs) are one of the most common causes for antibiotic prescriptions in Germany. Chinolones and other second-line antibiotics make up almost 50% of antibiotic prescriptions for UTIs, even though German guidelines make a clear recommendation for the use of first and second-choice antibiotics. Inappropriate antibiotic use contributes to the increase in bacterial resistance, causing a limited choice of effective antibiotics for infectious diseases.

Hence, it is essential to gain a thorough understanding of what makes GPs decide to or desist from handing out prescriptions for second-line antibiotics for the treatment of UTIs.

### Questions:

Which factors influence GPs' prescription behavior in treating uUTIs?

### Methods:

This is a qualitative study involving GPs in the greater area of Würzburg. We conducted guided interviews with GPs, tape-recorded and transcribed the interviews. The transcripts were then coded and evaluated using the qualitative data analyzing software MAXQDA. The evaluation follows German educationalist Udo Kuckartz' approach of a content structuring qualitative analysis.

### Outcomes:

We interviewed 22 GPs. First interview evaluations show that prescription habits, patients' expectations, time pressure and worries about patients' health seem to foster the prescription of (second-line) antibiotics. Familiarity with guideline recommendations, awareness of bacterial resistance and of patients' experiences



with vaginal mycosis after antibiotic treatment was found to be impeding the prescription of (second-line) antibiotics.

### Discussion / Take home message for practice:

A deeper insight in factors influencing GPs' prescription can be used as basis for any intervention studies to reduce the use of second-line antibiotics.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 513

#### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

#### Presentation form / Präsentationsform

Workshop

### How to prevent suicide amongst physicians? A Vasco da Gama Research Mental Health SIG workshop

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#### Introduction:

Suicide is the act of ending your life. Predisposing risk factors (specific personality traits, drug abuse, alcoholism, psychiatric admission) and suicide itself is more amongst medical professionals. Some specialties (psychiatry, anesthesiology, and dentistry) are at particularly high risk. There is some evidence that physicians are less ready to accept support and less likely to be taken seriously by other physicians. Suicide prevention strategies for physicians have been proposed however are under-developed.

#### Goal(s):

1. To improve awareness of suicide amongst physicians
2. To discuss the relevance of research findings on physician suicide to different national contexts
3. To develop a response strategy to inform suicide prevention for physicians across Europe (using the expertise of WONCA members)

#### Method:

- Icebreaker: The session will start with an interactive user quiz - 'What do you know about suicide amongst physicians?'
- Introduction: A presentation of current data and research findings
- Group work: Small group discussion of a fictional case. Group feedback on the issues raised.
- Live-action roleplay: Simulated consultation exploring the specific challenges and opportunities of caring for colleagues with suicidal ideation (communication skills, stigmatization, challenges, support groups).
- Group discussion: the Wider exploration of the issued raised, including primary and secondary prevention.



- Conclusion: We will close the workshop by signposting colleagues to further resources on this topic (Support services, online resources, books, and peer-reviewed articles). Participants will be invited to take part in a survey to support the development of future physician suicide prevention strategies.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 579**

**Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

**Presentation form / Präsentationsform**

ePoster

**Acceptance and feasibility of integrating hepatitis c virus screening by DBD test into colon cancer screening: a randomised clinical trial**

Dorta M. Mercedes<sup>1, 2, 3)</sup>, Maria Luisa Galván<sup>1, 3)</sup>, Raquel Llada<sup>1, 3)</sup>, Myriam Sánchez<sup>1, 3)</sup>, Cristina Reygosa<sup>4)</sup>, Felícitas Díaz-Flores<sup>5)</sup>, Alejandro Jiménez<sup>6)</sup>, Enrique Quintero<sup>4)</sup>, José Ramón Vázquez<sup>3)</sup>, Manuel Hernández-Guerra<sup>4)</sup>

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**Introduction/Background:** To achieve the WHO 2030 hepatitis C virus (HCV) elimination targets, screening is proposed in higher prevalence populations. Integrating HCV screening using dry blood drop test (DBDT) may be interesting in communities with high participation in cancer colon rectal (RCC) screening with TSOH. Our goal was to evaluate population acceptance and feasibility of incorporating HCV screening into RCC.

**Methods:** Subjects between 50-70 years old belonging to the quota of four Primary Care physicians (MAP), were randomly assigned by age, sex and address according to health card data to one of the three interventions (n=203) by mail: Invitation by letter from their MAP to carry out HCV screening by DBDT at their health centre, carrying out of DBDT and TSOH, letter of invitation from the MAP and sending kits for carrying out DBDT and TSOH at home with pre-stamped envelope for sending samples to the laboratory. Sociodemographic variables and related to the diagnosis of HCV and RCC were recorded by questionnaire.

**Results:** 609 randomized subjects, 132 participated with test delivery. 30% DBDT strategy, 28. 4% in DBDT with TSOH and 13. 5% in self-test. In the first two, 19.8% acknowledged having family history of colon cancer, 38. 7% had TSOH, 25.2% a colonoscopy and 9% had serology for HCV.

**Conclusions:** HCV screening by invitation from MAP for TGSS at the health centre is equally accepted when associated with RCC screening by TSOH. This strategy may be useful in autonomous communities where the RCC screening programme has a high participation.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 588**

**Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung



## Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Occupational burnout in family medicine residents and GP's

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*Postgraduate Department of Family Medicine, I.K. Akhunbaev Kyrgyz State Medical Academy, Bishkek, Kyrgyzstan*

**Background:** problem of the professional burnout of FDs is relevant in actual stage development of FM, particularly in Kyrgyzstan due to reforms in favor of primary health-care and increased number of GPs.

**Aim:** this study demonstrates prevalence and evaluation the level of burnout development in FM specialists.

**Methods:** modified and adapted version of Maslach Burnout Inventory (MBI) was used to diagnose emotional exhaustion and identify it's components.

**Results:** 155 members took survey, 128 of them fully filled questionnaire, while 51 were narrow specialists. Finally presented results of 77 GP's, which divided into 3 groups. First: a first-year clinical residents of FM ( $N=56$ , 72.7%); second: a second-year clinical residents of family medicine ( $N=12$ , 15.5%); third: FD ( $N=9$ , 11.6%). The index of occupational burnout of first group prevails mean value 41%; of second group lower value 75%; of third group mean value 66.6%. Thus, professional activity of FDs at initial stage of adapting promotes strain increasing of compensatory mechanisms of psychological status.

**Conclusion:** family doctors are the first person in contact with the patient, it is very important to early detection of burnout syndrome. For this, it is necessary to develop measures for early diagnosis and prevention.

*Declaration of interest: none*

*Corresponding author: Amatova Nursuluu*

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 806

### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Vitamin D supplementation for the prevention of acute respiratory infections in healthy children: what is the evidence?

Carina Nunes, Ana Guiomar, Filipa Teixeira Nabais, Kátia Lourenço, Miguel Paiva, Rita Serejo

*USF Emergir - ACES Cascais, São Domingos de Rana - Cascais, Portugal*

**Background:** Vitamin D supplementation, recommended for healthy infants, has been associated with the prevention of acute respiratory infections (ARI).

**Questions:** With this review we intend to determine the level of evidence of vitamin D supplementation on the prevention of childhood ARI.

**Methods:** This is an evidence based review of studies published last 5 years, in portuguese and english, with MeSH terms: *vitamin D*, *respiratory tract infections* and *child*. To evaluate levels of evidence (LE) and strength of recommendation (SR), it was applied the SORT scale from the American Academy of Family Physicians.



**Outcomes:** From 91 articles founded, 5 were selected: 1 systematic review (SR), 3 meta-analysis (MA) and 1 guideline.

**Discussion:** One MA (LE 1) revealed a statistically reduction in ARI's incidence, with evaluation of heterogeneity between groups that demonstrated the protective effect of supplementation. Another MA (LE 2) showed that the supplementation is protective against ARI; however the quality of studies is weak. The third MA (LE 2) did not reveal significant reduction in ARI. The SR (LE 1) did not show benefit of supplementation in prevention of pneumonia in children under 5 years old. The guideline (LE 3) determined that, in children under 5, the supplementation is not indicated for infection prevention.

**Take Home Message for Practice:** Actual evidence is not enough to demonstrate an association between vitamin D supplementation and the prevention of ARI (SR B). Therefore, more studies of higher quality, homogeneous methodology and significant samples are needed to demonstrate the benefits of supplementation.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 609

### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

Science Slam

### The role of coffee in cancer prevention: a systematic review

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**Background:** Cancer represents one of the most important challenges of modern medicine, both in terms of prevention and treatment. A considerable amount of evidence suggest that some association might be present between regular coffee consumption and the risk of developing malignant neoplasms, but it hasn't yet been properly summarized.

**Aim/Question:** To determine whether coffee drinking has any effect over the risk of developing lung, breast, prostate, colorectal or gastric cancer.

**Content/Methodology:** We undertook a review of original articles, regarding lung, breast, prostate, colorectal and gastric cancers ' risks, and coffee intake, published in the last 18 years, based on the MEDLINE® database, following a systematic approach and supplemented with entries derived from a cross-referencing process. Quality was assessed following the SORT (Strength of Recommendation) taxonomy. After applying predefined criteria, 59 articles were reviewed.

**Take home messages/Discussion:** Evidence was insufficient for any recommendation regarding lung cancer. Overall, none of the other neoplasms showed risk reductions globally. Nonetheless, coffee consumption seemed to contribute to a significant inverse association of breast cancer in postmenopausal women (and perhaps in BRCA1 mutation carriers), for advanced / aggressive prostate cancer, and possibly proximal or aggressive colon cancer in women. Increased risks might be present regarding breast cancer in non-carriers of the BRCA1 mutation and considering gastric cardia cancer.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 614



## **Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

## **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Internet addiction and sleep quality of adolescent population in a suburban area of Northern Greece**

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*Health Care Center of Siatista, "Mamatsio" General Hospital of Kozani, Siatista, Greece*

### **Background:**

Internet use is widespread, especially among youngsters who are more familiar with new technologies. However, it seems to pose risks to the mental health of adolescent population in terms of addiction and is suggested to have a negative impact on sleep quality.

### **Questions:**

The purpose of this study was to examine Internet addiction of the adolescent population in a suburban area of Northern Greece and its correlation with sleep quality.

### **Methods:**

For the research, a 30-question questionnaire was created, using a transformed and translated scale based on the IAT questionnaire and Pittsburg Sleep Quality Index. The anonymous questionnaire was completed voluntarily by 94 adolescents, 13 to 18 years old.

### **Outcomes:**

The prevalence of mild addiction was 51,1%, moderate addiction was 4,2% and severe dependence upon the Internet was 2,1%. Higher scores were recorded in questions indicating pre-bedtime Internet connection (90,4%) and inability to control usage (79,8%), while questions about neglecting social life and hiding online time from others had greater sensitivity. Adolescents' main online engagements were social media (70,2%) and video watching (61,7%). Among adolescents with internet addiction, 61% were also identified with poor sleep quality, comparing to the 20% of their non-addicted counterparts.

### **Discussion:**

Adolescent Internet use can affect their well-being as it may lead to lack of control and overuse to the point of addiction, which can be associated with lower sleep quality.

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

GPs should take Internet addiction and sleep quality into consideration during consultations on adolescents' health and lifestyle.

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 648**

## **Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

## **Presentation form / Präsentationsform**

ePoster

## **Nordic walking workshop in a population of Catalonia**

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*CAP Terrassa Est, Consorci Sanitari de Terrassa, Terrassa, Spain*



The primary care center (CAP) Terrassa Est has an estimated population of 27 274 patients, among them, a great percentage are at social risk.

The promotion of physical activity in a population like ours with comorbidities, loneliness and few economic resources could benefit and redound in community health.

Nordic walking is a resistance sport and a form of outdoor exercise that involves walking with the help and impulse of poles similar to those used in skiing.

It can be performed by older people with chronic pathology and people who have never done physical exercise.

The idea arose due to the start of a Nordic walking workshop promoted by the city council of Terrassa (Catalonia) in January 2019 as part of the "mou-te tu hi guanyes" ("move, you win") program by a Nordic walking trained nurse from our CAP.

Prior promotion of the activity on the bulletin boards, in May 2019, the activities of the Nordic walking workshop led by our qualified instructor nurse, began at CAP Terrassa Est.

A first theoretical session explaining technique with an average of 25 patients with subsequently practical sessions once a week, until the end of July 2019.

The activity has continued to be carried out with the participation of patients and workers every Wednesday from September to November 2019.

The population are participating throughout 2020 in groups of 15 patients per week, so in the long term they can benefit of Nordic walking in terms of physical activity and also as a social networking.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 651

### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

ePoster

## Mission (im)possible - stop antimicrobial resistance: recommendations for rational use

Mónica Lopes, Vera Sousa

*ARS Algarve, Faro, Portugal*

**Background/Questions:** Antimicrobial resistance is one of the biggest threats to public health. The World Health Organization and the European Commission have established action plans that include the control of antimicrobial use and the increase in health literacy of users and health professionals to promote the rational use of these drugs.

The aim of this study is to describe recommended measures for rational use of antimicrobials.

**Methods:** Bibliographic search (02/2019), in the PubMed database and Google Scholar (Evidence Based Review method); Mesh terms: antibiotic resistance and guidelines. Selected articles in Portuguese/English, of the last 10 years.

**Outcomes:** Obtained 201 articles. Selected 13 (based on abstract).

**Discussion:** Recommendations for healthcare professionals: updated knowledge; avoid prescribing antimicrobials in self-limiting viral or bacterial infection; microbial analysis prior initiation antibiotic therapy; consider relevant host factors; choose the lowest spectrum drug and appropriate dose, route and duration; avoid treatment of colonizations; use antimicrobial prophylaxis only when indicated; avoid



antimicrobial associations; report infections with multidrug-resistant organisms; prevent infections through hand hygiene and the work environment; promote education of users.

Recommendations for users: seeking information from credible sources; use antimicrobials exclusively prescribed by the doctor; take antimicrobials correctly; prevent infections through frequent hand hygiene, avoid contact with sick people, practice safer sex; maintain an updated vaccination plan; proper food preparation; choose foods produced without antimicrobials.

**Take Home Message for Practice:** Bacterial infections are increasing in part due to misuse of antimicrobials and to reverse this trend is essential it's judicious use. This objective is attainable and essentially depends on the education of health professionals and users.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 708

### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

ePoster

### Reward mechanisms in health behavior change processes

Maren M. Michaelsen, Tobias Esch

Health, Witten/Herdecke University, Witten, Germany

With increasing prevalence of lifestyle-related chronic diseases worldwide, understanding health behavior change and development of successful interventions to change behavior is gaining increasing interest among politicians, scientists, therapists and patients alike. A number of health behavior change theories have been developed aiming at explaining health behavior change and understanding the domains that make change more likely. Until now, only a few studies have taken into account automatic, implicit or non-cognitive aspects of behavior, including emotion, positive affect, or endogenous reward and motivation. Recent progress in the neuroscience of reward systems can provide further insights into the relevance of such domains. Here we present a description of the possible reward mechanisms involved in behavior change. Therefore, we match established theories encompassing both initiation and maintenance of behavior change into a flexible seven-stage behavior change process and explain the reward mechanisms (*wanting system, liking system and learning system*) presumably activated at each of these stages. We discuss under which circumstances these mechanisms and reward-motivation pathways are likely to occur and potential shortcomings of our propositions. We highlight implications for future interventions aiming at lifestyle modification.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 709

### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

Lecture / Vortrag

### Direct observation of clinical preventive services in general practitioner consultation

Mengping Zhou



*Sun Yat-Sen university, Guangzhou, China*

**Background:** The delivery of preventive services can reduce many common causes of morbidity and mortality. General practitioner (GP) consultations have already been recognized as appropriate times to provide Clinical Preventive Services (CPS) for eligible outpatients. However, the prevalence and patient, doctor and visit characteristics associated with the provision of CPS are not well understood in China.

**Methods:** In a cross-sectional investigation of GP consultation in 8 community health centers in Guangzhou and Shenzhen, China, CPS was measured by direct observation and audio tape, and analyzed by a modified Davis Observation Code with indicators of frequency and detailed time length. A multilevel model was used to analysis the factors associated with the delivery of CPS.

**Results:** Among 18 GPs, only 3 provided CPS in the majority ( $\geq 50\%$ ) of outpatient consultations. Among 649 consultations, 28.7% occurred at least one of the 7 different CPS. And the counseling of nutrition, disease screening and vaccination, sleep, smoking behavior accounted for 13.4%, 9.4%, 5.6% of all consultations, respectively. The average consultation time for above services ranged from 5.9 to 17.6 seconds for consultations in which these services occurred. CPS were more likely to occur during consultations by GPs who were traditional Chinese medicine doctors, with richer consultation knowledge and lighter workloads, and occur during longer visits.

**Conclusion:** The level of CPS provided by Chinese GPs during outpatient consultations is still very low and the delivery are mainly associated with doctor characteristics. Government should strengthen GP training to increase the delivery of CPS in GP consultations.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 724**

### **Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Promotion of physical activity in primary care: perspectives of physicians**

*Veronika van der Wardt, Annika Viniol*

*Department of Primary Care, Philipps-Universität Marburg, Marburg, Germany*

Physical activity has multiple health benefits but only about a fifth of all adults achieve the recommended guideline targets. Primary care physicians regularly promote physical activity but it is unclear how they approach these discussions, if they use specific communication methods, and if they would consider facilitators for these discussions, such as shared decision making aids, information material or training beneficial. Therefore, the aim of this ongoing study is to explore the views and experiences of primary care physicians regarding physical activity promotion.

The qualitative study will include 15 to 20 primary care physician participants from Hesse/Germany. Semi-structured interviews are being conducted in the physician's practice after signed informed consent has been completed. Recordings are being transcribed verbatim and are being analysed using thematic analysis.

Initial results indicated that there is a range of approaches to physical activity promotion in primary care. When physicians discussed physical activity, they focused on patients with diabetes and those with chronic pain. While they would appreciate information about physical activity and exercise opportunities in the community, the information needs to be up to date.



The findings of this study will be used to develop a practical approach to physical activity promotion that can be embedded in teaching and training for primary care providers.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 772**

**Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

**Presentation form / Präsentationsform**

ePoster

**Baby weaning: a year of opportunities**

Maria João Lopes, Sofia Silva, Duarte Guedes, Joana Santos, Ana Pova, Sandrine Fazio  
*USF São João do Estoril, Estoril, Portugal*

**Background:** Child health consultation provides a unique opportunity of improving overall family health care and establish/strength the relationship between the professional healthcares and the family. Food introduction is one of the most important and challenging moments of the first year of life.

**Questions:** How can the health professionals use the child health appointments as an opportunity to improve the overall family well being? Are there any limitations on food introduction?

**Methods:** The authors propose to share the way how food introduction, regarding international recommendations, can improve better habits during a family meal. They will also aim to address different ways of presenting solid food, for example baby led weaning and finger food.

**Outcomes:** There seems to be an impact with food introduction as a part of a family meal. There is also a benefit of presenting all types of flavours, textures and diversity of solid food from an early age.

**Discussion:** Food introduction is one of the most important steps in the first year of life, helping parents seeking reliable and practical information to support their decisions. It is essential that the doctor is updated on this particular subject, sharing his knowledge in a practical, correct and systematic way.

**Take Home Message for Practice:** Feeding during the first year of life must be an opportunity to promote children but also families better health.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 891**

**Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

**Presentation form / Präsentationsform**

ePoster

**Title: Assessment of knowledge about folic acid and its use among women of childbearing potential in Poland**

Zofia Misztal, Małgorzata Koziarska-Rościszewska  
*Medical University of Lodz, Łódź, Poland*

**Background:** Folic acid is very important nutrient that is involved in fetal development. In 1997, Poland introduced the primary prevention program of neural tube defects, which aimed to increase women's awareness of folic acid supplementation.



**Aim:** To examine the level of knowledge among women of childbearing age about folic acid supplementation, the period of intake and its doses as well as outcomes of folic acid deficiency.

**Methods:** 271 women aged 19-30 years completed the anonymous questionnaire regarding knowledge on the role of folic acid. The survey was conducted from 20th November, 2018 to 2nd January, 2020.

**Results:** Most of the surveyed were able to correctly define folic acid as a vitamin (90,8%) with the form in which it is most often taken. Additionally they were able to indicate the main reason for folic acid supplementation. 84,9% of respondents answered that folic acid should be taken in increased amounts, both during and before pregnancy whereas 11,8% claim that folic acid supplementation should be used only during pregnancy. 14% reported using folic acid supplementation.

**Conclusion:** The awareness of folic acid supplementation among surveyed population in Poland is satisfactory, however, there is still a significant number of women who do not use such supplementation or use but not in the recommended period and dose. It is necessary to increase awareness of the need for supplementation of folic acid in women. Therefore, it is important for family physicians to inform their patients about possible causes, consequences of folic acid deficiency and recommended supplementation.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 916

### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Can blood biomarkers predict the probability of undiagnosed atrial fibrillation in elderly primary care patients? A SCREEN-AF trial sub-study

Katharina Schmalstieg-Bahr<sup>1, 2)</sup>, David Gladstone<sup>3)</sup>, Eva Hummers<sup>2)</sup>, Johanna Suerbaum<sup>4)</sup>, F. Russell Quinn<sup>5)</sup>, Noah Ievers<sup>6)</sup>, Tamara Marsden<sup>7)</sup>, Angie Djuric<sup>7)</sup>, Jeff Healey<sup>7)</sup>, Rolf Wachter<sup>8, 4)</sup>

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### Background:

Although used as markers for congestive heart failure, several studies showed that brain natriuretic peptide (BNP) and amino-terminal pro-brain-type natriuretic peptide (NT-pro BNP) levels also are elevated in patients with paroxysmal atrial fibrillation (AF). Testing for BNP and NT-pro BNP might improve the yield of screening interventions for early detection of AF.

### Question:

What is the predictive value of BNP and NT-pro BNP for the detection of paroxysmal atrial fibrillation in elderly primary care patients?

### Methods:

This is a pre-specified sub-study of the SCREEN-AF trial. We enrolled 300 German, ambulatory patients aged 75 years or older without known atrial fibrillation but with a history of hypertension. Participants were



## Core Values of Family Medicine: Threats and Opportunities

randomly assigned to usual care (no AF-screening) or active screening for AF with a wearable ECG patch monitor (worn twice for 2 weeks each). BNP and NT-pro BNP plasma level of all patients in both study arms were measured at baseline and will be correlated with the primary trial outcome of AF detection at 6 months post-randomization.

### Outcomes:

The trial has completed and analysis is currently underway. Results will be ready for first presentation at the WONCA/DEGAM meeting.

### Discussion / Take Home Message for Practice:

The results of this study will have potential implications for improving the effectiveness of screening interventions for early detection of AF in primary care, e.g. identify those patients who would most benefit from a prolonged ECG monitoring.

Conflict of interest / Interessenkonflikte

no / nein

### Contribution ID: 1002

#### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

#### Presentation form / Präsentationsform

Workshop

#### Basics on travel medicine for family doctors

Ana Rita Cunha<sup>1</sup>, Ana Gomes Machado<sup>2</sup>, Cristiano Figueiredo<sup>3</sup>, Yusianmar Mariani<sup>4</sup>, Ana Costa<sup>2</sup>

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<sup>3</sup>USF da Baixa, Lisboa, Portugal

<sup>4</sup>London doctors clinic, London, United Kingdom

**Background:** Travel Medicine in an emergent discipline of preventive medicine, which focuses on the prevention of infectious diseases and conditions associated with environmental risk factors, by raising awareness to simple measures as well as prescribing needed medications and immunizations. Family doctors (FD) are often faced with having to provide last minute recommendations when their patients have not gone to a travel clinic for travel advice. Immigrants who travel to their country of origin to visit friends and relatives constitute an important risk group in need for special attention, and they are increasing in FD patient's list.

**Target Group:** FD, young doctors and students.

**Didactic Method:** We will constitute groups to analyse clinical cases and find out through the tools we will present what are the recommended immunizations and prophylaxis for each scenario. We will also create together an adequate travel medical kit.

**Objectives:** This workshop will aim to provide FD basic knowledge of travel medicine aiding them in providing last minute preventative advice to their patients and potentially help reduce the diffusion of diseases and antimicrobial resistance all around the globe.

**Estimated number of participants:** 20.

**Brief presentation of the workshop leader:** Ana Gomes Machado – FD in Portugal serving a multicultural community, post-graduated on Travel Medicine.

Ana Rita Cunha – Family medicine trainee in Portugal, course on Travel Medicine and Mobile Populations.

Cristiano Figueiredo – FD in Portugal serving a multicultural community (94 nationalities, 30% migrants).

Yusianmar Mariani – GP in London, serving a multicultural population and doing travel consultations for 4 years.

### [CONTENT](#)

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Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1038**

**Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

**Presentation form / Präsentationsform**

Workshop

**The power of 'Positive Health', about a new concept of health and its elaboration**

Karolien van den Brekel-Dijkstra<sup>1)</sup>, Machteld Huber<sup>2)</sup>

<sup>1)</sup>General Practice, Julius Health Centers, Utrecht, Netherlands

<sup>2)</sup>Healthcare, Institute of Positive Health, Utrecht, Netherlands

**Background:** To address the increasing burden of lifestyle related chronic diseases, personalized preventive care is needed. Health problems and poor lifestyle habits often have a multidimensional background. A new and broader definition of health is needed. **The General Concept of Positive Health is 'Health as the ability to adapt and to selfmanage, in the face of social, physical and emotional challenges'.**

**Aim of the workshop:** The research about how a new concept of Health developed and elaborated will be presented. Furthermore participants of the workshop will experience what Positive Health means for themselves and how to implement it in their own practice.

**Methods:** To use Positive Health in daily practice it is important to realize that Positive Health is about making contact with the other. The participants experience how to work with the Positive Health spiderweb as a dialogue tool for a broad reflection on their own life. They will also roleplay and experience how to have a conversation about Positive Health with another.

**Results:** Lessons learned about own experiences of the workshop will be shared. International experiences with the use, research and positive feedback from patients, caregivers and policy makers of Positive Health in General Practice, public health and the social domain will be presented. Facilitators and barriers of the implementation of Positive Health will be discussed.

**Conclusion:** The workshop gives insight from best practices, barriers and success factors of application of Positive Health in the Netherlands, and will stimulate professionals to work with it in the future.

Conflict of interest / Interessenkonflikte  
yes / ja

**Contribution ID: 1071**

**Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

**Presentation form / Präsentationsform**

ePoster

**Cohesion and adaptability family in patients with diabetes mellitus type 2 controlled and uncontrolled**

Juan Carlos Tomás López, Eugenia del Rocio Rivera Tello

Medicina Familiar, Instituto Mexicano del Seguro Social, Atizapan de Zaragoza, Estado de Mexico, Mexico

In the control of diabetic patients, family factors that influence metabolic control are involved. Adaptability is the ability of a family system to change its power structure, its roles and its relationship rules in response



to situational or developmental stress. And cohesion is the degree of emotional bonding that members of family systems have with each other.

**Objective:**

To determine the difference in cohesion and family adaptability of patients with diabetes mellitus controlled and uncontrolled. Design: Observational, transversal, descriptive and comparative.

**Material and methods:**

We included 147 patients with diabetes mellitus 2, who attended consultation in 33 family medicine unit, applied a metabolic control, and FACES III survey for family adaptability and cohesion.

**Results:**

71 out of control patients (48.29%) and 76 patients controlled (51.71%). Patients with metabolic control was found for family Cohesion: not related: 72.36%, Semi related: 15.78%, related: 6.66% and Aglutinada: 5.26%. For family adaptability: Rigid: 1.31%, structured: 9.21%, Flexible: 3.94% and chaotic 85.54%. For patients with metabolic disorder, was found: family Cohesion: not related: 85.93%, Semi related: 7.04%, related: 1.40% and Aglutinada: 5.63%. Family adaptability: rigid: 12.67%, structured: 1.40%, Flexible: 9.85% and chaotic 76.08%. For family Cohesion, was a chi square 5.39; 0.020 p. For family adaptability: Chi square 0.12; 0.726 p.

**Conclusions:**

Families with diabetic patients tend to extreme cohesion, which is emphasized in the uncontrolled patients. Uncontrolled patients have rigid structures compared with the controlled. So the lack of cohesion and the rigidity of the family influence the lack of control of diabetes mellitus.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1128**

**Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

**Presentation form / Präsentationsform**

ePoster

**Adherence to the mediterranean diet among Tunisian population**

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<sup>3)</sup>Internal Medicine Department, Faculty of Medicine of Monastir, Fattouma Bourguiba's Hospital, University of Monastir., Monastir, Tunisia

**Background:** Lately, westernization has tremendously affected the Mediterranean diet (MD) especially, in North Africa and among youngsters. However, no studies were conducted to assess the adherence to such a diet in Tunisia.

**Objective:** To evaluate eating habits, lifestyle characteristics and the adherence extent to a MD.

**Method:** A randomized cross-sectional study including 427 individuals (185 males,242 female) conducted across Tunisia [2015-2016]. Sociodemographic, nutritional habits and lifestyle characteristics were collected. Mediterranean diet adherence was assessed using the Mediterranean Diet Score (MDS) and classified as high, moderate or low.



**Outcome:** 427 subjects enrolled in this study. 55.7% were <30 year old (y/o). 78% of the total pool prefer eating at home while 41%[21-20y/o] eat at fast foods. Olive oil is the main source of liquid fat (80.8 % vs 19.2 % for other vegetal oils).43.6% relied on red meat as a source of protein while 19 % on fish. According to MDS, 14% were highly adhering to a Mediterranean diet. 6.2% and 33.3% cases were respectively obese and overweight. 35% of the obese are <30y/o. Furthermore, 48% of the children have a regular physical activity compared to 9% in the[50-55y/o] subgroup. Logistic regression between MDS and other features showed that "younger people <30" and "male sex" are predictive of low MDS, while "eating at home" is foretelling a high MDS.

**Conclusion:** Nowadays, we are notably trending towards the abandonment of the MD that could result in an increased incidence of metabolic disorders. Therefore, promotion should be reinforced.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 1260**

**Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Reducing antibiotic use for uncomplicated urinary tract infection in general practice by treatment with *Uva ursi*– a comparative effectiveness trial**

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<sup>4</sup>Institut für Public Health und Pflegeforschung, Universität Bremen, Bremen, Germany

<sup>5</sup>Institut für Allgemeinmedizin, Universitätsklinikum Jena, Jena, Germany

**Background:** A previous trial showed a reduction of antibiotic use in women with uncomplicated urinary tract infection (uUTI) by initial treatment with ibuprofen, but failed to demonstrate non-inferiority in terms of symptom burden compared to antibiotics. Furthermore, ibuprofen is not suitable for all women and the evidence of the effectiveness of other remedies is scarce.

**Question:** Can an initial treatment with *Arctostaphylos uva-ursi* (UU) in women with uUTI reduce antibiotic use without considerably increasing the symptom burden or rate of complications?

**Methods:** This is a double-blind, randomized controlled trial. Women between 18 and 75 years with suspected UTI and at least two of the symptoms dysuria, urgency, frequency or lower abdominal pain were assessed for eligibility in general practice. Participants were treated with either 3x2 Tablets of UU for 5 days (intervention) or fosfomycin 3g once. The two co-primary outcomes were the number of all antibiotic courses from day 0–28, and the symptom burden.

**Outcomes:** 398 women were randomised (UU 207, control 191). The mean age was 44.2y (SD 16.3) and positive urine culture 327/386 (85%). The number of antibiotic courses from day 0–28 was significantly lower in the UU group (p<0.0001), with 127/207 women (61%) not taking any antibiotics. The ratio of the total symptom burden in the UU group compared to control was 136% (95% CI (123;152)) failing to demonstrate non-inferiority with a margin of 125%.

**Discussion:** The use of antibiotics was reduced, but non-inferiority regarding symptom burden could not be demonstrated.

Trial registration: NCT03151603.



Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1279**

### **Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **A pilot screening programme for atrial fibrillation in primary care**

Colin Bradley<sup>1)</sup>, Diarmuid Quinlan<sup>1)</sup>, Claire Buckley<sup>2)</sup>, Aileen Callanan<sup>2)</sup>, Susanne O'Sullivan<sup>3)</sup>

<sup>1)</sup>Department of General Practice, University College Cork, Cork, Ireland

<sup>2)</sup>School of Public Health, University College Cork, Ireland, Ireland

<sup>3)</sup>Cork Kerry Community Health, Health Service Executive, Cork, Ireland

#### **Background:**

Stroke is the leading cause of acquired disability and the third leading cause of death in Ireland. Atrial fibrillation (AF), a condition where the heart beats irregularly, has been identified as a risk factor for stroke. Early detection of AF allows for effective treatment reducing the risk of stroke by up to two thirds.

#### **Methods:**

This pilot screening programme aims to investigate use of a single lead ECG device, Kardia mobile, to screen for AF in primary care. It will investigate the feasibility and impact of a structured approach to AF screening in general practice, through opportunistic recruitment of patients to a systematic programme of assessment of stroke risk.

The target population is patients aged 65 and older residing in Cork city. Patients, who will be invited by their GP to participate, will be screened for AF using a hand-held device (Kardia). As per usual care participants will have their blood pressure checked using a standardised sphygmomanometer and smoking status determined at the consult.

#### **Results:**

It is planned to recruit up to 100 GPs who will invite an average of 80 patients (8,000 patients in all), it is anticipated that up to 50% will consent to participate (4,000 participant patients). Assuming an incidence of 1.7% of people aged ≥65 years with unknown AF, we estimate 68 new cases of AF will be identified.

#### **Conclusion:**

This project will build on previous knowledge to assess the implementation of an AF screening programme in the context of usual care.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1299**

### **Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### **Presentation form / Präsentationsform**

ePoster

### **Health care professionals in sexual violence prevention: An experience in the Health Area of Salamanca**



Cristina Fernández Arquisola<sup>1)</sup>, María del Mar González Fernández-Conde<sup>2)</sup>, Blanca Rodríguez Martín<sup>1)</sup>, Elvira Vicente Carrasco<sup>1)</sup>, Nuria Sánchez García<sup>1)</sup>, Miguel Ángel Velasco Mateos<sup>2)</sup>, María Ángeles Pérez Visus<sup>2)</sup>, Marta Rodrigo Álvarez<sup>2)</sup>, Esmeralda Gómez Miguel<sup>2)</sup>, Carmen Fernández Alonso<sup>3)</sup>

<sup>1)</sup>Unidad Docente Multiprofesional de Atención Familiar y Comunitaria, Salamanca, Spain

<sup>2)</sup>SACYL, Salamanca, Spain

<sup>3)</sup>Primary Care Prevention and Health Promotion Network (redIAPP), Valladolid, Spain

## Background

In 2018, between 4 and 5 daily violations were reported in Spain, representing only 12,3% crimes against sexual freedom. Preventive interventions are crucial to eradicate this problem.

## Aim

To design a program, based on affective-sexual education and gender violence prevention, that contributes to sexual violence prevention.

## Methodology

Since the 2015-2016 academic year, a school program of affective-sexual education is carried out in students aged 12-16 years old. 3 lessons of 1 hour are conducted per school year, totaling 12 lessons in the educational program in 4 years

The sample size was 2752 secondary school students in Salamanca (Spain). 103 previously trained health professionals were involved in the program (nurses, midwives and residents). Participative methodology was used.

The program was based on interventions implemented in other regions.

Contents: concept, causes, types, and misconceptions of sexual violence, importance of consent and respect in relationships, violence culture, among others.

## Preliminary results

The program will be evaluated by students who complete the 4-year program using a validated test at the end of this academic year. The evaluation done so far shows an average figure for satisfaction of 9,62 in students and 9,46 in teachers (scale from 1-10).

## Conclusion

The intervention has been positively valued by students and teachers. Students have learned the most important preventive aspects and a different view of interpersonal and sexual relationships. Primary care professionals can and should be a reference figure in sexual violence prevention in collaboration with educative system.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1386

### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

ePoster

## A mindfulness and compassion-based intervention applied to pregnant women and their partners to decrease depression symptoms during pregnancy and postpartum

Olga Sacristan-Martin<sup>1)</sup>, María del Carmen Fernandez-Alonso<sup>2)</sup>, Cristina Fernandez Arquisola<sup>3, 4)</sup>, Julia Santos<sup>5)</sup>, Miguel Angel Santed<sup>6)</sup>, Raquel Gomez Bravo<sup>4)</sup>, Javier Garcia Campayo<sup>3, 7, 6)</sup>

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- <sup>5)</sup> *Casa del Barco Health Center, Primary Care Management of Valladolid West, Valladolid, Spain*
- <sup>6)</sup> *Department of Personality Psychology, National University of Distance Education (UNED), Madrid, Spain*
- <sup>7)</sup> *Aragon Institute for Health Research, Zaragoza University, Zaragoza, Spain*

Pregnancy and the postpartum period are times of great change for women and their partners, often bringing substantial challenges and stress. Approximately 10%–20% of women suffer from mood disorders such as depression in the perinatal period, and treatments with psychoactive drugs are not without risks. Mindfulness and compassion-based educational programs could be efficacious and cost-effective options for the prevention of perinatal mood disorders.

**Aims:** to assess the efficacy of an adapted Mindfulness-Based Childbirth and Parenting (MBCP) program that includes compassion training for pregnant women in primary care (PC) settings in the Spanish NHS to prevent and decrease perinatal depression.

**Methods:** A multicenter randomized controlled trial (RCT) will be conducted. Participants will be pregnant women (n = 122) and their partners. They will be enrolled and assessed in PC settings and randomly assigned to either: (1) an adapted MBCP educational program tailored to the Spanish NHS + treatment as usual (TAU); or (2) TAU only.

**Results:** The main outcome to be assessed will be depression, evaluated with the Edinburgh Postnatal Depression Scale (EPDS). Secondary outcomes will include self-reported measures of perceived stress, affects, mindfulness, self-compassion, maternal self-efficacy, and use of health and social services. Patients will be assessed at four timepoints: baseline; post-treatment; and at three and six months after childbirth. Intention-to-treat and per-protocol analyses will be carried out using linear regression mixed models.

**Discussion:** If a low-cost, full-service, compassionate intervention is effective, it can be a complementary action beneficial to pregnant women and their partners.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1445

### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

ePoster

### Stroke – Patient Knowledge degree evaluation

Elisa Martins, Raquel Plácido, Catarina Rosa, Inês Lima, Filipe Prazeres  
*USF Beira Ria, ACeS Baixo Vouga, Gafanha da Nazaré, Portugal*

**Introduction:** Stroke remains one of the main causes of death in Portugal, and is the main cause of morbidity and potential years of life lost in cardiovascular diseases. The first hours after the onset of stroke symptoms are essential for the victim's rescue, as this is the time window that ensures the effectiveness of the main treatments. It's essential to develop strategies aimed at the empowerment of the population for self-care and better use of health resources.

**Methods:** The investigators gave a questionnaire to hypertension and diabetes patients during January 2020. This questionnaire contains sociodemographic variables, clinical data as well as knowledge about causes,



symptoms and how to act in case of stroke suspicion. The goal of this work is evaluation of patient knowledge about stroke symptoms.

**Results:** 30 questionnaires were collected hypertension and diabetes patients during January 2020. 43.3 % were women and the mean age of 63.9 years old. About 83.3% of patients had hypertension and 40% had diabetes. Results: 73.3% of the patients recognize facial asymmetry, 70% lack of strength, 70% speech change, 40% vision change and 46.6% headache as a symptoms of stroke. About 16.7% of patients didn't know the symptoms caused by stroke. Some patients (13.3%) confused with myocardial infarction symptoms. 16.7% went to the ER, 76.7% called 112, 0.3% went to primary care and 6.6% chose to take medication and wait for symptoms to pass.

**Conclusion:** It is detrimental to educate population for the symptoms and proceeding measures in case of stroke suspicion.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1471

### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

Lecture / Vortrag

## IMPROVEjob a participatory multimodal intervention: Results of a feasibility study to evaluate the effect of workshops to improve job satisfaction

Stefanie Kasten<sup>1)</sup>, Monika A. Rieger<sup>2)</sup>, Esther Rind<sup>2)</sup>, Tanja Seifried-Dübon<sup>3)</sup>, Florian Junne<sup>3)</sup>, Verena Schroeder<sup>4)</sup>, Brigitte Werners<sup>5)</sup>, Karen Linden<sup>1)</sup>, Birgitta Weltermann<sup>1)</sup>

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<sup>4)</sup>Center for Clinical Trials, University Hospital Essen, University of Duisburg-Essen, Essen, Germany

<sup>5)</sup>Institute of Management, Operations Research, Ruhr University Bochum, Bochum, Germany

**Background:** The BMBF-funded project IMPROVEjob is a participatory multimodal intervention to increase job satisfaction of general practice personnel. The intervention consisted of three workshops targeting leadership, communication and work processes, followed by a nine months implementation phase.

**Question:** This study aims to evaluate the expected relevance of the workshops for daily work.

**Methods:** Participants were asked to fill in the Questionnaire for Professional Training Evaluation (Q4TE) consisting of 12 items regarding (a) short-term (satisfaction, utility and knowledge) and (b) long-term intervention outcomes (application to practice, individual and global organizational results). Answering options for the Q4TE range from 0 percent = *completely disagree* (coded as 0) to 100 percent = *completely agree* (coded as 10).

**Outcomes:** A total of 25 participants (6 GPs, 19 assistants) filled in the questionnaire. Results regarding the short-term outcomes (mean scores) for GPs were as follows: satisfaction was 9.38 (SD=0.51), utility 8.94 (SD=0.78), knowledge 8.47 (SD=0.75). Regarding the long-term outcomes for GPs, the results show a mean of 8.88 (SD=0.76) for application to practice, 8.14 (SD=1.30) for individual and 7.83 (SD=1.57) for global organizational results. For assistants the mean scores were lower with 7.13 (SD=2.21) for satisfaction, 7.34



(SD=1.89) for utility, 5.02 (SD=2.31) for knowledge, 5.35 (SD=2.06) for application to practice, 4.29 (SD=2.65) for individual and 4.49 (SD=2.65) for global organizational results.

**Discussion:** Results showed a higher expected relevance of the workshops for daily duties for GPs than for practice assistants.

**Take home message:** Workshops will be modified to better address both professional groups.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 1562**

### **Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### **Presentation form / Präsentationsform**

State of the art session

## **Vaccination: path taken and challenges for the future**

Joana Valente, José Castro, Ana Pena, Fátima Santos

*USF Samora Correia, Lisboa, Portugal*

The history of infectious diseases is old and its list of complications and mortality is extensive. Immunization began with Jenner in 1798 against Smallpox, eventually considered eradicated by WHO in May 1980. It is the most effective health measure in public health. Anti-vaccination movements gained popularity and followers in recent years, based mainly on one of the greatest scientific frauds in medical history, creating a serious public health problem, exacerbated by migratory flows and permanent global circulation of people. It is a matter to discuss the legal viability of mandatory measures or sanctions regarding vaccination, considering the conflict of individual fundamental rights with the collective public interest. Where we come from, where we stand, where we are going and how far we can go, what is the national and international framework and what is at stake, are the issues that we intend to address with this work.

We tried to put in perspective existing data, national and global legal framework and the possibility of establishing standards of vaccination and its limits. To this purpose, we based on our experience with the well-succeeded Portuguese National Vaccination Program.

It is important to consider all these factors and its implications, in order to create effective strategies to protect collective interest and control this public health problem, respecting the principle of proportionality and without hurting fundamental rights as far as possible.

Keyword: vaccination, security, anti-vaccine movements, fundamental rights, proportionality.

Conflict of interest / Interessenkonflikte  
no / nein

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## **Contribution ID: 1570**

### **Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## **Get Moving or Die Trying**

André Oliveira, Mónica Chen, Gonçalo Marau, Carolina Abreu

*USF São Julião, Oeiras, Portugal*



## Background:

Physical inactivity is a global health problem, especially in the developed countries, like most European are. According to WHO it is the fourth major risk factor for global mortality, accounting for over 3.2 million deaths worldwide per year. Its impact on public health is ever-growing and showing no signs of stopping.

## Questions:

- Which European countries are on the forefront of inactivity?
- Why are people inactive?
- Why is it a public health problem?
- Why is primary care the key to success?

## Content:

Nearly half of Europeans never exercise and these numbers have increased gradually in recent years. Bulgaria, Greece and Portugal being the best of the worst. In the EU as a whole, lack of time is the most mentioned reason.

Physical inactivity is responsible for 6 to 10% of the major non-communicable diseases worldwide and it's solely extermination would boost life expectancy by 0.68 years.

Exercise is an evidence-based therapeutic tool for more than 25 chronic diseases, and high volumes of it can help to reduce the risk of excessive sedentary lifestyle.

Although it has been a hot topic for some years now, the truth is that more and more people become inactive each day, with a lot of consequences to their health and Europe's health systems. Family physicians are the gatekeepers of those systems, with a privileged access to their communities.

## Take Home Message:

It's our duty to do more, in the quest to build more active people, environments, societies and systems.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1580

### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Physical Activity Prescription – a pilot project

André Oliveira, Gonçalo Marau, Mónica Chen, Carolina Abreu

USF São Julião, Oeiras, Portugal

## Background:

Physical inactivity is a global health problem, especially in developed countries. Studies show that most physicians lack knowledge in this area and are not comfortable giving counsel. Given growing public health concern and slow progress in this area, it's of utmost importance to consider incorporating physical activity prescription in primary care visits.

## Questions:

- Can people become more active if given the proper tools?

## Methods:

Create a specific appointment for physical activity prescription in primary care setting.

Population – adult patients who don't achieve WHO recommendations for physical activity, and wish to do so.

## CONTENT

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Intervention - individualized program of physical activity adapted to one's condition, beliefs, work and expectations.

Setting - the appointment takes place at Primary Care Unit - USF São Julião, with 7 meetings throughout the year.

Each visit covers 7 steps: pre-appointment; opening; anamnesis; physical examination; pre-participation screening (ACSM guidelines); prescription (SMART goals; FITT-VP method) and closure.

**Outcomes:**

Primary outcome – achieve WHO recommendations. Secondary outcome – improving quality of life.

**Discussion:**

This pilot project takes on physical inactivity as a behavioral problem with a holistic approach through motivational interview and evidence-based resources. Our ultimate goal is to reduce risk factors and improve community wellbeing.

**Take Home Message:**

It's our duty to do more, in the quest to build more active people, environments, societies and systems.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 1719**

**Abstract subtopic / Abstract Unterthema**

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

**Presentation form / Präsentationsform**

ePoster

**Preventing and reducing adolescent alcohol use**

Pedro Lopes<sup>1)</sup>, Flávio Rodrigues<sup>2)</sup>, Daniela Correia<sup>3)</sup>

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<sup>2)</sup>USP Aveiro Norte, Oliveira de Azemeis, Portugal

<sup>3)</sup>UCSP Vagos II, Ponte de Vagos, Portugal

**Background:**

Alcohol is the most commonly used substance with addictive potential by adolescents. Underage people tend to use alcohol to enhance contact with peers, initiate new relationships and fulfil other social and personal needs. Drinking during this stage of life brings negative consequences for adolescents' health.

**Question:**

What are the best options to address alcohol use in adolescents?

**Methods:**

We searched the PubMed database for studies including the keywords "alcohol" and "adolescents" from inception to 31/12/2019. Then components of the PRECEDE-PROCEED model were used for a diagnostic process to assist in the planning of intervention.

**Outcomes:**

School interventions are needed to enhance adolescents' knowledge and attitudes concerning alcohol use and risks. These interventions should include teacher training and involve family and community.

It's also important that governments adopt policies that restrict advertising and promotional activities related to alcohol products.

**Discussion:**

In Portugal, the prevalence of drunkenness varies in direct proportion to the adolescents' ages, from 5% to 53%. We also know that alcohol consumption is higher in boys.



Since underage drinking is an important public health problem, it's mandatory to develop targeted strategies. Some of the diagnostic tools for abuse and dependence were developed for adults, and must be applied with caution in adolescents.

### Take Home Message for Practice:

Adolescent alcohol use is clearly a problem in Portugal. An accurate diagnostic allows the development of focused strategies. Integrated school interventions and strong policies are needed to achieve an effective change of increasing trends in adolescents alcohol consumption.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1722

#### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

#### Presentation form / Präsentationsform

ePoster

### Preventing vascular dementia: what are we missing? – A literature review

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<sup>5)</sup>USF São João do Pragal, Almada, Portugal

**Introduction:** Cognitive impairment and dementia are increasing, affecting families' quality of life. Dementia care still remaining a challenge for several years and have a major economics' impact.

**Objective:** reviewing the literature regarding the prevalence of vascular dementia (VD) in Portugal and how to prevent it.

**Methods:** Research on databases (Pubmed, Cochrane library and SUMsearch) reviews articles and original articles using the MeSH terms: vascular dementia; epidemiology; prevention; Portugal.

**Results:** Studies of dementia shows that VD is the second most common cause of dementia after Alzheimer's disease. However, in Portugal, VD is the most prevalent, representing 52.8% of the cases. The prevalence of cardiovascular risk factors in Portugal, like hypertension or hyperlipidaemia, is similar to other European countries and there is no explanation so far for such high risk of VD in Portugal. The prevalence of atrial fibrillation, the reduced frequency of anticoagulant therapy, the percentage of hypertension patients in monotherapy or just with nonpharmacological strategies to reduce blood pressure could represent possible explanations.

There are fewer data on the risk of progression from vascular MCI to dementia and we still not know if there is some benefit on treating these patients with antiplatelet agents, reducing blood pressure, or statins.

**Conclusion:** From a public health point of view estimating the prevalence of each type of dementia in each country is essential to create an effective prevention strategy. In Portugal, better cardiovascular risk factors control is a need and primary care is the perfect place to do it.

Conflict of interest / Interessenkonflikte  
no / nein

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### Contribution ID: 1792



## Core Values of Family Medicine: Threats and Opportunities

### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Preventive health practices among Lebanese female physicians

Hneine Brax, Malek Baydoun

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**Background:** It is known that physicians don't adhere well to the preventive guidelines which can affect their own health and influence patient care.

**Objective:** To assess preventive health practices among Lebanese female physicians.

**Methods:** Cross-sectional study among female doctors aged between 28 and 64 years and working in Lebanon. A self-administered questionnaire was used. Statistical analysis was done with SPSS.  $\alpha=0.05$ . Variables presented by percentages, mean  $\pm$  standard deviation, or median with interquartile range (Q1-Q3). Chi-square test used for outcomes comparison.

**Results:** The mean age of the 133 participants was  $36\pm 6$  years. Although most of them (78.2%) were normal weight, the majority don't eat the required food portions and 76.7% practice sports for less than 2 hours and half per week. Current tobacco use was 10.5%. Inappropriate alcohol use was low (1.5%). Based on the international preventive guidelines among eligible participants: 37.6% had checked their blood pressure, 71% their glycemic level. 80.6% underwent a screening mammogram, 57.1% a pap smear and 50% underwent colon cancer screening. As for vaccination, 99.2% were vaccinated against hepatitis B while half of them were vaccinated against influenza and diphtheria-tetanus. 69.9% had undergone a tuberculin skin test (TST). Physicians working in big hospitals smoke more than those in small hospitals ( $p=0.027$ ). Female physicians practicing in clinics eat healthier and undergo TST ( $p=0.023$ ) more than others. Lack of time was the main barrier to the application of preventive measures.

**Conclusion:** Preventive health care practices among Lebanese female physicians are not optimal.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 1861

### Abstract subtopic / Abstract Unterthema

5.5. Preventive strategies, health promotion / Prävention, Gesundheitsförderung

### Presentation form / Präsentationsform

ePoster

### Change of cultural in Hand Hygiene: protecting against Covid-19

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<sup>2</sup>PILARICA Health Center, Valladolid Este Primary Assistance Gerency, Valladolid, Spain, Valladolid, Spain

Hand hygiene (HH) is the most effective measure to prevent the transmission of infections associated with medical care. In Primary Care, improving HH is a priority, contributing to improving the safety of our professionals and patients.



The WHO estimates that for adequate hand washing, the average consumption of alcohol-based formulation (ABF) per professional/10.000 medical consultations should be greater than 4,5L.

**Objective:** To sensitize professionals about the need to implement the HH practice to help reduce the spread of infections.

**Summary:** An action plan is designed analyzing the areas of improvement of our Management:  
-Annual training for all professionals:course, face-to-face sessions and specific training for HH-managers.  
-Quarterly feedback on the results of the solution consumption and internal audits.  
-Improve communication between the organization and professionals; get a culture change at HH. It allows the direct participation of professionals with: brochure design and distribution, the HH Conference itself and video recognition production for professionals.

**Results:** After the implementation of the plan, there has been a trend of improvement in the HH of our professionals. and in their voluntary participation in related activities. The average consumption of ABF has gone from 1,43L (2017) to 2,1L (2018), to end with 5,94L (2019), one of the best data in Castilla y León (Spain).

**Conclusion:** At the beginning of the coronavirus pandemic in GAPVAE we were prepared: there was a previous culture change in the prognosis of infection transmission. Following the current epidemiological situation, HH has been established and has been shown to prevent transmission of the coronavirus.

Conflict of interest / Interessenkonflikte

no / nein

## 5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

**Contribution ID: 64**

**Abstract subtopic / Abstract Unterthema**

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

**Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### Ultrasound - the basic work tool of a family doctor

Tomasz Kardacz

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**Background:**

**Questions, Discussion Point:**

**Content:**

**Take Home Message for Practice:**

Greater availability of ultrasound equipment allows to use it more and more widely in the practice of family doctors. Basic knowledge of anatomy, medical education and curiosity combined with diligence and experience allows to include ultrasound examinations in the standard of basic medical examination.

The development of advanced ultrasound techniques makes it possible to view the structures of the human body not only with anatomical, but almost histopathological precision. Today's technology allows us not only to observe the movement of red blood cells inside the vessels, but also to measure their speed. We visualize the synovial membrane, the fluid filling the bursae, microcalcifications, focal tissue changes, nerves, and avulsion fractures. New probes with high frequencies of heads - above 18- 20 Mhz - illustrate in detail the eyeball, skin, while endo or intraoperative heads illustrate other internal tissues of the patient.



Not only has the quality of images been revolutionized, but what is probably the most important, the price of equipment.

An ultrasound device becomes as necessary and useful as the once criticized stethoscope.

In our practice we have focused on three basic directions: Abdomen. Vascular diagnostics. Musculoskeletal system diseases.

We all know that the patient with the first symptoms usually goes to the general practitioner and on the rapidity and quality of our diagnosis depends the patient's life and fate. In our work we present the benefits of including ultrasound diagnostics in the basic functions of the family doctor's

Conflict of interest / Interessenkonflikte

no / nein

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## **Contribution ID: 145**

### **Abstract subtopic / Abstract Unterthema**

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

### **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Regionale und patientenseitige Einflussfaktoren auf die Bereitschaft, den Hausarzt als Koordinator der Behandlung zu nutzen. Ergebnisse einer querschnittlichen Beobachtungsstudie.**

Heike Hansen, Ingmar Schäfer, Sarah Porzelt, Agata Kazek, Dagmar Lühmann, Martin Scherer  
*Universitätsklinikum Hamburg-Eppendorf, Institut und Poliklinik für Allgemeinmedizin, Hamburg, Germany*

### **Hintergrund:**

In vielen Ländern sind Hausärzte die erste medizinische Anlaufstelle bei Gesundheitsproblemen und koordinieren die Gesundheitsversorgung. Diese Gatekeeper Funktion des Hausarztes soll eine angemessene, qualitativ hochwertige Versorgung sicherstellen, aber auch die Gesundheitsausgaben begrenzen. In Deutschland besteht die Möglichkeit, auch ohne Überweisung einen ambulanten Fachspezialisten in Anspruch zu nehmen.

### **Ziel der Studie:**

Die Studie beschreibt die Bereitschaft, den Hausarzt als Koordinator zu nutzen (Hausarztbindung), und identifiziert regionale und patientenseitige Faktoren, die mit der Hausarztbindung assoziiert sind.

### **Methoden:**

Mit dem Ziel, die hausärztliche Versorgung in Stadt, Umland und Land zu vergleichen, wurde eine querschnittliche Beobachtungsstudie mittels standardisierter telefonischer Patientenbefragung durchgeführt. In Verwaltungsbezirken im Umkreis von 120km um Hamburg wurden Patienten zufällig aus hausärztlichen Patientenakten ausgewählt und rekrutiert. Die Hausarztbindung wurde mit Hilfe des selbstentwickelten „Fragebogens zur Intensität der Hausarztbindung (F-HaBi)“ erhoben. Als statistische Analysemethoden dienten multivariate lineare Regressionsmodelle adjustiert für Zufallseffekte auf Ebene der Bundesländer, Bezirke und Praxen.

### **Ergebnisse:**

Es wurden 811 Patienten (25,0%) aus 190 Praxen und 34 Bezirken befragt. Die Hausarztbindung lag im Mittel bei 20 von 24 möglichen Punkten. Unterschiede zeigten sich im Hinblick auf Geschlecht (Männer: +1,14,  $p < 0,001$ ), Morbidität (+0,10 pro Krankheit,  $p = 0,043$ ), Bildungsstand (hoch vs. niedrig: -1,74,  $p < 0,001$ ), logarithmiertes Einkommen (-0,93 pro Punkt,  $p = 0,004$ ), Region (Stadt: -0,85,  $p = 0,022$ ; Umland: -0,80,  $p = 0,045$ ) und Inanspruchnahmeverhalten (Hausärzte: 0,30;  $p < 0,001$ ; Fachspezialisten: -0,75,  $p = 0,018$ ).



## Schlussfolgerung:

Im Schnitt war die Hausarztbindung relativ hoch, es gab jedoch große Unterschiede zwischen Patientengruppen. Eine Erhöhung der Hausarztbindung könnte über zielgruppenspezifische Patienteninformationen und Interventionen z.B. für Frauen oder Patienten aus Regionen höherer städtischer Dichte erfolgen.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 254

### Abstract subtopic / Abstract Unterthema

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

### Presentation form / Präsentationsform

ePoster

## Digital telemedicine interventions for patients with multi-morbidity – A Systematic Review and meta-analysis

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<sup>3)</sup>London School of Hygiene and Tropical Medicine, London, United Kingdom

**Background:** There is currently no systematic review of digital telemedicine interventions designed to improve outcomes in patients with multimorbidity.

**Method:** Systematic review and meta-analysis. Primary outcomes were patient physical or mental health outcomes, health-related Quality of Life scores, and the utilization of health services.

**Outcomes:** Out of 5,865 studies initially identified, six studies were retained for systematic review (total of 699 participants). Four of these studies reported interventions with integration with usual care. Meta-Analysis showed a moderate decrease in systolic blood pressure of 8mmHg (95%CI 4.6-11.4, test for overall effect  $p < 0.0001$ , moderate certainty evidence), a small to moderate decrease in HbA1c of 0.46 mg/dl (95%CI 0.25-0.67, test for overall effect  $p < 0.0001$ , moderate certainty evidence) and moderate decrease in total cholesterol of 16.5 mg/dl (95%CI 8.1-25.0, test for overall effect  $p < 0.0001$ , moderate certainty evidence) in the intervention groups. Among the studies with no links to usual care hospitalizations and the Minnesota living with heart failure questionnaire showed a small reduction (moderate certainty evidence).

**Discussion:** Digital telemedicine interventions provided moderate evidence of improvements in measures of disease control but mixed effects on health status.

**Take home:** Further research is needed and should include clear descriptions of conditions, interventions, and outcomes based on patients' and healthcare providers' preferences. Furthermore, evidence on how to best ensure integration with existing health care structures is required.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 287

### Abstract subtopic / Abstract Unterthema

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

### Presentation form / Präsentationsform

State of the art session



## How may electronic overviews in electronic medical files facilitate providing efficient and personalized care in multimorbidity patients?

Maret Zonneveld

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### Background:

Since the number of elderly patients increases and patients are getting older evermore patients will suffer from multimorbidity. Providing personalized care takes time. Consequently general practitioners are confronted with time pressure while treating more multimorbidity patients needing personalized care. We investigated what kind of IT-tools they need to enable them to provide right care.

### Target group:

General practitioners and providers of electronic medical files

### Question:

- Which tools in electronic medical files facilitate providing personalized care to multimorbidity patients?
- How will we enable providers of electronic medical files to provide these tools?

### Methods:

By interviewing providers of electronic medical files we investigated their needs to develop electronic-file-related tools for chronic diseases.

By interviewing general practitioners expert on chronic diseases we investigated how medical file-related IT-tools may support them while treating multimorbidity patients.

### Outcomes:

General practitioners need electronic overviews accessible from the electronic medical file. These overviews must contain information on several aspects of chronic diseases (medication, test results, lifestyle etc). This information should be presented together and should include an interpretation according to accepted references. Historic information should be easily accessible.

To develop these overviews IT-providers need an accepted guideline informing them on the information that should be included in these overviews and the accepted references.

### Discussion and take Home Message:

After our investigation we have written an IT-guideline for providers and presented this guideline to expert GP's. The GP's concluded that the overviews described in this guideline seem promising in saving precious time en enabling personalized care.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 382

#### Abstract subtopic / Abstract Unterthema

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

#### Presentation form / Präsentationsform

ePoster

## Implementation of integrated care package (ICP) for chronic patients with hypertension (HT) and diabetes type 2 (DT2): lessons from Slovenia

Nataša Stojnić<sup>1)</sup>, Majda Mori Lukančič<sup>1)</sup>, Črt Zavrnik<sup>1)</sup>, Nina Ružič Gorenjec<sup>2)</sup>, Antonija Poplas Susič<sup>1)</sup>

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**Background:** The Integrated Care Package model comprises of 5 elements: Identification of patients; Treatment in primary care; Health education; Self-management support; Collaboration among health care workers, caregivers, community actors, patients and their caregivers. An optimal health outcome is a consequence of a good partnership within these 5 elements.

**Questions:** This study examines implementation of the ICP for HT and DT2 in the primary health care in two different regions (rural, urban) in Slovenia.

**Methods:** 10 family medicine teams were randomly included. Two researchers fulfilled the assessment questionnaire prepared for that purpose, at the site. Multi-method approach was used (observing, checking documents, interviewing) and data were scored on a 6 point scale where 0 means no and 5 full implementation.

**Outcomes:** The highest-rated was the element "Identification" (average 5,0) and the lowest "Self-management support" (average 2,4). Differences have emerged between urban and rural environments in the field of "Self-management support" (average 2,3 urban; 2,9 rural). Elements "Treatment" and "Health education" are assessed with a median of 4,0 and 4,1.

**Discussion:** Detection of patients with HT and DT2 is determined by the national screening program and is excellent. The results show there is need to improve the quality of care, introducing changes in the processes of chronic illness care, monitoring progress over time and to develop collaboration between professionals, caregivers, and the community.

**Take Home Message for Practice:** ICP at primary health care level differs in terms of structure and process elements.

**Key words:** research, integrated care package, primary care, diabetes, hypertension  
Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 421

### Abstract subtopic / Abstract Unterthema

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

### Presentation form / Präsentationsform

Workshop

## The New Kid on the Block in Physical Diagnosis? Introducing Digital Microscopy

Sody Naimer

*Clalit Health Services;, Yad Binyamin, Israel*

Emerging microprocessor technology has revolutionized all aspects of life in the modern era. Digital microscopy (DM) is now possible with both commonplace and feasible instruments available at low-cost facilitating body surface inspection especially when seeking minute alterations of anatomy and miniature inflicting culprits.

D.M. constitutes an ideal method to magnify, up to over 100 fold, minute detail and project images on a screen of choice, be it a laptop, tablet or standard smartphone. Clinical practice, especially in rural areas, has much to gain from a device that can expose illusive clinical detail that is imperceptible by the naked eye. The basis of the technique is described and genuine cases where it was utilized are shared. In this workshop the participants will be exposed to available technology for indications that hitherto nobody else has published or presented to improve patient care. Images of a variety of clinical scenarios are demonstrated, videos are projected and hands on holding and manipulating of the various costing devices are offered.



## Core Values of Family Medicine: Threats and Opportunities

Body regions amenable for improved visualization with this method extend from scalp hair, skin and ocular structures, all the way to the anal sphincter. The objective of this paper is to familiarize physicians with the advantages of digital microscopy through numerous clinical illustrations, as: characterization and surveillance of lesions, sores, cutaneous and corneal foreign bodies, painful conditions of the nipple, hematomas retained sutures, secretions and purulent lesions.

This introduction is hoped to arouse enthusiasm towards digital microscopy and encourage its adoption into routine practice.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 445

#### Abstract subtopic / Abstract Unterthema

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

#### Presentation form / Präsentationsform

ePoster

#### Preparing us for our future: drug system by colors associated with each disease

Ana Cristina Menéndez López<sup>1</sup>, Lázaro De Castro Peral<sup>2</sup>, Almudena Carrasco Angulo<sup>3</sup>, Aránzazu Sánchez de Toro Gironés<sup>1</sup>, Francisca María Aceituno Villalba<sup>1</sup>, Carlos Perez Llanes<sup>1</sup>, Lorena Hernández Jiménez<sup>1</sup>, Celia Beatriz De Castro Bermejo<sup>1</sup>, Ángela Martínez Hernández<sup>1</sup>, Adriana Martínez Castroverde Meroño<sup>1</sup>

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**Objectives:** Main: 1.-Determine if patients are able to recognize their medication. 2.- Analyze if they would agree to implement a drug / disease color model. Secondary: 2- Quantify prevalent diseases and weigh the forgetfulness and confusion in taking medications.

**Methodology:** Cross-sectional descriptive study. Questionnaire with 31 items, previously validated. Exhaustion sampling, 102 voluntarily completed by patients of our Health Center, over 50 years old. Excluded patients with visual deficit, dependent and disabled.

**Results:** 53.04 years. 64% women 87% Spanish. 69.1% workers. Higher studies 59.80%. Hypertensives 26.47%, Diabetics 7.84%, Dyslipidemic 27.45%, Thyroid 8.82%, Arthrosisks 12.75%, Cardiopaths 9.80%. Average daily drugs 2.09 (42.16% do not take any medication, 7.84% take 3 and 15.08% take more than 4). 20.59% don't know what the medications they take are for, 52.94% would not recognize their medication without the box, 19.71% refer problems if they change the color of the box. 9.8% prepare their medication. 76.47% believe it would be a good idea for the pills for each disease to have a different color.

**Conclusions:** Although the average age (53.04) is very homogeneous and this can be biased, more than 50% do not recognize drugs without a box, 20% do not know what they are for and are confused if they changed the boxes. 43% forget to take their medications. Therefore, 76.47% agree that the color-pathology system would be a good way to recognize and improve compliance. From Primary our commitment to the patient, makes us believe that this system could succeed.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 638

#### Abstract subtopic / Abstract Unterthema

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung



## Presentation form / Präsentationsform

ePoster

## Improving clinical reasoning, decision making and patient management through new computer technology

Bernard Klemenz

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The workload of the General practitioner and the complexity of his work has been increasing over the years due to increased ageing population, morbidity, patient's demands and decreased access to specialist services. Time constraints, long hours and other distractions can lead to diagnostic and prescribing errors with potential negative impact on patients health. Using computer templates, which are regular updated according to current guidelines, can inform the clinician about appropriate prescribing and can flag up alerts of potential drug interactions and allergies. Computer templates are not only supporting the diagnosis, but can be vital for accurate and complete clinical documentation, which, if not complete, can have legal implications.

Computer systems and the internet can support the clinical reasoning process by having access to up-to-date information and clinical scenarios and can maximise the interaction between primary and secondary care through electronic interaction with the specialists, who can advise on the clinical management of patients without a patient contact e.g. tele- dermatology, advice on clinical scenarios (1,2).

Processing information within a single computer systems allows instant communication and interaction between different health care professionals (General Practitioner, midwives, mental health care workers) in order to provide optimal care for their patients.

Patients can use the internet for online e-consultation with their family physician, self referral to counselling or musculoskeletal services, prescription renewal, appointment booking or self – help information and care on recommended websites. Virtual reality treatment for patients with a fear of hights and online are already accessible.

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 676

#### Abstract subtopic / Abstract Unterthema

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

#### Presentation form / Präsentationsform

ePoster

## Hippocratic exchange in France - an account of the practice

Patrícia Norte

*Family Health Unit Amato Lusitano, Lisboa, Portugal*

**Background:** motivated by the curiosity about how the primary care works in another European country, I try to find an opportunity to do a Hippokrates Exchange. It appears at Saint Cloud, near Paris. French health care is among the best in the world, with the French national health services achieving the first place in the Euro Heart Index 2016 assessment.

**Questions:** How the users' access to health care can be achieved and how it is articulated with secondary health care? What are main community health issues and how the primary health care teams manage them? What is the approach taken in the early stages of the disease? Witch resources are used in the follow-up of



chronic diseases? What are cultural characteristics of the population and what implications they have in the patient-physician relationship? How the accompaniment of the families is carried out during their life course?

**Methods:** the exchange took place from May 13 to 24, 2019, at *La Maison Medicale*, St. Cloud, Paris. My activity was just observational.

**Outcomes and Discussion:** each reality (Portuguese and French) has its strengths and weaknesses. This experience allows me to know different realities, to reflect on them and to understand how the care provided may be different.

**Take Home Message for Practice:** the health culture of the populations can be reflex of the economies and primary health care organization. Population education should be one of the essential pillars for the sustainability of the health system.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 802

### Abstract subtopic / Abstract Unterthema

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

### Presentation form / Präsentationsform

ePoster

## Verbesserung der Patient\_innenversorgung durch Vernetzung und informierten Dialog – Prozessevaluation der Interventionsstudie Accountable Care in Deutschland

Verena Leve<sup>1)</sup>, Isabel Geiger<sup>1, 2)</sup>, Sabina Bösl<sup>2)</sup>, Wiebke Schüttig<sup>2)</sup>, Ronja Flemming<sup>2)</sup>, Olaf Reddemann<sup>1)</sup>, Bernd Hemming<sup>3)</sup>, Elisabeth Gummersbach<sup>1)</sup>, Klaus Weckbecker<sup>1)</sup>, Stefan Wilm<sup>1)</sup>, Leonie Sundmacher<sup>2)</sup>

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<sup>2)</sup>*Department of Health Services Management, Ludwig-Maximilians-Universität München, München, Germany*

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### Hintergrund:

Um die intra- sowie intersektorale Koordination der Versorgung von Patient\_innen zu verbessern, werden in einer Interventionsstudie Akteure, die gemeinsam Patient\_innen versorgen, anhand von Routinedaten identifiziert und vernetzt. Die Intervention beinhaltet halbjährlich stattfindende Netzwerktreffen sowie indikationsbezogene Feedbackberichte zur gemeinsamen Versorgung. Im vorliegenden Beitrag werden die Ergebnisse der Prozessevaluation vorgestellt.

### Fragestellung:

Welche Faktoren beeinflussen die Umsetzung und Implementierung der Intervention aus Sicht der Moderator\_innen und Netzwerkärzt\_innen?

### Methode:

In der Prozessevaluation werden quantitative und qualitative Verfahren kombiniert. Netzwerk-Moderator\_innen und Teilnehmenden werden im Anschluss an halbjährlich stattfindende Treffen schriftlich befragt. Zusätzlich werden mit Netzwerkärzt\_innen leitfadengestützte, qualitative Telefoninterviews durchgeführt. Die digital aufgezeichneten und transkribierten Interviews werden in einem multiprofessionellen Team inhaltsanalytisch ausgewertet.

### Ergebnisse:

Netzwerktreffen mit geringen Teilnehmendenzahlen werden sowohl von Moderator\_innen als auch von teilnehmenden Netzwerkärzt\_innen als schwierig bewertet. Die Befragten erleben den Austausch in kleinen



Gruppen zwar positiv, schreiben aber Netzwerktreffen mit mehr Teilnehmenden ein höheres Wirksamkeitspotenzial zu.

Wünsche für die Zusammenarbeit im Netzwerk betreffen die Verbesserung der niedrighschwelligen Zugänge untereinander, die zuverlässige Informationsweitergabe sowie den fallbezogenen kollegialen Austausch. Zum Kongress liegen Ergebnisse der Prozessevaluation nach Abschluss der zweijährigen Interventionsphase vor.

### **Diskussion:**

Um Interesse für die Arbeit in einem Netzwerk zu wecken, das anhand von Routinedaten errechnet wurde, muss für Teilnehmende ein deutlicher Mehrgewinn im Vergleich zu selbst erarbeiteten Netzwerken sichtbar sein. Der Aufwand für die Beteiligung an Netzwerken sollte gut in den Praxisalltag integrierbar sein.

### **Take Home Message:**

Entscheidend für eine positive Einschätzung der Arbeit im Netzwerk ist das Engagement der Netzwerkmitglieder, die direkten Zugänge und der patient\_innenbezogene Austausch.

Conflict of interest / Interessenkonflikte  
no / nein

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### **Contribution ID: 1057**

#### **Abstract subtopic / Abstract Unterthema**

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgug

#### **Presentation form / Präsentationsform**

ePoster

### **Interprofessional collaboration in oral health care of frail and care-dependent older people in the Netherlands and Germany – Zorg verbindt**

Verena Leve<sup>1</sup>, Dominique Niesten<sup>2</sup>, Holger Hönings<sup>1</sup>, Diana Lubisch<sup>1</sup>, Anneloes Gerritsen<sup>2</sup>, Nico Creugers<sup>2</sup>, Martina Hoffschulte<sup>3</sup>, Tina Heyer<sup>3</sup>, N.J. Bakker<sup>4</sup>, Frank Hanneken<sup>5</sup>, Christian Pilgrim<sup>3</sup>, Michael Pentzek<sup>1</sup>

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### **Background:**

Oral health care (OHC) of older care depended people can be regarded as problematic and improvable. Poor oral health (OH) is common in various chronic conditions (e.g., diabetes). It further affects social life and quality of life. Aim of the project is to improve oral health care provision for older people with care needs in the Euregio Rhine-Waal region (funded by INTERREG Deutschland Nederland).

### **Questions:**

What are barriers and facilitators in OHC provision? What concepts are needed to improve interprofessional collaboration in OHC of frail older people?

### **Methods:**

We conducted qualitative interviews with 76 stakeholders in OHC and/or elder care in D/NL. Based on thematic analysis of the interviews, stakeholders developed recommendations for action and regional OHC concepts in future workshops.



## Outcomes

Although the participating general practitioners (GPs) feel responsible for the health status of their older patients in general, OH issues are rarely addressed in consultations. Due to complexity of care, time constrains and low OHC-related self-confidence, GPs, nurses and family caregivers report lower prioritisation of OHC problems. Dentists emphasise the impact of even less complex OHC treatments on the quality of life of frail older patients.

## Discussion:

Stakeholders identified the need to foster interprofessional collaboration by raising awareness, information transfer and training. Tools for information transfer between GPs and dentists include multidisciplinary case reviews including OHC issues and checklists for dental visits.

## Take Home Message for Practice:

OH should be part of patient-centered general practice. Including OHC issues into geriatric assessments might promote this.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 905

### Abstract subtopic / Abstract Unterthema

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

### Presentation form / Präsentationsform

Lecture / Vortrag

## Complimentary and Alternative Medicine use and perception among primary health care attendees in the eastern province, Saudi Arabia

Banan Almalki<sup>1, 2)</sup>, Omar Algarni Brig<sup>1, 2)</sup>, Bader Abdulmehsen Almutairi<sup>1, 2)</sup>

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<sup>2)</sup>Family medicine, King Fahad military complex, Dhahran, Saudi Arabia

**Background:** Complementary and alternative medicine is consuming natural products or practicing some sort of mind and body procedures alone or adjuvant with the conventional medicine. Throughout the world, including Saudi Arabia there is noticeable increase in the usage of complementary and alternative medicine among different ages and levels started from many decays ago and proved by a lot of researches.

**Objectives:** it measure the prevalence of CAM use, to determine its most common types and predators associated with its use among primary health care patients in king Fahd military medical complex, Saudi Arabia.

**Methods:** Across sectional study using self-administrated questioner.

**Results:** A total of 457 primary health care attendees were recruited in the study with response rate of 93%. About one forth (23%) of study participants believed CAM are safe, 13.5% reported failure of use, however about two third of them believed CAM are beneficial. In integrating CAM with the conventional treatment were reported by almost two third of study participants. Regarding The source of the information was the family (43.3%) followed by social media (35.3%). Commonly used types of CAM, the participants reported black seeds, cupping respectively. Flue was the most reported condition of CAM use.

**Conclusion:** there was respected number of CAM use and perception of its benefit among primary care patients. This mandates intensive educational programs about evidence based safe CAM use. Social media and family members were the principal source of CAM use information which needs criticism and control. Further community based studies are advised.

Conflict of interest / Interessenkonflikte

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**Contribution ID: 1287**

**Abstract subtopic / Abstract Unterthema**

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

**Presentation form / Präsentationsform**

Workshop

**Advancing social prescribing within the primary care setting by empowering patients, enabling referrers and integrating systems**

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<sup>3)</sup>Health Promotion in Rural Areas Research Group, Institut Català de la Salut, Sant Fruitós de Bages, Spain

<sup>4)</sup>Wroclaw Medical University, Wroclaw, Poland

<sup>5)</sup>Maple Healthcare, Lisnaskea, United Kingdom

<sup>6)</sup>RCGP Rural Forum, RCGP, London, United Kingdom

**Background:**

Social prescribing (SP) provides GPs, the wider primary care team and the third sector with a referral option to address non-medical issues which are adversely impacting on the patient's health and general wellbeing. Patients can be referred to existing community groups typically provided by the third sector. Research suggests that SP interventions have the potential to reduce demand on primary and secondary care and to improve health and wellbeing, as well as improving health-related behaviours. The knowledge and identification of activities within communities, the impact on individuals and their families, hindering factors to referral, uptake and adherence could support the refinement of SP programmes and improve practice-based outcomes.

**Objectives:**

To explore the experiences and views of participants on factors influencing referral, uptake and adherence to social prescribing and sharing their experiences on how structural and attitudinal challenges can be overcome.

**Target Group:**

Members of Primary Health Care Teams practising SP and/or willing to learn about what SP is including experiences related to SP especially in rural settings.

**Workshop:**

The attendees will be divided into groups, each group will address one of the following themes:

1. How can the primary care team link the patient with the third sector?
2. Motivational factors: What are the (attitudinal) challenges for patients?
3. Motivational factors: what are the (attitudinal) challenges for referrers?
4. Sustainability: financial/organisational structures and capacity issues in the third Sector?
5. Opportunities and challenges in different settings eg. different countries?

**Estimated number of participants:**

20

Conflict of interest / Interessenkonflikte

no / nein



## Contribution ID: 1364

### Abstract subtopic / Abstract Unterthema

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

### Presentation form / Präsentationsform

Lecture / Vortrag

### GestDiNa\_basic – Nachsorge bei Gestationsdiabetes

Verena Leucht<sup>1)</sup>, Gregory Greiner<sup>2)</sup>, Regina Ensenaer<sup>3)</sup>, Tanja Fehm<sup>4)</sup>, Ute Jüngling<sup>5)</sup>, Matthias Kaltheuner<sup>6)</sup>, Oliver Kuß<sup>7)</sup>, Ute Lange<sup>8)</sup>, Veronika Lappe<sup>9)</sup>, für die Projektgruppe GestDiNa basic<sup>10)</sup>, Verena Leve<sup>1)</sup>

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<sup>5)</sup>Deutsche Diabetes-Hilfe – Menschen mit Diabetes e.V., Dortmund, Germany

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<sup>7)</sup>Institut für Biometrie und Epidemiologie, Medizinische Fakultät der Heinrich-Heine-Universität Düsseldorf, Düsseldorf, Germany

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<sup>9)</sup>PMV forschungsgruppe, Universität zu Köln, Köln, Germany

<sup>10)</sup>GestDiNa basic Projektgruppe, Düsseldorf, Germany

### Einleitung:

Gestationsdiabetes (GDM) ist eine Komplikation während der Schwangerschaft. Je nach Datenbasis und Definition schwankt die Prävalenz zwischen 4% und 20%. Epidemiologische Studien zeigen, dass für betroffene Mütter höhere Risiken für die spätere Entwicklung eines Typ-2-Diabetes bestehen. Daher stellt sich die Frage einer strukturierten Nachsorge nach der Entbindung. Unklar ist, in welchem Maße betroffene Frauen leitliniengerecht nachbetreut werden. Insbesondere Ablauf und Zusammenspiel zwischen geburtshilflicher, diabetologischer, gynäkologischer, pädiatrischer und hausärztlicher Versorgung sind nicht klar geregelt. Hinweise existieren, dass Unter-, Über- und Fehlversorgung nebeneinanderstehen.

### Fragestellung:

Ziel des Projektes „Nachsorge bei Gestationsdiabetes“ (GestDiNa\_basic) ist es, die Nachsorge bei an GDM erkrankten Frauen in Deutschland abzubilden und umfassend zu analysieren.

### Methoden:

In einer Mixed-Methods-Studie werden mittels quantitativer und qualitativer Verfahren Wissen, Problembewusstsein, Einstellungen, Handlungsrouninen und Erfahrungen von betroffenen Patientinnen und beteiligten Leistungserbringer\_innen ermittelt und analysiert. Anhand der Abrechnungsdaten von verschiedenen Krankenkassen und der KV-Nordrhein sowie Daten des GestDiab Registers wird die Inanspruchnahme von Versorgungsleistungen von an GDM erkrankten Frauen ermittelt.

### Ergebnisse:

Die gewonnenen Erkenntnisse werden zusammengeführt, indem die dann gewichteten Barrieren und Ressourcen für die einzelnen Gruppen zueinander und zur Analyse der aktuellen Versorgung in Beziehung gesetzt werden. Daraus soll ein Versorgungsmodell zur Nachsorge bei Patientinnen mit GDM entwickelt werden, das in nachfolgenden Projekten evaluiert werden kann.



## Diskussion:

Die Ergebnisse können einen Beitrag für die Entwicklung eines angemessenen, effektiven und patientenzentrierten Versorgungsmodells liefern. Vorgestellt werden das Studiendesign und erste Projektarbeiten.

## Take Home Message:

Das Projekt GestDiNa\_basic leistet einen Beitrag, um Ansätze zur strukturierten Nachsorge bei Patientinnen mit GDM zu erarbeiten.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1399

### Abstract subtopic / Abstract Unterthema

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

### Presentation form / Präsentationsform

Lecture / Vortrag

## "The questions rarely asked": The prevalence of psychosocial problems of patients in general practice

Samira Sommer, Stefanie Kasten, Boris Gavrilov, Carmen Hunzeler, Florian Bockheim, Joana Paños-Willuhn, Luisa Offenberg, Maja Pauline Stephanie Oberholz, Birgitta Weltermann

*Institute of General Practice and Family Medicine, Rheinische Friedrich-Wilhelms-University Bonn Germany, Bonn, Germany*

## Background:

Stress, social isolation, and financial problems show correlations with health problems such as cardiovascular and cerebrovascular diseases, hypertension, and psychiatric diseases. To provide comprehensive care, it is necessary that general practitioners (GP) address psychosocial issues with their patients. A first study of physician-patient-interactions concluded that psychosocial issues play a role in 14.4% of consultations. However, few data exists on the true prevalence of psychosocial problems of patients in GP practices and on whether physicians in charge are aware of them. International studies suggest that there is an under-reporting of psychosocial problems by patients and that physicians do not systematically ask for these issues. The aim of this study is to investigate the prevalence of psychosocial problems in patients from general practices.

## Methods:

In this cross-sectional study, a total of 1.000 patients from general practices will complete a standardized questionnaire to collect data on the prevalence of various psychosocial problems. Additionally, questions about known diseases, socio-economic characteristics and disturbances of the psychological well-being such as chronic stress, depression and sleep disorders are included. Subsequently, these primary data of the prevalence of psychosocial problems in the practice population are compared with secondary data from the general population by means of the „German Health Interview and Examination Survey for Adults (DEGS)“.

## Results:

The study will be conducted in spring 2020. Results will be presented at the WONCA 2020 congress.

## Discussion:

Aiming towards comprehensive patient care, this study will provide important information on the prevalence of "the questions rarely asked" in GP practices.

Conflict of interest / Interessenkonflikte  
no / nein



## **Contribution ID: 1404**

### **Abstract subtopic / Abstract Unterthema**

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

### **Presentation form / Präsentationsform**

DEGAM only / Nur DEGAM: Aus der Praxis für die Praxis

## **Familienmedizin als Diagnostikum und Therapiemöglichkeit im hausärztlichen Alltag: Praktische Anwendung**

Stefan Wilm<sup>1)</sup>, Vittoria Braun<sup>2)</sup>, Vera Kalitzkus<sup>1)</sup>

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<sup>2)</sup>emerit. Lehrstuhlinhaberin Allgemeinmedizin, Hausärztin, Berlin, Germany

**Thema:** Die Familienmedizin ist ein wichtiger und eigenständiger Bereich der Allgemeinmedizin. Sie hat dank ihrer integrativen Betrachtungsweise die Patienten in ihrer Gesamtheit im Blick. Die Beachtung somatischer, psychischer, systemischer und soziokultureller Aspekte gehört explizit dazu. Sie vertritt einen generalistischen Ansatz, der mit zunehmender Spezialisierung und Partikularisierung innerhalb der Medizin beinahe verloren gegangen wäre. Dabei spielt das Praxisteam eine wichtige Rolle.

Familienmedizin gewinnt in der heutigen Gesellschaft an Bedeutung, will man den gesundheitlichen Herausforderungen, die durch Migration, Alterung der Bevölkerung, Pflegebedürftigkeit, Werteverstärkungen, Süchte und soziale Probleme wie Armut oder Arbeitslosigkeit entstehen, angemessen begegnen.

Die Bezugsgröße der Familienmedizin ist neben der klassischen Kern- oder erweiterten Großfamilie das primäre Lebensumfeld der Patienten. Dies schließt auch Menschen mit ein, mit denen sie über eine Lebensgemeinschaft verbunden sind, in Wohn- oder Hausgemeinschaft (auch im höheren Lebensalter) zusammenleben oder sich emotional aufeinander beziehen (z. B. „Patchwork“-Familien). Dabei kann die Beziehung sowohl zum individuellen Patienten in seinem familiären Kontext als auch zur Familie als Ganzes, als System, bestehen.

Inhalt und praktische Umsetzung: Erfahrene HausärztInnen berichten anhand von Fallbeispielen aus ihrem Arbeitsalltag. In kurzen Kleingruppen-Einheiten werden praktische Arbeitsweisen und Instrumente auf ihre Übertragbarkeit in die eigene tägliche Praxis (ÄrztInnen, MFAs) überprüft, z.B. Mehrgenerationen-Anamnese, Familienkonferenz, familienzentrierter Hausbesuch oder Checklisten der programmierten Diagnostik. Fortbildungsziel: Die TeilnehmerInnen teilen ihre Erfahrungen und nehmen konkrete Ideen und Arbeitsmaterialien mit zurück in ihre Arbeit.

**Take home message:** Konkreter, strukturierter familienmedizinischer Alltag erhöht die Arbeitszufriedenheit von HausärztInnen und ihren Praxisteams.

Conflict of interest / Interessenkonflikte

no / nein

## **Contribution ID: 1621**

### **Abstract subtopic / Abstract Unterthema**

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

### **Presentation form / Präsentationsform**

Lecture / Vortrag

## **Social Prescribing in Lisbon – our journey, first results and early lessons for Europe**

Cristiano Figueiredo



*Baixa's Family Health Unit, Portuguese National Health Service, Lisbon, Portugal*

**Background:** Social prescribing enables primary care professionals to refer patients to a range of non-clinical services run by the community sector. It started in the UK but there is a growing interest by other European countries to adapt this methodology to their own health system. In February 2018, we brought together healthcare and community sector stakeholders to co-design the first social prescribing project in Portugal, based at our practice - USF da Baixa.

**Questions:** How can we implement social prescribing in primary care in Portugal? How can we attract the community sector to join social prescribing? What kind of patients will be referred to Social Prescribing? Methods: We run monthly meetings with our healthcare and community partners, first to write the protocol, then to build up the relationship and collaboration between the two sectors and recruit new partners.

**Outcomes:** In the first year of social prescribing, 234 patients were referred to our social worker, who took the role of link worker - 41% were elderly, 67% women, 43% migrants, and 28% overusers of health services. The main reasons for referral were social isolation, sedentary lifestyle, access to social benefits, mental health issues, and social integration of migrants.

**Discussion:** In Portugal, social prescribing is an opportunity to potentiate the social service already based in primary care. We aim to improve health and wellbeing of our patients while reducing healthcare care costs.

**Take Home Message for Practice:** It was possible to implement social prescribing in Portugal. What about your country?

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1754

### Abstract subtopic / Abstract Unterthema

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

### Presentation form / Präsentationsform

Lecture / Vortrag

## An anathema in Portuguese Primary Care – a General Practice/Family Medicine department in a Hospital

João Sequeira Carlos

*General Practice/Family Medicine, Hospital da Luz and APMGF - Portuguese Association of General Practice/Family Medicine, Lisboa, Portugal*

Since the establishment of Portuguese National Health Service in 1979, Primary Care (PC) is almost universally delivered with a public ambulatory care network organized in small community practices of proximity – the Health Centers, today called Family Health Practices. Later there was an increasing coverage of persons with health public subsystems and private health insurances. That trend triggered a paradigm shift in healthcare offer with increasing number of private hospitals and polyclinics. This scenario created new opportunities for PC, that became delivered by a mix of public and private providers.

Nevertheless, PC was confined to ambulatory and community setting. But in the beginning of 21st century most relevant private health groups began to realize how important was GP/FM mainly because their clients asked for it. The demand induced private providers to be pioneers and a taboo was broken – GP/FM practices were adopted by hospitals. In 2006 a hospital in Lisbon, opened its doors to citizens with an unusual characteristic – an incorporated GP/FM department.

In this brief lecture the author describes the experience of more than a decade of GP/FM Hospital Department, presenting the main organizational results and clinical outcomes, framed by international similar

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models. This new innovative context of practice creates a unique professional environment where PC meets the world of advanced medical technology and the scope of hospital specialties. The anathema of being there is an unprecedented step for Family Medicine prestige and development, aiming PC innovation for population's benefit – more integrated for further effective care.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1777**

**Abstract subtopic / Abstract Unterthema**

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Does education of primary care professionals to support patient self-management improve patient outcomes in chronic disease management: updated systematic review.**

Andrée Rochfort

*Director of Quality Improvement, Irish College of General Practitioners, Dublin, Ireland*

**Background:**

The central focus of this project was to systematically review evidence-based research on actual patient outcomes of the effect of training primary care health professionals in patient self-management support in chronic conditions.

The concept of patient empowerment for self-management was introduced into the WONCA Europe definition of General Practice in 2011. This is listed under the core competency of 'patient centred care', which is a key aspect of WONCA 's overall mission.

**Methods:**

A systematic review was undertaken using the PRISMA guidelines and follows the methodology outlined in the PROSPERO registered protocol (Database registration number: CRD42013004418).

**Results:**

Our first systematic review of 7,533 abstracts published prior to September 2013 included only two papers showing patient outcomes following health professional training for promoting patient self-management. <https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-018-0847-x>

Our updated systematic review shows that more evidence is now available with 14 papers in 5 years from September 2013 to August 2018.

**Conclusions:**

Patient self-management support is recognised to be an effective component of chronic disease management. However, patient self management is a complex topic to assess and more high quality research is needed on what methods work best and for which patients and what clinical conditions in the primary care setting. The practical implications of training healthcare professionals in this topic requires specific attention.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1856**

**Abstract subtopic / Abstract Unterthema**

5.6. Integrated/comprehensive primary care / Integrierte/umfassende Primärversorgung

**Presentation form / Präsentationsform**

ePoster



## Integrating fields on knowledge into rebalancing after burnout A case report from Family Medicine's practice

Ana Cristina Franco Spínola

*Centro de Saúde do Bom Jesus, Centro de Saúde do Bom Jesus, Funchal, Portugal*

Causes of burnout are extensive and subjects' personality is core in its vulnerability towards unadaptive stress in the workplace. Achievements after recovery need to be sustained over time, but they can be especially challenging when the workplace seems to be "exactly the same".

In this clinical case the integration of care, using the multiple fields of Medicine, and beyond, is reported. After initial clinical psychiatric stabilization the continued experience on mindfulness practices, such as yoga and meditation, supported the patient, a Medical Doctor, to a new set of balance. The enduring coping strategies demonstrated that conventional and alternative care blended for a positive outcome, three years after the event.

When assisting patients in Family Medicine Practice, the non-judgmental pre-set state of the Doctors impacts on the self-care regulating mechanisms that the patient needs to rediscover after critical life events. Integrating the patient's system of beliefs with updated scientific and clinical knowledge is key to success. Conflict of interest / Interessenkonflikte  
no / nein

### 5.7. Public health issues / Public health Aspekte

#### Contribution ID: 46

#### Abstract subtopic / Abstract Unterthema

5.7. Public health issues / Public health Aspekte

#### Presentation form / Präsentationsform

Lecture / Vortrag

## Human papillomavirus (HPV) vaccination: What can be found on the Web? Qualitative analysis of the Doctissimo.fr forum data

Sébastien Brue<sup>1, 2)</sup>, Karine Peyrard-Chevrier<sup>1)</sup>, Mouzayan Ginzarly<sup>3)</sup>, Paul Frappé<sup>1)</sup>, Angélique Savall<sup>1)</sup>

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<sup>3)</sup>The Clinic, Dubai International Financial Center, Dubai, United Arab Emirates

**Background:** Vaccine hesitancy is a major issue in general practice. Regarding human papillomavirus, less than 20% of young French girls are vaccinated. With widespread availability of health information, the Internet seems to be a place of choice to discuss this reluctance.

**Questions:** To explore perceptions of human papillomavirus vaccination through an analysis of the Doctissimo.fr forum data.

**Methods:** Using Nvivo software, a qualitative study was carried out from October 2017 to May 2018 on the Doctissimo.fr discussion forum. Online discussion threads not having any message since 2010 were excluded. All threads were analyzed by two independent evaluators.

**Outcomes:** Faced with the doubt that emanated from the discussions and the confusion about the role of the vaccine, Internet users used multiple references in order to develop a reliable discourse. The general practitioner remained a trusted person. While the vaccine was perceived as risky, the cervical smear was

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approved and encouraged. Through their shared experiences, Internet users tried to influence others about whether or not to get vaccinated.

**Discussion:** Changing the sexual image of the vaccine could help to establish a collective vaccination policy. Public health policies play an essential role by working with general practitioners and by increasing visibility on the web.

**Take Home Message for Practice:**

The general practitioner remained a trusted person.

The usefulness of the vaccine in 2019 seems to be questioned by Internet users as shown by their major approval of cervical smears. However, these two methods remain complementary in the fight against cervical cancer.

Conflict of interest / Interessenkonflikte

no / nein

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**Contribution ID: 94**

**Abstract subtopic / Abstract Unterthema**

5.7. Public health issues / Public health Aspekte

**Presentation form / Präsentationsform**

Lecture / Vortrag

**Care for patients affected by multimorbidity - Qualitative development and validation of quality indicators**

Nadine Janis Pohontsch<sup>1)</sup>, Charlotte Höflich<sup>1)</sup>, Josefine Schulze<sup>1)</sup>, Dagmar Lühmann<sup>1)</sup>, Eva Blozik<sup>2)</sup>, Katharina Glassen<sup>3)</sup>, Amanda Breckner<sup>3)</sup>, Joachim Szecsenyi<sup>3)</sup>, Martin Scherer<sup>1)</sup>

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**Background:**

Caring for patients affected by multimorbidity (PaM) is prone to vast differences in quality and outcomes. To date no validated quality indicators (QI) exists. Incorporating the perspective of PaM and their associates is central in mapping the multifactorial health care processes.

**Questions:**

We aim at validating and amending a literature-based set of QI by qualitatively surveying PaM's/PaM-associates' views on health care quality.

**Methods:**

We conducted eight focus groups (FG) with 47 PaM and three FG with 9 PaM-associates using a semi-structured guideline. Discussions were recorded and transcribed. Applying Kuckartz's qualitative content analysis we checked data for confirmation of literature-based deductive QI(-codes) and aimed at inductively creating new QI(-codes). Finally QI were consented in an expert panel discussion.

**Outcome:**

Confirmed QI were: assessment of biopsychosocial support needs, establishing patient preferences, involving associates/caregivers, mutual agreement on treatment goals, recorded treatment plan, documentation of adverse medication effects, medication review, information on medication, shared decision making, comprehensive care documentation, training programs addressing management of patients with multimorbidity, information about potential benefits and harms of treatment options, assigning responsibility



for coordination of care. New QI were 'regular updates of medication plans' and 'patient education/self-management'.

### **Discussion:**

Involving PaM and associates in QI development helped understanding their view on high quality health care and led to amendments in the literature-based QI-set.

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

Determining PaM's and associates' views on high quality health care supports patient involvement and empowerment in quality management and is possible through conduction of FG.

Conflict of interest / Interessenkonflikte

no / nein

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### **Contribution ID: 197**

#### **Abstract subtopic / Abstract Unterthema**

5.7. Public health issues / Public health Aspekte

#### **Presentation form / Präsentationsform**

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

### **Waterpipe use and associated consumer characteristics in the German population: data from a national representative survey (DEBRA study)**

Stephanie Becker<sup>1)</sup>, Daniel Kotz<sup>1)</sup>, Sabrina Kastaun<sup>1)</sup>, Melanie Boeckmann<sup>2)</sup>

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<sup>2)</sup>*Department of Environment and Health, School of Public Health, Bielefeld University, Bielefeld, Germany*

### **Background:**

Waterpipe (WP) consumption is associated with health risks. In Germany, the popularity of WP has been increasing and thus may affect patients in primary care. However, WP consumption may be difficult to detect for general practitioners (GPs) because these persons rarely describe themselves as "smokers". This study aimed to assess prevalence data in the German population ( $\geq 14$  years) and to describe the frequency of use and starting age in current users.

### **Methods:**

We analysed data from six waves (2018–2019; N=12,220) of the German Study on Tobacco Use (DEBRA) – a representative household survey. Associations between WP ever and current usage and socio-demographic characteristics, migration background, tobacco and e-cigarette use were assessed with multivariable regression models, adjusted for potential confounders.

### **Outcome:**

Ever use of WP in the population was 13.0%, current use was 1.8%. Usage was strongly associated with younger age, male sex, migration background, and concurrent tobacco and e-cigarette use (all Odds ratios  $> 1.46$ , all  $p < 0.05$ , regarding current use). 15.2% of current users were aged  $\geq 25$  years at the initiation of use, 23% used the WP at least once a week/almost daily in the last month.

### **Discussion:**

More than one in ten people in Germany have ever used a WP. Compared to cigarette smokers, there seems to be a different consumption pattern.

### **Take home message:**

Such information might help GPs to detect WP usage in their patients (by asking specifically about the use of waterpipes) and to tailor preventive health measures appropriately.

Conflict of interest / Interessenkonflikte

no / nein



## Contribution ID: 243

### Abstract subtopic / Abstract Unterthema

5.7. Public health issues / Public health Aspekte

### Presentation form / Präsentationsform

1 Slide – 5 minutes lecture / 1 Abbildung – 5 Minuten Vortrag

## Get involved! Breast cancer awareness month activities in Primary Health Care Center Doboj

Marina Jotic Ivanovic, Ana Ceklic Stevanovic, Nada Janjetovic, Tanja Jesic Petrovic

Family medicine, Primary health care center Doboj, Doboj, Bosnia and Herzegovina

**Background:** Breast cancer is the most common cancer among women. According to GLOBOCAN 2018 report 2,1 million new cases occurred worldwide, and about 600000 deaths due to breast cancer. Breast cancer burdens developed and undeveloped countries as well. Worldwide activities during October, also known as pink month, are performed with the aim to raise awareness about breast cancer but also to point out the importance of earlier diagnosis.

**Questions:** How can activities like health promotion and prevention organized by PHC Doboj during Pink October 2019 affect on womens behavior oward breast cancer

**Methods:** During October 2019 Family medicine department organized workshops for women once a week. The aim was to empower women and raise awareness about breast cancer and importance of early diagnosis, to teach them breast self-examination and when mammography is recommended. 200 women participated in WS. All activities were performed in collaboration with local community (authorities) and covered by media.

**Outcomes:** Women will be able to do proper breast self-examination and know when to do mammography. As the result of this collaboration portable mammogram was bought to make mammography available in rural areas.

**Take home messages:** Key role of PHC and family medicine is health promotion and disease prevention. Good collaboration between primary health care and local authorities are crucial for improving health and making health coverage universal and available to all.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 334

### Abstract subtopic / Abstract Unterthema

5.7. Public health issues / Public health Aspekte

### Presentation form / Präsentationsform

Workshop

## Creating a planetary health symposium and working group – a 'how to' interactive session

Sophie Rowlands<sup>1)</sup>, Catriona Parker<sup>2)</sup>, Iris Wichers<sup>3)</sup>, Özden Gökdemir<sup>4)</sup>

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<sup>2)</sup>RCGP Junior International Committee, Scotland, United Kingdom

<sup>3)</sup>Dutch College of General Practitioners, Utrecht, Netherlands

<sup>4)</sup>Izmir University of Economics, Izmir, Turkey

Planetary health incorporates global, public and environmental health. Improving the relationship between people and the natural environment can improve population health e.g. respiratory conditions. With the



increasing recognition of 'Climate Crisis' and its impact on the health of the global population, there has never been a more important time for family medicine to advocate for improving planetary health.

### Target Group:

Medical professionals with an interest in planetary health and in establishing planetary health strategies in their country of work.

### Didactic Method:

Short speaker presentations:

- Why is planetary health important and why should GPs care?
- Experiences from organizing planetary health educational events in UK, Holland and Turkey
- Creation of a Planetary Health working group

Group sharing of Planetary Health experiences and initiatives from their own practice

Interactive breakout groups considering how to organise an educational event through family medicine on planetary health in a 'green' way, including creation of an ongoing working group.

Feedback and discussion of collaboration on national and European planetary health events through family medicine

### Objectives:

- Share strategy for delivery and organisation of a planetary health event
- Creative application of planetary health 'lessons learned' to delegates national contexts
- Create an ongoing working group for those interested in establishing Planetary Health nationally and on a European level

### Estimated participants:

45-60

### Workshop leaders:

Dr Sophie Rowlands, Educational & Training, RCGP Junior International Committee, UK.

Dr Catriona Parker, Educational & Training, RCGP Junior International Committee, UK.

Dr Iris Wichers, Dutch College of General Practitioners, Holland

Dr Özden Gökdemir, Izmir University of Economics, Turkey

Conflict of interest / Interessenkonflikte

no / nein

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### Contribution ID: 337

### Abstract subtopic / Abstract Unterthema

5.7. Public health issues / Public health Aspekte

### Presentation form / Präsentationsform

Lecture / Vortrag

## Association of socio-economic, agro-environmental and health care factors with variation of prevalence of beta-lactamase-producing Escherichia Coli community-acquired urinary tract infection.

Stéphanie Larramendy<sup>1)</sup>, François Beaudeau<sup>2)</sup>, Leila Moret<sup>3)</sup>, Jocelyne Caillon<sup>4)</sup>

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<sup>4)</sup>Department of Infectious Diseases, University of Nantes, Nantes, France

**Context:** The prevalence of extended-spectrum beta-lactamase-producing Escherichia Coli (ESBL-EC) in community-acquired urinary tract infections (CA-UTIs) increases worldwide since the early 2000s and shows

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large geographical variations. Understanding ESBL-EC CA-UTIs spatial distribution patterns is essential to develop strategies to control its spreading. Our objective was to assess the associations between socio-economic, agro-environmental and health care features of local geographical areas and ESBL-EC CA-UTIs prevalence.

**Methods:** Retrospective observational study, with an ecological approach. Routine surveillance data for antibiotic susceptibility testing of EC CA-UTIs in 2015-17 from primary care laboratories of western France were collected. Socio-economic characteristics, human antibiotic consumption, hospital beds density, poultry, pig and cattle densities, environmental features (agricultural land, surface water), were retrieved from 5 national databases and aggregated by local geographical areas. The associations between local ESBL-EC CA-UTIs prevalence and these variables were assessed using multivariate linear regression models with a backward selection.

**Results:** Local ESBL-EC CA-UTIs prevalence increased significantly with higher i/ rate of people aged >65 years, ii/ use of fluoroquinolones and/or cephalosporins (DDD per 1000 inhabitants), iii/ poultry density, iv/ agricultural land rate, v/ number of hospital beds per km<sup>2</sup>. Workers rate in the area was negatively associated with the ESBL-EC CA-UTIs rate.

**Conclusion:** Multiple sources of antibiotic consumption (primary care, hospital, and farming) may impact the ESBL-EC CA-UTIs prevalence at a local geographical areas. These results should be taken into account when prescribing empirical antibiotic treatment. How these sources contribute in the occurrence of antibiogenesis has yet to be specified.

Conflict of interest / Interessenkonflikte  
no / nein

### Contribution ID: 403

#### Abstract subtopic / Abstract Unterthema

5.7. Public health issues / Public health Aspekte

#### Presentation form / Präsentationsform

ePoster

### Asthenopia among university students: the eye of the digital generation

Rayah Touma Sawaya

AUB, Hamra, Lebanon

With the emergence of digital technology, digital devices such as desktops, laptops, tablets, and phones have become widely used by students for varied purposes. As a result, students tend to suffer from asthenopia, which is visual discomfort accompanied by other symptoms such as headache, red eyes, or itchy eyes. This study aims to explore the prevalence, risk factors, and protective factors of asthenopia in a sample of university students in Lebanon. It is a cross-sectional study with 457 participants recruited with stratified sampling. The students were given a self-administered anonymous questionnaire which inquired about: demographics (age, gender, faculty, eyewear), usage of digital device, type of device, time spent and reason for using it, symptoms of asthenopia, and preventive measures. A bivariate analysis was done with the individual factors. Age was analyzed with an independent t-test. A multivariate analysis was then done to control for confounding factors. The type of task being done, the number of hours spent using the device, and usage in the dark were expected to be risk factors. The results showed that younger age, using digital devices for communication for less than four hours, using the device for less than four hours per day, using the device for less than three years, eye drops, regular breaks, and adjustable screens were all significantly associated with asthenopia. This highlights the importance of awareness and screening for asthenopia among college students.



Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 512

### Abstract subtopic / Abstract Unterthema

5.7. Public health issues / Public health Aspekte

### Presentation form / Präsentationsform

Lecture / Vortrag

## Knowledge on evidence-based use of antibiotics in GPs and pediatricians

Dominik Christopher Wolf, Nicola Thier, Elena Tiedemann, Ildikó Gágyor

*Department of General Medicine, University of Würzburg, Würzburg, Germany*

**Background:** In the past decades, an increase of resistance against antibiotics has become a problem, triggered by high prescription rates and the use of second-line antibiotics. The biggest share of antibiotics prescribed in German ambulatory care falls upon general practitioners (GPs) and pediatricians. However, little is known about how familiar physicians are with the rational use of antibiotics as recommended in German guidelines.

**Questions:** How well are GPs and pediatricians informed about guideline recommendations concerning rational use of antibiotics? How confident do they feel with this topic?

**Methods:** A survey was sent to 2092 GPs in Franconia and 1661 pediatricians in Bavaria and Baden-Wuerttemberg. The survey consisted of 19 (GPs) respectively 20 (pediatricians) questions on guideline-recommendations (knowledge questions; true/false), self-assessed confidence in prescribing of antibiotics (7-point Likert scale), and demographic data.

**Outcomes:** The survey was completed by 630 GPs (30.1%) and 681 pediatricians (41.0%). Knowledge scored high in both populations (17/20 in pediatricians and 15/19 in GPs) and confidence as well (6.3/7 and 5.8/7). There was no correlation between knowledge and confidence in both populations. We found a significant negative correlation between duration of practice and knowledge ( $r=-.21$ ,  $p<.001$ ) in GPs.

**Discussion:** Most of the participants achieved high scores in knowledge questions in both populations with slight differences between both in favor of the pediatricians.

**Take home message for practice:** Even though physicians' self-assessed confidence and knowledge concerning rational use of antibiotics seem to be high, further research should focus on change of prescribing behavior.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 569

### Abstract subtopic / Abstract Unterthema

5.7. Public health issues / Public health Aspekte

### Presentation form / Präsentationsform

Lecture / Vortrag

## Challenges of residents and young family physicians in Kyrgyzstan

Nuraiym Turanova<sup>1, 2)</sup>, Nursuluu Amatova<sup>1)</sup>, Shirin Talapbek Kyzy<sup>1)</sup>, Nurlan Brimkulov<sup>1)</sup>

<sup>1)</sup>Postgraduate Department of Family Medicine, Kyrgyz State Medical Academy, Bishkek, Kyrgyzstan

<sup>2)</sup>National Exchange Coordination, Vasco da Gama Movement, Bishkek, Kyrgyzstan



## Background:

After the collapse of the USSR, Kyrgyzstan experienced difficult times. Healthcare has become very weak. To strengthen the healthcare system, family medicine principles were implemented. As written above, FM in Kyrgyzstan has started its development for the past 20 years and is living through various stages on the path to improvement.

## Questions:

Study the young doctor's problems to further improve the health system.

## Materials and methods:

Was developed special questionnaire. In total, 108 residents of postgraduate department of FM, 1 and 2 years of study and 2 young doctors participated, of which 103 participants answered all the questions completely, 88 are already working at FMC and 15 are undergoing training.

## Outcomes:

53.8% of 103 participants have financial difficulties, 48.1 - lack of time for self-development, 38.5% - working conditions, 36.5% - heavy workload, 7.7% - lack of support from other doctors, 5, 8% - all is well.

## Discussion:

Very important to know what problems excite young doctors and residents, the disadvantages in the development of FM, to strengthen primary care and image of FM among young specialists.

## Home message:

Integrated approach to solving problems.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 761

### Abstract subtopic / Abstract Unterthema

5.7. Public health issues / Public health Aspekte

### Presentation form / Präsentationsform

ePoster

## Managing human resources for health in developing countries

Pedro Lopes

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## Background:

Human Resources for Health (HRH) are all people engaged in actions whose primary intent is to enhance health. Besides clinical staff, they include management and support staff. The management of HRH goes beyond its allocation, since they are a key component of health services. Africa, South-east Asia and South America are the regions with more developing countries and simultaneously these countries have a lower HRH ratio.

## Question:

What are the main challenges in managing health human resources in developing countries?

## Methods:

We searched the PubMed database for studies including the keywords "human resources for health" and "developing countries" from inception to 31/12/2019.

## Outcomes:

The main challenges in its management are intimately linked to governance problems, lack of financial support and HRH issues.



## Discussion:

Since developing countries have lack of financial support, the hiring of staff and the purchase of goods and services for better working conditions are compromised. HRH issues are due to its lack and inequitable distribution, deficient quality of skills and bad working conditions.

The solutions could include building of databases on the HRH, providing greater support for education, developing better policies and programs for retaining personnel and implementing task shifting.

## Take Home Message for Practice:

Managing HRH in developing countries includes many challenges. It's necessary to look beyond the HRH issues. In fact, financial and management problems are also importante. To address this issue it's recommended to integrate these three dimensions since they are correlated.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 793

### Abstract subtopic / Abstract Unterthema

5.7. Public health issues / Public health Aspekte

### Presentation form / Präsentationsform

Lecture / Vortrag

## Implementation of a Teleregulation Service in Brazil

Patrícia Roberta Oliveira, Stephan Sperling, Natalia Zinezi, Maria Letícia Briigliadori, Marcus Zuanazzi, Mariana Figueira, Livia Rodrigues, Mariana Silveira, Sabrina Gadenz, Tatiana Mandia, Soraya Suffert  
*Telemedicine, Hospital Sírio Libanês, São Paulo, Brazil*

**Introduction:** Brazil is a large country with important regional disparities. In some areas there is a lack of health professionals and the distances between health units and the population are long. It is a huge challenge to provide universal health care to all the population and part of this is to provide access, both to primary care and to focal specialties. The "Regula Mais Brazil" is a Project that was elaborated in order to enable teleregulation and teleconsultation, establishing a new manner PHC professionals referred their patients to secondary care.

**Question:** Is it possible to implement successfully a regulation program that is developed remotely?

**Methods:** We will present the impact of the Project in four different brazilian areas - Belo Horizonte, Porto Alegre, Federal District and Amazonas state - in the first year project (2019) and share our experiences. Family physicians and focal specialists work together evaluating the referrals (teleregulation) and answering the phone calls (teleconsultations).

**Outcomes / Discussion:** There were evaluated 308287 applications to regulation and 6167 teleconsultations were performed. Most of the regulations applied from the Amazon state (36,6%) and Orthopedics was the specialty more evaluated (17,71% of all) followed by Neurology (15,71%) and Cardiology (14,89%). We observed an increasing number of teleconsultations performed in a day over time and over 40% of the teleconsultations received were to clinical discussions, not to request referral of the patient to a focal specialty.

**Take Home Message:** technology can shorter distances and empower patient centered care.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 888

### Abstract subtopic / Abstract Unterthema

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## Core Values of Family Medicine: Threats and Opportunities

### 5.7. Public health issues / Public health Aspekte

#### Presentation form / Präsentationsform

ePoster

#### Family Obesity – Relationship between parents BMI and sons' weight percentil

Fábio Nunes, Maria João Sousa, Sofia Monteiro Mendes, Marília Lima, Rita Nécio, João Vinagre, Maria José Almeida, Fabiana Paulo

*USF Infante D. Henrique, ACES Dão Lafões, Peraboa, Covilhã, Portugal*

**Background:** Childhood obesity is a serious health problem. It is estimated that there are 42 million overweight children worldwide and 40% of the adult population is obese.

**Objective:** The present study aimed to calculate the prevalence of overweight and obesity in children up to 5 years old and their parents of an urban Family Health Center (FHC). Another objective was to evaluate the possible association between childhood obesity and overweight or obesity of the mother, father or both parents.

**Methods:** Cross sectional observational study that included 476 children up to 5 years old and their parents (463 mothers and 274 fathers). Statistical analysis: SPSS®; statistical analysis were performed using the Chi-square test and a significance level of 0.05 was considered.

**Results:** The results showed that 24% of children were overweight and 5.7% were obese, 44.7% of the mothers were overweight and 15.8% obese and 56.5% of the fathers were overweight and 14.5% were obese. There was a significant association between childhood obesity and maternal overweight and obesity. There was no significant association between childhood obesity and paternal overweight nor obesity. However, a significant association was found between childhood obesity and both parents overweight and obesity.

**Discussion:** The BMI values obtained in this study are similar to the ones of Portuguese population. The results are congruent with the existing literature: several studies associate childhood obesity and their parents' overweight and obesity. The family doctor plays a leading role in family intervention and prevention of family obesity.

Conflict of interest / Interessenkonflikte

no / nein

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#### Contribution ID: 918

#### Abstract subtopic / Abstract Unterthema

### 5.7. Public health issues / Public health Aspekte

#### Presentation form / Präsentationsform

Workshop

#### "Teleregulation: an empowering tool to patient centered care"

Patrícia Roberta Oliveira, Stephan Sperling, Sabrina Gadenz, Josué Basso, Marcus Zuanazzi

*Telemedicine, Hospital Sírio Libanês, São Paulo, Brazil*

#### Background:

Access regulation for specialist visiting remains a sensible challenge to Universal Health Systems. The demand for medical appointments in some specialties is high and it is necessary to promote equity in this process. An innovative strategy that can streamline the regulation process, centering the care on the patient, is phoned Teleregulation. It establishes a direct link between primary care professionals and other specialists.

#### Didactic Method/ Objectives:

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It will be present a Brazilian experience of a Teleregulation service focused on PHC of the public system. The aim is to discuss strategies to better meet both the needs of the patients and the health services, in the regulation process.

The participants will be divided in small groups and work using the Nominal Group Technique. This tool allows discussion among group members to achieve decision-making consensus about a problem in a short period of time.

Exhibition of a short video (subtitled) of a Teleregulation attended by a Brazilian Telemedicine service. A patient case is discussed and managed.

Discussion about:

- Operational aspects;
- Strengths and weaknesses identified;
- Suggestions to improve the instrument.

Patrícia Roberta Berithe Pedrosa de Oliveira is a Family Physician graduated at UNICAMP. She has studied Family Medicine Residency and has obtained her Master Sciences Degree also at UNICAMP. She has 8 years of experience working as a Family Physician at the Public Health System and 5 years as a University Professor. Patricia currently works as a regulator and teleconsultant doctor at the Telemedicine Service of Hospital Sirio Libanês, São Paulo, Brazil.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 980

### Abstract subtopic / Abstract Unterthema

5.7. Public health issues / Public health Aspekte

### Presentation form / Präsentationsform

Workshop

## How to stop fake news from spreading: helping doctors and patients to tackle misinformation in the social media era

Miriam Rey Seoane<sup>1)</sup>, Alessio Platania<sup>2)</sup>, Ana Luis Pereira<sup>3)</sup>, Elisa Ferrandi<sup>4)</sup>, Marta Nazha<sup>5)</sup>, Claire Marie Thomas<sup>6)</sup>, Ozden Gokdemir<sup>7)</sup>, Cécily Bury<sup>8)</sup>, Rabee Kazan<sup>9)</sup>

<sup>1)</sup>*Acut Delta, Institut catalá de la salut, Barcelona, Spain*

<sup>2)</sup>*Movimiento Giotto, London, United Kingdom*

<sup>3)</sup>*ARS, NORTE, Oporto, Portugal*

<sup>4)</sup>*School for General Medicine South Tyrol, Movimento Giotto, Bolzano, Italy*

<sup>5)</sup>*USF Sao Filipe, ARS LVT, Sétubal, Portugal*

<sup>6)</sup>*Camberwell Green Surgery, South Southwark GP Federation, London, United Kingdom*

<sup>7)</sup>*IUE, Faculty of Medicine, Izmir, Turkey*

<sup>8)</sup>*Saint-Exupéry Network / VdGM, Strasbourg, France*

<sup>9)</sup>*CAP Terrassa Rambla, SEMFYC, Barcelona, Spain*

Thanks to the widespread use of the internet, the circulation of fake news has been facilitated within websites, social media, and society. This has a particular relevant impact on public health since non-medically trained people can find difficult discern facts from fake news; one of the worst implications has been a dramatic fall in vaccination rates, resulting in an unnecessary measles epidemic or patients dropping out cancer treatments. But some misleads or fake pieces of information are more subtle and not so obviously approach as previous ones.

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Even social media ( Facebook, Google ) and some governments ( Portugal, Spain, USA, UK ) are using independent fact-checkers to confirm the reliability of news.

**Target Group:** any healthcare practitioner

**Didactic Method:** after an initial icebreaker with a multiple choice quiz, where participants will be tested on common fake news, there will be a brief introduction to the psychological biases that cause fake news to arise, to spread and to be resistant to correction despite the evidence. Communication skills and techniques will be explained to tackle effectively fake news and after this, participants will be split into smaller groups. A different scenario will be examined and participants will be able to role play and put to test the new skills a final discussion will be promoted.

**Objectives:** TO improve health care professionals' skills in detecting Fake News and assisting patients in interpreting fake news and identifying trustworthy sources of health information

**Participants:** up to 100

**Leader:** Young doctor with spirit, soul, and love for our work.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1030**

**Abstract subtopic / Abstract Unterthema**

5.7. Public health issues / Public health Aspekte

**Presentation form / Präsentationsform**

Lecture / Vortrag

## **An overview of fish nematodes and gastrointestinal disorders – based evidence review**

Cláudia Vale<sup>1</sup>, Mariana Ribeiro<sup>2</sup>, Andreia Coutinho<sup>1</sup>, Élvio Teles<sup>1</sup>, Gil Paz<sup>1</sup>, Inês Amado<sup>1</sup>

<sup>1</sup>USF São Julião, Figueira da Foz, Portugal

<sup>2</sup>USF Nautilus, Figueira da Foz, Portugal

**Background:** Anisakiasis, most representative of fish nematodes diseases, is caused by Anisakis simplex larvae, a parasite hosted in raw, lightly cooked fish, or marinated seafood. Anisakiasis is a public health issue in Japan and the number of cases in Europe with the increased popularity of "Sushi" is expected to rise.

**Questions:** Evaluate the incidence of diagnose of fish nematodes and gastrointestinal disorders worldwide.

**Methods:** Bibliographic research of randomized clinical trials, prospective and retrospective cohort studies, case studies, systematic reviews and meta-analyses published in the last 10 years, until December 8th 2019, in Portuguese and English, indexed on databases: PubMed and Google Academic, using MeSH terms "Sushi" and "Intestinal diseases". Strength of Recommendation Taxonomy (SORT) was applied for evidence labels and recommendations strength.

**Outcomes:** From a total of 32 articles, 26 were selected based on title and 12 were kept based on abstract.

**Discussion:** The acute reaction is characterized by abdominal pain, vomiting, nausea within hours of the ingestion of contaminated food, mimicking an acute abdominal syndrome. Physicians should suspect this zoonosis when a patient presents severe abdominal pain following the ingestion of uncooked fish. (L3) One retrospective study review found the allergic potential of anisakis was emerging (L2) and in Portugal, according with one experimental study, fish nematode diseases weren't reported. (L2)

**Take Home Message:** Early evisceration, thorough cooking, and deep freezing of seafood are recommended to prevent the disease. According to majority of studies, the number of reported cases of anisakiasis is increasing although probably underestimated. (Strength Recommendation B).

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1109****Abstract subtopic / Abstract Unterthema**

5.7. Public health issues / Public health Aspekte

**Presentation form / Präsentationsform**

ePoster

**Recording and prognosis of resistance in uncomplicated urinary tract infections in the REDARES project**

Anja Klingeberg, Niklas Willrich, Tim Eckmanns

*Infectious Disease Epidemiology, Robert Koch Institute, Berlin, Germany*

Uncomplicated urinary tract infections (UTIs) are common bacterial infections in outpatient care and are usually treated with empiric antibiotic therapy. Currently, second choice antibiotics are prescribed in more than 40% of UTIs in these settings. The S3 Guideline recommends the appropriate antibiotic treatment and includes consideration of local resistance. Routine data from surveillance systems such as Antibiotic Resistance Surveillance (ARS) can provide current and regional resistance percentages. However, since microbial diagnostics are not recommended for uncomplicated UTIs, these resistance proportions are usually an overestimation.

Is it possible to predict the resistance of uncomplicated UTIs from routine ARS data?

Using a cross-sectional study design, the resistance of the most common uncomplicated UTIs pathogens in the outpatient setting in Germany will be surveyed in order to provide current regional resistance data. By comparing these data with those from the SARHA study (2015/2016) and routine ARS data, a statistical model will be developed in order to be able to predict the resistance of uncomplicated UTIs from routine data.

Regionally-reported resistance data for relevant antibiotic types will be estimated and used to develop a model to correct the overestimation of the resistance in routine data. Resistance proportions of uncomplicated UTIs from *E. coli* against trimethoprim were significantly lower in the SARHA study (15.2%) than in ARS data (25.3%).

Accurate data should be made available to the treating doctors. This model could help when direct data collection is not possible.

Knowledge of local resistance data is essential for evidence-based antibiotic prescribing.

Conflict of interest / Interessenkonflikte

no / nein

**Contribution ID: 1146****Abstract subtopic / Abstract Unterthema**

5.7. Public health issues / Public health Aspekte

**Presentation form / Präsentationsform**

ePoster

**About Climate change - what are the health risks?**[CONTENT](#)

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Rita Fernandes Ferreira<sup>1)</sup>, Jéssica Peres<sup>1)</sup>, Tânia Caseiro<sup>1)</sup>, Carolina Gil<sup>1)</sup>, Raquel Plácido<sup>2)</sup>, José Almeida<sup>3)</sup>

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**Introduction/Aim:** With climate change on the agenda, it is important for health care providers to reflect on the impact of these on health outcomes. In Portugal the latest major fires in 2017 were an example of this problem, with tragic consequences: numerous deaths, disaster-related physical and mental disease and massive economic losses.

**Materials and Methods:** Narrative review based on a Pubmed and UptoDate research of scientific articles published in the last 5 years, in English, with the MeSH terms "climate change", "health" and "risk".

**Results:** Climate change endangers health directly through extreme weather events such as hot waves, floods, storms or fires and indirectly by changes in the distribution and burden of vector-borne diseases (such as malaria and dengue), water-borne infectious diseases, undernutrition by widespread crop failures, migratory movements and disruptions to access and functioning of health services and facilities. Effects are still known on non-communicable diseases such as the onset of respiratory disease from worsening air pollution and aero-allergens, and emergence of mental illness. These outcomes are amplified by social inequalities and climate-impacts exacerbate vulnerability of these populations.

**Conclusion:** The World Health Organization predicts five million additional deaths between 2030 and 2050 from climate change. The publications show that the effects of climate change are diverse and will have differential health impacts on different groups of people, because of differences in their exposure, sensitivity and adaptive capacity. Because of this complexity, multidisciplinary and cross-sectoral collaboration will be critical to address health challenges related to climate change.

Conflict of interest / Interessenkonflikte  
no / nein

**Contribution ID: 1204**

**Abstract subtopic / Abstract Unterthema**

5.7. Public health issues / Public health Aspekte

**Presentation form / Präsentationsform**

State of the art session

## **The growing presence of medical doctors at first line healthcare level in Benin, Thailand and Uganda: a multifaceted phenomenon**

Bart Criel, Kéfilath Bello, Orawan Tawaytibhongs, Evelyne Waweru

Public Health, Institute of Tropical Medicine, Antwerp, Belgium

Most Low- and Middle Income Countries (LMIC) have subscribed to the strategy of Primary Health Care (PHC). In LMIC, first line health services are (still) often staffed by Non-Physician Clinicians (NPCs) to whom clinical tasks are delegated. Medical doctors - in most instances trained in a biomedical and hospital-based perspective - are however increasingly operating at the level of the first line. They often do so without any training with regard to the specificities of first line healthcare delivery. On the other hand, there are also experiences of first line healthcare delivered by medical doctors that seek inspiration in the Western model of Family Medicine. In this dedicated session, we aim to present three case-studies that illustrate various aspects of these developments. The first case comes from Benin: findings will be presented on the nature of healthcare offered by the rapidly increasing number of medical doctors operating at the first line. The second case comes from rural Uganda where research was conducted on the delivery of Patient-Centered Care (PCC)

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at primary care level, in both public and private sector. The third case describes the current situation of Family Medicine in Thailand, a middle-income country that has been experiencing with Family Medicine for almost 3 decades.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1236

### Abstract subtopic / Abstract Unterthema

5.7. Public health issues / Public health Aspekte

### Presentation form / Präsentationsform

ePoster

## Weight loss, the key factor in the treatment of obstructive sleep apnea – case report

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**Framework:** Obstructive sleep apnea (OSA) is a respiratory disorder with a global prevalence of approximately 15%, and 60-70% are overweight or obese. OSA and obesity are strongly associated and synchronously increased. Lifestyle interventions benefit OSA and significantly improve the concomitant obesity-related conditions. However, the management of weight loss in OSA still need to be improved, on one hand the lack of individual motivation, on the other hand fragmentation on services. The way forward is to integrate a multidisciplinary team, to ensure interdisciplinary skills in the full range of OSA therapeutics.

**Clinical case:** A 41-year-old man referred to a pulmonologist, by family doctor, on suspicion of OSA. He was obese and medicated for anxiety. The clinical history and physical examination were characteristic, so a home sleep apnea test was appropriated. Polysomnography diagnosed severe OSA. The patient hadn't accepted treatment with CPAP and the choice was lifestyle interventions. After one and a half year he returned to the office with a substantial weight loss, and the cure of OSA was confirmed through polysomnography. During this time, he reported improvement in the quality of his sleep and a considerable gain in his general well-being.

**Discussion:** Obesity is the most modifiable risk factor of OSA, so weight loss is the most logical recommendation, and should be seriously considered. To deliver the best healthcare to OSA patients, primary care physicians and healthcare workers play a vital role, but it should be properly addressed by health policies to ensure an effective patient-centered approach.

Conflict of interest / Interessenkonflikte  
no / nein

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## Contribution ID: 1258

### Abstract subtopic / Abstract Unterthema

5.7. Public health issues / Public health Aspekte

### Presentation form / Präsentationsform

ePoster

## Portuguese Geography of diabetes-related lower limb amputations: Inequalities and Social Determinants of Health

Rui Lourenço, Joana Gomes, Tiago Simões



*USF Quarteira, ARS Algarve, Portugal, Quarteira, Portugal*

The rapidly rising burden of type 2 diabetes mellitus represents a burgeoning threat to population health and is associated with significant morbidity, mortality and economic burden. In 2019 the IDF Diabetes Atlas estimated that 463 million adults worldwide (9.3%) have diabetes. In Portugal (2018) the diabetes is the 4th cause of death, an estimated prevalence of 13.6%, i.e. over 1 million Portuguese have this disease. The determinants of diabetes are multifactorial, following pathways increasing the risk of diabetes and its consequences: globalization, industrialization and urbanization, results in obesogenic environments (hypercaloric diets and reduced physical activity). Changes that increased the risk of diabetes, first at the highest socioeconomic level, were rapidly reversed affecting the lower socioeconomic status groups. Diabetes and diabetes risk factors is more common among the poor and excluded, and once diagnosed with diabetes, individuals of lower socioeconomic status (SES) are at greater risk of mortality, diabetic foot and amputation (lower extremity) compared to those of higher SES. In the case of people with diabetes the amputations is 10 a 20 times more common than in people without diabetes. In the Portuguese case, the analysis of the total number of diabetes-associated amputations by region in 2016, 2017, 2018 according to geographic pattern and socio-material deprivation. The results show an unequal geographic distribution, with higher amputation rates in Alentejo and Algarve regions. Regions that previous studies had associated with higher socio-material deprivation rates, allowing to conclude that the amputations associated with diabetes may be associated with social determinants of health.

Conflict of interest / Interessenkonflikte  
no / nein

## **Contribution ID: 1377**

### **Abstract subtopic / Abstract Unterthema**

5.7. Public health issues / Public health Aspekte

### **Presentation form / Präsentationsform**

ePoster

### **When homeopathy assists allopathy**

Andrea Tomic

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#### **The case:**

A young woman hypertension has been treated for 8 years with conventional hypertension medications, and has frequent pressure variations despite use of several drug groups. Patient recognized for homeopathy treatment After the anamnesis, we find out that she was exposed to stress due to personal and familial causes, mother with breast cancer, sister too. She has been devoted to parents, and often rejected by her mother, who pays more attention to her sister. Hypertension occurs in 2008 during the 4th of pregnancy. During the third month of pregnancy Methyldop is given at a dose of 500 mg/day. After delivery Amlodipine 10 mg, Metoprolol 50 mg/day. It is changed during 2012 to Bisoprolol 5 mg, Ramipril 10mg, torasemide 5mg/day.

Person was cheerful, neat, loves music and dancing, until the moment of breaking up relationship, civil war, then problems in pregnancy, as well as illnesses of the sister. Now she is nervous, yelling at her children, have high blood pressure that worsens when eat something salty. We take rubrics and give Sepia LM6 2 drops every day.

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In 10 days period the dose of Ramipril has been reduced to 2,5mg/day, Bisoprolol 2.5mg/day. In 15 days ramipril was discontinued. A person changes their lifestyle, becomes cheerful, smiling feminine. Soon she moves abroad, begins fitness, stops taking medication and continues to take drops. The third check: she looks like as she described herself a long time ago, feels like happy, satisfied person, and has no high blood pressure.

Conflict of interest / Interessenkonflikte  
yes / ja

## Contribution ID: 1606

### Abstract subtopic / Abstract Unterthema

5.7. Public health issues / Public health Aspekte

### Presentation form / Präsentationsform

ePoster

## The approach of parents of children registered to the family health center to the responsibility of healthy child care

Seyma Handan Doğan<sup>1)</sup>, Tarık Eren Yılmaz<sup>1)</sup>, Adem Özkara<sup>1)</sup>, Erdoğan Ulusoy<sup>1)</sup>, Atilla Çifci<sup>2)</sup>, Tuğba Yılmaz<sup>3)</sup>

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<sup>3)</sup>Family Medicine, Ankara City Health Administrative, Ankara, Turkey

**Background:** Healthy child follow-up is mostly carried out by family physicians working in primary care and their parents.

**Questions:** The aim of our study is to draw attention to the responsibilities of families in healthy child follow-up, to raise awareness and to emphasize the necessity of health literacy.

**Methods:** The study was planned as an observational and cross-sectional survey. This is a face-to-face questionnaire including 269 families of Ankara Karataştepe Family Health Center (FHC).

**Outcomes:** Health literacy knowledge level of the families was lower than expected. Health literacy scores were found to be significantly higher as education level increased, income level improved and working parents. It was found that the parents who had regular follow-up and follow-up of their child had higher health literacy total and component scores than the parents who had their follow-up calls.

**Discussion:** This has shown us that health literacy is an important factor in raising awareness of health-related responsibility for building a healthy society.

**Take Home Message for Practice:** In addition, this study has created awareness in families about what needs to be done about healthy child follow-up in FHCs and contributed to raising healthy generations.

Conflict of interest / Interessenkonflikte  
no / nein

## Contribution ID: 1611

### Abstract subtopic / Abstract Unterthema

5.7. Public health issues / Public health Aspekte

### Presentation form / Präsentationsform

Lecture / Vortrag

## The evaluation of the results of patients' not-indicated demands in primary health care services



Burcu Ayyıldız<sup>1)</sup>, İsmail Kasım<sup>1)</sup>, Elif Hilal Ünverdi<sup>2)</sup>

<sup>1)</sup>Family Medicine, Sağlık Bilimleri University, Ankara, Turkey

<sup>2)</sup>Family Medicine, Kocaali Yenimahalle Family Health Center, Sakarya, Turkey

**Background:** In recent years, patients can access true or false information more easily using the media. Since they receive this information as health care references, it causes them to request out-of-indication health practices. Such demands are higher from family physicians. Because family physicians are the first point of contact of patients with the health system, they provide personal and continuous health services to individuals, families and a certain population regardless of age, gender and disease. The purpose of this study; to determine the non-indication healthcare demands, how often they are requested and what the results of such requests can be.

**Question:** What are the patients' not-indicated demands in primary health care?

**Methods:** The research is an observational, descriptive survey study. Survey questions was applied to family physicians via social media. 379 people participated in this study.

**Outcomes:** According to physicians, the most common non-indication demands are: unnecessary drug prescription (74%) and laboratory tests (69%). In addition, patients insist on prescribing medicines and preparing a rest report and resort to violence when these demands are rejected.

**Discussion:** An important part of the physicians think that the rate of accepting non-indication requests has increased due to the increase in the amount of them. As the age and experience of the physicians increase, the rate of rejection of demands also increases.

**Take Home Message for Practice:** In primary care, non-indication healthcare demands are not low. It is thought that coping with these demands can be achieved through effective communication.

Conflict of interest / Interessenkonflikte  
no / nein

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**Contribution ID: 1635**

**Abstract subtopic / Abstract Unterthema**

5.7. Public health issues / Public health Aspekte

**Presentation form / Präsentationsform**

Lecture / Vortrag

## What caused babyboom in Syrian immigrants in Turkey?

Şeyma Handan Doğan<sup>1)</sup>, Adem Özkara<sup>1)</sup>, Tarık Eren Yılmaz<sup>1)</sup>, Büşra Şahin<sup>2)</sup>, Duygu Ayhan Başer<sup>3)</sup>

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**Background:** The world population data are affected by specific factors such as wars, epidemics, economic, medical and technological developments. The Total Fertility Rate(TFR), which is one of the most important issues of Public Health, is one of the universal rates used to detect the population changes. With the Syrian internal turmoil that started in March 2011, 5 million Syrian people had to leave their countries and migrate to other countries. Today, there are almost 3.6 million Syrian refugees in Turkey and between the years 2011-2017, 276 thousand of Syrian babies were born in Turkey. According to the data of Turkey Demographic and Health Survey, between 2014-2017, a Syrian migrant woman in Turkey gives birth to average of 5,3 children which is a remarkable TFR worldwide.



**Questions:** What are the possible causes affecting the babyboom generation in history and the fertility rate among Syrian refugees?

**Methods:** This is an ongoing study and we are examining all lawsuits continuing and adjudicated by supreme

**Outcomes:** The analysis of this study is still in process. The results of the study will be presented during the conference.

**Discussion:** The results of the study would be expected to help improve planning the health services to be given to them and developing health policies for them.

**Take Home Message for Practice:** The fertility perceptions of Syrian refugee women and the determination of the factors affecting will be important in terms of planning the health services to be given to them and developing health policies for them.

Conflict of interest / Interessenkonflikte

no / nein

## Contribution ID: 1639

### Abstract subtopic / Abstract Unterthema

5.7. Public health issues / Public health Aspekte

### Presentation form / Präsentationsform

Workshop

## Put out the fires - a practical and simple workshop of smoking cessation

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**Background:** Tobacco contributes to most of the leading causes of death in the world and half of all smokers will die from a tobacco-related disease, losing on average more than 10 years of non-smoker life expectancy. It is known that the health risks arising from tobacco consumption begin to decrease after the interruption of consumption. However, smoking cessation is often a difficult process and subject to multiple relapses. There are now effective pharmacological and behavioural support measures that need to be disseminated in the context of health services, especially among primary care professionals. Brief intervention has significant results in the rates of abandonment of this habit (about 20% to 30% on the first year). The reduction of smoking prevalence represents an essential investment in the healthier future of the next generations.

**Target group:** All primary care professionals.

**Didactic method:** Provide a workshop based on real-life cases aimed at primary care professionals, integrating practical strategies (such as group discussions and clinical role-plays about brief intervention) and incorporating the most recent, high-quality and independent evidence available, including meta-analysis and international guidelines.

**Objectives:** Increase awareness about cigarette consumption among health professionals and to improve management of smoking cessation through a structured way.

**Estimated number of participants:** 25-30

**Brief presentation of the workshop leader:** Young and dynamic doctor, who has a special interest in promoting healthy lifestyles and providing preventive care. In her workplace there is a Smoking Cessation Consult, which she accompanies with special interest.

Conflict of interest / Interessenkonflikte

no / nein



## Contribution ID: 1654

### Abstract subtopic / Abstract Unterthema

5.7. Public health issues / Public health Aspekte

### Presentation form / Präsentationsform

ePoster

## New trends in healthcare: The opinion of Polish patients about access to an electronic medical record.

Lukasz Wysoczanski<sup>1, 2, 3)</sup>, Paulina Wegierek<sup>1, 2)</sup>, Maria Magdalena Bujnowska-Fedak<sup>1, 2)</sup>

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<sup>3)</sup>TIGmed Private Medical Practice, Wroclaw, Poland

### Background:

In Poland, as in many countries around the world, the number and variety of healthcare-related e-services is increasing rapidly. In 2019 obligatory e-sick leave was implemented, in 2020 – e-prescriptions, and starting from 2021 – e-referrals. Therefore, it's worth to consider the introduction of complete electronic medical records which can be accessed by doctors and patients.

### Questions:

The main aim of this research project is twofold. First it's to find out if Polish patients are willing to have access to their electronic medical records; second, is to learn whether they would agree to pay for it.

### Methods:

The main primary material of this research is based on a survey conducted among 1000 Polish adults between December 2017 and January 2018. The sample collection was carried out by the national opinion poll agency, with the use of the Computer-Assisted Telephone Interviews.

### Outcomes:

Considering the possibility of access to complete electronic medical records, 612 respondents (61%) were interested in this service, 367 respondents (37%) were opposed and 21 respondents (2%) didn't have an opinion.

Regarding the payment for such service (~ 30€/year), 254 (25%) respondents would agree to pay; 356 respondents (36%) would refuse; and 388 (39%) respondents didn't answer the question.

### Discussion:

Polish patients mostly would like to have access to electronic medical records, however, only 41% of respondents interested in the service are ready to pay for it. In Poland there's still a widespread belief that healthcare should be provided for free.

### Take-Home-Message:

Polish patients are interested in EMR.

Conflict of interest / Interessenkonflikte

no / nein

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## Contribution ID: 1683

### Abstract subtopic / Abstract Unterthema

5.7. Public health issues / Public health Aspekte

### Presentation form / Präsentationsform

Workshop

## Exercise prescription: back to basics

### CONTENT

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Carlos Castro, Jorge Hernâni-Eusébio  
*USF do Minho, ARS Norte, Braga, Portugal*

## Background:

Exercise has been consistently linked to numerous benefits, either in primary or secondary prevention of diseases such as dyslipidemia, hypertension, stroke, type II diabetes or osteoporosis. However, levels of physical inactivity are globally high and still rising in high-income countries, making the target set by the World Health Organization (reduce physical inactivity by 10% by 2025) hard to reach. Family doctors play an essential role in inducing lifestyle modifications and should be able to do a brief, structured and patient-oriented exercise prescription.

**Target Group:** Family Doctors; Nurses; Medicine Students.

## Didactic Method:

Introduction and objectives of the workshop. Presentation, poll-voting and interactive discussion about the benefits of regular exercise. Practical approach to motivational interviewing and exercise mythbusting. Principles of exercise prescription in general and special populations using clinical cases. Take-home messages.

## Objectives:

- Recognize the importance and benefits of exercise
- Develop an approach to deal with exercise reluctant patients
- Elaborate a patient-oriented exercise prescription

**Estimated number of participants:** 30 – 40

## Brief presentation of the workshop leader:

Carlos Rocha de Castro, took his Master's degree in Medicine at the University of Lisbon, Faculty of Medicine. He is currently a family medicine resident in USF do Minho (Braga, Portugal) and he is also attending a postgraduate degree in Sports Medicine at the Oporto University Faculty of Medicine.

Conflict of interest / Interessenkonflikte  
no / nein



## Core Values of Family Medicine: Threats and Opportunities

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